Maturity Model
Desk Review,
Assessment and
Action Planning

COUNTRY: GHANA

Development of maturity model and assessment tools for harmful practices policies
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Acknowledgment

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For more information about the tool, please contact Joseph Mabirizi (jmabirizi@unicef.org)

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List of acronyms

CSO  Civil society organization
DOVVSU  Domestic Violence and Victim Support Unit
DSWCD  Department of Social Welfare and Community Development
DVS  Domestic Violence Secretariat
ECM  Ending Child Marriage
GPECM  Global Programme to End Child Marriage
ICCPR  International Covenant on Civil and Political Rights
ISS  Integrated Social Services
ISSOP  Intersectoral Standard Operating Procedures
JPFGM  Joint Programme on the Elimination of Female Genital Mutilation
MGGSP  Ministry of Gender, Children, and Social Protection
NGO  Non-governmental Organization
NMTDPF  National Medium-Term Development Policy Framework
NPA  National Plan of Action
PASS  Promoting Adolescent Safe Space
SDG  Sustainable Development Goal
SGBV  Sexual and Gender-based Violence
SOP  Standard Operating Procedure
SWIMS  Social Welfare Information Management System
UNFPA  United Nations Population Fund
UNICEF  United Nations Children's Fund

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I. Background

Ghana has made significant progress towards ending child marriage with strengthened institutional and legal frameworks, increased service delivery and a more supportive and gender-responsive environment. However, children and adolescents, especially adolescent girls, continue to face multifaceted protection, education and health-related problems that prevent them from realizing their full range of rights.

The practice of child marriage in Ghana has declined over the past several decades. Despite this success, one in five young women are still married or are in a union before the age of 18 years. The prevalence of young women married or in a union before the age of 15 years has stalled at 5 per cent over the past 10 years, without any visible improvement. The progress in reducing child marriage has been uneven across the country: Girls who live in rural areas (rural 26.6 per cent/urban 12.5 per cent) or come from poorer households (poorest 33 per cent/richest 5 per cent) are at greater risk, and a higher proportion of child brides are found among those with little or no education (86 per cent of married girls either have no education or have completed only primary education).

Child brides are more likely to say wife-beating is justified (49 per cent) than their peers who are unmarried (22 per cent) or who marry after the age of 18 years (32 per cent). More than 9 in 10 married girls are not attending school. Most child brides give birth at a young age (53 per cent gave birth before the age of 18 years). The COVID-19 pandemic further exacerbated these existing challenges faced by adolescent girls and their families in Ghana. As of 30 November 2021, 131,246 cases of COVID-19 have been reported in the country, putting a total population of 31 million people at risk.

Purpose

This document aims to accelerate change to achieve the 2030 elimination of harmful practices Sustainable Development Goals (SDGs). A draft maturity model or framework for harmful practices with articulated benchmarks has been developed and populated for review and feedback from country-level stakeholders. The model aims to provide an integrated strategy on measuring processes, systems and services and information based on a Public Policy Management approach. This framework is intended to complement and augment the Global Programme to End Child Marriage (GPECM) framework and the Joint Programme on the Elimination of Female Genital Mutilation (JPFGM).

Based on the draft maturity model and assessment tools, rapid assessments were conducted in 12 countries to measure the level of maturity of their processes, systems and services to eliminate harmful practices. Draft Action Plans were developed based on identified actions (short, medium and long term), to inform existing national action plans and advocacy strategies.

It is against this background that a desk review was conducted, the draft maturity model was completed and prototyped, and the draft findings of this country level report are shared. This reflects the inception stage of sensitizing country-level stakeholders on the potential utility of a comparable maturity model to accelerate action for change across 12 countries.
II. Methodology

The desk review comprises core documents shared by the country including various documents such as laws, policies, strategies, guidance and standards, monitoring and evaluation reports which touch on the topic of harmful practices. Furthermore, competency frameworks from other countries are included to provide insight into the format, methodology and content of harmful practices frameworks that have been developed in other contexts. The findings of the review will be included in an Appendix to complement the findings of this desk review and will help to inform the strengths and gaps in harmful practices programming.

The desk review was completed by using several key questions or ‘lenses’ defined by the six operational/functional areas and sub-domains of the draft maturity model on harmful practices. The questions posed to answer these goals include the following:

1. What is the effectiveness of government structures, including coordination across government departments, between centralization levels, and between formal and informal actors?

2. What is the effectiveness of the legal and regulatory framework, as well as specific policies related to prevention and elimination of harmful practices?

3. What is the extent to which key stakeholders, including children and women, are involved in planning interventions for the prevention and response to harmful practices?

4. What are the sources, adequacy and availability of funds and human resources to support elimination of harmful practices?

5. What is the availability and access to prevention and response services for women and children most-at-risk of harmful practices?

6. What is the effectiveness of data collection and monitoring and evaluation systems, whether it is being done nationally into the situation for children and women at risk of harmful practices, and into programmes addressing their needs?

III. Key findings

The key findings of the desk review and draft completed maturity model are organized in terms of the questions we aimed to answer. Where information was limited or gaps were identified, this is included under each question. Each Operational/functional area (Intermediate outcome) comprise benchmarks or ‘Sub-domains’, so for example for the Intermediate outcome on ‘Governance and coordination structures’ there are three sub-domains – namely Political commitment, Coordination structures and National Action Plans. Each is rated in the maturity model between 1–4.
Measurement and coordination structures

The country has strong political commitment to eliminate harmful practices with high level declaration spelling out its commitments; there is a national multi-sectoral coordination structure in place with an institutionally mandated lead, which meets routinely, and there is a Plan of Action (NPA) with clearly defined targets aligned to national statistics frameworks.

A1 Political commitment: There is strong political commitment to eliminate harmful practices in Ghana. The National Strategic Framework on Ending Child Marriage in Ghana 2016–2027 is in place and owned by the Government with signature at Ministerial level. Political commitment has been made to eliminate harmful practices with a public declaration and statements supporting the National strategic framework. There is also a Domestic Violence Secretariat (DVS) under the Ministry of Gender, Children, and Social Protection (MoGCSP), which hosts the annual national stakeholder review meeting on Ending Child Marriage. This is planned again for December 2022.

The Government committed budget allocation to the Domestic Violence Fund to support survivors of Sexual and Gender-based Violence (SGBV) and harmful practices. However, the budget has never been released since the set-up of the fund.

A2 Coordination structures: There is an Ending Child Marriage (ECM) coordination mechanism led by the DVS under the MoGCSP. The structure requires financial and technical support specially to mobilize stakeholders from different sectors to support ECM efforts. Intersectoral Standard Operating Procedures (ISSOP) for child protection (including adolescent pregnancy) and family welfare were established in 2020. The Department of Social Welfare and Community Development (DSWCD) received technical capacity-building and face-to-face coaching from the national technical team on the ISSOPs. While there is an existing structure, it is unclear if there are defined Terms of Reference and work plans for the ECM coordination mechanism.

A3 National Plan of Action: There is a National Strategic Framework on Ending Child Marriage 2017–2026, together with a National Operational and Monitoring and Evaluation (M&E) Plan, which are aligned to the SDG targets. The framework includes a monitoring and evaluation framework; prioritizes services by need; is adopted by the Government, and it provides clear guidance to ministries and departments and Non-governmental Organizations (NGOs) which have a bearing on children. Lead agencies for each strategy are identified. Every two years, the National Operational, Monitoring and Evaluation Plan is usually developed. However, costing and coverage are defined only for the first operational plan’s period of 2017–2018. Monitoring and tracking of implementation progress across sectors takes place through national and sub-national stakeholder review meetings and marketplace sessions. This year, monitoring and tracking is taking place for a three-year period (2022–2024). The Plan includes national targets and indicators. However, some indicators are not measurable, and there is some confusion at the outcome/impact level of indicator, including indicators which are measuring more than result.

Child protection-related SDGs, indicators and targets, including the one for the elimination of harmful practices, have been incorporated into the NMTDFP.

Policy and legislative framework

Measurement standard for mature rating: There are enacted laws and policies which specifically protect women and girls, including the most-at-risk from harmful practices. These are operationalized through implementing mechanisms and enforcement measures at national and sub-national levels, and routine monitoring and review mechanisms are in place to ensure these laws are in line with international human rights standards.

B1 Legislation, policies and implementation mechanisms for harmful practices: Ghana has robust legislative frameworks in place which create a strong enabling environment for the elimination of harmful practices. The Legal Instrument (L. I. 2237, 2016) of the Domestic Violence (DV) Act 2007 was adopted in 2020. In 2021, the Legal Instrument was disseminated to raise awareness among key stakeholders at national and sub-national levels to ensure that key stakeholders are well informed on their roles to provide the required services to survivors of violence, including child brides. The DV Secretariat under the MoGCSP has been established as the enforcement mechanism to follow up on implementation. There are limited resources to enforce the law, especially at sub-national level.

B2 Monitoring and review: There is a Monitoring and Evaluation Plan (M&E Plan) with clearly defined monitoring and evaluation frameworks to track implementation progress across sectors. These frameworks are operationalized through national and sub-national stakeholder review meetings and marketplace sessions. However, there are no realized targets, and there is some confusion at the outcome/impact level of indicator, including indicators which are measuring more than result.

The Criminal Code (Amendment) Act introduced Section 69A Female Circumcision which bans female genital mutilation and sets a prison term: “(1) Whoever excises, infibulates or otherwise mutilates the whole or any part of the labia minora, labia majora and the clitoris of another person commits an offense and shall be guilty of a second degree felony and liable on conviction to imprisonment of not less than three years”. Parliament amended this in 2007, increasing the imprisonment term to not less than five years and not more than 10 years.

The Child and Family Welfare Policy 2014; the Justice for Children Policy 2015; the National Strategic Framework on Ending Child Marriage in Ghana 2017–2026; the Domestic Violence and Victim Support Unit (DOVVSU) Strategic Plan 2021; and the National Gender Policy 2015 (currently under review) are also functioning.

Additionally, the Ghanaian Constitution of 1992 says that any person under the age of 18 years is a child and can’t marry or be married off. This is underscored by the Children’s Act 1996, which sets the legal age of marriage at 18 for both boys and girls and any person under the age of 18 years is a child and can’t marry or be married off.

Article 23 of the International Covenant on Civil and Political Rights (ICCPR), which the country has acceded to, goes further and places a responsibility on States to take appropriate steps to ensure equality of rights and responsibilities of spouses as to marriage, during marriage and at its dissolution.

Name of Country | Overall Score | Sub-Domains | Specific Score
---|---|---|---
Governance & Coordination | 3.3 | A1: Political commitment | 3.3
| | | A2: Coordination structures | 3.2
| | | A3: National Action Plans | 3.4
Ghana has not ratified the Optional Protocol to the United Nations Convention on the Rights of the Child (UNCRC) on Sale of Children, Child Prostitution and Child Pornography. To ensure national laws and policies are in line with the provision of the UNCRC, some amendments were proposed to the Children’s Act 1998, the Juvenile Justice Act 2003, the Criminal and Other Offences Act 1960, the Electronic Transaction Act 2008, and the Decentralisation Act. However, these amendments are still pending and have not been presented to Parliament.

There is a formal mechanism in place to record, document and address cases of discrimination experienced by girls and women: in 2021, 90% of cases of 1,900 children were referred by DSWCD to other services. More than 1,200 referrals flowed from Ghana Health Services and the Police/DOVVSU to DSWCD, with approximately 25% being SGBV cases.

The Social Welfare Information Management System (SWIMS) has been established by the Government of Ghana with support from UNICEF in 2021 to record, document and address protection concerns, including SGBV and child marriage. It is currently live in 100 districts and is being scaled up in 2021, to a total of 160 districts out of 261.

There is good collaboration and links between Promoting Adolescent Safe Space (PASS) and existing interventions to facilitate access to justice by girls who have been victims of sexual violence (e.g. rape and defilement). There are also links in place with ongoing interventions such as the Integrated Social Services (ISS) initiative and related SWIMS and the case management referral pathways.

Engagement and participation

Measurement standard for mature rating: There is an independent complaints mechanism that accepts complaints by or on behalf of women refused or receiving harmful practices services which replies within a stipulated timeframe; civil society are extensively engaged in strengthening political commitment, planning and budgeting processes, and monitoring and reporting around harmful practices; there are engagement forums for women, youth and children with Government support, and there are community-based protection mechanisms in place also engaging with women and children. The effectiveness of these mechanisms is monitored through fully functional accountability mechanisms.

C1 Independent complaint mechanism: There are decentralized service providers available to report and refer cases, such as the Ghana Health Service, Police/DOVVSU to Social Welfare. These are not, however, independent. Social service providers at decentralized level (e.g. social welfare, health and police) accept complaints and refer cases for appropriate support and care. There are case management Standard Operating Procedures (SOPs), referral pathways and information management systems to document, record and follow up on child protection cases, including child marriage and adolescent pregnancy. It has been widely used in 160 districts (out of 261) as part of the ISS programme. There are also several phone hotlines available for beneficiaries to report harmful practice cases. The complaints mechanisms cannot be rated as independent given that many are run by statutory service providers.

C2 Civil society engagement, including women and children: Civil society organizations (CSOs), including women’s rights groups, are part of the National Coordination Function for ECM to contribute to strengthening political commitments for ECM, including planning, implementation, monitoring and reporting of the National Strategic Framework for ECM. Ghana has a national meeting of stakeholders to formally discuss the situation of children and women at risk of harmful practices – in the past six months, the National Coordination Function for ECM, led by the DVS under the MoGCSP, has had several national meetings with
Ghana has journalist guidelines in place for reporting on harmful practices: A Child Protection Code of Ethics upholds and promotes the highest standards of ethical and professional conduct among journalists when reporting on children. “Making the Worth of Children Matter Through Reporting” was launched in 2016. There is, however, limited awareness and coverage of capacity-building and awareness-raising.

C3 Community-based mechanisms for harmful practices prevention: There are community-based mechanisms in place but they are largely led and supported by partners and NGOs. It is also unclear how expansive the coverage is. For instance, NGO partners are implementing the PASS programme of community based safe spaces focusing on both in- and out-of-school children, especially adolescent girls and boys. It aims to build their capacity to freely speak out on issues that affect them. There is also a Child Protection Community Engagement Toolkit; nearly 100 religious and traditional leaders have been engaged in training workshops at national and regional levels to enhance their capacity for the protection of children.

Financing and human resources

Measurement standard for mature rating: Adequate financial resources have been allocated by government and partners, with government meeting the majority of the costs; the funding is realized on time and is accessible to the relevant sectoral Ministry(s), with regular reviews of allocation taking place. Routine capacity-building is provided to key stakeholders with supportive supervision services on harmful practices and with significant sustained coverage.

Service providers are marginally consulted on budget issues, and links are being established between national policies and budgets: in 2021, key child protection-related SDGs were included in the NMTDPF 2022–2025 and dedicated budget lines for child protection priorities were included in the national budget guidelines. While there is no specific budget line for harmful practices prevention and response services, it is included as an ISS budget line (integrated services for vulnerable children, including those at risk of or affected by child marriage).

D3 National budget execution: There is no clear evidence that allocated budgets are disbursed to designated ministries on time. Harmful practices budget allocations do not feature, with limited available budget for child protection priorities.

D4 National budget amount: There is no transparency or information available on government budget allocation for elimination of harmful practices, though there is dedicated budget lines for child protection priorities.

D6 Human resources: Formal training is provided on preventing and responding to risk factors of violence as drivers of harmful practices: a total of 2,644 social service providers (1,062 females and 1,582 males) across health, education, police, human rights, legal aid, health insurance, civil society, religious and traditional bodies received training on the ISSOPs for child protection and family welfare. This has contributed to strengthening working relationships, intersectoral collaborations and referrals between social welfare and other social service providers at the metropolitan, municipal and district assembly level. Dedicated training has also been provided on harmful practices: A total of 15,848 justice professionals were trained and specialized in child-friendly investigation, police and court procedures in 2021.
Measurement standard for mature rating:  
There are clearly defined and gender-responsive SOPs or protocols for the elimination of harmful practices, which are regularly reviewed and revised to adapt to emerging situations. There is an excellent awareness of harmful practices among policymakers, with Government-led and funded national-level scale-up prevention and response-related services including integrated case management and referral services, which are accessible at national and sub-national levels. These are user-friendly and gender-responsive.

E1: Availability of Standard Operating Procedures and/or protocols for harmful practices services: Considerable SOPs have been developed with efforts to widely disseminate and implement them. Case management SOPs for children in need of care and protection and ISSOPs include child marriage and adolescent pregnancy as one of the primary protection concerns. Both SOPs have been implemented by Government social service providers at decentralized level in 160 districts out of 261. These SOPs will be reviewed and revised to respond to the emerging needs of the Sahel crisis.

The Ghana Police Service adopted two sets of SOPs to handle child victims, witnesses and offenders. These have been added to the regular training programme of the Ghana Police Service, both in-service and pre-service training. There are also SOPs for the Cyber Crime Unit for the investigation of online child sexual abuse materials; guidelines for health workers; case management SOPs for children in need of care and protection, and ISSOPs for case management of child protection and family welfare.

The education sector has also developed guidelines for prevention of pregnancy among school girls and facilitation of re-entry into school after childbirth.

E2: Understanding and articulation of harmful practices system: There are significant interventions in place raising awareness on harmful practice issues, working at both national and sub-national levels. The PASS programme aims to create dialogue and raise awareness of gender inequalities and their negative consequences for women, men, girls and boys, the economy and society as a whole. In 2021, through PASS, almost 20,000 adolescent girls were reached with structured engagement in order to empower them with knowledge and skills to make informed choices on matters affecting them.

Additionally the innovative Child Marriage Free Community Alert Campaign was launched in June 2021 in 30 communities in six districts. The objective of the campaign was to promote the engagement of community members to proactively take action to prevent child marriage, using Child Marriage Alert Flags. These interventions were further complemented by community engagement activities with the use of Child Protection Community Engagement Toolkits to stimulate community dialogues and to foster change towards investing in girls and promoting gender norms. This initiative reached more than 32,000 women, men, girls and boys.

The Ghanaians Against Child Abuse social drive/campaign has been implemented since 2017, and reached more than 18 million people in 2021. More than 2 million people have been reached with the toolkits since 2018. Both include child marriage as a focus area. Their implementation is led and coordinated by the Government of Ghana in line with its Social Behaviour Change Communication Strategy for the Protection of Children in Ghana.

E3: Modelling testing and scaling of harmful practices services: Investments are being made in innovative models of prevention and response related to harmful practices, including the PASS programme and Child Marriage Free Community Alert Campaign highlighted above. These are, however, primarily funded by development partners.

The ISS and PASS have referral systems in place including to the Department of Gender, the DOVVSU, the DSWCD, the Ghana Education Service, and Ghana Health Service.

There are still a number of barriers hindering access to service. A low number of cases of harmful practices are recorded in SWIMS, developed based on the Primero information management system as part of the ISS programme.

The judiciary has specialized Juvenile, Family and child-friendly GBV courts. The Chief Justice has designated 18 of these courts as child-friendly GBV courts to handle all cases of children (victims and survivors).

E4: Availability of harmful practices services, case management and referral systems: There are various harmful practices services available, including case management and referral systems. These include: Health and/or adolescent health-friendly – adolescent health corners, Safety Net Programme (adolescent pregnancy), ISS. Life skills support and economic empowerment. This includes life skill training via the PASS programme, partnered with NGOs.

Education support and/or adolescent girl-friendly education services.

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<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
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<td>E2: Understanding and articulation of harmful practices system</td>
<td>4</td>
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<td>E3: Modelling testing and scaling of harmful practices services</td>
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<td>E4: Availability of harmful practices services, case management and referral systems</td>
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Measurement standard for mature rating:
There are administrative data systems as part of a broader national statistics system, which at regular intervals generates gender and age disaggregated data on harmful practices and includes information on hard-to-reach populations; data is regularly used for policy, planning and monitoring of programmes, and there are data security and governance mechanisms, such as legislation, in place which ensure confidentiality. Harmful practices issues are routinely captured through population, longitudinal and/or cross-sectional surveys and inform design of prevention and response service interventions. There is also centralized coordination of the data by the national statistics offices with relevant ministries and agencies.

F1 Administrative data systems and monitoring to routinely generate data on harmful practices: There is effort to integrate administrative data as part of the social affairs statistical year book, but this does not capture data from all actors. Data is largely incomplete and irregular. There is an initiative to register FGM cases based on referrals but data capture is partial. Data is partially collected from biomedical observation data from health system on women regarding their FGM status. The Ministry of Social Affairs is conducting an assessment of the data collection system towards building a national social information system.

F2 Data security and governance: There is legislation in place which governs the collection, transfer, and usage of personal data. A national ethics committee also approves research protocols.

F3 Research and surveys: Harmful practices are captured through population-based surveys such as the national census, Multiple Indicator Cluster Survey (MICS) and EMC but there are delays experienced.

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<td></td>
<td>F2: Data security and governance</td>
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<td>F3: Research and surveys</td>
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IV. Prioritization of actions for Ghana

Governance & Coordination

A1 Political commitment. Rating: 3.3

Short Term (1-2 yrs)

- Support the Government of Ghana to implement the National Strategic Framework on Ending Child Marriage 2016–2027 for the realization of their commitments.
- Support the DVS to mobilize key stakeholders across sectors towards ending child marriage, specifically to coordinate the implementation of the National Strategic Framework.
- Increase advocacy effort for budget disbursement for the DV Fund.

A2 Coordination structures. Rating: 3.3

Short Term (1-2 yrs)

- Increase advocacy efforts for the disbursement of national budget to the DVS for coordinating ECM actions as it is stated in the MoGCSP budget allocation plan.
- Support the DVS to effectively monitor and track progress of the implementation of the National Strategic Framework, including by strengthening the ECM Information Portal. Terms of Reference can be developed for the National Coordination Function for Ending Child Marriage.
- Support the National Development Planning Commission to review the annual action plans and the annual progress reports from all 261 districts to ensure that these indicators and targets are incorporated, and actions are taken to track progress, in line with the NMTDPF.
- Support the National Coordination Function for Ending Child Marriage to meet on a regular basis, including to monitor and track the progress of the implementation of the National Strategic Framework on an annual basis.
- Terms of Reference can be developed to clarify the roles and responsibilities of the National Coordination Function for Ending Child Marriage.
- Support the DVS to effectively monitor and track the progress of the implementation of the National Strategic Framework, including by strengthening the ECM Information Portal.

A3 National Action Plans. Rating: 3.4

Short Term (1-2 yrs)

- Support the DVS to develop and finalize the National Operational, Monitoring and Evaluation Plan for ECM 2023–2024.
- Support the National Development Planning Commission to review the annual action plans and the annual progress reports from all 261 districts to ensure that these indicators and targets are incorporated, and actions are taken to track progress in line with the NMTDPF.
- Advocate for the inclusion of a costing framework, including estimate costs and sources.
- Specific actions to advocate for the promotion and protection of children’s rights can be integrated into the new National Operational, Monitoring and Evaluation Plan 2023–2024.

Policy and Legislation

B1 Legislation, policies and implementation mechanisms for harmful practices. Rating: 3.4

Short Term (1-2 yrs)

- Support the MoGCSP to review the Domestic Violence Act to ensure it is in line with international standards. Advocate for increased budget allocation to enforce the law, especially at the sub-national level.
- Support the amendments of the Children’s Act to ensure better alignment with international standards.
- Strengthen the implementation of SWIMS in the existing 160 districts for improved data collection and management.
- Support awareness-raising about the availability of legislation to criminalize Female Genital Mutilation.

Engagement and participation

C1 Independent complaint mechanism exists for children and women. Rating: 4

Short Term (1-2 yrs)

- Enhance the capacity of social service providers through the ISS programme to ensure that complaints are responded to and required services are provided in a timely manner.

C2 Civil society engagement, including women and children. Rating: 2.9

Short Term (1-2 yrs)

- Support the DVS, under the MoGCSP, to convene key stakeholders across sectors to discuss the situation of children and women at risk of harmful practices.
- Support CSOs, including women’s rights groups, to raise their voices as members of the National Coordination Function for ECM and reflect their opinions in the policy/programme formulation and implementation for ending child marriage.
- Advocate to the Government for establishing or strengthening existing forums for the meaningful participation and engagement of children and women, including the establishment/strengthening of two-way feedback mechanisms.

C3 Community-based mechanisms for harmful practices prevention. Rating: 2.5

Short Term (1-2 yrs)

- Disseminate the national Child Protection Code of Ethics more widely and strengthen their use by journalists.
- Support the Government of Ghana in partnership with CSOs to establish or strengthen community-based mechanisms and formalize accountability/oversight structures.
### Financing & HR

**D1 Financing of harmful practices services.**

**Rating: 1.8**

**Short Term** *(1-2 yrs)*
- Support the DVS to release 3 per cent of its recurrent budget for the National Coordination Function for ECM. Support the National Development Planning Commission to review annual action plans and annual progress reports of 261 districts to ensure that relevant indicators are included and actions are reported against these indicators.
- Support the Commission to conduct performance contract evaluations in a timely manner.
- Support the Government of Ghana to formalize the mechanism for tracking budget release and expenditure in the area of child protection, including child marriage.

**Long Term** *(5+ yrs)*
- Continued evidence-informed and strategic advocacy efforts will be needed to address this challenge, especially to ensure adolescent girls at risk of or affected by child marriage have access to integrated and holistic response services.

**D2 National budget establishment.**

**Rating: 2.4**

**Short Term** *(1-2 yrs)*
- Advocate for the Government of Ghana to develop the SOPs to estimate the national budget required for harmful practices prevention and response services.
- Support sub-national authorities to hold regular consultations with service providers and to reflect their opinions in the budget estimate processes in consultation with the Government Ministries at national level.
- Support the Commission to review annual action plans and annual progress reports of 261 districts to ensure that relevant indicators are included and actions are reported against these indicators. Support the Commission to conduct performance contract evaluations in a timely manner.

**D3 National budget execution.**

**Rating: 1**

**D4 National budget amount.**

**Rating: 1**

**D5 National budget monitoring and review.**

**Rating: 2**

**D6 Human resources.**

**Rating: 3.3**

**Short Term** *(1-2 yrs)*
- Capacity development efforts need to be institutionalized in partnership with tertiary institutions. Supervision system, accreditation processes, human resources systems can be established/strengthened.
- Support the institutionalization of capacity development efforts, especially for social workers and community development officers.
- Support institutionalization of capacity development efforts for judges and court staff.

### Access to Services

**E1 Availability of Standard Operating Procedures and/or protocols for harmful practices services.**

**Rating: 4**

**Short Term** *(1-2 yrs)*
- Support the Government of Ghana to review and revise the existing case management SOPs to respond to the emerging needs of the Sahel crisis.

**E2 Understanding and articulation of harmful practices system.**

**Rating: 4**

**Short Term** *(1-2 yrs)*
- Support the Government of Ghana and CSOs to increase the reach and scale of social and behavior change interventions for ending child marriage, including the Ghanaians Against Child Abuse campaign and the Child Protection Community Engagement Toolkits.
- Strengthen engagement of men and boys in these interventions to promote positive masculinities.
- Support the Government of Ghana to strengthen the implementation of the ISS programme and to scale up nationwide, while intensifying evidence-based strategic advocacy efforts for increased national budget allocation for ending child marriage.

**E3 Modelling testing and scaling of harmful practices services.**

**Rating: 3**

**Short Term** *(1-2 yrs)*
- Support the Government to strengthen formalized quality assurance mechanisms, including periodic/annual audits and external evaluations

**E4 Availability of harmful practices services, case management and referral systems.**

**Rating: 3.3**

**Short Term** *(1-2 yrs)*
- Support the Government of Ghana to strengthen the implementation of the ISS programme and to scale up nationwide.
- Support the full operationalization of the newly-established CF-GBV courts, including capacity-building training to judges and court staff; establish more CG-GBV courts to improve survivors’ access to justice.
- Strengthen links and joint accountability among service providers across sectors to improve reporting and referrals.

**Medium Term** *(2-5 yrs)*
- Strengthen links between social welfare and justice service providers for continuum of care.
### Data collection, M&E

**F1 Administrative data systems and monitoring to routinely generate data on harmful practices.**

**Rating: 2.3**

**Short Term (1-2 yrs)**

- Strengthen interoperability among information management systems for improved referrals.
- Support the Government of Ghana to conduct DHS and MICS in line with international standards; support the data collection and analysis of social and behaviour change periodically, specifically to measure outcome-level changes.
- Strengthen the civil registration system to improve quality of data.
- Invest further in operationalization of SWIMS and interoperability between SWIMS and other information management systems (such as health, justice) to generate intersectoral data on common indicators of interest to better track the identification and flow of referrals between social welfare/child protection services and other sectors.

**F2 Data security and governance.**

**Rating: 3**

**Short Term (1-2 yrs)**

- Enhance the national capacity for data collection, management and analysis, especially for data involving children.

**F3 Research and surveys.**

**Rating: 4**

**Short Term (1-2 yrs)**

- Support the Government of Ghana to conduct DHS, GLSS and MICS in line with international standards.
Appendix A: Desk review

**No. 1 Strategic plan**

**Name of document:**

**Key findings, quotes or important information to note:**
The Strategic Plan is the operational document prepared by the Ministry of Gender, Children and Social Protection, Ministry of Health and other relevant stakeholders, which aims to provide appropriate, coherent and cost-effective measures that have national ownership and address the high rates of adolescent pregnancies and other reproductive health challenges that adolescents and young people face in Ghana.

**Outcome/Goal**

All adolescents are fully empowered to prevent early and unplanned pregnancies

- Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies
- Promote institutional and community engagement to prevent adolescent pregnancy
- Ensure that adolescents especially the sexually active have access to youth-friendly and gender-sensitive sexual and reproductive health information and services
- Expand adolescents’ access to education and retention beyond JHS level

**Our mission:**
To provide adolescents, especially girls, with the right information, knowledge, skills and services to insulate them from unplanned pregnancies

**No. 2 National strategic framework**

**Name of document:**

**Key findings, quotes or important information to note:**
The document sets out clear national goals, objectives, strategies and key interventions across different sectors that will lead to the gradual elimination of the practice. The document shares a global and a local contextual analysis of child marriage. On average, one out of five girls in Ghana is married before the age of 18 years. In other words, the percentage of girls aged between 20–24 years who were married or in a union by the age 18 years is 21 per cent nationally. This amounts to approximately 260,000 affected girls in the country.

In Ghana, girls from rural areas are twice as likely to become child brides than those in urban areas. Similarly, girls from poorer households are four times more likely to marry than those from the richest households.

Finally, the data vividly reveals how child marriage is a profound manifestation of gender inequality. It disproportionately affects girls over boys. Among boys aged 20–24 years, only 2 per cent were married before the age of 18 years, compared to 21 per cent of girls.

**Drivers of child marriage cited include:**
- Deeply rooted gender inequalities.
- Teenage pregnancy.
- Economic insecurity.
- Traditional, customary practices and social norms.
- Teen choices and search for a better life/peer pressure.
- Poor parenting.
- Ignorance, impunity and poor enforcement of the law.

There is also further information on the impact of child marriage on children, including maternal mortality and other health risks, loss of education, sexual and domestic violence, poverty and Ghana’s diminishing socio-economic prosperity and development.

**The Strategic objectives are to:**
- Empower girls and boys to be better able to prevent and respond to child marriage.
- Influence positive change in communities’ beliefs and attitudes and social norms that drive child marriage.
- Accelerate access to quality education, sexual and reproductive health information and services and other opportunities.
- Ensure national laws, policy frameworks and mechanisms related to ending child marriage are in place and effectively enforced and implemented.
- Increase the quality and amount of data and evidence available to inform policy and programming.
Includes information on key facts of child marriage in Ghana, current levels of child marriage, lives of child brides, generation trends, and what it will take to end child marriage.

Key facts:
- Ghana is home to more than 2 million child brides, including currently married girls along with women who were first married in childhood.
- One in five young women was married or in a union before their 18th birthday.
- A girl’s risk of child marriage is influenced by certain background characteristics. Girls who live in rural areas or come from poorer households are at greater risk, and a higher proportion of child brides are found among those with little or no education.

The Domestic Violence Act was passed in Ghana in 2007 marking a shift in the legal recourse available to survivors of intimate partner violence. The Act allows for mediation by alternative dispute resolution methods. It also acknowledges that perpetrators and victims do not have to be married or related by blood ties and applies to domestic workers as well. The Act also criminalizes elements of domestic violence.

No. 4 Law

Name of document:

The definition of domestic violence includes various forms of economic abuse, in addition to more conventional definitions of sexual and physical violence. The Act allows for mediation by alternative dispute resolution methods. It also acknowledges that perpetrators and victims do not have to be married or related by blood ties and applies to domestic workers as well. The Act also criminalizes elements of domestic violence.

No. 3 Brochure

Name of document:

Includes information on key facts of child marriage in Ghana, current levels of child marriage, lives of child brides, generation trends, and what it will take to end child marriage.

A national commitment at the highest levels:
In 2014, the Government of Ghana joined the African Union in a continental call for action to end child marriage. Two years later it launched a national End Child Marriage Novi campaign to meet the 2030 SDG deadline. Its National Strategic Framework on Ending Child Marriage is guiding and coordinating partners and stakeholders through cross-sectoral strategies and approaches to address the issue. To support implementation of the strategic plan, a revised National Operational, Monitoring and Evaluation Plan has been finalized with support from the GPECM. Ending child marriage has been deemed a priority in the President’s Coordinated Programme of Economic and Social Development Policies 2017–2024. It has also been flagged as a priority for all Government departments through its inclusion in the NMTDF.

No. 5 Policy

Name of document:

The policy aims to enhance women’s rights and continues to provide a clear framework for addressing inequalities that are deeply rooted in society. The National Gender Policy has been developed with comprehensive insights into empowerment, rights and access to justice, leadership and accountable governance, gender roles and relations, and economic opportunities for women.

Within the context of the 1992 Constitution requirements, development frameworks as well as international instruments, the National Gender Policy focuses on mainstreaming gender equality, women’s empowerment and social protection concerns by strongly concentrating on the implementation of the following five policy commitments (representing policy objectives):
- Women’s empowerment and livelihood.
- Women’s rights and access to justice.
- Women’s leadership and accountable governance.
- Economic opportunities for women.
- Gender roles and relations.

The Policy explicitly refers to child marriage under its first policy commitment:
- Promote educational and issue-related programmes for total elimination of harmful practices including Female Genital Mutilation, child marriages and human trafficking especially in respect of girls and head porters (kayaye) with focus on source, transit and destination regions.
- Conduct periodic assessment and education on the implication of cultural practices especially child marriage that undermines women’s rights and impedes their rights to certain categories of economic activities.

Strategies:

- Community engagements and reflections with identifiable groups to promote equitable gender norms and delay marriage
- Enhancing the accessibility and quality (age appropriate/gender responsive) of social and justice services for girls and their families
- Support the GOG in effective coordination, resource allocation and implementation of national laws, policies and plans related to ending child marriage at both national and decentralized (MMDAs) levels
- Empowering girls with information, skills, support networks and linkages to services
- Support economic empowerment/poverty alleviation programmes benefiting vulnerable adolescent girls and their families
- Support generation and use of robust data/evidence of emerging trends, programmatic evaluations, documentation of successful interventions to inform programming, policy advocacy and scale-up

The document includes the indicators, means of verification, baselines and targets across the different strategic areas and interventions. There is a detailed Theory of Change.

The document has a section on key findings, protecting adolescent girls from early pregnancy, violence and excessive hours spent on household chores. There are some useful reflections at the end of the document:

- Since 1990, when it became the first country to ratify the Convention on the Rights of the Child, Ghana has made significant progress toward realizing the rights of adolescent girls. It has also reinforced its profound commitment to supporting adolescent girls in reaching their full potential through many other international instruments, alliances, coalitions and partnerships, such as the 2030 Agenda for Sustainable Development and the Safe to Learn Call to Action.
- At the national level, Ghana has invested in proactive measures to develop and implement several legal and institutional frameworks to promote the empowerment of adolescent girls. These include the Coordinated Programme of Economic and Social Development Policies 2017–2024, the Five-Year Strategic Plan to Address Adolescent Pregnancy in Ghana 2018–2022, and the National Strategic Framework on Ending Child Marriage in Ghana 2017–2026.

However, the data in this statistical snapshot reveal that more efforts are required to fulfill the rights of adolescent girls, fully address the particular challenges that they face and strengthen their contribution to their own lives and those of others. For example, inadequate attention to, and insufficient respect for, the value of adolescent girls increase their vulnerability to early pregnancy, sexual and gender-based violence and burdensome domestic responsibilities. In addition, gender-discriminatory norms and negative sociocultural attitudes pose pervasive and significant barriers to adolescent girls gaining access to sexual and reproductive health information and protective services.

There is also mention that more attention needs to be paid to mental and psychological conditions affecting adolescents.

Name of document:

Name of document:
Includes an update on the programme status reflecting on the country context; three significant achievements in 2021; any changes to the country’s programme strategy and components, and a section on innovative approaches. Also identifies partnerships and Joint UNFPA-UNICEF work and a reflection on how key principles are being applied – such as a human rights approach, “Leave no one Behind”, and gender transformative approaches. The document also highlights key programme challenges and support needed before going into detail by Outcome and Output level on specific achievement of results.

Programme performance is measured around the Global Partnership Output and Outcome performance metrics based on the immediate outcome categories in the results framework.

Immediate outcomes include:

- Community engagement and transformation: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender-equitable attitudes and support for girls’ rights.
- Strengthening systems: Increased capacity of education, health, child protection and GBV systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts.
- Social protection and partnerships: Increased capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts.
- Policies and legislation: Enhanced capacity of governments to fund, coordinate and implement national, and sub-national action plans and systems to end child marriage.
- Data and evidence generation and use: Increased capacity of governments and non-government organizations to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons.
- Programme effectiveness and efficiency.

Key conclusions include:

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM implementing across 17 countries.
- Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems as it does engaging with the African Union.
- There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

Key recommendations include:

- Continue to strengthen global policy and advocacy strategies.
- Strategically strengthen and support implementation of accountability systems. The Joint Programme should also advocate for fully funded national legal and policy frameworks.
- In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements to date.
- Strengthen links with other streams of work towards enhanced access to quality services for FGM prevention, protection and care.
- Accelerate use of the ACT Framework to generate data on social norm change.
- Build the post-Phase III Joint Programme to be gender transformative.
- Incorporate a humanitarian approach within the post-Phase III Joint Programme design.
The report presents the findings of the evaluation of the first phase of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM). The programme is jointly managed by the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF). The programme is implemented in 12 countries in 4 regions with multiple partners and stakeholders at the national, regional and global levels.

Key findings and conclusions include:

- The programme is well aligned to global and regional frameworks and commitments to end child marriage.
- The widespread acknowledgment that child marriage impedes on children’s rights and welfare provides a strong foundation and rationale for the ending child marriage agenda.
- Despite efforts to target high prevalence areas and reach the most vulnerable, in many instances, interventions have not yet reached the most remote areas, including many of those that are furthest behind.
- Outcome 1 – The GPECM is increasingly able to reach adolescent girls with activities under Output 1.1, having reached nearly 5.5 million girls by mid-2018, far exceeding the programme’s objective to reach 2.5 million girls by the end of 2019.
- Outcome 2 – Country offices have significantly expanded community outreach (Output 2.1) and the GPECM shows signs of scaling up, reaching approximately 11.5 million individuals with information related to ending child marriage in the first half of 2018, significantly more than in 2016 and 2017 combined.
- Outcome 3 – Country offices have increased targets for girls’ access to health and protection services every year of the GPECM and have collectively exceeded targets each year.
- Outcome 4 – UNFPA and UNICEF have worked collaboratively at the highest levels to support governments to develop and implement national/state action plans to end child marriage.
- Outcome 5 – GPECM investments in research and data have contributed to building a stronger evidence base on child marriage, although tracking has not offered an indication of data quality and usability to date.

Key recommendations include:

- Prioritize normative leadership.
- Expand framework for country contextualization (Theory of Change).
- Consolidate and strengthen the evidence-based knowledge management.
- Define and monitor jointness, convergence and complementarity.
- Strengthen and contextualize monitoring and reporting systems.
- Invest in human resources.
- Strengthen the programme.
- Find funds.

This tool will be used as the primary framework to benchmark the level of maturity of the Ghanaian Child Protection System, with an addition added to identify priority actions needed to improve the ratings or level of maturity.

The intermediate outcomes identified in the tool include:

- Legal and policy framework.
- Governance and coordination structures.
- A continuum of services.
- Minimum standards and oversight mechanisms.
- Human, financial and infrastructure resources.
- Mechanisms for child participation and community engagement.
- Data collection and monitoring systems.

To meet the challenge of building strong child protection systems while building a global partnership for development, governments need to ensure that their policies are supportive or, at a minimum, do not undermine their development policies. In other words there needs to be policy coherence for development (PCD). This aims to exploit positive synergies and spillovers across public policies to foster development – “it entails the systematic application of mutually reinforcing policies and integration of development concerns across government departments to achieve development goals along with national policy objectives”.

Progress towards policy coherence is understood as a three-phase cycle, with each phase of the cycle supported by one of three building blocks. The PCD approach requires that all three building blocks are in place with sufficient weight given to each phase of the policy coherence cycle. These include three Phases: i) Setting and prioritizing objectives; ii) Coordinating policy and its implementation, and iii) Monitoring, analysis and reporting.

These three phases are also known as critical building blocks and there are nine lessons derived across the three phases of the cycle above to promote PCD.
### Annex 1: Data visualization of countries (Rating out of 4)

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Overall Score</th>
<th>Sub-Domains</th>
<th>Specific Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Coordination</td>
<td>3.3</td>
<td>A1: Political commitment</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A2: Coordination structures</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3: National Action Plans</td>
<td>3.2</td>
</tr>
<tr>
<td>Policy and Legislation</td>
<td>3.4</td>
<td>B1: Legislation, policies and implementation mechanisms for harmful practices</td>
<td>3.4</td>
</tr>
<tr>
<td>Engagement and participation</td>
<td>3.1</td>
<td>C1: Independent complaint mechanism exists for children and women</td>
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<tr>
<td></td>
<td></td>
<td>C2: Civil society engagement, including women and children</td>
<td>2.9</td>
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<tr>
<td></td>
<td></td>
<td>C3: Community-based mechanisms for harmful practices prevention</td>
<td>2.5</td>
</tr>
<tr>
<td>Financing &amp; HR</td>
<td>1.6</td>
<td>D1: Financing of harmful practices services</td>
<td>1.8</td>
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<tr>
<td></td>
<td></td>
<td>D2: National budget establishment</td>
<td>2.4</td>
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<tr>
<td></td>
<td></td>
<td>D3: National budget execution</td>
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<tr>
<td></td>
<td></td>
<td>D4: National budget amount</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>D5: National budget monitoring and review</td>
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<td></td>
<td></td>
<td>D6: Human resources</td>
<td>3.3</td>
</tr>
<tr>
<td>Access to Services</td>
<td>3.6</td>
<td>E1: Availability of Standard Operating Procedures (SOP) and/or protocols</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for harmful practices services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>E2: Understanding and articulation of harmful practices system</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E3: Modelling testing and scaling of harmful practices services</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E4: Availability of harmful practices services, case management and referral</td>
<td>3.3</td>
</tr>
<tr>
<td>Data collection, monitoring and</td>
<td>3.1</td>
<td>F1: Administrative data systems and monitoring to routinely generate data on</td>
<td>2.3</td>
</tr>
<tr>
<td>evaluation</td>
<td></td>
<td>harmful practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>F2: Data security and governance</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F3: Research and surveys</td>
<td>4</td>
</tr>
</tbody>
</table>

2 These include Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Lebanon, Mozambique, Nepal, the Niger, Sierra Leone, Uganda and Zambia.


Maturity Model
Desk Review, Assessment and Action Planning

COUNTRY: GHANA

Development of maturity model and assessment tools for harmful practices policies