National Development Planning Commission

Republic of Ghana

THEMATIC EVALUATION REPORT

MEDIUM-TERM NATIONAL DEVELOPMENT POLICY FRAMEWORK

AN AGENDA FOR JOBS II, 2022 – 2025







SEPTEMBER 2025

Medium-Term National Development Policy Framework

An Agenda For Jobs II, 2022 – 2025

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FORWARD





This report presents the mid-term evaluation of Ghana's Medium-Term National Development Policy Framework (MTNDPF), Agenda for Jobs II: Creating Prosperity and Equal Opportunity for All (2022–2025). Commissioned by the National Development Planning Commission (NDPC), with technical and financial support from UNICEF, the evaluation assesses progress made between 2022 and 2024, drawing lessons to inform decision-making and guide the preparation of the successor framework (2026–2029).

The implementation of Agenda for Jobs II has unfolded against a backdrop of severe global and domestic shocks. The lingering effects of the COVID-19 pandemic, compounded by the Russia–Ukraine conflict and heightened macroeconomic instability, triggered inflationary pressures, fiscal constraints, and rising public debt. These disruptions weakened the government's fiscal space, forcing a shift from long-term development ambitions toward immediate crisis management.

Yet, in the face of these formidable challenges, Ghana has demonstrated resilience, with progress recorded in critical sectors such as health, education, social protection, and job creation. This evaluation provides an evidence base on what has worked, what has not, and why. It highlights lessons, challenges, and opportunities for strengthening national development planning and ensuring that interventions remain coherent, inclusive, and sustainable.

As we approach the final year of implementation, this report offers strategic insights for reforming our development delivery architecture. It is my hope that the findings will guide policymakers, partners, and stakeholders in shaping a more resilient and prosperous Ghana.

Dr Nii Moi Thompson

Chairman
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Ag. Director- General
NDPC

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We are especially grateful to the Government of Ghana, including Ministries, Departments, and Agencies (MDAs), Regional Coordinating Councils (RCCs), and Metropolitan, Municipal, and District Assemblies (MMDAs), for their active engagement and commitment to evidence-based development planning. Their inputs and collaboration were indispensable in shaping the findings of this report.

Our sincere thanks go to the Evaluation Reference Group, technical and steering committees, and the NDPC–UNICEF field teams for their guidance, expertise, and dedication throughout the process. We also acknowledge the tireless efforts of NDPC staff and data collection teams whose professionalism and adherence to ethical standards were critical in capturing credible evidence across all 16 regions.

Above all, we extend profound gratitude to community leaders, beneficiaries, civil society organizations, private sector actors, and citizens who generously shared their voices and lived experiences. Their perspectives remain central to this evaluation, grounding its findings in local realities and ensuring that the recommendations reflect both national priorities and the aspirations of the people of Ghana.

The Evaluation assessment also received technical direction from Dr Audrey Smock Amoah Director-General, NDPC. The Commission wishes to appreciate all members of the drafting team, namely: Mr. Daniel Amofa, Mr. Stephen Ampem-Darko, Mr. Peter Porekuu, Mr. Nii Odoi Odotei, Edward Bruce-Lyle, Mr. Ibrahim Musah and Mr. Edmond Awutey.

EXECUTIVE SUMMARY

This report presents the findings of an evaluation of Ghana's Medium-Term National Development Policy Framework (MTNDPF) for 2022–2025, titled Agenda for Jobs II: Creating Prosperity and Equal Opportunity for All. Commissioned by the National Development Planning Commission (NDPC) with technical and financial support from UNICEF, the evaluation assesses the extent of implementation between 2022 and 2024 and the framework's contribution to Ghana's development goals in the context of profound domestic and global challenges.

Significant disruptions marked the period under review. The lingering effects of the COVID-19 pandemic, coupled with the Russia–Ukraine conflict, triggered inflationary pressures, currency depreciation, and heightened debt distress, all of which eroded Ghana's fiscal space. These shocks undermined the framework's ambitious goals and forced the government to balance long-term development priorities with urgent crisis management.

The evaluation focused on seven thematic areas, namely: social protection, child protection, education, health, nutrition, job creation, and water, sanitation and hygiene (WASH). A mixed-methods approach was adopted, combining desk reviews, case studies, stakeholder interviews at national, regional, and district levels, and focus group discussions at the community level. Given the peculiar need for the evaluation, a hybrid evaluation criterion (the OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability and UNEG's evaluation criteria of Integrity, Accountability, Respect and Beneficence) guided the design, data collection and analysis.

Findings highlight a central paradox: while Ghana's policy framework is conceptually strong and well aligned with national priorities such as Ghana CARES, the Coordinated Programme of Economic and Social Development Policies, and the Sustainable Development Goals (SDGs), its implementation remains uneven. Progress has been recorded in several areas, including expanded access to health and education services, the roll-out of digital and youth employment initiatives, and the strengthening of WASH interventions at the community level. Yet these gains have been constrained by systemic weaknesses particularly fragmented coordination across sectors, limited district-level capacity, inadequate financing, and persistent inequities in reaching vulnerable groups such as persons with disabilities and the urban poor.

In social protection, for instance, coverage under the Livelihood Empowerment Against Poverty (LEAP) programme exceeded its target by 2023, but outdated registers, targeting errors, and delays in cash disbursement weakened efficiency and equity. Child protection systems benefitted from stronger policy alignment and the introduction of digital case management tools such as SWIMS, but persistent underfunding and staffing shortages limited their effectiveness. In education, the Free Senior High School programme boosted enrolment significantly, but quality was undermined by infrastructure deficits, teacher shortages, and delayed release of capitation grants. Job creation interventions were aligned with national strategies but were often fragmented, short-term, and inadequately supported by post-training mentorship and access to financing. Across all sectors, weak monitoring and evaluation systems further

constrained the ability to track outcomes and adapt policies effectively.

The evaluation underscores the importance of moving beyond fragmented and short-term interventions toward integrated, sustainable, and locally owned development strategies. It stresses the need to strengthen district-level planning and financing, enhance inter-agency coordination, improve beneficiary targeting through hybrid digital and community-based systems, and scale up investments in digital monitoring platforms to support evidence-based decision-making. It also emphasizes the need to reduce donor dependency by mobilizing domestic resources, while fostering civic engagement through institutionalized mechanisms such as social audits and community scorecards.

In conclusion, the report finds that while Agenda for Jobs II has advanced critical social and economic priorities despite formidable shocks, achieving its medium-term goals requires deeper institutional reforms, stronger decentralization, and resilience-oriented planning. As Ghana prepares the successor framework for 2026–2029, these lessons provide a roadmap for bridging the persistent gap between ambitious policy design and effective implementation, ensuring that future development is more inclusive, equitable, and sustainable.

MAP OF REGIONS AND MMDAS FOR THE EVALUATION

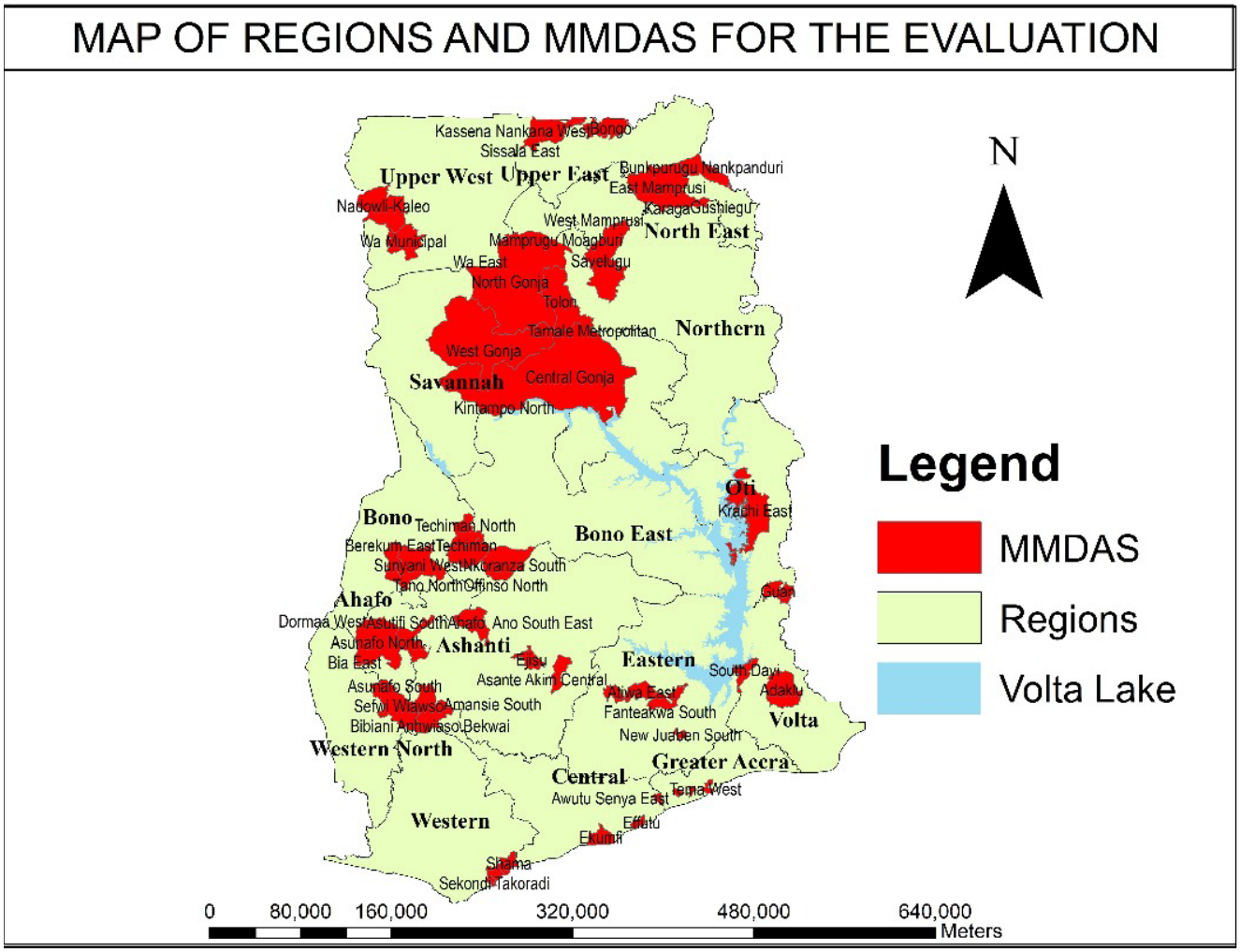


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LIST OF ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ADEOPs	Annual District Education Operational Plans
AfCFTA	African Continental Free Trade Area
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APR	Annual Progress Report
AU	Africa Union
BAC	Business Advisory Centre
CARES	Covid-19 Alleviation and Revitalization of Enterprises Support
CCPC	Community Child Protection Committee
CESA	Continental Education Strategy for Africa
CHAG	Christian Health Association of Ghana
CHMCs	Community Health Management Committees
CHNs	Community Health Nurses
CHOs	Community Health Officers
CHPS	Community-based Health Planning and Services
CHRAJ	Commission on Human Rights and Administrative Justice
CLTS	Community-Led Total Sanitation
COVID-19	Coronavirus Disease 2019
CPC	Child Protection Committee
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
CTVET	Commission for Technical and Vocational Educational Training
CWC	Child Welfare Clinics
CWDs	Children with Disabilities
CWSA	Community Water and Sanitation Agency
DACF	District Assembly Common Fund
DACF-PWD	District Assembly Common Fund-Persons With Disability
DCDs	District Coordinating Directors
DCPC	District Child Protection Committee

DDCCs	District Development Coordinating Committees
DDDP	District Development Data Platform
DDEP	Domestic Debt Exchange Programme
DEOCs	District Education Oversight Committees
DEOs	District Education Offices
DHD	District Health Directorate
DHIMS	District Health Information Management System
DHMT	District Health Management Team
DHS	Demographic Health Survey
DLT	District League Table
DMTDPs	District Medium-Term Development Plans
DOVVSU	Domestic Violence and Victim Support Unit
DPCUs	District Planning Coordinating Units
DPOs	District Planning Officers
DSW	Department of Social Welfare
DSWCD	Department of Social Welfare and Community Development
DSWCD	Department of Social Welfare and Community Development
DSWO	District Social Welfare Officer
DWDs	District Works Departments
EBF	Exclusive Breastfeeding
ECCD	Early Childhood Care and Development
ECOWAS	Economic Commission of West African States
EHDs	Environmental Health Departments
EHOs	Environmental Health Officers
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESP	Education Strategic Plan
FBOs	Farmer-Based Organisations
FGDs	Focus-Group Discussions
GACA	Ghanaians Against Child Abuse
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GCLMS	Ghana Child Labour Monitoring System
GDP	Gross Domestic Product
GEA	Ghana Enterprises Agency
GES	Ghana Education Service

GETFund	Ghana Education Trust Fund
GhiLMIS	Ghana Integrated Logistics Information Management System
GHS	Ghana Health Service
GIFTS	Girls Iron and Folic Acid Supplementation
GIS	Global Information System
GMP	Growth Monitoring and Promotion
GNHR	Ghana National Household Registry
GoG	Government of Ghana
GPS	Ghana Police Service
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
HEPR	Health Emergency Preparedness and Response
HIV	Human Immune Virus
HQs	Headquarters
HR	Human Resource
HRMIS	Human Resource Management Information System
HSMTDP	Health Sector Medium-Term Development Plan
ICT	Information Communication and Technology
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IGF	Internally Generated Funds
ILO	International Labour Organisation
IRC	International Reference Centre for Community Water Supply & Sanitation
ISS	Integrated Social Services
ISSOPs	Intersectoral Standard Operating Procedures
IYCF	Infant and Young Child Feeding
JHS	Junior High School
JMP	Joint Monitoring Programme
KG	Kindergarten
KIIs	Key Informant Interviews
KPIs	Key Performance Indicators
L.I.	Legislative Instrument
LEAP	Livelihood Empowerment Against Poverty
LHIMS	Lightwave Health Information Management System
LIPW	Labour-Intensive Public Works

MCDs	Municipal Coordinating Directors
MDAs	Ministries, Departments, and Agencies
MDD-W	Minimum Dietary Diversity for Women
MHD	Municipal Health Directorate
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Surveys
MIS	Management Information Systems
MLGCRA	Ministry of Local Government, Chieftaincy and Religious Affairs
MMDAs	Metropolitan, Municipal, and District Assemblies
MMDCEs	Metropolitan, Municipal, and District Chief Executives
MoF	Ministry of Finance
MoFA	Ministry of Food and Agriculture
MoGCSP	Ministry of Gender, Children and Social Protection
MoH	Ministry of Health
MoUs	Memoranda of Understanding
MPs	Members of Parliament
MSME	Micro, Small and Medium Scale Enterprises
MTDP	Medium-Term Development Planning
MTEFs	Medium-Term Expenditure Frameworks
MTNDPF	Medium-Term National Development Policy Framework
NABCO	Nation Builders Corps
NADMO	National Development Management Organisation
NCD	Non-Communicable Disease
NDPC	National Development Planning Commission
NEIP	National Entrepreneurship and Innovation Plan
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NNP	National Nutrition Policy
NVTI	National Vocational Training Institute
NYA	National Youth Authority
ODF	Open Defecation Free
OECD	Organisation for Economic Cooperation and Development
OECD-DAC	Organisation for Economic Cooperation and Development-
OOP	Office of the President
OPD	Out-Patient Department
OPEX	Operational Expenditure

PFJ	Planting for Food and Jobs
PHC	Primary Health Care
PPAG	Planned Parenthood Association of Ghana
PPE	Personal Protective Equipment
PPP	Public-Private Partnership
PTAs	Parent-Teacher Associations
PWD	Persons with Disability
RCC	Regional Coordinating Council
RCCs	Regional Coordinating Councils
RCDs	Regional Coordinating Directors
RDTs	Rapid Diagnostic Test kits
REPOs	Regional Planning Officers
RIPs	Regional Integrated Plans
RMS	Regional Medical Stores
RPCU	Regional Planning and Coordinating Unit
RSWOs	Regional Social Welfare Officers
RUTF	Ready-to-Use Therapeutic Food
SBCC	Social and Behavioural change communication
SDGs	Sustainable Development Goals
SEED	Self-Employed Enrolment Drive
SEN	Special Education Needs
SHEP	School Health and Education Programme
SHS	Senior High School
SISOs	School Improvement Support Officers
SMCs	School Management Committees
SMEs	Small and Medium-sized Enterprises
SMS	Short Message Service
SNV	Stichting Nederlandse Vrijwilligers
SOCO	Gulf of Guinea Northern Regions Social Cohesion (SOCO) Project
SOPs	Standard Operating Procedures
SSNIT	Social Security and National Insurance Trust
SUN	Scaling Up Nutrition
SWCDOs	Social Welfare and Community Development Officers
SWIMS	Social Welfare Information Management System
SWO	Social Welfare Officer

TVET	Technical and Vocational Education and Training
UHC	Universal Health Coverage
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNSG	United Nations Secretary-General
USA	United States of America
USAID	United States Agency for International Development
USDOL	United States Department of Labor
USSD-based	Unstructured Supplementary Service Data (USSD) based technology
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WSMTs	Water and Sanitation Management Teams
YEA	Youth Employment Agency
ZUSTACs	Zonal, Town, and Urban Councils



CHAPTER ONE: INTRODUCTION

1. Introduction

This report showcases a mid-term evaluation of Ghana's Medium-Term National Development Policy Framework (MTNDPF), known as Agenda for Jobs II: Creating Prosperity and Equal Opportunity for All (2022–2025). It was conducted to assess the extent to which the framework has been implemented between 2022 and 2024, and how well it is contributing to Ghana's development goals. The evaluation was carried out within the context of Ghana's ongoing efforts to accelerate inclusive development, reduce poverty, and promote social wellbeing. The Agenda for Jobs II served as the basis for the preparation and implementation of development plans by Ministries, Departments and Agencies; Regional Coordinating Councils and Metropolitan, Municipal and District Assemblies. The evaluation responds to the need for timely evidence to support decision-making, improve implementation, and inform the preparation of the next development policy framework for the period 2026–2029.

The implementation of Ghana's 2022-2025 Medium-Term National Development Policy Framework (MTNDPF) has been overshadowed by a series of profound global and domestic shocks. Among these, the most impactful has been the Russia-Ukraine war, which erupted in early 2022. While Ghana's direct trade with the two nations is limited, the conflict triggered a massive surge in global commodity prices, especially for essential goods like fuel, food, and fertiliser. As a net importer, Ghana's economy was severely hit. The cost of living skyrocketed due to inflated food and fuel prices, pushing Ghana's inflation rate to a record high of 54.7 percent by the end of 2022. This not only eroded the purchasing power of citizens but also significantly increased the cost of government projects. Furthermore, the government's budget came under immense pressure as it was forced to spend more on subsidies and social safety nets to cushion the populace from the price hikes. This, combined with a loss of access to international financial markets and downgraded credit ratings, made it exceedingly difficult for the government to finance its development agenda.

These challenges were compounded by other global happenings, including the lingering effects of the COVID-19 pandemic, which continued to constrain global supply chains and economic growth. The tight monetary policies adopted by major economies to combat inflation led to a stronger US dollar, causing the Ghanaian cedi to depreciate sharply. This made imports more expensive and, critically, increased Ghana's public debt, a significant portion of which is denominated in foreign currencies. The implementation of the 2022-2025 MTNDPF faced substantial challenges due to this adverse socio-economic environment. A constricted fiscal space and external shocks undermined the framework's ambitious goals. The economic crisis led to a sharp reduction in government revenue and a significant increase in public debt, directly impacting the funding available for the MTNDPF's programs and projects, with key development initiatives being postponed or delayed as a result. The unsustainably high public debt-to-GDP

ratio forced the government to undertake a Domestic Debt Exchange Programme (DDEP), which created its own set of challenges, including a loss of confidence among some investors and a freeze on credit to the private sector. This volatile economic environment, marked by high inflation and cedi depreciation, created an unpredictable business climate, making it difficult for both the government and the private sector to plan and invest for the long term. This uncertainty severely hindered the private sector's ability to contribute to job creation, a central objective of the "Agenda for Jobs II" framework.

Despite these overwhelming challenges, Ghana has managed to make some progress in implementing certain aspects of the framework. The framework's implementation was heavily reliant on a stable and growing economy, a reality that did not fully materialise. The external shocks and internal fiscal challenges made it exceptionally difficult to achieve many of the planned outcomes, particularly those related to job creation and social development, as the government's focus had to shift from long-term development to immediate crisis management.

The 2022-2025 MTNDPF focuses on six broad dimensions: Economic Development; Social Development; Environment, Infrastructure, and Human Settlements; Governance, Corruption, and Public Accountability; Emergency Planning and COVID-19 Response; and Implementation, Coordination, Monitoring, and Evaluation. This evaluation report, however, focused on selected thematic areas that align with national priorities and ongoing prioritised catalytic sectoral programmes. These are: social protection, child protection, education, health, nutrition, job creation, and water, sanitation, and hygiene (WASH).

The purpose of the evaluation was to assess progress towards the achievement of the strategic objectives set in these thematic areas, using five standard evaluation criteria, that is, relevance (coherence), efficiency, effectiveness, impact, and sustainability. It also aimed to identify challenges in implementation and to recommend actions for improving delivery for the 2026-2029 framework. To ensure a credible and inclusive process, NDPC established an Evaluation Reference Group to oversee the work. This included experts and representatives from key institutions. Technical and steering committees also supported the evaluation, helping to review the approach, validate findings, and align with accepted evaluation standards.

The evaluation applied a mixed-methods approach, using both quantitative and qualitative techniques. These included stakeholder interviews, focus group discussions, structured surveys, and document reviews. The process engaged stakeholders at national, regional, and district levels, including government institutions, civil society organisations, and development partners.

This report is structured as follows:

Chapter One introduces the evaluation and its context. Chapter Two outlines the methodology, whilst Chapters Three to Nine present the thematic discussions. The thematic discussions are guided by the OECD-DAC and UNEG criteria for evaluation using the 2023 DLT focus areas. Under each thematic area, the analysis and discussions thereof situate the strategies implemented under the MTNDPF and how these strategies/interventions responded to the needs of Ghanaians. The discussion will be structured along the seven thematic areas. Chapter Ten sets out the main recommendations for strengthening implementation and informing the next planning cycle, and Chapter Eleven provides conclusions and recommendations.

Table 1. 1 Evaluation Scope

Evaluation Period January 2022 – December 2024 (covering the first three years of the 2022–2025 MTNDPF). In-Scope Focus Areas • Social Protection (SP): Poverty reduction and livelihood empowerment interventions. • Child Protection: Safeguarding children's rights, reducing child labour, strengthening welfare systems. • Education: Equitable access, quality teaching and learning, and skills development. • Health: Universal health coverage, system strengthening, and disease prevention. • Nutrition: Food and nutrition security, mainstreaming in health and social programmes. • Water, Sanitation, and Hygiene (WASH): Universal access to safe water, sanitation services, and hygiene behaviour change. • Job Creation: Expansion of decent and sustainable employment opportunities under Agenda for Jobs II. Out of Scope Other MTNDPF dimensions, such as governance and accountability reforms, environment, infrastructure and human settlement, emergency preparedness, and coordination/M&E were not evaluated in depth, though their linkages are acknowledged.

1.1. Background

The National Development Planning Commission (NDPC) is mandated to prepare Medium-Term National Development Policy Frameworks (MTNDPFs) by Article 36, Clause 1 of Ghana's 1992 Constitution, Section 2 (2) b) of the National Development Planning Commission Act, 1994 (Act 479), and Regulation 7 of the National Development Planning Commission Regulations, 2020 (L.I. 2402), and assess the implementation of development programmes and projects. These frameworks serve as the basis for guiding Ghana's development agenda across sectors and at all levels. As part of this mandate, NDPC monitors progress and evaluates the results of national policies to ensure that implementation leads to improved development outcomes.

1.1.1. Medium-Term National Development Policy Framework (Agenda for Jobs II, 2022–2025)

The current framework, Agenda for Jobs II (2022–2025), provides the strategic direction for national development during the ongoing medium-term planning period. It outlines the government's development priorities and offers a coordinated approach for implementing key policies and programmes. The framework is also expected to strengthen alignment across Ministries, Departments,

and Agencies (MDAs), and between the national and sub-national levels. The framework seeks to address major social and economic challenges while promoting sustainable environmental and spatial development and ensuring transparent governance across the country.

The framework is aligned with global, continental, and regional commitments, including the Sustainable Development Goals (SDGs), the African Union's Agenda 2063, the African Continental Free Trade Area (AfCFTA) Agreement, and ECOWAS Vision 2050. It also incorporates national priorities reflected in strategies such as the Ghana Beyond Aid Charter and the Ghana CARES Obaatanpa Programme. Lessons from the midterm evaluation of Agenda for Jobs I (2018–2021) informed the design of the current framework.

Agenda for Jobs II is structured around six thematic dimensions:

- Economic Development
- Social Development
- Environment, Infrastructure, and Human Settlements
- Governance, Corruption, and Public Accountability
- Emergency Planning and COVID-19 Response
- Implementation, Coordination, Monitoring, and Evaluation

These dimensions provide policy and programmatic direction for the preparation of medium-term development plans aimed at promoting comprehensive inclusive growth, improving access to basic services, and strengthening public sector performance.

The framework places strong emphasis on economic recovery, particularly in the context of the COVID-19 pandemic. It aims to improve productivity, expand employment opportunities, increase access to quality social services, and enhance governance systems. Agenda for Jobs II spells out the monitoring and evaluation (M&E) mechanism to track progress and support results-based planning. This mechanism, based on Ghana's decentralised M&E System, and founded on numerous constitutional and legislative provisions, helps ensure that objectives remain relevant and that implementation bottlenecks are addressed.

As shown in Box 1, the framework draws on a national development vision and sets six medium-term goals, which form the basis for assessing progress. As the framework approaches its final year, the evaluation process aims to take stock of achievements and identify key lessons to guide the next planning cycle (2026–2029).

1.1.2. Policy Framework Objectives

The MTNDPF outlines objectives under six development dimensions. These objectives are intended to address national development priorities in a structured and coordinated manner. This evaluation focuses on eight key areas, that is, social protection, child protection, education, health, nutrition, job creation, WASH and energy. Table 1 below presents the selected focus areas and their corresponding objectives as outlined in Agenda for Jobs II (2022–2025).

Box 1: Vision and Strategic Goals for National Development

Vision for National Development

The vision of Agenda for Jobs II (2022–2025), as adopted from the Coordinated Programme for Economic and Social Policies (2017–2024), is to: **"Create an optimistic, self-confident, and prosperous nation, through the creative exploitation of our human and natural resources, and operating within a democratic, open and fair society in which mutual trust and economic opportunities exist for all."**

Strategic Goals, Direction, and Priorities for the Medium-Term

The medium-term goals are:

1. Build a prosperous country.
2. Create opportunities for all Ghanaians.
3. Safeguard the natural environment and ensure a resilient built environment.
4. Maintain a stable, united, and safe country.
5. Build resilience for recovery from the COVID-19 pandemic and other threats.
6. Improve the efficient delivery of development outcomes and ensure value for money.

Table 1. 2 Agenda for Jobs II Focus Areas and Objectives

MTNDPF Focus Areas	Objectives
Education and Training	Enhance equitable access to quality education, strengthen competency-based skills development in technical and vocational education, promote inclusive education, ensure a supportive environment for re-entry of dropouts, and ensure sustainable financing of education.
Health and Health Services	Ensure accessible and quality Universal Health Coverage (UHC), strengthen healthcare delivery systems, reduce disability and mortality, address non-communicable diseases, and reduce infections such as HIV/AIDS and STIs among vulnerable groups.
Food Systems Transformation and Nutrition Security	Strengthen food production and safety systems, ensure food availability and accessibility, promote nutrition-specific programmes, and integrate nutrition into UHC.
Water and Environmental Sanitation	Improve access to safe and sustainable water supply services, enhance environmental sanitation, and promote efficient wastewater management.

MTNDPF Focus Areas	Objectives
Child Protection and Development	Prevent violence, abuse, and neglect of children, promote their rights and welfare, and strengthen policies, legal frameworks, and systems for child and family welfare.
Social Protection	Strengthen social protection systems to support vulnerable populations and promote decent pensions.
Employment and Decent Work	Improve human capital development, create employment opportunities, and promote decent work for all, particularly youth.

1.1.3. Key stakeholders

The implementation of the Agenda for Jobs II is anchored within Ghana's national decentralised planning system, involving a multi-level institutional structure. The framework is led by the National Development Planning Commission (NDPC), which is responsible for overall coordination, technical guidance, and monitoring of national development planning.

At the national level, ministries, departments, and agencies (MDAs) are responsible for developing and implementing sector policies and programmes in line with the framework's goals. These institutions translate the medium-term priorities into sector plans and ensure that targets are integrated into their annual work programmes and budgets.

Regional Coordinating Councils (RCCs) provide oversight and coordination at the regional level. They support planning, monitoring, and capacity-building for Metropolitan, Municipal, and District Assemblies (MMDAs) within their jurisdiction.

At the local level, MMDAs are responsible for implementing programmes and projects directly under the framework. They develop Medium-Term Development Plans (MTDPs) aligned with Agenda for Jobs II and manage service delivery at the district level. District Planning Coordinating Units (DPCUs) support this process by ensuring that development activities are well-coordinated and results are tracked.

Inter-ministerial committees, technical working groups, cross-sectoral planning groups and sector-specific platforms also support coordination, especially in cross-cutting areas such as job creation, nutrition, and social protection. Various stakeholders are expected to be engaged in the plan preparation, implementation and monitoring and evaluation phases.

Beyond formal structures, governance mechanisms introduced through NDPC, the Evaluation Reference Group (ERG), and technical committees played an important role in enhancing quality and credibility. Oversight contributions included: (i) revising survey tools after pre-testing to remove ambiguities and strengthen alignment with MTNDPF indicators; (ii) guiding sampling strategies to ensure balanced regional and urban–rural representation, thereby reducing selection bias; (iii) reviewing and correcting inconsistencies during data validation workshops to improve accuracy of findings; and (iv) facilitating access to administrative and sectoral datasets that would otherwise have been difficult for evaluators to obtain.

These governance checks not only improved data quality but also safeguarded against methodological and institutional bias, reinforcing confidence in the evidence base. To further mitigate risks, safeguards such as disclosure of potential conflicts of

interest, rotation of technical reviewers, and maintaining independence of the ERG in endorsing findings were applied to preserve objectivity and credibility of the evaluation process.

1.1.4. Expected Results

The anticipated results for the medium-term are aligned with Ghana's national and international development goals, including the SDGs and other regional frameworks (e.g., AU Agenda 2063). These expected results that align with the evaluation focus areas include:

1. Expanding job creation initiatives, focusing on youth employment through entrepreneurship and skills training programmes.
2. Strengthening social protection systems, including the expansion of programmes.
3. Improving access to quality education and healthcare services, targeting underserved and marginalised populations.
4. Enhancing nutrition-specific interventions to reduce child malnutrition and improve public health.
5. Increasing the proportion of households with access to safely managed water, sanitation and hygiene services
6. Promoting decentralisation and community participation in planning and decision-making.
7. Strengthening institutions to improve policy coordination and implementation.

1.1.5. Expected Impact

The evaluation considered the anticipated effects of the framework's implementation on national development priorities and its alignment with global and regional goals.

1. Reduction in unemployment, particularly among youth, through skills development and entrepreneurship initiatives.
2. Improved living standards through expanded access to quality healthcare, nutrition, education, and social protection programmes.
3. Reduction in poverty and inequality by targeting vulnerable populations with tailored interventions such as the Livelihood Empowerment Against Poverty (LEAP) Programme.
4. Enhanced human capital development, contributing to a skilled and healthy workforce.
5. Expanded access to water, sanitation, and hygiene (WASH) services, resulting in improved public health outcomes.
6. Strengthened policy coordination and implementation across national, regional, and local levels.
7. Improved citizen engagement in governance processes, promoting trust and collaboration between government and communities.

1.2. Rationale of the evaluation

1.2.1. Evaluation purpose and objectives

The evaluation aimed to assess the implementation and impact of the medium-term national development policy framework. The evaluation focused on measuring progress toward achieving the framework's strategic goals, examining the effectiveness of its implementation strategies, and identifying areas for improvement.

The objectives of the evaluation were to:

1. Assess progress made toward achieving the framework's strategic goals and objectives across the evaluation-focused areas (i.e., Social Protection; Child Protection; Education; Health; Nutrition; Job Creation; Water, Sanitation, and Hygiene (WASH)).
2. Assess the relevance, coherence, alignment, effectiveness, sustainability, and impact of the strategies and interventions implemented under the framework.
3. Identify key achievements, challenges, and lessons learned from the implementation process to guide improvements during the remaining implementation period.
4. Provide recommendations to enhance the framework's performance in its remaining years.
5. Inform the preparation of the successor Medium-Term National Development Policy Framework (2026–2029) to ensure alignment with national priorities and global commitments.

1.2.2. Subject and scope of the evaluation

The evaluation focused on the implementation of the Medium-Term National Development Policy Framework (Agenda for Jobs II, 2022–2025) across seven key thematic areas: social protection, child protection, education, health, nutrition, job creation, and water, sanitation and hygiene (WASH). These thematic areas were selected based on their importance to Ghana's development priorities and their alignment with the framework's strategic objectives.

The assessment reviewed the extent to which programmes and interventions under each area were implemented as planned and whether they contributed to expected outcomes. In social protection, the evaluation examined the reach and effectiveness of cash transfer and social welfare programmes. Child protection was assessed in relation to systems and interventions to prevent abuse, exploitation, and neglect.

In the education sector, the evaluation looked at access to basic and secondary education, the quality of teaching and learning, and efforts to promote inclusive education. Health sector performance was assessed based on progress toward Universal Health Coverage (UHC), availability and access to services, and the functioning of healthcare delivery systems. Nutrition was evaluated through efforts to address malnutrition and improve food security, especially for vulnerable groups.

The review of job creation focused on initiatives aimed at developing skills, promoting entrepreneurship, and improving employment opportunities, particularly for youth. WASH interventions were examined with attention to improved access to water and sanitation services, hygiene practices, and their contribution

to public health.

The evaluation covered all 16 regions of Ghana. Within each region, particular districts were selected to ensure a balanced representation of geographic, socio-economic, and institutional conditions. Specific communities within each selected district were also engaged to capture local-level experiences and outcomes. Available time, resources, and access to reliable data defined the scope of the work.

1.3. Limitations

While the evaluation of the Medium-Term National Development Policy Framework (Agenda for Jobs II, 2022–2025) was designed and implemented with rigour, several limitations may have affected the scope, depth, and generalisability of its findings.

The evaluation focused on a subset of thematic areas, namely social protection, child protection, education, health, nutrition, job creation, and WASH, based on strategic prioritisation. While this targeted approach enabled a deeper analysis within high-impact sectors, it excluded other equally important areas such as governance, economic development, and environmental sustainability. Consequently, the findings do not represent a comprehensive assessment of the entire framework.

Secondly, the evaluation relied heavily on qualitative data and secondary analysis of existing quantitative sources such as the Annual Progress Reports and sectoral performance reports. While this mixed-methods design allowed for rich contextual insights and stakeholder perspectives, the absence of new primary statistical data or independent quantitative verification may have limited the robustness of some findings, particularly regarding the attribution of results.

Additionally, logistical constraints, such as time, resource availability, and geographic accessibility, limited the number of communities and districts that could be covered. Although a performance-based sampling strategy was applied using the District League Table[1] to ensure regional balance and diversity, the purposive nature of community selection limits the statistical representativeness of community-level findings.

Furthermore, language barriers and cultural nuances posed challenges during fieldwork, particularly in remote areas. Although interpreters and local officers were engaged to support accurate translation, there remains the potential for misinterpretation or loss of nuance in qualitative responses.

Finally, as the evaluation was conducted in the penultimate year of implementation, some intended outcomes may not yet be fully realised, particularly those with long-term impact horizons. These factors should be considered when interpreting the findings and translating them into policy recommendations for the successor framework.

1 The District League Table (DLT) in Ghana is a performance monitoring tool used to track the progress of local government districts across various sectors. It is part of the National Development Planning Commission (NDPC)'s efforts to improve the effectiveness and accountability of local governments in the country. https://www.ndpc.gov.gh/

Table 1. 3 Key Limitations, Implications, and Mitigation Measures of the MTNDPF (Agenda for Jobs II) Evaluation (2022–2025)

Limitation	Implications	Mitigation Measures
Selective coverage of thematic areas (focus on social protection, child protection, education, health, nutrition, job creation, and WASH; exclusion of governance, economic development, and environment)	Findings are not fully representative of the entire MTNDPF; important cross-sectoral linkages may not have been entirely covered.	Clear scoping was communicated; depth of analysis was prioritised in high-impact sectors; complementary national consultations ensured broader perspectives were incorporated.
Reliance on secondary quantitative data (e.g., Annual Progress Reports, sectoral reports) with limited new primary statistical data	Potential gaps in robustness and independent verification of findings; limits the ability to attribute results with precision.	Used a mixed-methods design combining qualitative evidence and stakeholder validation; triangulated with administrative records and multiple data sources.
Heavy reliance on qualitative evidence	Greater risk of subjectivity, perception bias, or uneven coverage across regions.	Multiple perspectives captured through interviews and FGDs; triangulation with documentary evidence; national validation workshops to balance interpretation.
Logistical constraints (time, resources, and accessibility limited district/community coverage)	Reduced geographic representativeness; findings may not capture variations in harder-to-reach or under-sampled areas.	Applied purposive and performance-based sampling using the District League Table to ensure regional diversity and inclusion of both high- and low-performing districts.
Language translation and cultural nuances in fieldwork	Risk of misinterpretation, loss of meaning, or distortion of local perspectives in qualitative data.	Engaged local translators and officers fluent in dialects; applied back-translation and transcript review for accuracy; contextual debriefs held with field teams.
Recall bias in focus group discussions and interviews	Respondents may provide inaccurate or selective information when recalling programme impacts over several years.	Cross-validated accounts with service delivery records, documentary reviews, and data from multiple stakeholders; triangulated perspectives to reduce bias.
Timing of evaluation (conducted in penultimate year of MTNDPF implementation)	Some long-term or lagged outcomes are not yet observable, limiting the ability to fully assess sustainability or impact.	Findings framed as interim/medium-term results; recommendations highlighted areas requiring continued monitoring in the successor framework.

CHAPTER TWO: EVALUATION APPROACH AND METHODOLOGY

2.Introduction

This chapter presents the approach and methodology used for the evaluation of Agenda for Jobs II (2022–2025). The evaluation design was structured to generate evidence on the extent to which planned interventions were implemented and the results achieved across the selected focus areas. The chapter outlines the design, assessment criteria, and sources of information for the evaluation. It also presents the evaluation framework, key questions, data collection methods, and sampling approach. The section further describes how data was managed, including team selection, training, quality control measures, analysis procedures, and ethical standards applied.

2.1. Evaluation criteria and Questions

The evaluation applied the adapted DAC/Organisation for Economic Cooperation and Development (OECD) criteria to provide a structured, evidence-based assessment of the Medium-Term National Development Policy Framework (MTNDPF), Agenda for Jobs II (2022–2025). These criteria—coherence, relevance, effectiveness, efficiency, impact, and potential sustainability—were utilised to assess the framework's performance across its implementation period and focus areas.

Table 2. 1 Evaluation Criteria

Criteria	Evaluation Questions	Description
Relevance and Coherence	• Were the objectives of the MTNDPF relevant to the national and international development context during its implementation? • How well did the strategic goals align with the needs of citizens? • Were the programmes targeted to serve the most vulnerable populations?	This criterion evaluates the alignment of the framework's objectives with Ghana's national priorities and international commitments, such as the Sustainable Development Goals (SDGs). It also examines how well the framework's strategic goals addressed pressing national issues and targeted vulnerable populations effectively.

Criteria	Evaluation Questions	Description
Effectiveness	· To what extent were the intended outcomes achieved? · What factors influenced the achievement or non-achievement of these objectives?	Effectiveness focuses on the extent to which the MTNDPF achieved its intended outcomes and objectives. It assesses progress in implementing interventions across key sectors, identifying factors that contributed to success or posed challenges to achieving goals.
Efficiency	· How efficiently were resources utilised to implement the MTNDPF? · Were there areas where resource allocation could have been improved?	This criterion examines whether the resources allocated for implementing the MTNDPF were used optimally. It evaluates financial, human, and material resource management, identifying areas where efficiencies could have been improved to enhance outcomes.
Impact	· What impacts did the outcomes from the implementation of the MTNDPF have on targeted evaluation focus areas? · How did the interventions affect the beneficiaries?	The impact criterion assesses the broader effects of the MTNDPF on beneficiaries and targeted sectors, including tangible improvements in living standards, access to essential services, and sectoral achievements in areas such as social protection, education, and job creation.
Sustainability	· Are the benefits of the interventions likely to be sustained in the long term? · What measures were implemented to ensure sustainability?	This criterion evaluates the likelihood that the benefits of the framework's interventions will endure beyond its implementation period. It focuses on the institutional, financial, and community-based mechanisms established to ensure the resilience and long-term viability of outcomes.

2.2. Evaluation Design

The evaluation adopted a multi-method design to ensure a systematic and practical assessment of the implementation of Agenda for Jobs II (2022–2025). The approach combined descriptive, case study, participatory, and utilisation-focused designs to provide a well-rounded evaluation covering all seven focus areas. A descriptive design[2] was used to document progress across the focus areas. This involved the use of structured tools to collect data on outputs and outcomes, including indicators on education, health, nutrition, WASH, and employment. Field observations were used to verify service quality and infrastructure status at national, regional, and district levels.

A case study design[3] was applied to explore flagship programmes such as the Livelihood Empowerment Against Poverty (LEAP) and Free Senior High School (Free SHS). These case studies examined implementation processes and local-level impacts in selected regions and districts. A participatory design[4] was incorporated to ensure perspectives from key stakeholders, including policy makers, District Assembly officials, implementing Agencies/Departments/Units, citizenry, and beneficiaries, were reflected. This included stakeholder consultations and focus group discussions at sector, regional, district and community levels. The evaluation also followed a utilisation-focused design[5], aimed at producing actionable recommendations to inform the next MTNDPF (2026–2029). Stakeholder validation meetings were held to review findings and refine key messages for decision-makers.

The evaluation was grounded in an integrated concept that aligns with the broader policy cycle. As illustrated in Figure 1, the system links planning, implementation, monitoring, and revision processes to support continuous learning and adjustment.

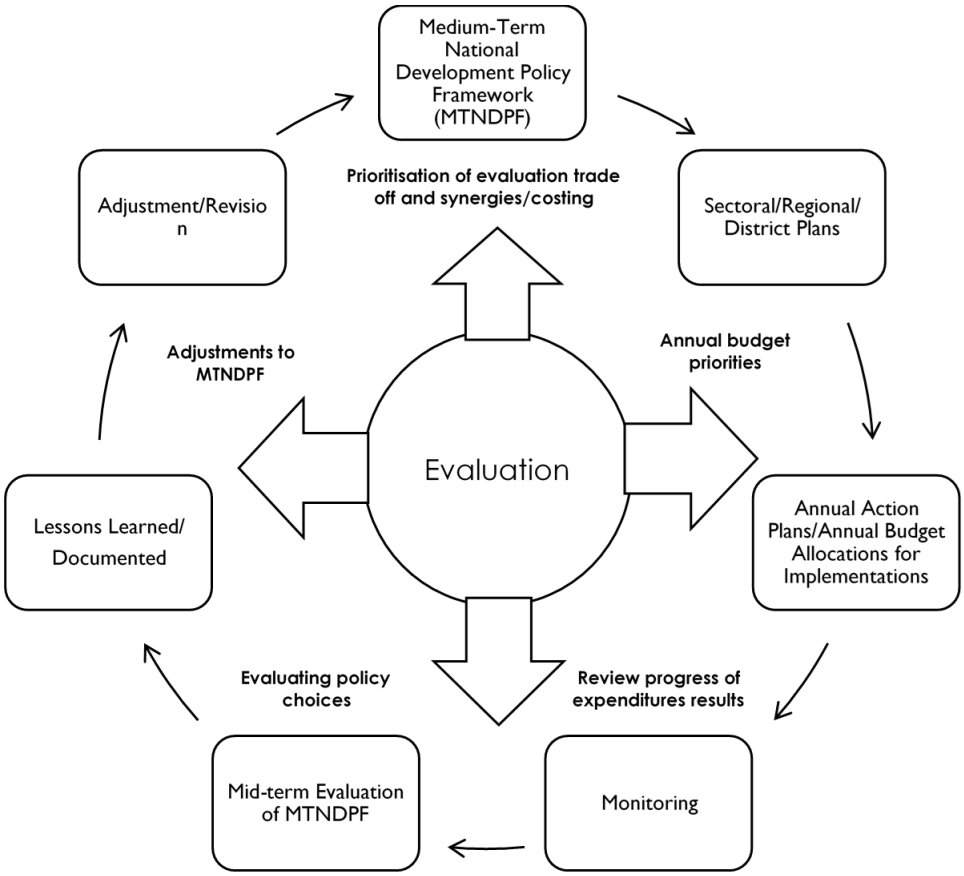
2 The descriptive design is applied to document the progress made in achieving the framework's objectives and outcomes across the seven focus areas. It captures quantitative indicators, alongside qualitative accounts of implementation processes and outputs. The design enables an assessment of the current state of progress and identifies key challenges and contextual factors that have influenced implementation.

3 To provide a detailed understanding of specific interventions, the evaluation includes a case study design. This approach also focuses on regional and target-group-specific case studies to assess localised impacts and the effectiveness of interventions in addressing unique socio-economic contexts, as well as providing rich descriptive data to give meaning to the outcomes observed.

4 The evaluation integrates a participatory design to incorporate the perspectives of key stakeholders, including policymakers, implementing agencies, and beneficiaries. This approach ensures that the evaluation reflects the realities of implementation and engages stakeholders in meaningful dialogue. Through consultations, focus group discussions, and key informant interviews, the design allows for the identification of practical solutions and fosters ownership of the evaluation process among those directly involved in or affected by the framework's implementation.

5 A utilisation-focused approach is incorporated to ensure that the evaluation results are practical and directly inform decision-making. This design is tailored to meet the information needs of the National Development Planning Commission (NDPC), sector ministries, development partners, and other key stakeholders. Continuous engagement with these groups ensures that the evaluation remains relevant and that its findings are aligned with the priorities of stakeholders. This approach also ensures that the recommendations derived from the evaluation contribute effectively to the design and preparation of the successor MTNDPF (2026–2029).

Figure 1: Integrated Evaluation Concept for MTNDPF, 2022-2025



This approach helped embed evaluation into routine development management and promoted evidence-based policy reform.

Table 2. 2 Summary of Evaluation Design and Methodology

Evaluation Design	Methodology	Specific Tasks	Instruments	Level
Descriptive Design	Quantitative: Data extraction	Measure indicators (e.g., health, education, WASH outcomes)	Structured templates/ questionnaires	National
	Qualitative: Field observations	Validate service quality and infrastructure functionality	Observation checklists	Regional, District, Community
Case Study Design	Qualitative: Targeted case studies	Examine implementation of flagship programmes (LEAP, Free SHS)	Case study protocols	Regional, District
		Explore local impacts and delivery dynamics	Interview and observation tools	Community

Evaluation Design	Methodology	Specific Tasks	Instruments	Level
Participatory Design	Qualitative: Stakeholder consultations, FGDs	Gather inputs from policymakers, implementers, and beneficiaries	Stakeholder consultation and FGD templates	Sector and Community
Utilisation-Focused Design	Mixed: Stakeholder engagement and validation	Develop actionable recommendations for policy improvement	Feedback and validation templates	National

2.3. Sources of Information and Data

The evaluation relied on multiple sources of information collected from national, regional, district, and community levels. Data was gathered through document reviews,interviews,focusgroupdiscussions, and community engagements across all 16 regions of Ghana.

At the national level, a desk review was conducted to assess existing documents relevant to the evaluation focus areas. These included Ghana's National Annual Progress Reports from 2021 to 2024, results frameworks, policy documents, sector strategies, and programme reports. The review helped establish baseline knowledge, informed the development of data collection instruments, and provided early insights into performance trends across the seven focus areas.

At the regional level, the evaluation team engaged Regional Coordinating Councils (RCCs). Interviews were held with Regional Coordinating Directors, Regional Planning Officers, and heads of decentralised departments, including Regional Directors of Social Welfare, Nutrition Officers, Environmental Health Officers, and others involved in WASH and job creation-related activities.

At the district level, data was collected from Metropolitan, Municipal, and District Assemblies (MMDAs) through interviews with relevant department heads and sector officers. These engagements provided district-level perspectives on implementation challenges, progress, and coordination mechanisms under the policy framework. A mixture of focus-group discussions (FGDs) and key informant interviews (KIIs) were applied using questionnaires prepared for the sub-national engagements.

At the community level, focus group discussions and interviews were conducted with community members to understand the effects of selected programme implementation on local livelihoods. These sessions focused on the seven thematic areas and helped capture the lived realities and experiences of beneficiaries with respect to Government programmes to address issues in these thematic areas.

In addition, the evaluation engaged selected development partners working in the districts who support programmes in the seven focus areas. Their contributions helped to validate implementation progress and highlight complementary efforts.

2.4. Sampling Framework

The sampling approach was aimed at ensuring national coverage and allowing for targeted assessments across the seven focus areas of the evaluation. All 16 administrative regions of Ghana were covered.

At the national level, purposive sampling was used to select key officials from relevant ministries, departments, and agencies. These individuals were directly involved in policy design and national-level coordination of the framework. At the regional level, Regional Coordinating Councils (RCCs) in all 16 regions were engaged. Key personnel, including Regional Coordinating Directors (RCDs), Regional Planning Officers (REPOs), and sector heads of relevant Departments, were selected.

At the district level, stakeholders such as the Planning Officer and department heads were engaged through interviews and focus group discussions. The selection of districts within these regions was informed by the 2023 District League Table (DLT)[6]. For each focus area—such as health, education, job creation, social protection, child protection, nutrition, and WASH—the evaluation team selected the top two or three and bottom two or three performing districts based on the DLT rankings. This performance-based sampling allowed the evaluation to capture both well-performing and underperforming districts across the focus areas.

Once districts were selected, community-level engagements were carried out within those districts. Communities were selected purposively, but not based on the DLT. Instead, community-level discussions were guided by the specific focus area for which the district was selected. For example, where a district such as Asante Akim Central was selected based on WASH performance, community discussions in that district focused exclusively on water, sanitation, and hygiene. Community engagements did not attempt to cover all seven focus areas uniformly across all districts. At the community level, participants included beneficiaries and local leaders, as well as relevant stakeholders who had a role to play as a beneficiary or service provider in that focus area. These engagements provided perspectives on implementation outcomes at the grassroots level but were limited to the focus area for which the district was sampled.

2.5. Data Management

2.5.1. Data Collection Teams: Selection, Training, and Deployment

To ensure consistency and quality in field operations, the evaluation employed a structured process for the selection, training, and deployment of data collection teams. Fieldwork was led by trained staff from the National Development Planning Commission (NDPC), with technical support from UNICEF. NDPC staff were deployed, organised into five regional field teams, each responsible for covering three administrative regions, with one Team covering Greater Accra in addition. Each team was composed of three trained officers (See Annex III: Data Collection Teams and Assigned Regions). Staff were selected based on their professional background in monitoring and evaluation (M&E), familiarity with local development planning systems, and previous experience conducting evaluations or large-scale

6 Provide a link to our website if possible

assessments.

Before deployment, a two-day training workshop was conducted for NDPC staff and UNICEF representatives. The training covered the evaluation objectives, ethical standards for data collection, confidentiality protocols, and practical guidance on the use of data collection tools. The training incorporated simulation exercises and field-based role-plays to enhance team preparedness.

Following the training, the data collection tools were pretested in the Oti Region, specifically within the Krachi East Municipality. The pre-test assessed the clarity, usability, and alignment of the instruments with the evaluation objectives. Feedback from the pre-test was used to revise and refine the tools, improving their functionality and field relevance.

Data collection was conducted using electronic tablets and mobile phones equipped with preloaded tools to facilitate digital data capture. This approach helped ensure data quality, improved efficiency, and enabled real-time monitoring of field progress.

UNICEF officers participated in field supervision to support quality assurance and adherence to ethical and methodological standards. The joint NDPC–UNICEF oversight model helped ensure consistency in the application of tools, timely resolution of field challenges, and credible data generation across all 16 regions.

In total, the evaluation engaged 2191 respondents

- 160 regional officials,
- 492 district officers, and
- 1,476 community members across 20 communities.

Table 2. 3 Evaluation Criteria

Engagement Level	Regions	Districts	Stakeholders Engaged	Engagement Activities
National Level	N/A	N/A	Officers from Ministries, Departments, and Agencies	Structured interviews and consultations with national officials
Regional Level	All 16 Regions	N/A	160 Regional Directors and Coordinators	Interviews with regional officials and oversight agencies
District Level	Districts selected based on DLT	43 District Assemblies	492 District Planning Officers, M&E Officers, and others	Consultations and focus group discussions with district staff
Community Level	Communities in selected districts	57 Communities	1,476 Community Members (beneficiaries and local leaders)	Focus group discussions were limited to the focus area used for district selection

2.5.2. Data Quality Assurance

Data quality assurance was embedded throughout the evaluation process to ensure the accuracy, completeness, and credibility of the findings. Measures were implemented from the design stage through to data collection, management, and validation.

The process began with the development of evaluation questions and data collection tools that aligned with the evaluation's objectives and thematic areas. Instruments were pre-tested in the Oti Region to assess clarity, flow, and relevance. Feedback from the pre-test exercise informed revisions to improve usability and consistency. During the training phase, field teams were taken through Standard Operating Procedures (SOPs) that emphasised quality control, ethical compliance, and data handling protocols.

To support data quality and secure collection, the evaluation used Solstice, a web-based and mobile-enabled platform, as the primary tool for data entry and management. Although the interviews and focus group discussions were conducted verbally and recorded, data entry into Solstice was done only after transcription and review of the recordings. This ensured that only accurate, verified information was captured. Solstice's built-in validation checks, GPS stamping, and mandatory response fields helped reduce human error during data upload. Real-time monitoring capabilities enabled supervisors to track data submissions, identify inconsistencies, and provide immediate feedback to field teams.

Given the diversity of languages spoken at the community level, language translation support was integrated into the fieldwork strategy. In instances where language posed a barrier, especially during community-level discussions, local translators and officers familiar with the local dialects were engaged. These individuals helped interpret both the questions and the responses, ensuring that evaluation officers could accurately record participants' views during transcription and subsequent entry into Solstice.

Additional data protection measures were implemented in line with ethical standards. These included encrypted data transmission, password protection, restricted access to the database, and GPS verification of data collection sites. Where connectivity or technical issues arose, paper-based tools were used as a contingency. Responses captured manually were later transcribed and entered into Solstice, following the same validation protocols.

Field supervisors and the central evaluation team conducted daily data review sessions. All entries were assessed for completeness and internal consistency. Only validated responses were approved for upload to the secure cloud database. Any flagged issues were addressed promptly, with corrective actions taken to maintain data integrity.

2.5.3. Data Analysis

The evaluation adopted a qualitative dominant analysis approach, based on primary data collected through key informant interviews (KIIs) and focus group discussions (FGDs) conducted at national, regional, district, and community levels. The purpose of the analysis was to examine stakeholder perspectives, implementation experiences, and contextual challenges across the seven thematic areas of Agenda for Jobs II.

All interviews and discussions were recorded and transcribed. Where engagements were conducted in local languages, transcripts were translated into English while maintaining the integrity of meaning and context. Transcripts were reviewed to ensure completeness and clarity before analysis.

Data were analysed using Atlas.ti version 9. A codebook was developed to guide the coding process, drawing on the evaluation objectives, thematic focus areas, and the structure of the data collection instruments. Coding was carried out iteratively to ensure consistency across transcripts and coherence in interpretation.

Coded data were categorised into document families according to engagement level (national, regional, district, community) and thematic area. Structured queries were then applied to identify recurring themes, implementation challenges, enabling factors, and variations in stakeholder experiences across levels.

In addition to the qualitative field data, the evaluation reviewed secondary quantitative data drawn from existing national sources, including Ghana's Annual Progress Reports (2021–2024), Facts and Figures publications, and relevant sector reports. These documents were used to examine indicator trends and reported progress under each focus area. However, no primary statistical analysis or quantitative modelling was conducted as part of the evaluation.

The qualitative and secondary data sources were triangulated to support a comprehensive understanding of performance. The use of national performance data helped to contextualise stakeholder perspectives, while the qualitative findings provided detailed accounts of implementation realities and institutional dynamics.

2.5.4. Ethical Considerations

The evaluation was conducted in adherence to established ethical standards applicable to field-based social research and evaluation practice. Ethical safeguards were embedded throughout the process to protect the rights, dignity, and well-being of all participants.

The evaluation was conducted in adherence to established ethical standards applicable to field-based social research and evaluation practice. Ethical safeguards were embedded throughout the process to protect the rights, dignity, and well-being of all participants, in line with both national and international protocols.

Core ethical principles, including informed consent, confidentiality, voluntary participation, privacy, justice, and beneficence, were strictly upheld. Before each interview or focus group discussion, participants were provided with a clear explanation of the evaluation's purpose, the type of information being collected, the reasons for their inclusion, and how their information would be used. Participation was entirely voluntary, and informed consent was obtained either verbally or in writing before proceeding with any engagement.

Confidentiality protocols were rigorously applied. All personal identifiers were removed during transcription and data entry. Responses were coded to ensure anonymity, and access to raw data was restricted to authorised members of the evaluation team. Data were stored on secure, password-protected systems, with encryption applied during digital transmission.

To safeguard ethical integrity, data collectors received structured training on ethical conduct. This included modules on respondent rights, non-coercive engagement, cultural sensitivity, and respectful communication. Special care was taken during community-level engagements to ensure that local customs, languages, and power dynamics were respected. In cases involving sensitive topics, particularly around child protection and social welfare, interviewers were trained to manage discussions appropriately and to refer cases of distress to the relevant district-level services.

Importantly, the evaluation process was

reviewed and cleared through the NDPC's approval and oversight mechanisms. An Evaluation Reference Group (ERG), composed of representatives from NDPC, sector ministries, development partners, and civil society, provided regular guidance and oversight to ensure methodological rigour and adherence to ethical standards. The evaluation also followed internationally recognised ethical guidelines, including the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation, and drew upon relevant national research ethics protocols. Where appropriate, reference was made to institutional review board (IRB) procedures to ensure that safeguards met both local and global expectations of ethical practice.

No participant was exposed to physical, emotional, or reputational harm during the evaluation. The deliberate integration of these ethical safeguards — combined with the oversight of NDPC and alignment with UNEG standards — helped ensure that the evaluation was credible, respectful, and fit for purpose in informing national policy.

Confidentiality protocols were rigorously applied. All personal identifiers were removed during transcription and data entry. Responses were coded to ensure anonymity, and access to raw data was restricted to authorised members of the evaluation team. Data were stored on secure, password-protected systems, with encryption applied during digital transmission. Data collectors received dedicated training on ethical conduct, which included modules on respondent rights, non-coercive engagement, cultural sensitivity, and respectful communication. Special care was taken during community-level engagements to ensure that local customs, languages, and power dynamics were respected.

No participant was exposed to physical, emotional, or reputational harm during the evaluation. Where discussions involved sensitive topics, particularly in relation to child protection or social welfare, field teams were trained to manage such interactions appropriately and to refer any distressing issues to the appropriate district-level services if needed. The evaluation team ensured that all procedures were aligned with ethical protocols endorsed by NDPC and UNICEF, maintaining the integrity and credibility of the process at every stage.

Table 2. 4 Ethical Safeguards in the Evaluation of the MTNDPF (2022–2025)

The evaluation was conducted in adherence to established ethical standards applicable to field-based social research and evaluation practice. Ethical safeguards were embedded throughout to protect the rights, dignity, and well-being of participants, consistent with both national protocols and international guidelines.

- Ethical Principles: Core principles of informed consent, confidentiality, voluntary participation, privacy, justice, and beneficence were strictly upheld. Participation was voluntary, with verbal or written consent obtained before interviews or focus group discussions.
- Confidentiality Measures: Personal identifiers were removed during transcription and data entry. Responses were anonymised and stored on secure, password-protected systems with encryption during digital transfer.
- Capacity and Sensitivity: Data collectors received training on ethical conduct, cultural sensitivity, respondent rights, and respectful engagement. Special care was taken during community-level engagements, particularly on sensitive issues such as child protection, with referral pathways established to district-level services if needed.
- Oversight and Review: Ethical procedures were reviewed and cleared through NDPC's internal approval processes, with guidance from an Evaluation Reference Group (ERG) comprising NDPC, sector ministries, development partners, and civil society representatives. The evaluation also adhered to United Nations Evaluation Group (UNEG) Norms and Standards and drew on relevant national ethics protocols. Reference was made to institutional review board (IRB) procedures where applicable.
- Safeguard Assurance: No participant was exposed to physical, emotional, or reputational harm. The integration of UNEG-aligned safeguards and NDPC oversight ensured that the evaluation remained credible, respectful, and ethically sound.

2.6. Limitations and Mitigation Measures

Like any large-scale evaluation, the evaluationofAgendaforJobsIIencountered certain limitations that could have affected data collection and analysis. One major limitation was language translation challenges at the community level, where multiple local dialects are spoken. This created potential risks of misinterpretation or loss of meaning during interviews and focus group discussions. To address this, the evaluation engaged local translators and officers fluent in the relevant dialects, while transcripts were subjected to back-translation and careful review to preserve accuracy and context.

A second limitation was the reliance on participant recall in focus group discussions and interviews, particularly when respondents were asked to describe programme effects over several years. This reliance sometimes introduced recall bias or selective reporting. To mitigate this, field teams cross-validated responses with documentary reviews, service delivery records, and data from multiple stakeholders to triangulate perspectives and strengthen reliability.

Finally, the selection of focus areas and districts posed inherent limitations, since

the evaluation concentrated only on certain thematic areas and selected communities based on performance rankings from the District League Table. This meant that findings could not be generalised uniformly across all districts or programme components. However, this was mitigated by applying a purposive and performance-based sampling approach that captured both high- and low-performing districts, complemented by national-level consultations and stakeholder validation meetings. This ensured that the evaluation still reflected a balanced national picture while acknowledging variations in local realities.

Overall, while challenges of translation, recall, and sampling were present, the mitigation strategies such as the use of translators and back-translation, data triangulation and validation, and performance-based sampling helped safeguard the credibility, accuracy, and robustness of the evaluation findings.

CHAPTER THREE: SOCIAL PROTECTION

3.Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing social protection outcomes. This chapter primarily focuses on the LEAP programme.[7]

3.1. Findings

The field evaluation of the social protection focus area under Ghana's 2022–2025 MTNDPF shows that programmes such as LEAP, the PWD Fund, and NHIS exemptions are strongly aligned with national development priorities on poverty reduction, vulnerability, and inclusion, and are coherently integrated into national and subnational planning frameworks. At the policy level, these interventions also reflect Ghana's commitments to global agendas like the SDGs and AU Agenda 2063. However, the evaluation highlights persistent implementation challenges: weak coordination across programmes, fragmented operational practices at district and community levels, and the absence of integrated monitoring systems.

Targeting mechanisms, once community-driven, have become increasingly centralised, undermining local knowledge and leading to errors of inclusion and exclusion, outdated beneficiary registers, and inequities in coverage, particularly affecting PWDs, peri-urban poor, and other vulnerable groups. While women remain consistently represented (about 55% of LEAP beneficiaries), proactive equity measures for other groups are limited, with weak data disaggregation constraining inclusivity assessments.

Coverage has expanded numerically, surpassing some programme targets, but geographic disparities and inconsistent NHIS linkages reduce effectiveness. Overall, social protection under the MTNDPF is conceptually strong and aligned with national and global priorities, but constrained by operational fragmentation, targeting inefficiencies, inadequate inclusivity practices, and uneven implementation at the local level.

7 Other Social Protection programmes such as NHIS, Capitation grant and School feeding are discussed as flagships in the chapters on health, education and nutrition respectively.

3.1.1. Relevance and Coherence

3.1.1.1. Alignment with National Development Priorities

The evaluation finds evidence that Ghana's social protection programming, guided by the MTNDPF (2022–2025), aligns effectively with national development priorities, particularly in reducing poverty, vulnerability, and ensuring social inclusion. At the national, regional, and district levels, there is clear coherence between policy design and implementation frameworks.

Social protection programmes, including the Livelihood Empowerment Against Poverty (LEAP) and the Persons with Disabilities (PWD) Fund, were identified as central components of the national strategy for poverty alleviation and social inclusion. Policy reviews confirmed these alignments, highlighting the deliberate integration of social protection into strategic policy frameworks. Specifically, national-level policy reviews consistently cited social protection interventions as critical mechanisms for achieving targets outlined in the Agenda for Jobs II and related poverty reduction strategies (NDPC Policy Reviews).[8]

At the regional level, Regional Social Welfare Officers (RSWOs) emphasised their coordination roles in ensuring subnational alignment with the national development frameworks. Evidence from interviews indicated that social protection targets and indicators were systematically embedded within regional composite planning frameworks. An RSWO from the Ashanti Region affirmed this coordination by stating:

> **"Our targets for vulnerable groups stem directly from the Agenda for Jobs II and the Ghana National Social Protection Policy. These clearly help our regional planning and ensures consistency in monitoring and resource allocation."** (RSWO, Ashanti Region).

At the district level, where actual programme implementation occurs, the evaluation identified a generally strong alignment of district planning frameworks with national development priorities. District-level actors, including District Planning Officers (DPOs) and departmental heads responsible for direct service delivery, confirmed that social protection programmes were explicitly captured in District Medium-Term Development Plans (DMTDPs) and reported in Annual Progress Reports (APRs). According to the 2024 National Annual Progress Report[9], 88.5% of districts integrated social protection indicators into their Medium-Term District Development Plans (MTDPs), while 82.5% of districts included these indicators in their Annual

8 Ghana National Development Planning Commission. (2021). 2022-2025 Medium-Term National Development Policy Framework: An agenda for jobs II (Creating prosperity and equal opportunity for all). Government of Ghana. https://ndpc.gov.gh/

Ghana National Development Planning Commission. (2024, October 22). NDPC and UNDP review national and sector development plans, APRs and SDG reports to mainstream disability inclusion [Press release]. https://ndpc.gov.gh/news-details.php?nid=NDPC-and-UNDP-Review-National-and-Sector-Development-Plans-APRs-and-SDG-Reports-to-Mainstream-Disability-Inclusion&nid=151

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Institute of Statistical, Social and Economic Research. (2015). Impact evaluation of the Livelihood Empowerment Against Poverty (LEAP) programme: Final report. University of Ghana. https://www.isser.ug.edu.gh/

United Nations Development Programme Ghana. (2024). Supporting the National Development Planning Commission (NDPC) to review national and sector development plans, APRs and SDG reports to mainstream disability inclusion. https://www.undp.org/ghana

9 National Development Planning Commission (2025): 2024 National Annual Progress Report. https://ndpc.gov.gh/#

Progress Reports (APRs). Validating this, a DPO from the Northern Region emphasised this integration:

"Social protection programmes such as LEAP, disability funds, and NHIS exemptions are clearly outlined in our MTDPs. We also report their implementation outcomes explicitly in our Annual Progress Reports, providing a structured basis for targeted budgeting and evaluation." (DPO, Northern Region).

Despite this alignment in planning documentation, implementation challenges persisted at the district level, often related to inconsistent funding releases, capacity constraints, and varied administrative efficiencies. Departmental heads frequently reported operational delays and resource constraints impacting service delivery, which, despite clear policy alignment, limited the full achievement of intended social protection objectives.

Community-level feedback from Focus Group Discussions (FGDs) provided further confirmation of alignment in terms of short-term impacts, particularly in increased NHIS enrolment, improved food security, and higher school attendance among children. The absence of structured feedback mechanisms and limited community involvement in programme planning and revisions, however, reflected moderate alignment regarding community engagement and accountability.

Table 3.1 Evaluative Summary – Alignment of Social Protection Interventions with National and Local Development Priorities

Planning Level	Alignment Area	Evidence from Field Engagements	Alignment with National Strategy	Clarification	Source/ Respondent
National	Policy Integration	LEAP, PWD Fund, and NHIS exemptions are explicitly integrated into national poverty reduction and social inclusion strategies	Strong	Strong policy directives and clear strategic alignment within national frameworks	NDPC Policy Reviews
	Programme Design and Budget Alignment	Indicators align with national priorities (Agenda for Jobs II, SDG 1); however, translation to operational practices varies.	Moderate	Robust programme design and clear strategic alignment; operational translation at subnational levels remains inconsistent.	NDPC Policy Reviews

Planning Level	Alignment Area	Evidence from Field Engagements	Alignment with National Strategy	Clarification	Source/ Respondent
Regional	Coordination and Composite Planning	Social protection indicators embedded in regional composite plans for coherent monitoring and resource allocation	Moderate	Clear coordination at the regional planning level; institutional capacity and resources vary widely	Regional Social Welfare Officers (Ashanti, Volta)
	Reporting and Feedback	Regional APRs capture social protection outcomes but lack structured evaluative mechanisms.	Weak	Reporting exists but is limited in terms of robust feedback loops or structured evaluative mechanisms to influence policy adjustments.	Regional Planning Officers (Nationwide)
District	District Development Plan Integration	Clear identification and explicit budgeting for PWD funds in DMTDPs	Strong	Strong planning-level integration; persistent implementation constraints due to irregular resource allocations and capacity gaps	District Planning Officers (Northern, Bono Regions)
	Implementation and Beneficiary Targeting	Community-based targeting is widely applied, but varying validation processes affect uniformity.	Moderate	While targeting is community-driven for district-level interventions, national-level programmes such as LEAP are centralised. Implementation standards also vary significantly due to district-level resource and logistical constraints	District Social Welfare Officers, Assembly Members

Planning Level	Alignment Area	Evidence from Field Engagements	Alignment with National Strategy	Clarification	Source/ Respondent
	Monitoring, Evaluation, and Budget Feedback	APRs report social protection outcomes partially influencing subsequent budget cycles.	Weak	Budgetary feedback exists, but mechanisms remain inconsistent, affecting full integration into subsequent planning cycles.	District Planning Officers
Community	Community Engagement and Feedback	Community-level engagement is evident but lacks structured channels for sustained feedback	Moderate	Community participation occurs primarily at registration and monitoring; the absence of structured engagement mechanisms limits influence in programme adjustments.	Community FGDs

3.1.1.2. Coherence with International Frameworks

The evaluation established that Ghana's social protection programmes under the Agenda for Jobs II reflect a strong conceptual alignment with international development frameworks, including the Sustainable Development Goals (SDGs), African Union Agenda 2063, and ECOWAS Vision 2050. At the national level, planning and monitoring documents explicitly reference global poverty reduction commitments, particularly SDG 1 (No Poverty) and SDG 10 (Reduced Inequalities).

However, the coherence observed at policy formulation does not translate effectively into integrated operational practice, particularly at the district and community levels. Stakeholders at district levels highlighted significant shortcomings in cross-sectoral integration, which demonstrates fragmented implementation modalities despite clear policy guidance.

District Planning Officers from multiple regions noted that programmes such as LEAP, NHIS, and School Feeding operate predominantly within sector-specific silos, limiting opportunities for integrated service delivery. One Planning Officer in the Upper East Region highlighted this challenge explicitly:

> **"Social protection and education committees rarely meet to discuss beneficiaries jointly. A child enrolled in LEAP may also benefit from the school feeding programme, yet there is no structured follow-up or coordinated monitoring."** (District Planning Officer, Upper East Region).

District LEAP Officers from regions such as Volta similarly reported that integration mechanisms between LEAP and NHIS exist in theory but lack consistency in operational practice. Enrolment of LEAP beneficiaries onto NHIS schemes was noted as frequently dependent upon individual initiative rather than standardised processes:

"The NHIS desk supports LEAP household enrolments, but this typically only happens if the Social Welfare Officer personally facilitates the enrolment, leading to inconsistent coverage." (District LEAP Officer, Volta Region).

Systematic review evidence reinforced these field findings, noting the LEAP Operations Manual clearly outlines integration intentions with NHIS; however, practical evidence indicated fragmented and inconsistent operationalisation. The review also observed similar weaknesses in coherence regarding donor-funded interventions, such as UNICEF-supported Integrated Social Service (ISS) delivery initiatives. While these donor programmes address key sector gaps, they often lack a unified tracking and monitoring framework aligned explicitly with district-level operational plans, thus reducing overall coherence and synergy.

Community feedback further underlined these integration gaps, citing isolated feedback mechanisms and the absence of a unified platform for handling beneficiary grievances and suggestions across different social protection programmes.

Overall, despite strong policy-level references to international commitments and cross-sector integration, practical coherence remains significantly limited by the absence of standardised operational processes, integrated data management systems, and weak enforcement of inter-agency coordination protocols. Adopting practices from peer countries, such as Rwanda's integrated social registry, and hybrid targeting models that combine GNHR data with community validation are desirable.

Table 3.2 Evaluative Summary – Coherence of Social Protection Policy and Implementation

Thematic Block	Evidence from Interviews and Documents	Degree of Integration	Clarification	Source/ Respondent
1. Institutional Coordination and Governance	Parallel implementation systems dominate across LEAP, NHIS, School Feeding, and Disability Fund. Coordination platforms exist in policy (e.g., Social Protection Sector Working Group), but are absent at the subnational level. District officers described siloed operations with no common referral systems or joint planning mechanisms.	Weak	While national policy guidance encourages coordination, district-level implementation is fragmented. No binding institutional architecture compels coordination. Districts operate programme-specific planning, budgeting, and reporting processes.	District Planning Officers, Social Welfare Officers, District Education and NHIS Officials, and NDPC Reviews
2. Programme Design and Delivery Models	Operational planning is conducted independently across departments with no formal MOUs or SOPs guiding inter-sector implementation. Referral mechanisms for linking beneficiaries (e.g., LEAP to NHIS) are informal or non-existent.	Weak	The social protection delivery chain lacks unified operational standards. Staff are aware of complementary programmes but have no tools or protocols for joint delivery. Absence of service charters or co-implementation agreements weakens synergy.	Social Welfare, Education, NHIS Officers, NDPC Reviews
3. Policy Alignment and Legal Mandate	National policies reflect ambition for integration (Agenda for Jobs II, National Social Protection Policy, Child and Family Welfare Policy). However, there are no statutory requirements enforcing inter-agency collaboration.	Moderate in policy; weak in enforcement	Policies reference integrated services but lack legislative instruments or regulatory frameworks that mandate implementation. This weakens district-level adherence to the integration agenda.	NDPC Reviews, National Policy Documents

Thematic Block	Evidence from Interviews and Documents	Degree of Integration	Clarification	Source/ Respondent
4. Information Systems and Monitoring Tools	Separate MIS platforms are in use across social protection and other relevant social sectors (e.g., SWIMS, NHIS-MIS, EMIS), with no data interoperability. Monitoring frameworks remain sector-specific, and real-time beneficiary tracking across programmes is not possible.	Weak	Digital adoption is programme-specific and uncoordinated. Districts report challenges in tracking holistic beneficiary profiles. Feedback loops for evaluating combined programme impact are absent.	Planning Units, Social Welfare Officers
5. Community Engagement and Resource Synergy	Community feedback mechanisms (e.g., complaint desks, community committees) are uneven. Donor projects often establish temporary structures which are not absorbed by district systems. Programme resourcing remains donor-led and fragmented.	Moderate	Community involvement is often reactive, not institutionalised. Resource alignment across donor and government interventions lacks structured harmonisation. Programmes operate within funding silos with no pooled budgeting or common resource tracking.	Community Development Officers, Social Welfare Officers, Donor Reports

3.1.1.3. Targeting Mechanisms

The evaluation reveals that targeting mechanisms for social protection interventions exhibit variations and inconsistencies, particularly regarding their effectiveness and equity in identifying vulnerable beneficiaries. Traditionally, social protection targeting district and community levels has relied extensively on participatory, community-based validation exercises involving local opinion leaders, Assembly Members, unit committees, and traditional authorities. This approach, according to district-level stakeholders, effectively leveraged local knowledge in identifying vulnerable populations.

However, recent shifts towards more centralised, survey-based approaches primarily conducted by officials from the LEAP Secretariat have raised concerns at district and community levels. Field interviews consistently indicate that this centrally-led approach often excludes those genuinely vulnerable, due largely to its standardised questionnaire-driven, means-tested methodology,

limited community-level sensitisation, and inadequate integration of local perspectives during beneficiary selection.

District Social Welfare Officers reported feeling marginalised from the current targeting processes, diminishing their role in ensuring equitable identification of beneficiaries. An officer stated explicitly:

"We used to directly identify the vulnerable together with community leaders and Assembly Members because we live with them and understand their true situation. Now, officials from the national level come and conduct household surveys independently. We're side-lined from this process, even though we know the local realities better. This creates real gaps in accuracy and fairness of beneficiary selection." (DSWO, Northern Region).

This centralisation of targeting processes through standardised survey questionnaires often excludes households that cannot clearly articulate their vulnerabilities within structured survey frameworks. District officers and community members consistently highlighted that the phrasing and complexity of these survey questions frequently disadvantaged genuinely vulnerable individuals. Such individuals, due to limited literacy or awareness, are unable to respond adequately, resulting in their exclusion. Instead, relatively better-off individuals, who are more adept at comprehending and responding appropriately, tend to be incorrectly prioritised.

Notably, this issue was described by a district-level official and highlighted specific cases where genuinely needy households were excluded based on misconceptions by survey enumerators:

"There have been instances where clearly vulnerable people were side-lined because enumerators assumed they were better-off based on appearances, such as living in decent housing. In reality, many of these individuals live under an arrangement we locally call 'hwe so ma me' (take care of it for me), meaning they simply occupy and maintain someone else's property but have no financial means of their own." (District Social Welfare Officer, Ahanti Region).

These concerns were echoed strongly at the community level. Focus group participants expressed frustration regarding the current targeting practices, emphasising that local input and participation in identifying beneficiaries had significantly diminished. A community participant remarked:

"They come here asking questions that we don't always understand. Those who truly need help sometimes fail to respond correctly, while those who know how to answer the questions benefit. We used to be involved directly through our leaders, and it was fairer because we know our people." (Community FGD participant, Volta Region).

Another key finding from both district and community engagements was the limited educational and sensitisation efforts preceding the household surveys. Respondents emphasised that inadequate preparation and awareness-raising among potential beneficiaries severely restricted their ability to respond effectively to survey questions, reinforcing inadvertent exclusion. According to a district official:

"Beneficiaries need education on how to respond effectively to these questionnaires. Currently, this is not happening adequately. Without

sufficient guidance, genuinely vulnerable community members consistently fail to qualify, despite their obvious needs." (District Social Welfare Officer, Upper West Region).

These observed limitations not only raise questions regarding equity and fairness but also suggest significant targeting inefficiencies that undermine the overall effectiveness and legitimacy of social protection interventions. The following evaluative summary table (Table 3) explicitly captures these and their implications.

Table 3. 3 Evaluative Summary – Targeting Mechanism Challenges and Implications

Thematic Review Area	Evidence from Interviews & Documents	Strength of Targeting	Clarification & Implications	Source / Respondent
1. Centralisation and Limited Local Ownership	Beneficiary selection is now largely determined by nationally dispatched enumerators, with minimal involvement of District Social Welfare Officers or Assembly Members. Community leaders report being unaware of when and how targeting takes place.	Weak	The centralised approach undermines the participatory nature of social protection targeting. Absence of local contextual knowledge reduces legitimacy and trust in the process. It also limits responsiveness to unique community-specific vulnerabilities.	District Social Welfare Officers, Assembly Members, Community Leaders
2. Lack of Community Validation and Oversight	Community validation sessions are not held systematically. Some Assembly Members confirmed they were neither informed nor invited to validate lists.	Weak	Community-level actors, who understand intra-household vulnerabilities and informal support systems, are bypassed. This increases errors of inclusion/exclusion, especially in tight-knit rural settings.	Community FGDs; District Planning Officers

Thematic Review Area	Evidence from Interviews & Documents	Strength of Targeting	Clarification & Implications	Source / Respondent
3. Methodological Exclusion due to Complex Questionnaire Design	Standardised questionnaires used in LEAP-GNHR targeting are not adapted to literacy levels. In several FGDs, respondents could not recall the meaning of most questions.	Weak	Households with limited education or language proficiency fail to respond appropriately, resulting in underreporting of need. Complex tools without explanation exclude the most vulnerable, who are least capable of navigating bureaucratic processes.	Community FGDs; District Officers
4. Inadequate Understanding of Socio-Cultural Realities	Enumerators misclassify informal promotion or support arrangements (e.g., "hwe so ma me") as economic stability. Similarly, ownership of a structure (e.g., unfinished building) is interpreted as asset wealth.	Weak	The failure to contextualise socio-cultural survival mechanisms leads to misclassification. Vulnerable households are omitted from social assistance because their coping arrangements are misunderstood.	District Social Welfare Officers
5. Absence of Pre-Survey Sensitisation and Post-Survey Follow-Up	Interviews confirmed that most communities were neither sensitised prior to the GNHR survey nor informed of the outcomes. Respondents indicated they never received feedback or were unaware of their eligibility status.	Weak	Without sensitisation, respondents do not understand the purpose or stakes of the questionnaire. This compromises the accuracy of responses. The absence of feedback loops erodes trust and weakens community engagement with social protection programmes.	Community FGDs; GNHR Implementing Partners

Thematic Review Area	Evidence from Interviews & Documents	Strength of Targeting	Clarification & Implications	Source / Respondent
6. Stagnant and Outdated Beneficiary Registers	Beneficiary lists are rarely updated. Many were last validated over five years ago. Some deceased or migrated individuals remain on LEAP lists. Newly vulnerable households are not captured.	Weak	The lack of dynamic updating mechanisms leads to significant targeting errors. Districts do not have budgetary authority or procedural space to validate or clean registers independently.	District Social Welfare Officers; GNHR Focal Persons

3.1.1.4. Inclusivity and Equity

The evaluation assessed inclusivity and equity outcomes of social protection interventions under Ghana's Agenda for Jobs II. Overall, the findings indicated mixed inclusivity performance across demographic categories, notably women, persons with disabilities (PWDs), and minority groups. While considerable effort was observed in maintaining gender inclusivity, particularly reflected in stable female participation rates in key programmes such as LEAP, significant gaps remained regarding proactive inclusion and equity for persons with disabilities and minority groups.

Women consistently accounted for approximately 55 percent of beneficiaries in key social protection interventions such as the LEAP programme, according to national monitoring reports. National stakeholders explicitly acknowledged this sustained gender parity as reflective of deliberate gender-sensitive programming frameworks. Nevertheless, national and sub-national actors highlighted the absence of structured analyses or systematic assessments of gender-specific barriers within these social protection programmes. This omission constrains targeted adjustments to address underlying gender inequities. A District LEAP Implementation Officer from the Central Region noted:

"Yes, we have many women beneficiaries in LEAP, which is positive. However, there isn't a structured way to review whether gender-specific barriers are being adequately addressed, or if specific subgroups of women face unique exclusion." (District LEAP Implementation Officer, Central Region).

In contrast to the relatively consistent attention to female participation, inclusivity for persons with disabilities revealed operational shortcomings. Evidence from engagements at both the district and regional levels showed a marked absence of proactive disability inclusion mechanisms. Social Welfare Officers noted that inclusivity relied primarily upon beneficiary-initiated requests, thereby excluding vulnerable persons unable or unaware of how to self-identify or request support. A leader of persons with disabilities from the Ashanti Region clarified this systemic gap in an FGD:

"We collaborate with Social Welfare officers to identify persons living with disabilities, but this identification largely happens upon request. Proactive outreach or systematic processes for identifying and enrolling new or previously unidentified persons living with disabilities is notably absent." (Community FGD participant, Ahafo Region).

"We do not systematically track whether vulnerability groups are fairly represented in social protection programmes. The lack of disaggregated data makes it impossible for us to even identify, let alone address, potential equity gaps." (District Planning Officer, Bono Region).

Furthermore, inclusivity practices related to vulnerable groups were notably inadequate. Field evidence indicated that social protection programmes do not systematically collect or analyse disaggregated data to understand inclusivity outcomes comprehensively. District-level respondents emphasised that data disaggregation along lines of vulnerability parameters remains absent from local monitoring practices, limiting evidence-based targeting and effective inclusivity assessments. A district officer from the Northern Region stated:

Community-level feedback similarly highlighted gaps in inclusivity practices. Respondents from FGDs consistently mentioned a lack of awareness and visibility about available social protection services, which was further exacerbated by weak outreach and sensitisation initiatives. This created inequities in accessibility, perpetuating exclusion. Through the Ministry of Gender, Children and Social Protection, inclusivity audits and disability-sensitive planning frameworks need to be developed and institutionalised.

Table 3. 4 Evaluative Summary – Inclusivity and Equity in Social Protection Interventions

Group	Inclusion Practice	Identified Gaps	Respondent Location	Source Type
Women	Women constitute over half of LEAP beneficiaries, primarily because many vulnerable households are female-headed (e.g., widows, divorced or single mothers). LIPW interventions often prioritise women for manual labour roles.	Gender inclusion lacks programmatic depth. Women's specific vulnerabilities, such as unpaid care burdens, exclusion from productive asset support, and exposure to economic shocks, are not systematically addressed. Childcare support or flexible payment schedules are absent in most programmes.	Bono East, Volta, and Northern Regions (District Social Welfare Officers; Community FGDs)	Field Interviews; Programme Monitoring Reports

Group	Inclusion Practice	Identified Gaps	Respondent Location	Source Type
Persons Living with Disabilities (PWDs)	Persons Living with Disabilities are sometimes included under the DACF-PWD and LEAP based on referrals. However, inclusion is often reactive rather than planned. Disability-specific needs are not integrated into mainstream social protection delivery.	No structured targeting or mapping of PWDs at the district level. Barriers include inaccessible service centres, a lack of assistive devices, and weak outreach. Absence of routine data disaggregation limits programme responsiveness to disability-related challenges.	Central, Ashanti, and Upper East Regions (Assembly Staff)	Field Interviews; Implementation Assessments
Remote and Peri-Urban Poor Communities	Some households in these areas are included in social protection enrolment through GNHR data, but follow-up and continued access to benefits are inconsistent.	These areas often fall between rural and urban classifications, leading to neglect in planning. In peri-urban zones, population growth outpaces service expansion. In remote areas, logistical constraints and low staff presence hinder registration, payment, and grievance redress.	Savannah, Western North, and peri-urban zones of Greater Accra (District Planning Officers, Social Welfare Staff)	Field Interviews; District Reports

Structural Drivers of Exclusion

A synthesis of the data across respondents reveals the persistent targeting errors within the Livelihood Empowerment Against Poverty (LEAP) program exemplify this. The use of complex, literacy-dependent questionnaires for beneficiary selection systematically excluded the most marginalised populations, who often lack formal education. This challenge is compounded by outdated beneficiary registers and inconsistent operational implementation at the district level, which means that the most vulnerable households, including those with persons with disabilities, are often left out of critical programmes.

There is a clear disconnect between national policy directives and local-level implementation. For example, while national guidelines mandate automatic National Health Insurance Scheme (NHIS) enrolment for LEAP beneficiaries, this is not consistently enforced on the ground. This failure to integrate programmes at the operational level creates a fragmented system that forces the poor and marginalised to navigate complex administrative processes to access basic services, which they are ill-equipped to do.

This evaluation highlights significant geographical inequities. Districts and communities in remote areas often suffer from a severe lack of resources, including a critical shortage of vehicles and fuel for field monitoring and outreach, which hinders the ability to reach geographically marginalised populations. This limited capacity also contributes to frequent stockouts of essential medicines at the CHPS (Community-based Health Planning and Services) level, disproportionately affecting rural residents who rely on these local health centres.

Implications for Programme Adaptation

To effectively address these structural drivers of exclusion, future policy frameworks must move beyond descriptive findings and prioritise programmatic adaptation. This requires a shift from a one-size-fits-all approach to strategies that are specifically tailored to the needs and contexts of different vulnerable groups. Programmes must be redesigned with a focus on:

- Employing simplified and culturally appropriate methods for beneficiary targeting to ensure that a lack of literacy is not a barrier to accessing support.
- Creating seamless, interoperable systems that ensure automatic enrollment and access to complementary services, such as health insurance, once a person is registered in one social protection program.
- Investing in sub-national capacity and providing the necessary resources for local authorities to conduct effective outreach, monitoring, and service delivery in a way that is responsive to local needs and challenges.

3.1.2. Effectiveness

3.1.2.1. Coverage and Access

The evaluation assessed the effectiveness of coverage and equitable access to social protection programmes broadly implemented under Agenda for Jobs II. While the LEAP programme serves as one illustrative case study, this analysis encompasses a broader range of social protection interventions, including the National Health Insurance Scheme (NHIS), disability support initiatives (PWD Fund), and various community-based programmes, as reflected in stakeholder discussions across all administrative levels.

Extent of Programme Coverage

Findings indicate a progressive expansion of social protection coverage across Ghana's districts. LEAP, as a flagship programme, surpassed its medium-term coverage target, reaching approximately 325,470beneficiary households by 2024, [10] However, stakeholders highlighted critical issues associated with beneficiary

10 https://ndpc.gov.gh/#

targeting and register updating processes. Field evidence indicated that while overall coverage has improved numerically, the accuracy and equity of coverage require careful consideration. In several districts, outdated beneficiary registers persisted, raising concerns about the continued eligibility of certain beneficiaries and potential exclusion of newly vulnerable groups. A District Social Welfare Officer from Upper West Region noted:

"Our numbers look good, but the actual issue is whether the people listed are still truly vulnerable and eligible. Some people listed have migrated or improved economically, but updating our registers has been challenging." (District Social Welfare Officer, Ashanti Region).

Geographic Equity in Coverage

Geographic equity of coverage emerged as a notable concern. Field engagements revealed significant regional and district disparities in the coverage of social protection programmes.

Regional disparities in National Health Insurance Scheme (NHIS) enrolment in Ghana are a significant issue, primarily linked to a rural-urban divide. Regions with a higher concentration of rural communities, such as the Northern and Upper West regions, generally show lower enrolment rates compared to more urbanised areas like Greater Accra and Ashanti. These disparities are a result of several factors, including differences in socioeconomic status, limited geographic access to registration centres, and lower levels of public awareness regarding the scheme's benefits.

Despite rural and remote communities being prioritised, several district-level respondents indicated that the targeting criteria seemed predominantly rural-biased, leading to inadequate coverage for the urban poor. This suggests that while efforts are made to reach vulnerable populations, the existing framework may not be sufficiently tailored to address the unique poverty dynamics of urban areas.

"Our current targeting approach heavily prioritises rural areas. Consequently, the urban and peri-urban poor—who are equally vulnerable but differ in poverty characteristics—often get overlooked." (District Planning Officer, Ashanti Region).

Such geographic inequities pose critical challenges to the effectiveness and comprehensive reach of social protection measures.

Integration and Complementarity of NHIS Access

While national guidelines mandate automatic NHIS enrolment for LEAP beneficiaries, operational implementation at the district level remains inconsistent. District-level interviews frequently highlighted logistical barriers impeding effective NHIS enrolment for social protection beneficiaries. Social protection focal persons from multiple districts indicated fragmented access to NHIS services:

"We have guidelines that LEAP beneficiaries should be enrolled in NHIS free of charge. However, implementation depends heavily on logistics availability. Sometimes NHIS teams cannot reach remote communities, leaving beneficiaries without insurance coverage." (Social Protection Focal Person, Volta Region).

This inconsistent implementation significantly affects the complementary benefits intended to maximise social protection outcomes, particularly in terms of healthcare accessibility.

"The disability inclusion approach is reactive rather than proactive. Beneficiaries have to request support explicitly. Without proactive outreach or adequate sensitisation, many eligible persons living with disabilities or from most vulnerable groups remain excluded." (PWD, Bono East Region).

Inclusivity in Access for Persons Living with Disabilities and Most Vulnerable Groups

Coverage and equitable access for persons living with disabilities and the most vulnerable groups remain a significant challenge. District and regional-level respondents indicated limited proactive inclusion mechanisms, coupled with inadequate coordination with disability focal persons. This situation results in substantial exclusion, as explained by district officials. Such practices highlight systemic inclusivity and equity gaps within the broader coverage efforts.

Community-Level Perspectives on Coverage and Access

Community-level feedback from FGDs highlighted a gap between official coverage figures and the realities experienced by communities. Beneficiaries consistently expressed that, despite numeric increases, tangible access to services, especially complementary health services such as NHIS, often remained elusive. Awareness and understanding of entitlement processes were limited, further reducing effective coverage outcomes.

Table 3. 5 Evaluative Summary – Coverage and Access in Social Protection Programmes

Coverage & Access Area	Evidence from Field Interviews & Documents	Coverage & Access Rating	Clarification & Implications	Source/ Respondent
Programme Coverage Expansion	Coverage targets met numerically, particularly in LEAP (350,580 households against 350,000 targets).	Strong	Significant numeric expansion is attributed to improved targeting and enumeration methods; concerns remain on register updating.	National Annual Progress Report
Geographic Equity	Coverage predominantly rural-focused; notable under-representation of urban and peri-urban poor households.	Moderate to Weak	Targeting criteria lack urban sensitivity, compromising comprehensive coverage and equity across districts.	District Planning Officers (Ashanti, Greater Accra Regions)

Coverage & Access Area	Evidence from Field Interviews & Documents	Coverage & Access Rating	Clarification & Implications	Source/ Respondent
NHIS Complementary Access	Fragmented and inconsistent NHIS enrolment for social protection beneficiaries across districts.	Weak	Implementation gaps due to logistical barriers result in inadequate complementary healthcare coverage.	Social Protection Focal Persons (Volta, Northern Regions)
Disability & Minority Inclusion	Reactive inclusion processes; minimal proactive identification and outreach.	Weak	Persistent exclusion of more vulnerable groups and persons with disabilities due to limited proactive identification and coordination mechanisms.	District Social Welfare Officers
Beneficiary Register Updates	Persistent reliance on outdated beneficiary registers in several districts.	Weak	Irregular updating of beneficiary registers significantly reduces accuracy and equity in coverage.	District Social Welfare Officers (Western, Upper West Regions)
Community Awareness & Access	Low beneficiary awareness and sensitisation, reducing effective programme accessibility.	Moderate to Weak	Limited community education and sensitisation undermine beneficiaries' effective access to entitlements and complementary services.	Community FGDs

3.1.2.2. Achievement of Outcomes

This section assesses the outcomes of social protection programmes under the Agenda for Jobs II (2022–2025) by interpreting performance indicators from the results framework alongside analysis of stakeholder interviews and community feedback. A proper evaluation of outcomes requires examining both what the data shows and how beneficiaries and implementers perceive the real-world effects of interventions. The indicator performance presented on Table 6 reflects key outputs and outcome benchmarks, notably under LEAP, NHIS integration, pensions, and informal sector social protection.

Table 3. 6 Indicator Performance – Social Protection (2021–2023)

Indicator	Baseline (2021)	Target (2022–2023)	Actual Achievement (2023)	Performance (%)	Explanation/ Notes	Source
Number of extremely poor households on LEAP	334,023	350,000	350,580	100.17%	Slight overachievement (+580) due to improved outreach and data collection	MoGCSP APR 2023
Proportion of females among LEAP beneficiaries	54.8%	Not specified	55%	Stable	Gender participation stable; no target provided for 2022	MoGCSP APR 2023
Number of persons receiving regular pension payments under SSNIT and CAP 30	302,354 (2022)	Not specified	311,497	3% Increase	Includes 244,810 under SSNIT, 66,687 under the CAP 30 scheme	NPRA Annual Report 2023
Coverage of informal sector pension schemes	538,255 (2022)	Not specified	679,105	11% Increase	Driven by the SEED initiative under SSNIT	NPRA Annual Report 2023

Household Welfare and Consumption

Based on the "Leap Payment, 2024" table, below, the LEAP programme demonstrated consistent participation, with the number of households remaining stable. This sustained coverage led to short-term gains in food consumption and household stability. Respondents across multiple regions linked improved food security and children's school attendance to regular cash transfer support:

"LEAP has helped us buy food regularly. My children now eat twice a day and go to school without missing." (FGD participant, Bono Region)

Table 3. 7 Leap Payment, 2024

Cycle	Total HHS on LEAP	Total HHS Paid	Grant (With Charges)
88th	324,073	323,919	103,203,624.92
89th	325,960	+325,820	52,091,770.61
90th	325,495	325,338	103,651,047.97
91st & 92nd	325,470	325,290	206,782,758.19
93rd	325,470	325,326	103,644,359.59

Source: MoGCSP, 2024

However, the data reveals a persistent gap between the number of households on the program and those actually paid, implying that not all eligible beneficiaries received their intended assistance. The varying grant amounts, particularly the notably low figure in the 89th cycle, and the double payment in the 91st and 92nd cycles, suggest irregularities and potential delays in the disbursement schedule. The implications of these operational inconsistencies are significant, as they can exacerbate hardship for the vulnerable households that rely on these funds for basic needs, such as food and medication. Such disruptions undermine the programme's core objective of alleviating poverty and improving the well-being of its recipients.

Education Outcomes

Community feedback attributed improved school attendance to financial relief from LEAP and related programmes. Field data suggest that consumption smoothing contributed to keeping children in school.

"We buy uniforms and books with LEAP. Without it, our children would stay home." (Community FGD, Central Region)

Economic Empowerment and transitioning into Income-Generating Livelihoods

Despite the success in household reach, outcomes related to self-reliance and exiting the programme were not achieved. This was echoed in the interviews, where respondents expressed frustration with the absence of livelihood pathways:

"It helps us eat, but we can't stop relying on it—we don't have work or anything else." (FGD participant, Northern Region)

NHIS Complementary Health Coverage

One of the expected complementary outcomes of LEAP was improved access to health through NHIS enrolment. However, NHIS access remained uneven across districts. Some LEAP beneficiaries were not enrolled or were unaware of their NHIS status due to weak operational linkages:

"We try to enrol them, but the NHIS team doesn't always have transport.

Sometimes they can't reach the communities." (Social Protection Focal Person, Volta Region)

"We need more hands and more mobility. We cover large areas with very few officers." (District Social Welfare Officer, Northern Region)

This undermines the broader health impact of social protection interventions.

The limited staff strength (only 41% of the necessary personnel available to meet national needs)[11] directly affects outreach, especially to remote or marginalised groups, and hampers responsiveness to complaints and programme bottlenecks.

Informal Sector and Pension Inclusion

The expansion of pension coverage for the informal sector is one area where moderate progress was recorded. The number of informal sector workers enrolled under SSNIT increased by 11 percent, largely due to the Self-Employed Enrolment Drive (SEED).

Coordination and Inter-Sectoral Fragmentation

Weak inter-sectoral coordination among implementing agencies emerged as a major impediment to programme effectiveness. Social protection programmes are expected to interface with health (NHIS), education (GES), agriculture, and local government planning structures. However, data systems, operational plans, and service delivery remain siloed. Integration remains aspirational, rather than operational.

"Our data systems don't talk to each other. Education has their own list, health has theirs, and so do we. It's frustrating." (KII Respondent; RCC – Central Region)

This fragmentation undermines the potential for synergistic benefits, for instance, between LEAP and school feeding, or NHIS and disability cash transfers.

3.1.2.3. Implementation Challenges

Institutional Capacity Constraints

The most consistent and cross-cutting implementation challenge identified was inadequate institutional capacity at the district and regional levels. Social Welfare Departments — already responsible for critical work such as implementing community-based rehabilitation programmes for persons with disabilities, securing income support via LEAP, executing statutory child-rights promotion and protection, and providing shelter, care and adoption services for homeless, orphaned or abandoned children — nonetheless operate under severe constraints, marked by limited staffing, restricted mobility, and inadequate infrastructure.

11 UNICEF (2024). Child Protection Budget Brief. Accra, Ghana.

Geographic and Demographic Coverage Inequities

Despite exceeding numeric targets in some programmes (e.g., LEAP), geographic and demographic inequities persist. Respondents in peri-urban and hard-to-reach communities reported being excluded from beneficiary registers. Outdated lists and infrequent updates further exacerbate exclusion risks. Field interviews confirmed that certain vulnerable populations, such as people with disabilities, remain consistently underrepresented due to reactive identification and limited outreach.

"We have surpassed the numbers, but the issue is whether the right people are still on the programme. Some have moved or are no longer eligible." (District Social Welfare Officer, Upper West Region)

This raises concerns not just about inclusion but also about the fairness and equity of targeting processes of LEAP.

Delays and Unpredictability in Transfers

Delayed disbursement of cash transfers was the most frequently cited implementation barrier across all regions. Beneficiaries and district-level officers reported one to two-month delays in LEAP and related transfers, affecting household planning and programme credibility. Payment irregularities reduce the intended impact of predictable support.

"Sometimes LEAP payments come late by over a month. It confuses beneficiaries who plan around it." (District Planning Officer, Eastern Region)

The predictability of social protection services is undermined when timeliness cannot be guaranteed.

Grievance Redress Mechanism Gaps

Across all programme levels, the grievance redress mechanisms were either non-existent or weakly implemented. Beneficiaries lacked clarity on how to report complaints or challenge administrative decisions. District officers also indicated the absence of standardised community-level platforms for feedback collection or resolution.

"Most people don't know where to report issues. They just wait or give up." (Community FGD, Volta Region)

Weak feedback loops diminish accountability and transparency and limit adaptive learning in programme delivery.

Absence of Successful Transitioning into Income-Generating Livelihoods And Usable Finance

Though there are ongoing programmes that are linked to LEAP beneficiaries, such as the CLASS and the LIPW programmes, their impact on the economic self-sufficiency of LEAP beneficiaries remains limited. This is evidenced by the lack of exiting of beneficiaries from the LEAP

programme.

"It is a support, not a solution. We cannot stop relying on it because we don't have jobs or other income." (FGD Participant, Northern Region)

Without transitioning into income-generating livelihood strategies, even well-implemented programmes risk stagnation and chronic dependence.

Table 3. 8 Evaluative Summary – Social Protection Implementation Challenges

Challenge Area	Detailed Description	Programmes Affected	Implications	Source Type
Institutional Capacity Constraints	District Social Welfare Departments and related decentralised agencies operate with limited human resources, insufficient transport, and weak digital infrastructure. Officers often cover vast geographic areas, making it difficult to deliver services, monitor progress, or respond to complaints effectively.	LEAP, PWD Fund, NHIS	Weakens field operations, delays verification, restricts follow-up, and reduces outreach especially in remote communities.	Field Interviews
Intersectoral Coordination Gaps	Programme implementation is fragmented due to a lack of formal collaboration frameworks among key actors such as Social Welfare, NHIS, GES, and GHS. Data systems are siloed, planning is uncoordinated, and services are delivered without harmonised targeting or shared case management.	LEAP–NHIS, LEAP–Education	Reduces the efficiency and multiplier effects of programmes; potential synergies are lost.	Field Interviews
Geographic and Demographic Inequities	Social protection programmes, especially LEAP, consistently struggle to reach peri-urban and remote populations. Outdated registers, weak outreach systems, and over-reliance on centralised targeting limit the inclusion of new or underserved groups, including persons living with disabilities.	All Programmes	Undermines equity and fairness in coverage; risks leaving out the most vulnerable due to systemic and procedural barriers.	Field Interviews

Challenge Area	Detailed Description	Programmes Affected	Implications	Source Type
Cash Transfer Delays	Payments under programmes like LEAP are frequently delayed by one to two months due to administrative bottlenecks, funding flows, or logistical challenges. These delays disrupt household planning and erode beneficiary confidence in the regularity and reliability of state support.	LEAP	Compromises predictability, weakens impact on consumption smoothing, and undermines trust in programme delivery.	Field Interviews
Grievance Redress System Weaknesses	Few districts have functioning, accessible platforms for complaints and appeals. Most beneficiaries are unaware of any grievance mechanism or how to engage with it. There are no standard operating procedures or feedback protocols at the community level.	LEAP, PWD Fund	Weakens accountability, prevents resolution of errors or mistreatment, and reduces the programme's responsiveness.	Field Interviews
Absence of transitioning into income-generating livelihoods	Though there are linkages for LEAP beneficiaries to other productive programmes (CLASS, LIPW), it has not resulted in beneficiaries exiting the LEAP programme.	LEAP	Reinforces dependency, reduces system efficiency, and undermines long-term poverty reduction and economic empowerment.	Field Interviews & Administrative Reviews

3.1.3. Efficiency

3.1.3.1. Resource Allocation

District officers across all regions cited delays in the release of funds as a major operational constraint. While national allocations were generally released on time, delays in fund transfers to district accounts due to centralised validation processes significantly disrupted programme delivery. In some cases, district social protection teams received implementation funds after the planned activity window had closed.

"Our budget is approved early, but we wait months for disbursement. By the time funds arrive, we're behind schedule." (District Planning Officer, Western Region)

3.1.3.2. Cost Allocation and Spending Imbalance

The views expressed by key informants and focus group discussion participants

revealed that Social Protection budgets at the district level are heavily skewed towards the cash transfer component, with limited provisions for other operational costs such as beneficiary verification, community mobilisation, monitoring, and transitioning into income-generating livelihood activities. As a result, programme efficiency suffers due to insufficient investment in activities that could improve delivery quality or promote long-term impact.

"We spend on payments, but there's no funding for monitoring or to support exit from the programme." (KII, RCC Bono East)

This spending imbalance mirrors a narrow conception of delivery, where efficiency is judged only by payment disbursement, rather than by the system's ability to achieve intended outcomes sustainably.

3.1.3.3. Administrative Efficiency

A common efficiency bottleneck identified was the limited staffing capacity at the district level. Most districts had two or three core officers managing registration, monitoring, coordination, and complaint resolution. These teams are overstretched, particularly in districts with large land areas or difficult terrain.

"We are few, and the coverage is wide. Sometimes, we can't follow up on complaints for months." (District Social Welfare Officer, Savannah Region)

The limitations to transport, fuel, and logistics support further reduce the efficiency of social protection delivery, leading to a reliance on office-based administration and reactive programming.

3.1.3.4. Programme Coordination and Administrative Redundancy

Efficiency losses were observed due to a lack of coordination among social protection-related programmes. NHIS, LEAP, school feeding, and disability support schemes each maintain their own data systems, outreach mechanisms, and M&E structures.

"We conduct two separate visits for LEAP and disability grants. It's the same household, but different teams." (District Planning Officer, Volta Region)

Respondents noted the absence of an integrated case management or referral system, which could improve efficiency through unified beneficiary tracking and service alignment.

3.1.3.5. Community-Level Complaint Resolution and Feedback Systems

Across the districts, there was no formal mechanism for systematic grievance redress or beneficiary feedback. While complaints are sometimes noted verbally or handled through local assembly members, most district social welfare teams do not maintain logs, follow-up records, or documented response procedures.

"We take complaints through opinion leaders, but there's no record or system to track them." (Community FGD,

Northern Region)

The absence of a standardised complaint mechanism not only limits responsiveness but also increases the risk of errors, delays, or misuse going unaddressed, reducing administrative efficiency and community accountability.

3.1.3.6. Development Partner Coordination and Efficiency Alignment

While development partner-supported programmes (e.g., UNICEF, World Bank) align with national objectives, in practice, implementation timelines, reporting frameworks, and financial flows were reported by participants to often differ. This leads to parallel processes and missed opportunities for joint implementation or pooled resources.

"Sometimes we have two workshops in a week on similar topics—one from government, one from a donor. It's not efficient." (Regional Social Protection Officer, Greater Accra)

These inefficiencies could be addressed through joint workplans, harmonised indicators, and a shared national delivery platform.

Table 3. 9 Evaluative Summary – Efficiency of Social Protection Implementation

Review Area	Detailed Efficiency Observation	Clarification	Source Type
Timeliness of Fund Disbursement	Across most districts, delays of one to three months in receiving funds from the national level impeded the timely implementation of social protection activities. Centralised fund control required multiple approvals before disbursements reached districts, disrupting cash transfer schedules and hampering planning.	Programme predictability and credibility are affected when households cannot anticipate payments or plan around support timelines.	Field Interviews
Staffing and Operational Capacity	Social Welfare and Community Development departments were severely understaffed, with two to three officers managing operations, monitoring, grievance handling, and coordination. The limited transport and logistical tools restricted coverage and outreach, particularly in remote zones.	Human resources and logistical limitations slow down service delivery and reduce the system's reach and efficiency.	Field Interviews

Review Area	Detailed Efficiency Observation	Clarification	Source Type
Programme Coordination and Duplication	Ministries and agencies operated in silos. NHIS, school feeding, and LEAP maintained separate beneficiary lists and outreach processes. This resulted in duplicated data collection and uncoordinated service delivery.	Wasted resources and higher administrative costs arise from repeated verifications and fragmented operations.	Field Interviews
Use of Digital Payment Systems	While mobile money platforms improved payment speed, elderly and rural women without phones or digital literacy struggled to access funds. Poor network coverage in some areas forced beneficiaries to travel, reducing efficiency gains.	The efficiency benefits of digital payments are not evenly distributed and risk excluding the most vulnerable.	FGDs, Field Interviews
Complaint and Grievance Handling	Beneficiaries were largely unaware of formal complaint procedures. Most used informal channels, such as community leaders or direct appeals to officers, were undocumented and rarely followed up on.	Informal grievance systems lack transparency, consistency, and learning value, affecting overall system accountability.	FGDs, Field Interviews
Donor Alignment and Parallel Processes	Donor-funded activities align with national strategy but follow separate financial flows, reporting templates, and M&E systems.	Results in inefficiencies due to duplicated activities and inconsistent standards across interventions.	Systematic Review

3.1.4. Impact

3.1.4.1. Reduction in Household Deprivation and Coping Strain

One of the frequently cited outcomes across all regions was the reduction in household-level deprivation. Beneficiaries consistently noted that social protection interventions, especially cash transfers under LEAP, disability grants, and NHIS exemptions, helped them to stabilise food access and reduce harmful coping mechanisms.

Households reported fewer instances of skipping meals, selling productive assets, or withdrawing children from school during periods of financial strain. Community Development Officers in the Bono region confirmed a noticeable drop in school absenteeism and emergency appeals from indigent families during local development meetings.

"Now we eat more regularly and don't have to borrow maize from neighbours to feed the children." (FGD Participant, Savannah Region)

However, while the programmes addressed acute vulnerability, they did not significantly alter structural poverty dynamics. Households remained poor, though slightly less deprived. As such, the impact was stabilising rather than transformative.

3.1.4.2. Uptake of Education and Health Services

Another area of notable impact was increased use of education and health services, particularly in rural and peri-urban districts. Beneficiaries and local officials linked enrolment in LEAP and NHIS with increased school attendance and maternal and child health visits.

Several district officers highlighted that NHIS premium exemptions had removed major financial barriers, especially for elderly persons and mothers with young children. In the Ahafo and Northern regions, respondents noted that LEAP beneficiaries were regularly attending antenatal sessions without fear of cost.

"LEAP beneficiaries are now regular at our CHPS compound. Before, they only came when it was serious." (Community Health Nurse, Ahafo Region)

In education, while school feeding helped retention, the role of social protection in ensuring transport costs and daily sustenance was key. Nonetheless, these impacts were not tracked in any routine monitoring tool, and district education offices did not have disaggregated data linking school attendance to beneficiary households. This lack of tracking limits the ability to demonstrate cumulative improvements in human capital outcomes.

3.1.4.3. Strengthening of Social Inclusion and Dignity

A less quantifiable but strongly felt outcome was improved dignity and inclusion of previously marginalised individuals, especially persons living with disabilities and elderly women. Interviews and FGDs revealed that receiving benefits, however small, changed how these groups were perceived and how they saw themselves.

In communities in Upper West, Eastern, and Central Regions, Assembly Members and community volunteers confirmed that PWDs who previously avoided public gatherings or relied entirely on family members began participating in meetings, volunteering for communal activities, and even standing for local leadership positions.

"The money is not much, but it makes a big difference. Now they speak with confidence because they feel recognised." (District Planning Officer, Central Region)

These expressions of social inclusion suggest that social protection is also helping reshape social hierarchies and participation norms, especially for stigmatised or hidden groups. However, there is no deliberate framework at the district level for leveraging this improved inclusion into further civic or economic participation.

3.1.4.4. Programme Visibility and Government Credibility

At the district level, social protection programmes were cited as some of the most visible development interventions, especially in resource-constrained assemblies. Even small transfers under LEAP or the PWD Fund were seen as proof that government structures could function and respond to basic needs.

"This is the one programme they talk about with pride. It makes them feel seen by the government." (District Coordinating Director, Ashanti Region)

This credibility, however, was easily eroded when delays occurred. Late payments undermined faith in the system and triggered complaints about government reliability. Yet even under such conditions, many respondents still saw social protection as "better than nothing," highlighting its potential as a platform for strengthening local governance.

Most programme success was framed in terms of enrolment numbers and successful payments, not outcomes. As a result, social mobility, economic empowerment, or intergenerational progress remain unmeasured and unreported.

3.1.4.5. Absence of Long-Term Impact Measurement

Despite these gains, a major limitation in the system is the absence of tools and strategies for tracking long-term developmental outcomes. None of the districts had strategies to facilitate transitioning into income-generating livelihood plans, livelihood pathways, or tools to assess whether a household's status had improved over multiple years of enrolment.

"We report how many people are paid, but not how their lives change." (District Planning Officer, Northern Region)

This absence of outcome-level monitoring significantly limits policy learning and undermines the ability to make evidence-based adjustments to improve long-term poverty reduction.

Table 3. 10 Evaluative Summary – Impact of Social Protection Interventions

Review Area	Observed Impact	Clarification	Source Type
Household Poverty and Coping	Beneficiaries across all regions reported more consistent food intake, reduced school absenteeism, and a decline in harmful coping behaviours such as selling assets or withdrawing children from school.	While these outcomes demonstrate reduced extreme deprivation, they represent short-term welfare gains rather than long-term economic upliftment. The absence of exit strategies means households continue to depend on the same level of support for years, with no measured improvement in self-reliance.	FGDs, Field Interviews
Health and Education Uptake	There was increased utilisation of health services, especially maternal and child health, where NHIS premium exemptions were implemented. Similarly, school attendance improved in households that received cash support.	These service access improvements were uneven across districts and poorly documented. The lack of interoperability between NHIS and LEAP records meant health outcomes were not systematically tracked, reducing the programme's ability to demonstrate sustained human development impact.	Field Interviews

Review Area	Observed Impact	Clarification	Source Type
Social Inclusion	Persons with disabilities and elderly women reported increased participation in community meetings and activities.	These changes reflect a significant shift in social status and community visibility. However, inclusion efforts were not institutionalised or formally monitored, and other minority or marginalised groups were often left out due to a lack of targeted outreach.	FGDs, District Reports
Community Stability and Participation	Local leaders observed reduced social tensions where social protection interventions reached the vulnerable. Beneficiaries were more likely to attend community engagements and less likely to express resentment during participatory processes.	While this promoted community cohesion, it was heavily reliant on the regularity and predictability of programme delivery. Delays or irregularities in transfers risked eroding these gains, pointing to the importance of reliable system performance.	District Officer Interviews
Government Credibility and Visibility	Beneficiaries perceived the programmes as direct evidence of government concern and support. In areas with few public services, even modest support was viewed as a critical state presence.	Credibility was strongly linked to delivery reliability. When payments were late or officials unresponsive, beneficiary trust in the programme, and by extension the Government, quickly declined. The impact on trust is therefore contingent and fragile.	FGDs, Field Interviews
Impact Tracking and Systemic Learning	The evaluation found no mechanisms to assess whether households had experienced long-term changes such as improved resilience or transition from poverty. Monitoring focused on disbursement volumes and enrolment targets.	The inability to measure transformative change undermines policy feedback and strategic planning. Without outcome indicators or longitudinal tracking, social protection remains reactive rather than developmental in orientation, limiting its long-term effectiveness.	Systematic Review, District Planner Officer Interviews, District Social Welfare Officer Interviews

3.1.4.6. Community-Level Results

Data from community engagement indicated that social protection programmes had positive but limited effects on household welfare. LEAP cash transfers helped families afford food, school supplies, and medical care, while NHIS exemptions reduced healthcare costs. Many beneficiaries, however, reported that support was insufficient for long-term stability, with one participant stating, “The money helps with essentials but is not enough for major needs”. The school feeding programme improved children’s attendance but struggled with inconsistent quality and quantity, leaving some pupils hungry. A caregiver noted, “Children come home complaining that the food is not enough.” While these programmes provided short-term relief, their impact was constrained by low benefit amounts, delays, and coverage gaps, limiting their ability to improve livelihoods significantly.

3.1.5. Sustainability

A sustainable social protection system requires strong institutional backing, reliable financing mechanisms, community ownership, and policy responsiveness. Thematic evidence from district, regional, and national-level engagements points to notable progress, but also reveals fragilities that could undermine the long-term viability of Ghana's social protection architecture. This section provides a detailed assessment based on the main sustainability dimensions.

3.1.5.1. Institutional Sustainability

At the structural level, Ghana has developed core institutional arrangements for implementing social protection, anchored by the Department of Social Welfare and Community Development at the district level, and supported by coordination frameworks like the National Social Protection Steering Committee. Despite this, interviews across the 16 regions reveal a high level of institutional fragility, particularly at sub-national levels.

Field evidence indicates that implementation relies heavily on a small number of officers. Most district departments have just two to three social welfare officers responsible for LEAP, the PWD Fund, NHIS referrals, and other programmes. This overextension affects outreach, complaint resolution, and timely follow-up on household needs.

"We are managing LEAP, disability issues, and NHIS referrals, just the two of us in the whole district. If one officer is away, everything slows down." (District Social Welfare Officer, Savannah Region)

Additionally, regional officers confirmed that while national-level coordination structures exist, they are not backed by enforceable mandates. Programme implementation continues to depend largely on donor-driven project structures, and alignment between national policies and district operational arrangements remains weak.

3.1.5.2. Financial Sustainability

Financial sustainability was identified as one of the serious constraints threatening the continuity of social protection interventions. Although budget lines for social protection (especially LEAP and NHIS exemptions) are captured and funded by the Government through the national budget, the sector is highly dependent on development partner support, particularly from UNICEF, and donor funding from the World Bank and other bilateral partners.

Respondents at both national and district levels repeatedly cited delays in the release of funds, which in turn delayed programme implementation. District officers explained that payment cycles were unpredictable, limiting their ability to plan effectively or communicate timelines to beneficiaries.

"We receive the money late. By the time we get it, the beneficiaries have already waited too long. We have no control over the release." (District Finance Officer, Oti Region)

Worryingly, there is no established social protection reserve fund to act as a buffer against economic shocks. This exposes the system to macro-fiscal risks, particularly in periods of revenue downturn, inflationary pressure, or changes in donor commitment.

3.1.5.3. Community Ownership and Local Resilience

A major determinant of programme sustainability is the extent to which communities are involved not only in targeting but also in implementation and feedback processes. In practice, community involvement was found to be ad hoc and mostly limited to initial beneficiary identification.

Community-level stakeholders and unit committee members in several regions reported being engaged only during enrolment and validation. After this, there was little to no consultation, limiting local oversight and buy-in.

"They bring us in when they want to do the selection. After that, we don't hear from them again. But we live with these people; we know their problems." (Assembly Member, Bono East)

Opportunities for strengthening community ownership through local accountability platforms, self-help monitoring committees, and feedback mechanisms exist, but have not been consistently institutionalised across districts. Where community initiatives exist, such as cooperative ventures for PWDs or local complaint desks, these were typically supported by development partners rather than district assemblies.

3.1.5.4. Policy and Technological Adaptability

The sustainability of social protection is also dependent on the adaptability of its policy frameworks and the effective institutionalisation of technology. Ghana's 2015 National Social Protection Policy outlines broad mandates but lacks built-in mechanisms for continuous review or responsiveness to emerging risks such as digital exclusion or climate-related vulnerabilities.

At the operational level, digital tools such as mobile payments have enhanced the efficiency of transfers. However, the digital divide remains a concern. Field-level evidence shows that elderly beneficiaries, rural women, and PWDs often struggle with phone access, digital literacy, or verification processes, making them susceptible to exclusion.

"Mobile money is good, but many of our old women still don't have phones. They depend on others to cash out for them." (FGD Participant, Northern Region)

3.1.5.5. Political, Development Partner and Donor Commitment

Interviews at the national level highlighted that the long-term survival of social protection depends on continued political prioritisation and donor support. Development partners expressed concerns about the absence of a clearly articulated sustainability strategy for LEAP and related programmes, especially in the context of Ghana's fiscal consolidation efforts.

Although LEAP transfer amounts were increased in recent years, this is not backed by an effective transition into an income-generating livelihood strategy or integrated livelihood support. This risks long-term dependency and questions the credibility of the programme's development trajectory.

Table 3. 11 Evaluative Summary – Sustainability of Social Protection Implementation

Review Area	Observed Risk or Support Factor	Clarification	Source Type
Institutional Sustainability	District offices are understaffed. National coordination platforms exist but lack local mandates and enforcement capacity.	Sustainability is fragile due to the concentration of responsibilities on 2–3 officers per district. If staff are reassigned or unsupported, programme continuity suffers. Implementation relies on personal commitment more than institutional systems.	Field Interviews, Regional Planning Units
Financial Sustainability	Core programmes like LEAP and NHIS exemptions are funded through government and donor budgets without a dedicated reserve.	Disbursement delays—reported in nearly all districts—undermine planning and service delivery. There is no social protection fund to buffer against fiscal shocks or donor withdrawal, exposing programmes to macroeconomic volatility.	Field Interviews, District Finance Reports
Community Ownership and Local Resilience	Community involvement is largely limited to targeting. Post-selection engagement is minimal. Local accountability or feedback mechanisms are informal and underfunded.	In the absence of community-driven structures, the system misses opportunities for cost-effective grievance redress, local oversight, and co-production of services. Some communities created informal support groups, but these are not scaled.	FGDs, Assembly Member Interviews
Policy and Technological Adaptability	Policy frameworks are static and lack mechanisms for updating based on new risks (e.g., digital exclusion, climate shocks). Digital tools like mobile money are not fully embedded.	Mobile delivery enhances speed but excludes elderly and vulnerable women without phones or literacy.	Systematic Review, DPO Interviews
Political and Donor Commitment	Continued reliance on donor funding with no articulated transition strategy raises sustainability concerns. Political support varies with fiscal cycles.	There is no government-owned long-term financing plan for LEAP or similar programmes. While donor support sustains operations, long-term viability is uncertain unless fiscal transition planning is prioritised.	Regional Coordinating Director Interviews, NDPC Policy Notes

3.2. Lessons Learnt and Recommendations

Lessons Learnt

The implementation of Ghana's social protection programmes under the 2022–2025 MTNDPF—such as LEAP, the PWD Fund, and NHIS exemptions—has underscoredtheimportanceofembedding social protection within both national and local development frameworks. Strong alignment with national priorities and global commitments, including the SDGs and Agenda 2063, has provided a solid policy foundation. However, field evidence reveals a significant disconnect between this strong policy coherence at the national level and fragmented, inconsistent execution at the operational level.

One key lesson is that weak coordination and fragmented systems across agencies and districts undermine effectiveness. Programmes such as LEAP, NHIS, and the School Feeding Programme continue to operate largely in silos, with limited data sharing or integrated service delivery. This lack of synergy diminishes their collective impact and prevents the establishment of a holistic support system for beneficiaries.

Targeting mechanisms also present critical challenges. While community-driven processes once ensured fairness and inclusivity, these have gradually eroded, replaced by more centralised and survey-based methods. This top-down approach often fails to capture local socio-economic and cultural realities, leading to errors of inclusion and exclusion, outdated registers, and growing mistrust in the system. District officials and community actors feel sidelined, weakening the legitimacy and responsiveness of beneficiary identification.

Another important lesson is that numerical expansion of coverage does not automatically translate into equity. Geographic disparities, inconsistent linkages—such as NHIS integration—and inadequate data disaggregation limit the extent to which the most vulnerable are reached. While women make up a significant proportion of beneficiaries, this parity in numbers does not equate to genuine gender equity. Programmes have yet to address the structural barriers women face systematically, and similar shortcomings are evident in the treatment of persons with disabilities, peri-urban poor, and remote communities, largely due to weak outreach and insufficiently disaggregated data.

Taken together, these lessons highlight that while Ghana's social protection policy base is strong, its implementation is constrained by operational fragmentation, weak inclusivity measures, and gaps in targeting and monitoring systems. Achieving the transformative potential of social protection requires intentional efforts to bridge the gap between policy ambition and ground-level execution.

Recommendations

Strengthening Ghana's social protection systems under the MTNDPF requires a shift from fragmented, top-down approaches to a more coordinated, inclusive, and sustainable model of delivery. A priority is to establish stronger coordination and integration mechanisms across ministries, agencies, and MMDAs. Mandatory inter-agency protocols and joint planning and monitoring committees at the district level would help break down existing silos, harmonise implementation, reduce duplication, and create synergies across programmes such as LEAP, NHIS, and School Feeding. This effort must be supported by the development of a unified, interoperable data management system

that enables secure information-sharing and provides a comprehensive picture of beneficiaries.

Targeting mechanisms must also be reformed to restore legitimacy and accuracy. Moving away from a purely centralised, survey-based approach toward a hybrid model that fully incorporates local knowledge will be key. District Social Welfare Officers, Assembly Members, and community-based validation committees should play a central role in identifying and validating beneficiaries, supported by robust digital systems to reduce inclusion and exclusion errors and ensure registers remain up to date.

Inclusivity and equity must be intentionally designed into programme delivery rather than assumed. This requires systematic collection and use of disaggregated data—by gender, disability, location, and socio-economic status—to identify and close equity gaps. Targeted outreach, such as mobile registration teams and awareness campaigns, should prioritise underserved groups, including persons with disabilities, peri-urban poor, and migrants, while consolidating gains made in women's participation.

Equally important is the need to move beyond numeric expansion of coverage toward addressing regional disparities and ensuring that linkages, particularly with the NHIS, are consistent and functional across all beneficiary groups. Building the capacity of district and community structures to play a more active role in implementation will restore trust, strengthen monitoring, and make interventions more contextually responsive. As a measure for integration and data consistency, stakeholders should work towards the interoperability and user-centred design of existing digital solutions such as the GNHR, SWIMS, NHIA and new ones that will be developed in the future.

Finally, sustainability must be at the heart of social protection reform. Exploring innovative financing mechanisms—including public–private partnerships and domestic resource mobilisation—will be essential to secure the long-term viability of programmes. Institutionalising continuous learning through feedback loops, small-scale evaluations, and regular audits of registers will also ensure that interventions remain adaptive, inclusive, and responsive to emerging vulnerabilities.

CHAPTER FOUR: CHILD PROTECTION

4.Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing child protection outcomes.

4.1. Findings

Based on the field evaluation, the key findings for the child protection focus area of the MTNDPF reveal a strong national legal and policy framework aligned with international standards (e.g., CRC, ACRWC), but significant implementation gaps at sub-national levels. District Social Welfare officers demonstrate awareness of laws like the Children's Act, yet integration into planning and enforcement is inconsistent and often donor-driven rather than systematic. Community-level actors, including Community Child Protection Committees (CCPCs), lack adequate training on legal frameworks and their roles, resulting in weak enforcement and low public awareness of rights. Vulnerable groups, especially children with disabilities, those in poverty, street-connected children, and minorities, face systemic exclusion from services due to stigma, physical barriers, and absent targeting mechanisms in programming and data systems.

Despite tools like SWIMS for case management in 180 districts, coordination across sectors (health, education, justice) remains fragmented, with under-resourced reporting mechanisms (e.g., DOVVSU, CCPCs) and limited follow-up on cases. Harmful social norms, such as acceptance of corporal punishment and informal resolution of abuse cases, persist, while rehabilitation services (shelters, psychosocial support) are critically inadequate. Sustainability is hampered by donor dependency, insufficient dedicated funding, staffing shortages (e.g., 59% vacancy rate in Social Welfare), and weak community ownership structures.

4.1.1. Relevance and Coherence

4.1.1.1. Alignment with Child Rights Laws

Ghana's Child Protection System is built on a legal foundation that includes the Children's Act, 1998 (Act 560), the Juvenile Justice Act, 2003 (Act 653), Human Trafficking Act, 2005 (Act 694), Domestic Violence Act, 2007 (Act 732) and the Cybersecurity Act, 2020 (Act 1038), all of which align with international conventions such as the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. The evaluation assessed how far district- and community-level implementation of child protection interventions reflects these laws in practice.

Across nearly all districts assessed, District Social Welfare and Community officers (DSWCDOs) and District Planning Units affirmed awareness of the Children's Act and its provisions. At the district level, the Social Welfare and Community Development departments are the lead entities responsible for implementing these mandates. However, implementation varied significantly. In some districts, references to the Children's Act and related legal instruments were integrated into district planning documents (MTDPs and APRs), while in others, legal alignment remained aspirational rather than operationalised.

"We are aware of the law, but we work more with what partners bring. The Children's Act is not actively enforced unless there is a case." *(District Social Welfare and Community Development Officer, Central Region)*

Although the overarching policy and legal framework is rights-based, its translation into actionable programmes is often donor-driven or project-based. Several district officers reported that their child protection activities, such as community sensitisation, reintegration of rescued children, or tracking of abuse cases, were undertaken primarily as part of NGO-supported programmes rather than statutory obligations under Ghana's child protection laws.

At the community level, limited awareness of the Children's Act was evident among opinion leaders and community protection committees. While some Community Child Protection Committee (CCPC) members could articulate basic child protection principles (e.g., "every child has the right to be safe"), most had not received structured training on the law or their role in ensuring compliance.

"The Social Welfare and Community Development Officers only came to tell us to report abuse. But we don't know what the law says exactly or what happens after reporting." *(Community Child Protection Committee Member, Upper East Region)*

Notably, respondents from Social Welfare and Planning Units indicated that children with disabilities and children from low-income households are insufficiently represented in programme design and enforcement practices. Though the Children's Act provides for their protection and inclusion, field findings confirm that these groups remain under-prioritised, especially in rural and underserved areas.

"The law says protect all children, but in reality, we focus only when there's a complaint or when an NGO is running a project here." *(District Planning Officer, Volta Region)*

Despite these gaps, there is growing awareness of the need to align planning and budgeting with child rights. In districts supported to implement Integrated Social Services (ISS), district planning officers reported the use of child rights indicators in district composite plans.

Table 4.1 Alignment of Child Protection Interventions with Legal Mandates

Level of Implementation	Evidence from Field Engagements	Alignment with Legal Frameworks	Clarification	Source Type
National Legal Framework	Alignment exists with CRC, ACRWC, and national laws (Children's Act, Domestic Violence Act); strategic documents reference child rights commitments.	Strong	Ghana's legal instruments and national strategies reflect international child protection laws. The issue lies in subnational operationalisation.	Systematic Review, National Policy Documents
District Planning and Social Welfare and Community Development Departments	Legal awareness exists among officers; however, enforcement and integration into planning tools (e.g., MTDPs, APRs) remain inconsistent across districts.	Moderate	Districts mention the laws but rarely use them systematically in programme implementation unless guided by external partners.	Field Interviews (DPCUs, Social Welfare and Community Development Officers)
Community Child Protection Committees	Community actors are aware of protection responsibilities but lack training on legal frameworks; they have limited knowledge of what legal rights actually entail.	Weak	Protection committees function without formal legal orientation or sustained training; law is not used as a reference tool.	Community FGDs, CCPC Members
Children with Disabilities and Marginalised Groups	Children with disabilities and poor children are not consistently targeted or included in programme implementation despite provisions under the law.	Weak	Vulnerable child populations remain underserved, indicating a disconnection between inclusive legal intentions and practical delivery mechanisms.	District and community Level Interviews

4.1.1.2. Coherence with CRC and International Commitments

Ghana is a signatory to the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and other international instruments related to child protection. At the national level, these commitments have been translated into statutory provisions. The evaluation assessed the coherence of these international frameworks with actual implementation at the regional, district, and community levels.

Across regions, officials acknowledged Ghana's international commitments. However, field-level coherence with CRC principles such as non-discrimination, best interest of the child, participation, and survival and development was inconsistently demonstrated. Most interventions focused heavily on the "protection" aspect (i.e., response to abuse or neglect), with limited integration of children's participation or their evolving capacities in case management.

"When there's abuse, we act. But we don't involve the child in planning or feedback. We just do our job and close the case." *(Social Welfare and Community Development Officer, Bono Region)*

Many district-level activities were externally supported by development partners (e.g., UNICEF's support on the Government of Ghana's ISS delivery and CCPC strengthening), which helped bridge gaps in service delivery. Field interactions indicate coherence across actors, especially between government and non-governmental stakeholders, was limited. In ISS districts, the Intersectoral Standard Operating Procedures (ISSOPs) on Child Protection and Family Welfare, as well as the National Case Management SOPs for Children in Need of Care and Protection, are available. However, in reality, referral systems between police, schools, and health facilities often operate in silos, with weak communication and limited use of an administrative data system for data collection.

"The NGO runs a great shelter, but we don't know what happens after the child leaves. We only follow our part." *(Social Welfare and Community Development Officer, Western Region)*

While national policies reference global conventions, coherence in terms of programme design, budgeting, and monitoring was often fragmented. For example, key CRC-related domains such as birth registration, alternative care, and psychosocial support services remained under-prioritised in district plans. Moreover, few officers could point to specific indicators or tools that track CRC outcomes at the subnational level.

"We hear about SDG targets and the CRC, but there's no template for us to report on them. It's not in our M&E framework." *(District Planning Officer, Northern Region)*

The evaluation also found gaps in inter-sectoral coordination, a core requirement of CRC-aligned child protection systems. Although MoGCSP is mandated to coordinate across sectors, implementation is fragmented. School authorities, health workers, and police units are often unaware of their joint responsibilities under international child protection protocols.

Table 4. 2 Coherence of District-Level Child Protection with CRC and International Frameworks

Area of Evaluation	Evidence from Field Engagements	Coherence with CRC Principles	Clarification	Source Type
National Policy Design	National laws and strategy documents cite CRC and ACRWC as foundational references.	Strong	Policy frameworks are anchored in international norms, but coherence weakens during decentralised execution.	National Policy Reviews
District-Level Implementation	Officers respond to abuse cases but rarely apply CRC principles such as participation or evolving capacities of the child.	Moderate	Legal mandates are known but not consistently integrated into workflows; child voice and best interest are often secondary to case closure.	Field Interviews (District Social Welfare and Community Development Officers)
Inter-Sectoral Coordination	Referral networks operate in silos; schools, police, and social workers act independently.	Moderate	No joint planning or shared child protection database; responsibilities are fragmented across institutions.	Field Interviews (District Social Welfare and Community Development Officers), NGO Stakeholder Interviews
Monitoring and Reporting	No systematic CRC-aligned M&E tools exist at the district level.	Weak	Field officers lack reporting templates linked to CRC or SDG 16.2 indicators.	District Planning Unit Interviews
NGO and Donor Interventions	NGOs help deliver critical services, often aligned with CRC principles, but efforts are not always sustained or harmonised.	Moderate	Donor-funded initiatives have brought short-term coherence, but lack integration into government-led systems.	NDPC reviews, Community Interviews

4.1.1.3. Relevance to Vulnerable and Special Interest Groups

Child protection systems are expected to prioritise the most vulnerable children; those with disabilities, living in poverty, affected by abuse or neglect, or from marginalised communities. The evaluation examined how district-level and community-based interventions reflected this obligation in practice. While most respondents acknowledged these groups in principle, the depth and consistency of engagement remained weak and uneven.

Across several districts, Department of Social Welfare and Community Development Officers reported that cases involving children with disabilities were handled reactively, mostly after referrals or complaints. There were no proactive outreach or data systems for identifying and monitoring such children. District social welfare and community development desks were present in name, but their involvement in child protection programming was minimal.

"We only get involved when someone brings a case. There's no routine check-up or monitoring for children with disabilities." *(*Social Welfare and Community Development *Officer, Greater Accra Region)*

Children from low-income households and those in informal kinship care or foster arrangements (e.g., with extended families) were consistently reported as being at greater risk of neglect and abuse. However, these children often fell through the cracks due to the absence of structured targeting mechanisms. Reports also revealed that school absenteeism and malnutrition were prevalent among these groups, yet such signals rarely triggered follow-up unless linked to a major abuse case.

"We know some children in these households are suffering, but we can't follow up unless someone reports a clear abuse case." *(Community CPC Volunteer, Ahafo Region)*

Children affected by mobility challenges or living in remote communities faced additional risks due to the inaccessibility of case management services and weak inter-departmental linkages. In some districts, outreach services existed through NGOs or projects, but these were not scaled or institutionalised into district-level planning and budgeting.

Furthermore, minority children (e.g., from Fulani households) were largely absent from district-level child protection data systems. Field officers indicated that special interest groups' disaggregation was not standard in their recordkeeping systems, making it difficult to tailor interventions or track inclusion.

"We don't disaggregate by ethnicity, so we can't say if they're included or not." *(District Planning Officer, Oti Region)*

While the Children's Act and national policies articulate a rights-based and inclusive vision, field evidence showed that implementation rarely prioritised or systematically tracked outcomes for vulnerable groups. The concept of equity was acknowledged but operationalised mainly through generalised support programmes without targeted strategies.

Table 4. 3 Inclusion of Vulnerable and Special Interest Groups in Child Protection Programming

Vulnerable Group	Observed Inclusion Practice	Identified Gaps	Source Type
Children with Disabilities	Interventions are triggered mostly through reactive referrals or complaints.	No structured outreach, limited coordination with Disability Desk; children often excluded from routine monitoring.	Field Interviews (DPOs, SWCDOs)
Children in Poverty or Informal Care	Poverty indicators like school dropout or malnutrition are observed but rarely acted upon unless linked to abuse reports.	No proactive targeting; child protection and LEAP databases not linked; weak coordination with nutrition and school units.	Community FGDs, CCPCs, Planning Units
Children from Remote/Rural Areas	Access to case management is limited by geography and staffing. NGOs provide some outreach.	No institutionalised mobile services; weak coordination with health/ education for early identification.	Field Interviews, NGO Partners
Minority and Marginalised Groups	No formal records or programme targeting based on ethnicity or religion.	Ethnic/religious disaggregation is absent; inclusion is assumed rather than planned or tracked.	District Planning Officers, Monitoring Reports

4.1.2. Effectiveness

4.1.2.1. Reduction in Child Abuse and Violence

The evaluation found that efforts to reduce child abuse, neglect, and exploitation were operational in all districts, but with significant limitations in coverage, consistency, and system responsiveness. Interventions varied in intensity and sustainability, with some districts demonstrating active prevention programmes while others depended mainly on ad hoc responses following reported cases.

Efforts to reduce child abuse, neglect, and exploitation across districts revealed mixed effectiveness. While national policies and legal frameworks exist, their localised implementation has been inconsistent. The evaluation found that although awareness campaigns and institutional mandates have raised public consciousness about child rights, actual reduction in abuse and exploitation is limited due to structural, cultural, and logistical challenges. Online and technology-facilitated violence remains a serious concern in Ghana. 23,626 cyber tip line reports related to child sexual abuse materials being accessed, shared or produced from Ghana in 2024, showing the increase from 750 in 2016 (Source: National Centre for Missing and Exploited Children)

Recognising the nexus between online and offline violence, Ghana integrated targeted interventions for child online protection into a system-strengthening approach and a wider cybersecurity agenda. This includes the Integrated Social Service (ISS) approach, the Ghanaians Against Child Abuse (GACA) social drive/campaign and the Child Protection Community Facilitation Toolkits. Cybersecurity Authority (CSA)

is mandated by the Cybersecurity Act to address any cybersecurity issues, including online and technology-facilitated violence. The National Child Online Protection Framework was launched in 2024 to enhance multi-stakeholder coordination and collaboration for protecting children in the digital environment.

It is worth noting that child marriage under 18, which is one form of gender-based violence, has reduced in Ghana from 19% in 2017/18 (MICS) to 16% in 2022 (DHS). The practice of child marriage in Ghana has declined from about 40 % in 1980s to 16 % in 2022, however, one in six girls is still married or in informal union (cohabitation) before the age of 18 years. The prevalence of marriage by age 15 had stalled at 5 per cent over the last decades, which showed a decline to 3% in 2022.

Overall, child marriage is more common among those who reside in rural areas, live in poor households and have little or no education. The ongoing Sahel crisis and high multidimensional poverty have increased inequality and clear disparities in access to information and services, heightening the risks of child marriage among the most marginalised girls. Ghana made a strong political commitment towards ending child marriage. The Child Marriage Unit under the Ministry of Gender, Children and Social Protection is mandated to coordinate the implementation of the National Strategic Framework for Ending Child Marriage 2017-2026, together with the National Operational M&E Plan 2023-2024 (currently being updated for 2025-2026). The overall legislative and legal environment has seen progressive improvements for the protection of children and adolescents; however, weak law enforcement still remains a challenge.

Insufficient allocation of resources for the prevention and response to child marriage and GBV remains a key bottleneck. The Government of Ghana is not yet able to fully finance the existing large-scale initiatives, such as the Integrated Social Service (ISS) approach. Social and gender discriminatory norms remain as key bottlenecks as they promote harmful and discriminatory gender stereotypes for girls, women, boys and men

Persistence of Physical Abuse and Household Neglect

Physical abuse, particularly corporal punishment at home, remains common despite growing awareness of child rights. Ghana has yet to ban corporal punishment in all settings legally. Respondents noted that children are often disciplined harshly at home for perceived wrongdoing or underperformance in school. Some households continue to justify such treatment as necessary for child upbringing, especially in rural areas where traditional norms dominate. The latest national data on violent discipline is MICS 2017/18, which shows that 94% of children aged 1-14 years experience violent discipline by caregivers. In 2011, 71% children reported corporal punishment at school (Source: A Global Update on VAC report from the NGO Advisory Council for Follow-up to the UNSG's Study on VAC 2011). To track the progress, it is important to collect data on these indicators on a regular basis.

"We tell them not to beat the children too much, but many still think it's their way of correcting them." *(District Social Welfare and Community Development Officer, Bono Region)*

Neglect, especially in poor households, is also widespread. Children are often left unsupervised or deprived of adequate food, care, and hygiene. Interviews with district officers revealed that such neglect is rarely reported formally, largely because it is seen as a poverty issue rather than a protection concern.

Child Labour and Cultural Endorsement of Exploitation

The use of children in informal labour such as farming, hawking, and domestic chores continues to undermine child protection. Many communities, particularly in agricultural zones, maintain informal systems where children contribute to household work through arrangements like **"hw3 so ma me",** which translates to "Take care of it for me", an arrangement where people steward other people's properties for them. This arrangement allows families and their children to live in and care for others' homes or farms in exchange for shelter or meals. These arrangements, although deeply rooted in cultural practice, were flagged by stakeholders as forms of covert exploitation.

"The child is not in school, but working on someone's farm. They say it's helping, but the child is being used." *(Assembly Member, Oti Region)*

Evidence from the literature (*Investigating the Long-Term Effects of Child Labour*[12]) reinforces these concerns, showing that such labour reduces the likelihood of educational progression and deepens household poverty over time.

Sexual Abuse and Limited Reporting Mechanisms

Sexual abuse was reported as one of the most difficult challenges to address, with many communities concealing such cases due to stigma or fear of reputational damage. Both child protection officers and local leaders acknowledged that cases are often "settled at home," thereby denying children access to justice and appropriate care. In some districts, abuse by authority figures such as family members was mentioned, but victims were discouraged from pursuing complaints.

According to the latest Demographic and Health Survey in Ghana (2022), 1 in 2 women aged 15-49 who have experienced violence have never sought help or told anyone about it. For those people who sought help, the majority (71%) sought help from their own family, whereas only 1% sought help from a doctor and medical personnel, 7% from the police, and 1% from a social work organisation.

"They don't want the family name to be spoiled. So they settle it and the girl is told to keep quiet." *(Child Protection Focal Person, Volta Region)*

Mechanisms for reporting abuse, such as DOVVSU and Social Welfare Units, were present but weak. In many districts, DOVVSU officers are either unavailable or stationed far from affected communities. Social welfare staff also lack transport or follow-up systems to track reported cases.

Case Management

Case management is a structured process used by social workers and child protection practitioners to identify, assess, plan, implement, monitor and close cases involving children who are at risk or have experienced abuse, neglect, exploitation and other protection concerns. The National Case Management SOPs for Children in Need of Care and Protection, and the Intersectoral SOPs for Child Protection and Family Welfare explain the steps of child protection case management and referral pathways.

12 Lambon-Quayefio MP, Owoo NS (2021). Investigating the long-term effects of child labor on household poverty and food insecurity in Ghana. Journal of Demographic Economics 87, 561–587. https://doi.org/10.1017/dem.2020.29

To manage child protection cases, the Ministry of Gender, Children and Social Protection (MoGCSP) has introduced the Social Welfare Information Management System (SWIMS), with support from UNICEF. SWIMS is a digital case management system used by government and non-government social workers for the following protection cases:

- Sexual and gender-based violence
- Child marriage and adolescent pregnancy
- Child labour, trafficking and exploitation
- Children in contact with the law
- Violence against children
- Children without parental care
- Persons with other socio-economic needs

Through ISS, SWIMS has been rolled out in 180 MMDAs. As of June 2025, 1,200 people have been trained and are using SWIMS, and over 48,000 cases have been recorded into SWIMS. SWIMS is used as a means of verification for MMDAs' annual performance review (APR), particularly for the indicator "# of cases managed with quality".

To collect the number of persons benefited from case management services, the Ministry of Local Government, Chieftaincy and Religious Affairs (MLGCRA) introduced digital ISS reporting using Kobo Collect Toolkit in 2023. According to MLGCRA's ISS data analysis, over 300,000 people benefited from individual case management services through ISS, including 180,000 children (96,143 girls), since 2020 when ISS was introduced.

However, challenges remain in implementing the effectiveness of case management services at the sub-national level. While officers may intervene in one-off incidents, there is no integrated follow-up to ensure child welfare is sustained. During the field interview, some social workers highlighted the lack of standardised tools for case tracking, limited psychosocial support services, and the absence of a database to monitor repeat cases or chronic neglect. The ISS baseline assessment (2021) and the preliminary findings from the midline assessment (2025) show that the implementation of case management is not even across the country, and 81 MMDAs are not using SWIMS and Case Management SOPs.

"We intervene, but after that we don't have any way to track what happens next. There is no system." *(District Social Worker, Northern Region)*

Table 4. 4 Summary of Observations

Issue Area	Key Observations	Effectiveness Implications
Physical abuse and neglect	Still common in households, especially under cultural justification for discipline or poverty-based deprivation	Weakens long-term child wellbeing; cases are often not viewed as requiring state intervention.
Child labour and informal arrangements	Practices like hw3 so ma me used to justify child engagement in labour; it affects education and welfare.	Undermines rights enforcement; reflects limited public understanding of exploitation
Sexual abuse and underreporting	High prevalence; low formal reporting due to stigma, family pressure, or fear of authority	Limits justice for victims; hinders deterrence and reduces system credibility.
Prevention initiatives	Exist in some districts via schools, faith leaders, and child committees; not sustained or widely available.	Potential impact diluted by low investment and lack of structured coordination
Case follow-up and management	Case-by-case response without systematic monitoring or reintegration services	No long-term improvement tracking; limited knowledge sharing across institutions

4.1.2.2. Welfare and Rehabilitation Outcomes

Child protection interventions across districts showed modest progress in safeguarding children's welfare, especially in emergency cases of abuse and neglect. However, long-term rehabilitation and reintegration services remained largely inadequate, with most interventions limited to referrals and short-term support. This gap was evident in both field discussions and national-level assessments, highlighting systemic weaknesses in follow-up care, psychosocial services, and reintegration into safe family or community settings.

Emergency Interventions and Short-Term Welfare Support

Most districts confirmed that emergency interventions such as rescue operations for abused children or urgent referrals to shelters are occasionally implemented, especially through DOVVSU or Social Welfare departments. However, these services are reactive and constrained by logistical and staffing limitations.

"When we are called, we respond. But it ends there. No transport, no shelter. We just hand them to a relative or the Chief."
(Social Welfare Officer, Upper East Region)

Shelters and safe homes are few and far between. Even where available, they lack trained caregivers, rehabilitation tools, and funding. In most regions, officers explained that the absence of district-level temporary shelters forces them to return children to the same environments from which they were removed, often due to a lack of alternatives.

The Child and Family Welfare Policy (2015) says that the placement of children in institutional care should be only used as a last resort, and children should remain there for not more than six months. In 2024, MoGCSP launched the National

Care Reform Roadmap 2024-2028 with an aim to reduce the number of children in institutional care and support long-term family-based care arrangements for children. According to the Department of Social Welfare, a total of 3,225 children were living in 110 residential homes at the end of November 2024. 74 homes were licensed and 27 were unlicensed, whereas nine were earmarked for closure. This is positive progress made from 2021, when 3,530 children were found to be living in 139 residential homes in the country (Source: Children Living in Residential Care in Ghana, MoGCSP 2021).

At the sub-national level, the provision of psychosocial services, including trauma counselling, remains highly limited. Interviews revealed that social welfare officers often serve as informal counsellors without specialised training. DOVVSU personnel, though sometimes trained in basic trauma response, lack resources for sustained support.

"I try to talk to the children when they're abused, but I'm not trained, and we have no professional to refer to." (Social Welfare Protection Officer, Western Region)

Psychosocial Services and Trauma Recovery

According to the WHO's assessment, the distribution of mental health services is skewed toward the southern part of the country, with most services concentrated in psychiatric hospitals instead of accessible community settings. Concurrently, social stigma linked to mental disorders remains prevalent and limits help-seeking. While clinical mental health services are crucial, community-based psychosocial support and counselling from various sources play a significant role in the well-being of children and adolescents. There are existing initiatives, including school clubs, multidisciplinary case management and counselling support by social welfare officers, caregiver support groups, and the safety net programme. However, there are gaps in comprehensively understanding the needs of children and adolescents in Ghana, limited resources, shortage of professionals, stigma and lack of awareness, quality child- and youth-friendly mental health and psychosocial support service package, and parenting support.

This absence of structured mental health services for children reflects a broader issue identified in literature, namely, that the emotional well-being of vulnerable children is often neglected, with long-term consequences for school performance, trust, and social development.[13]

Reintegration and Family Support Gaps

Once a child is removed from a harmful environment, effective reintegration into either the family or community should be a priority. However, most districts lack clear protocols or institutional partnerships for reintegration. Officers noted that cases are often closed prematurely due to a lack of follow-up systems or funding constraints. This is even though Ghana has a sound framework on de-institutionalisation, family reintegration and alternative care, such as Inspection, Licensing and Monitoring of Residential Homes for Children, National Standards for Residential Homes for Children, Guidelines for Deinstitutionalisation of Residential

13 Meng JF, Wiznitzer E. Factors Associated With Not Receiving Mental Health Services Among Children With A Mental Disorder in Early Childhood in the United States, 2021–2022. Prev Chronic Dis 2024; 21:240126. DOI: http://dx.doi.org/10.5888/pcd21.240126

Homes, Foster Care Operational Manual, Training Manual for Caregivers with Children with Disabilities, etc.

"We don't go back to check. Once the case cools down, it ends." (Social Development Officer, Ashanti Region)

The systematic review confirms that reintegration efforts are generally informal and dependent on the discretion of the officer in charge, which introduces variability and weakens accountability. As mandated by the Children's (Amendment) Act, 2016 and the Foster Care Regulations, 2018, Ghana has established the Foster Care Fund to support the care of children placed in foster care and support foster parents for the maintenance and welfare of children. Despite the effort to establish the fund, resources have not yet been allocated to the fund or released by the Government.

Additionally, financial and livelihood support for families is rarely integrated into protection plans. Many households cited poverty as a key driver of abuse and neglect, but district teams had limited linkage mechanisms to social protection programmes such as LEAP or the Livelihood Empowerment for Persons with Disabilities.

Community and Institutional Rehabilitation Roles

In some districts, community structures such as child protection committees or religious leaders assist with basic mediation and support. Their involvement is, however, not institutionalised and often ends at the point of resolution, not rehabilitation.

"We help settle cases. But after that, the family is on their own." (Assembly Member, Northern Region)

Schools were also Referral Pathways articulated in the Intersectoral SOPs for Child Protection and Family Welfare, which explain the role of schools and teachers in addressing violence and psychosocial needs of vulnerable children. However, schools, too, were found to play a limited role in monitoring child recovery, despite teachers being in regular contact with affected children. Only a few districts reported any coordination between schools and child protection officers after a reported incident.

Table 4. 5 Summary of Observations and Effectiveness Implications

Welfare and Rehabilitation Area	Key Observations	Effectiveness Implications
Emergency rescue and sheltering	Reactive rather than planned, most districts lack access to functional, temporary safe homes and shelters.	Children are sometimes returned to unsafe environments or left in ambiguous family settings.
Psychosocial and trauma support	Very limited or absent; informal counselling done by untrained officers	Emotional recovery is compromised, increasing long-term mental health risks

Welfare and Rehabilitation Area	Key Observations	Effectiveness Implications
Reintegration and family follow-up	Limited structured follow-up post-intervention; reintegration is informal or absent	No sustainability of child protection beyond initial case resolution
Institutional support linkages	Limited connection between child protection and social protection services	Families are vulnerable to repeated cases due to poverty-related stressors
Community support and mediation	Exists in some areas but is not institutionalised or monitored	Missed opportunity to embed long-term, locally-driven rehabilitation support

4.1.2.3. Addressing other child welfare interests

In addition to abuse and neglect, the evaluation explored broader welfare interests affecting children's safety, development, and inclusion. Key emerging issues included child streetism, child labour, neglect of children with disabilities, inadequate parental capacity, and limited institutional responsiveness. These issues were identified in both field interviews and systematic literature, emphasising that child protection in Ghana must extend beyond abuse response toward addressing structural and developmental threats to children's well-being.

"Street children are increasing. Their families can't provide for them, and we have no place to take them." *(Social Welfare Officer, Upper East Region)*

Documentary review supports this finding, showing that streetism is both a survival strategy and a manifestation of family and system breakdown. In 2024, the Ministry of Gender, Children and Social Protection launched the Five-Year Strategic Plan for Street-Connected Children and Young Persons (2024-2028). However, responses are limited at all levels and data on children in the street in general is limited to inform responses.

Child Streetism and Unsafe Mobility

District officers and community leaders across urban and peri-urban districts highlighted growing concerns about child streetism, particularly in market areas, transportation hubs, and mining zones. Children, especially from single-parent or economically vulnerable households, were often seen working, begging, or loitering in unsafe public spaces. Officers noted that migration from rural communities into towns often leaves children unattended or abandoned.

Child Labour and Exploitation

Efforts to reduce child labour across districts have contributed to positive changes, particularly in areas with targeted interventions and community sensitisation.

in the past few years, Ghana has initiated several projects, including revitalising the Ghana Child Labour Monitoring System (GCLMS) in partnership with UNICEF and the ILO to improve data and referral systems. Additionally, collaborations like the Accelerating Action for the Elimination

of Child Labour in Africa (ACCEL Africa) project are focusing on a supply-chain approach within the cocoa and gold mining sectors to promote decent work and social protections for vulnerable families. These targeted interventions, alongside broader community sensitisation, have been crucial in reducing child labour across various districts (ILO, 2025; UNICEF Ghana, 2025).

Despite these gains, Ghana, like the rest of the world, missed the 2025 global target of eliminating child labour. Poverty continues to be a major factor, driving children into hazardous work, especially in agriculture, mining, and fishing. The discrepancy between communities with and without intervention programs highlights the need for continued, widespread public education and engagement to sustain progress. Organisations such as the ILO are also working with trade unions in Accra to strengthen their role in the fight against child labour in key sectors (ILO, 2025).[14]

A recurring theme in both district-level and community engagements was the cultural and contextual framing of child involvement in work. In cocoa-growing areas, in particular, district officers and community members explained that families often reside near the farms they manage for absentee landowners. Children living in these farming settlements routinely assist their parents with tasks like fetching water, weeding, or harvesting during peak seasons. This support, while daily, does not necessarily interfere with schooling or pose physical danger, and is often seen as part of the child's role in the household. These culturally embedded practices are sometimes misclassified as exploitative labour due to definitional ambiguities between harmful child labour and acceptable child work.

"This child lives with their parent on the farm. He goes to school and helps weed in the evening. That's not exploitation; it's part of life here." (Community FGD Participant, Western Region)

The need to distinguish between exploitative child labour and culturally accepted child work was echoed across multiple districts. Nevertheless, stakeholders cautioned that even culturally sanctioned practices must be continuously assessed to ensure they do not impair educational attainment, health, or child development. Ghana's Children's Act and Labour Law are aligned with the ILO Conventions 138 & 182, which define child labour in terms of age thresholds, working conditions and the type of work. Child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children, and work that interferes with children's schooling.

In more severe cases, child labour was observed in its exploitative forms, especially where children work long hours in hazardous conditions or are engaged without parental supervision. Reports of trafficking, child domestic labour, and forced market vending continue to emerge, particularly in districts with high economic vulnerability. Since 2024, the Ministry of Labour, Employment and Jobs has been updating the Hazardous Activity Framework, which refers to work in dangerous and unhealthy conditions that could result in death, injury and illness, and work that uses dangerous machinery, toxic substances, long hours, extreme temperatures, etc.

Despite the existence of the Ghana Accelerated Action Plan Against Child

14 International Labour Organization (ILO). (2025, May 9). ILO to Host Landmark Forum in Accra: Uniting Trade Unions to End Child Labour in African Supply Chains.
International Labour Organization (ILO). (2025, June 19). Ghana marks World Day against Child Labour with strong calls for collective action in Bibiani.
UNICEF Ghana. (2025, June 12). Despite progress, child labour still affects 138 million children globally – ILO, UNICEF.

Labour 2023-2027, several districts reported low awareness of its implementation processes, inadequate funding, and poor coordination between enforcement agencies. Limited logistics often constrains case identification and rescue services, while some district officers noted the absence of dedicated child protection budgets or active committees. For example, the Human Trafficking Fund (established in 2008) remains underutilised, and Ghana has only 179 labour inspectors as of 2023 to monitor a workforce of 15.5 million (Source: USDOL 2024 Trafficking in Persons report). There are challenges in data, with a lack of a real-time data collection system and limited interoperability between systems that collect data on child labour.

Despite these challenges, Ghana has committed to SDG 8.7 End Child Labour by joining as a Pathfinder Country under Alliance 8.7, demonstrating a strong political commitment to work further and faster to end child labour. The National Steering Committee of Child Labour, chaired by the Minister of Labour, Jobs and Employment, coordinate child labour interventions in the country. In 2025, UNICEF and the ILO are jointly supporting the revitalisation of the Ghana Child Labour Monitoring System (GCLMS). This project aims to enhance data management and referral systems for child labour cases by ensuring interoperability with other public and private systems, which will allow for better tracking of affected children and the impact of interventions. This effort is complemented by the development of a National Compendium on Child Labour, designed to standardise data collection and reporting methodologies among all stakeholders, from government agencies to private sector partners (ILO, 2025).

A 2024 report by the ILO and UNICEF revealed that nearly 138 million children were engaged in child labour globally, with 87 million of them in Sub-Saharan Africa. In Ghana, a 2023 survey found that over 1.1 million children between 5 and 17 were involved in some form of work, with 893,000 in paid employment. This data also revealed that about 74% of children engaged in child labour are in hazardous work, with a strong correlation between poverty, rural residence, and the prevalence of child labour (UNICEF Ghana, 2025; Graphic Online, 2024; World Bank, 2025).[15]

Neglect of Children with Disabilities

Field interviews revealed widespread exclusion of children with disabilities (CWDs) from basic services and protection systems. Officers noted that CWDs are rarely included in community assessments, and stigma prevents their inclusion in mainstream interventions. Their educational access is also limited, and no formal process ensures they are identified and monitored by social workers.

> **"Some children with disabilities are kept hidden. Families are ashamed or don't know what to do."** *(District Planning Officer, Upper West Region)*

Systematic review documents reinforce that disability-inclusive protection is weak in both legal mandates and operational tools, especially in rural settings. Social welfare officers cited an absence of assistive services, inclusive education

15 International Labour Organization (ILO). (2025, May 14). Better Data, Brighter Futures: Ghana's Child Labour Response.
UNICEF Ghana. (2025, June 12). Despite progress, child labour still affects 138 million children globally – ILO, UNICEF.
Graphic Online. (2024, June 13). Ghana Statistical Service reports high rates of child labour.
World Bank. (2025). Ghana's portfolio-wide child labor risk management pilot.

systems, and dedicated support for CWDs.

Through ISS, efforts have been made to include children with disabilities into the protection system and disaggregate data. Out of 72,983 children benefited by ISS case management services in 2024, 2,201 children were children with disabilities. Also in 2020, the Ministry of Gender, Children and Social Protection launched the Training Manual for Caregivers of Children with Disabilities. However, training roll-out has been limited due to resource constraints.

Weak Parental Capacity and Family Resilience

Underlying many protection issues was poor parental capacity driven by poverty, mental health concerns, and lack of awareness. Officers observed that many parents struggled to provide adequate care and often used physical discipline due to frustration or lack of alternatives.

"Some parents are just overwhelmed. They're trying to survive, and the child suffers." *(Assembly Member, Volta Region)*

While the Child and Family Welfare Policy promotes parental education and social service support, districts lack structured programmes to build parenting capacity. Literature also stresses the link between caregiver stress and child neglect or maltreatment.[16] This is largely reflected as weak parental capacity in the areas of skills, knowledge, or resources that parents may have to support their children's mental health and development effectively. This may include inadequate emotional support, poor communication skills, or insufficient understanding of mental health issues.

In 2025, the Department of Community Development updated the Child Protection Community Facilitation Toolkits – the main community engagement and social behaviour change tool for child protection – with new content on positive parenting and mental health and psychosocial support for children and parents. Efforts are underway to develop a National Parenting Strategy by 2025. The National Parenting Working Group, chaired by the MoGCSP and composed of the government ministries across sectors, civil society, traditional and religious leaders and development partners, is developing the National Parenting Strategy and training manuals for ending violence against children and women and promoting the overall development and well-being of children. It aims to provide more structured and sustained support to parents and caregivers with a child across the life-cycle (0-18 years old), taking a multi-sectoral approach and leveraging on the workforce, communication channels and parenting interventions across sectors.

Institutional gaps in addressing broader needs

Most districts lacked a holistic framework to address these broader child welfare threats. Programme delivery remained reactive, case-based, and dependent on limited staff. There was minimal integration between health, education, livelihood, and protection services. Officers indicated that they often lacked knowledge of complementary programmes or referral

16 adez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2020). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. European Child & Adolescent Psychiatry. https://doi.org/10.1007/s00787-019-01469-4

protocols to address non-abuse-related vulnerabilities.

"We focus on abuse and forget everything else. But children need more than rescue—they need support to live well." *(Social Welfare Officer, Bono Region)*

Table 4. 6 Summary of Emerging Welfare Concern Observations

Emerging Welfare Concern	Key Observations	Effectiveness Implications
Streetism and child homelessness	Increasing trend in urban areas; limited awareness of the national response mechanism	Children are exposed to violence, abuse, and exploitation without structured reintegration paths.
Child labour and exploitation	Common in informal sectors; limited enforcement of labour laws	Long-term education, health, and development outcomes are compromised
Disability-related neglect	CWDs are excluded from protection and education systems; stigma persists	Fails to meet CRC and disability rights obligations
Parental capacity and caregiver stress	No structured, sustained, and coordinated support to parents and caregivers at the sub-national level.,	Risk of neglect, abuse, and socioemotional harm persists unaddressed.
Institutional response limitations	Focus remains on abuse cases; a limited inter-sector approach to child wellbeing.	Systems are not responsive to complex, structural threats to children's development.

4.1.2.4. Access Barriers for Vulnerable Groups

Despite the existence of legal frameworks and institutional structures to ensure child protection, several vulnerable subgroups continue to face significant barriers to accessing protection services. A combination of cultural attitudes, institutional weaknesses, social stigma, and infrastructural gaps shapes these access limitations.

Children with Disabilities (CWDs)

Children living with disabilities emerged as one of the most systematically excluded groups. District-level officers and community members confirmed that CWDs are often overlooked in programme planning, targeting, and monitoring. Their exclusion is partly due to physical barriers such as inaccessible facilities and partly due to entrenched stigma that results in children being hidden or deemed 'unfit' for services.

"Some families hide their disabled children because they feel ashamed or fear gossip. So, the child is not registered or seen by any officer." *(Child Protection Officer, Upper East Region)*

School environments, health centres, and protection facilities rarely accommodate

CWDs, making physical access extremely difficult. Furthermore, protection workers lack training in inclusive communication, leaving many children with cognitive or speech impairments unable to report abuse or participate in redress processes.

Street-Connected and Homeless Children

Street-connected children, those living or working on the streets, face extreme exclusion. Interviews in urban districts noted a visible rise in children in markets, lorry parks, and construction sites, with no or minimal access to formal protection services.

"We see the children at the station every day. No one is responsible for them, and there's nowhere to send them."

(Assembly Member, Greater Accra Region)

Further synthesis of the field data shows that in the survey districts, no formal sheltering or rehabilitation programmes are targeting this group at the district level. Protection officers cited lack of budget, weak referral systems, and unclear mandates as reasons for inaction.

Below is a summary of the identified barriers, the groups affected and their implications for access and protection. In the specific case of Culturally Marginalised Children, to Allotey, E., García-Carrión, R., Villardón-Gallego, L. et al (2023[17]) explain that in Ghana and many parts of Africa, children from rural, remote and urban poor communities, ethnic and/or racial and linguistic minority children, and children in displaced situations, among others, are marginalised, citing education as an example.

Table 4. 7 Summary of Vulnerable Group Observations

Vulnerable Group	Identified Barriers	Implications for Access and Protection
Children with Disabilities	Stigma, hidden from public view, physical inaccessibility, and lack of inclusive communication tools	Limited-service uptake, invisibility in planning and reporting frameworks
Orphans and Children without adequate parental care	Poor treatment in households, lack of data tracking, and no follow-up mechanisms	Increased risk of neglect and exploitation without adequate care and protection.
Street-Connected Children	No dedicated district programming, lack of temporary shelters/family-based care or mobile outreach	High vulnerability to abuse, exclusion from all formal systems
Children from Poor Households	Economic deprivation, limited schooling and healthcare, stigma or limited means to seek reporting	Risk of exploitation and neglect, reduced access to protection services

17 Allotey, E., García-Carrión, R., Villardón-Gallego, L. et al. Transforming the educational experiences of marginalized students in Ghana through dialogic literary gatherings. Humanit Soc Sci Commun 10, 313 (2023). https://doi.org/10.1057/s41599-023-01801-7

Vulnerable Group	Identified Barriers	Implications for Access and Protection
Culturally Marginalised Children[18]	Cultural justifications for neglect or abuse, interference by traditional authorities	Undermines formal case reporting and limits referrals or justice outcomes
Institutional Access Limitations	Lack of disability-friendly facilities, no translation or support for children with disabilities	Children with disability do not and cannot access protection systems

4.1.2.5. Availability and Effectiveness of Reporting Mechanisms

Reporting mechanisms are a critical component of any effective child protection system. In Ghana, mechanisms exist to support the detection, reporting, and management of child abuse and neglect. These include formal structures such as the Department of Social Welfare, Domestic Violence and Victim Support Unit (DOVVSU), child panels, school-based focal persons, and the Child and Family Welfare Policy grievance framework. Additionally, community-based mechanisms such as Child Protection Committees (CCPCs), hotlines, and informal mediations through traditional leaders are recognised. However, the effectiveness of these systems remains mixed and highly context-dependent.

Formal Reporting Channels: Gaps in Functionality

Across most districts, Social Welfare and DOVVSU remain the primary formal avenues for child abuse reporting. However, field interviews revealed challenges in case reporting, management, and closure. Officers acknowledged that many cases go unreported due to long distances, social stigma, fear of reprisal, or a lack of community trust in formal systems.

"People are afraid to report. They say if you report, the case will not go anywhere or the abuser will return angry." (Social Welfare Officer, Northern Region).

Officers also noted resource constraints that affect their responsiveness. Lack of transport, inadequate staff, and no clear referral pathways between agencies often result in delayed action, miscommunication, or unprocessed cases. Furthermore, documentation of cases is inconsistent, and many cases lack follow-up once initial statements are taken.

Community Child Protection Committees (CCPCs): Unrealised Potential

There is a data gap in the number of CCPCs established nationwide. It is, however, the desired status quo that there be a CCPC in every District. In theory, they are meant to serve as early detection and referral bodies at the community level. However, field

18 In Ghana and many parts of Sub-Saharan Africa, children from rural and urban poor communities, ethnic and linguistic minorities and those in displaced situations according to Allotey, E., García-Carrión, R., Villardón-Gallego, L. et al. Transforming the educational experiences of marginalized students in Ghana through dialogic literary gatherings. Humanit Soc Sci Commun 10, 313 (2023). https://doi.org/10.1057/s41599-023-01801-z

findings show that CCPCs are either non-functional, defunct, or operating without training or support in many areas.

"We used to have a CCPC, but they haven't met for years. There's no training or funding." (Assembly Member, Central Region)

Where CCPCs exist, their scope is limited to minor disputes or informal mediation. Most are not linked to formal reporting frameworks, and community members often bypass them, preferring to resolve issues privately or with local elders.

Hotlines and Digital Channels: Limited Reach

National child protection hotlines, such as the DOVVSU and the Department of Social Welfare helplines, the Point of Contact and the Child Online Protection Reporting Portal run by the Cybersecurity Authority, where people can use to report online violence, exist, but are not widely known, especially in rural communities. Officers in several regions noted that beneficiaries rarely mention hotlines, and promotional materials are often outdated or unavailable.

"People don't know the number to call. Even we in the office don't always have it ready." (Social Protection Officer, Volta Region)

Even when calls are made, issues with follow-up, tracking, and feedback often discourage repeat use. Digital mechanisms, such as WhatsApp reporting or SMS alerts, were not in use in any of the sampled communities, largely due to literacy, awareness, and infrastructure limitations.

School-Based Reporting: Underutilised Frontline Spaces

Teachers and school heads are expected to serve as frontline identifiers of abuse. This is, however, rarely systematised. Most teachers are unaware of reporting protocols or hesitate to get involved for fear of community backlash.

"Teachers hear things, but they don't report. They say it's not their role or fear the parents." (District Education Officer, Eastern Region)

The Ghana Education Service has developed the Safe School Policy and rolled out the Safe School Resource Package to train education officers on positive discipline, strategies to prevent bullying and harassment and identify children in need of help. However, in general, school-based guidance and counselling structures are weak or absent in most public schools. Only a few districts reported training sessions or materials for school-based child protection.

Table 4. 8 Summary of Child protection mechanisms Observations

Mechanism	Availability Status	Effectiveness Challenges
Social Welfare and DOVVSU	Available in most districts	Under-resourced; weak case tracking; low community trust
CCPCs (Community Committees)	Present in a few districts; largely dormant	Not trained, no link to formal systems, no funding or coordination
National Hotlines	Exist but poorly publicised	Not trusted or known in rural areas; limited feedback and follow-up
School-Based Focal Points	Partially present	Lack of training, role clarity, and protection from retaliation
Digital and Mobile Reporting Tools	Practically non-existent in districts	Digital exclusion, literacy challenges, and no integration with formal response systems
Referral and Closure Mechanisms	Ad hoc and officer-dependent	The Case Management tool and SWIMS exist in 180 districts, but no shared platform across protection actors.

4.1.2.6. Intersectoral Coordination for Child Protection Outcomes

Child protection is inherently multi-sectoral. The achievement of sustainable outcomes for children requires the effective coordination of efforts across sectors, including health, education, justice, and local governance. The evaluation found that while coordination frameworks are acknowledged in policy documents, their operationalisation at the district level remains uneven. Field interviews revealed stark contrasts between districts with active coordination platforms and those where sectors work in silos.

Coordination Between Social Welfare, Health, and Education

Most districts indicated that while informal collaborations occur between the Department of Social Welfare and other departments, there is a limited structured platform that mandates or guides joint planning, service delivery, or monitoring.

District Child Protection Committee (DCPC) exists in some MMDAs; however, this structure is not available in every MMDA. If it exists, DCPC are not well equipped with resources to allow regular coordination meetings. When DCPC is not available, MMDAs use the Social Services Sub-Committee to coordinate child protection issues, which is a statutory committee established within the structure of Ghana's local government system in line with the Local Governance Act, 2016 (936). However, the mandate of this committee is vast, covering from education to health, social welfare, community development and social protection, so focused intervention on child protection is often limited.

"We work with Education when there is a school issue, but it's informal. We just call them when we need help." (District Social Welfare Officer, Ashanti Region)

"Health (officers) sometimes alerts us to abuse cases, but they don't have a reporting template. It depends on the nurse." (Child Protection Focal Person, Volta Region)

Referral protocols between child protection and health, SWIMS and Safety Net e-tracker are available in ISS MMDAs. However, in non-ISS MMDAs, the absence of written referral protocols, common case tracking forms, or integrated databases limits timely and consistent interventions. For example, abused children taken to clinics are not always linked to protection services due to a lack of feedback mechanisms. The Ghana Health Service developed the Child Protection Guidelines for Health Workers in 2018, explaining the roles and responsibilities of health workers in addressing violence cases, including sexual violence. However, the implementation of the guidelines at the sub-national level has been limited mainly due to resource constraints. Also, SWIMS and Safety Net e-tracker are not interoperable, limiting data sharing, case referrals and service delivery.

Child Panels and Justice Sector Engagement

The formal linkage between child protection and the justice system, particularly through child panels and DOVVSU, remains underdeveloped. Although child panels were set up to provide child-friendly justice alternatives, they were either inactive or had limited functionality in most districts.

"Our child panel hasn't sat in over a year. Even the community doesn't remember who is on it." (Assembly Member, Central Region).

In districts where DOVVSU officers were active, they reported challenges coordinating with Social Welfare due to staffing shortages, lack of transport, and differing agency mandates. Joint case conferencing was not standard practice.

In recent years, key tools have been developed to strengthen the justice sector, including Child Friendly Policing SOPs for the police officers, Operational Guidelines for Child-Friendly Gender-Based Violence (GBV) Courts, Probation Officer Desk Manual, and social welfare – justice referral pathways for key protection concerns in the Inter-sectoral SOPs for Child Protection and Family Welfare. Implementation of these tools needs to be scaled-up.

Districts with Functional Coordination Platforms

A few districts showcased examples of promising intersectoral coordination. In one district in the Bono Region, an active child protection sub-committee under the District Assembly meets quarterly and brings together representatives from Social Welfare, GES, GHS, DOVVSU, and civil society organisations. This committee reviews child protection cases, discusses referrals, and mobilises support from different departments.

"The meetings help us track what each sector is doing. We also follow up on cases together, not alone." (District Coordinating Director, Bono Region).

This model was reported to have led to increased school re-enrolment of children withdrawn due to abuse, quicker referrals to medical care, and faster access to shelter and psychosocial support for child victims.

Implications for Outcomes

Where coordination is weak, children fall through the cracks. Delayed case resolution, miscommunication, and fragmented service delivery undermine outcomes. Where coordination mechanisms are in place and resourced, case resolution is faster, institutional trust improves, and duplication of efforts is reduced. A summary of findings and their implications are shown below.

Table 4. 9 Summary of Coordination Area Observations

Coordination Area	Findings	Implications
Social Welfare–Health Collaboration	Informal; depends on individual relationships and initiative	Inconsistent identification of abuse cases in clinics; limited follow-up on child health outcomes
Social Welfare–Education Linkages	Weak referral protocols; teachers are unsure how to escalate protection concerns	Abuse cases in schools are underreported; no systemic follow-up on child attendance post-rescue
Justice Sector Engagement (DOVVSU, Panels)	Panels are largely inactive; DOVVSU is overburdened; poor coordination with Social Welfare and limited infrastructure.	Limited access to child-friendly justice mechanisms; delays in case processing
Structured Intersectoral Committees	Present in a few districts (e.g., Bono); meet regularly; include key child-serving sectors	More efficient referral processes; collaborative case tracking; stronger advocacy and resource pooling
National Guidance and Templates	Policies exist, but no district-level enforcement or accountability mechanisms.	Limited implementation of standardised intersectoral SOPs and referral pathways undermines national child protection goals.

4.1.2.7. Social Norms, Awareness, and Preventive Education

Behavioural and social norms deeply influence child protection practices in Ghana. Community-level perceptions of child discipline, responsibility, and reporting often determine whether child abuse or neglect is recognised or acted upon. This section draws from interviews, focus group discussions, and desk reviews to examine the state of awareness, prevention, and social mobilisation around child protection.

Limited Awareness of Child Rights and Reporting

In most districts, awareness of child rights remains superficial. While some caregivers and community members have heard of the Children's Act or protection structures, they often cannot identify specific rights, entitlements, or avenues for redress. Several children interviewed did not know they had the right to refuse forced labour or early marriage.

"They say there is a law, but we don't know what it says. No one has explained it to us."

(Community FGD, Central Region)

District officers admitted that education campaigns are irregular and mostly donor-driven. Social welfare departments often lack dedicated funds or materials for community education.

Role of Schools, Religious Institutions, and Community Groups

Schools are often the first institutional space where children receive formal guidance on rights, yet most teachers lack training in child protection. Few schools have guidance and counselling units or designated child protection focal persons. In communities where civil society partners have trained school staff, students reported increased confidence in reporting abuse.

"We had a drama about child abuse. Now I know I can talk to my teacher if something is wrong." (Pupil, Junior High School, Bono Region)

Churches and mosques also play a role, but their engagement varies. In some areas, religious leaders actively preach against abuse and harmful practices such as child marriage or trafficking. In others, traditional orientation reinforces silence and obedience, even in the face of exploitation.

"Our church teaches that children should be listened to. We even have a youth forum to discuss abuse." (Community Member, Greater Accra Region)

Effectiveness of Behavioural Change Communication Strategies

Social and Behavioural change communication(SBCC)hasproveneffective when implemented systematically. In districts where NGOs conducted repeated community sessions using local languages, theatre performances, and child-led discussions, norms began to shift. However, these efforts remain sporadic and geographically limited.

"After the training, some parents stopped beating their children. But it was just for a short time; people forget." (Assembly Member, Eastern Region)

Few districts have sustained funding for SBCC, and there is little integration of behaviour change strategies in routine protection work. Officers cited the absence of communication materials, lack of training in interpersonal education, and minimal follow-up after sessions.

Table 4. 10 Summary of Norm/Awareness Field Findings and Implications

Norm/Awareness Area	Field Findings	Implications
Community Norms on Discipline	Harsh discipline is widely accepted; corporal punishment is seen as corrective	Normalisation of violence undermines recognition and reporting of abuse
Child Rights Awareness	Low among caregivers and children; laws are poorly disseminated	Rights violations go unnoticed or are rationalised by cultural expectations
School-Based Preventive Education	Few schools teach child protection; teachers lack training	Missed opportunity to educate children and serve as a protective entry point
Role of Religious and Traditional Leaders	Mixed engagement; some leaders promote rights; others uphold harmful norms	Religious influence can either reinforce or challenge community attitudes.
Behavioural Change Interventions	Effective where sustained and participatory, but largely donor-led and underfunded	Positive change is possible but requires scale-up and ownership by local protection actors.

Since 2016, the Department of Community Development, with support from other MDAs, UNICEF and NGOs, has been implementing the Child Protection Community Facilitation Manual and Toolkits. The Child Protection (CP) Toolkit is a key component of Ghana's child protection strategy. It is used in 5,680 communities across all 16 regions, having reached over 4 million people. To ensure sustainable social and behavioural change, 37 institutions are using the toolkit and over 16,700 facilitators have been trained. The toolkit is primarily implemented at the sub-national level by Department of Social Welfare and Community Development (DSWCD) officers through the Integrated Social Services (ISS) approach. Its target audience includes parents, communities, traditional and religious leaders, teachers, children, and youth. The reporting on this is systematically tracked through a dedicated Child Protection Toolkit Application.

Parallel to this, the Ministry of Gender, Children and Social Protection is implementing the Ghanaians Against Child Abuse (GACA) social drive campaign. The GACA Campaign, which is active in over 180 districts across all 16 regions, is a nationwide movement to protect children from violence, abuse, neglect, and exploitation.

While some reports indicate GACA has reached over 1.45 million people and inspired over 11,000 pledges, more recent data and press releases from UNICEF and the GACA campaign itself suggest a higher cumulative reach. An older UNICEF press release from November 2018 stated that GACA had already reached over 5 million people in its first year (UNICEF Ghana, 2018).[19]

The claim that the overall audience reached by GACA is over 8 million is consistent with this historical data. It is plausible that the figure of 1.45 million refers to a specific period or a particular reporting methodology, while the larger cumulative number of over 8 million accounts for the total audience reached

19 UNICEF Ghana. (2018, November 21). No violence against children is justifiable - it is always preventable. Retrieved from https://www.unicef.org/ghana/press-releases/no-violence-against-children-justifiable-it-always-preventable.

from the campaign's inception in 2017 through to mid-2025. Available data from the 2022-2025 period, combined with numbers from 2017-2021, supports the assertion that the total GACA audience is well over 8 million.[20]

In 2025, the Ministry of Gender, Children and Social Protection, with support from UNICEF, embarked on the process of developing a comprehensive national parenting strategy. A needs assessment for this is currently ongoing. (Ministry of Gender, Children and Social Protection, 2025). Similarly, the GACA campaign continues to engage the public through various events, such as a high-impact outreach event at the Accra Mall in May 2025, which aimed to raise awareness and galvanise public action against child abuse (GACA, 2025)[21]

4.1.3. Efficiency

The efficiency of child protection implementation under the Agenda for Jobs II framework was examined through field interviews with district officers, regional actors, and community-based structures. While policy frameworks provide clear mandates for child protection interventions, systemic inefficiencies, linked to human, institutional, and financial resource constraints, continue to hinder timely and effective delivery. This section presents findings across five interlinked areas: resource utilisation, administrative effectiveness, coordination and planning, digital and infrastructure readiness, and grievance redress.

4.1.3.1. Resource Utilisation

Across all engagement levels, stakeholders reported that child protection services are among the least prioritised in terms of district-level budgeting. While the Department of Social Welfare and Community Development (DSWCD) is tasked with child protection responsibilities, most districts operate with either no dedicated budget or ad hoc allocations through donor-funded programmes.

"We do not have a specific budget line for child protection. We only respond when there is a project from UNICEF or another partner." *(District Social Welfare Officer, Central Region)*

Funds for transport, community engagement, and follow-up visits are often unavailable, limiting the ability of officers to respond swiftly to reported cases or undertake preventive outreach.

In 2023, GHS 15 per child were allocated to child protection services across all levels of Government 2023, grossly insufficient to deliver quality child protection services (2023 UNICEF Budget Brief). Furthermore, the Domestic Violence Fund has consistently suffered from untimely and inadequate release of funds below its approved budget. For example, in 2021, GHS2.6 million was allocated; however, only GHS1.5 million was released, 42% below the budgeted amount (Source: UNICEF Ghana 2022 Budget Brief).

Despite these challenges, the Government is increasing the allocation of resources to child protection services over the years. For example, the GoG budget for DSWCDs' goods and services declined from GHS

20 Ministry of Gender, Children and Social Protection. (2025, June 2). MoGCSP LAUNCHES CHILD CAREGIVING CENTRE. Retrieved from https://www.mogcsp.gov.gh/mogcsp-launches-child-caregiving-centre/

21 Ghanaians Against Child Abuse (GACA). (2025, May 12). GACA Campaign Advances Child Protection Advocacy with Public Engagement at Accra Mall. Retrieved from https://www.iamgaca.org/gaca-campaign-advances-child-protection-advocacy-with-public-engagement-at-accra-mall/

3.71 million in 2021 to GHS 2.85 million in 2023 despite the context of high rates of inflation. The 2024 budget increases this allocation to GHS 5.82 million in 2024, an increase of 103.7% in nominal terms. Accounting for continued price inflation, this is equivalent to a 'real terms' increase of 77.2% from 2023 to 2024. This is a welcome increase, though it does not yet restore the purchasing power of this grant to the level of 2019, with a 34.6% real terms decline from 2019 to 2024 (Source: UNICEF Budget Brief 2024).

Administrative and Human Resource Limitations

Severe staffing shortages weaken administrative efficiency. Most districts rely on one or two social welfare officers to oversee all protection-related activities across multiple communities. In some cases, officers serve dual roles, handling both child and social protection portfolios.

"You can't do follow-up or community visits regularly with only two officers. We are overwhelmed." *(Social Welfare Officer, Upper East Region)*

Field interviews confirmed that frontline workers are rarely trained on updated child protection protocols or trauma-sensitive case management approaches. This contributes to delays in response time, poor case documentation, and missed opportunities for early intervention.

According to the Office of the Head of Local Government Service, Ghana has 2,510 social welfare and community development officers across 261 districts, representing 59% gap in filling the minimum number of staff, which is supposed to be 6,078. The ratio of Social Welfare Officers to population in Ghana is estimated at 1:34,000, and in average, 10 cases come to DSWCD per day (Source: Social Welfare Service Workforce Capacity Assessment, MoGCSP 2020). In addition, according to the data analysis by the Department of Social Welfare (DSW), social workers spend most time handling maintenance and social protection cases, with limited time spent on handling high risk cases. Of 13,416 cases entered into SWIMS in 2024, only 1% of sexual and gender-based violence case and 2% of child marriage and adolescent cases were closed.

Fragmented Planning and Coordination

Planning for child protection is typically reactive, driven by incidents or NGO projects rather than long-term district-level strategies. Inter-departmental coordination between education, health, and protection actors is weak, especially for referrals and joint response.

"Each department is doing its own thing. When a child is abused, there's no structured collaboration between us and the health directorate." *(District Planning Officer, Western Region)*

This fragmentation leads to duplication of effort, inefficiencies in outreach, and incomplete support for vulnerable children.

Through ISS, all 261 MMDAs have child protection, GBV and community development-related indicators included in their annual action plans and annual performance review. In 2024, NDPC reviewed the implementation of 2023 social interventions, Integrated Social Services and child labour with UNICEF support. The findings show the improvement of MMDA

reporting on social indicators compared to the previous year, and ISS districts have better performance than non-ISS districts, due to differences in funding availability for activity implementation, follow-up and reporting.

Infrastructure and Digital Gaps

Very few districts have functional infrastructure to support case management, including private interview spaces, basic office equipment, or transport for field investigations. Many officers rely on personal resources to reach communities. Though some tools like mobile phones or tablets have been provided through pilot initiatives, their use is not institutionalised, and data collected is rarely integrated into broader district information systems.

"We record cases in notebooks. Even when we use forms, they are stored manually. There is no system to analyse them." *(Child Protection Desk Officer, Bono East)*

Through ISS, 180 MMDAs received funding support to procure two laptops and use SWIMS. However, this means 81 MMDAs in the country are not using SWIMS but use paper forms from the National Case Management SOPs for Children in Need of Care and Protection. Some MMDA officers handling refugee cases and covering hard-to-reach areas have requested special needs to have tablets for easier, mobile case management while travelling.

Community Feedback and Reporting Bottlenecks

Though structures such as Community Child Protection Committees (CCPCs) and child panels are referenced in policy documents, their functionality is weak in most districts. Many CCPCs are inactive due to a lack of training, logistical support, or clarity of roles. School-based structures (e.g., guidance units) are inconsistently resourced. Feedback loops for reported cases are often non-existent, leaving complainants unaware of the status of their cases.

"People report but do not hear back. They assume nothing has been done, so they stop reporting." *(Community FGD, Northern Region).*

Table 4. 11 Efficiency of Child Protection Implementation

Efficiency Area	Field Observation	Clarification
Resource Allocation and Funding	Funding is highly donor-dependent, with weak district-level financial prioritisation.	No dedicated budget lines for child protection in most districts; reliance on external partners
Staffing and Human Resources	Staff are overstretched and undertrained.	One or two officers managing multiple mandates; training gaps affect the quality of service.

Efficiency Area	Field Observation	Clarification
Planning and Inter-sectoral Coordination	Planning is reactive and fragmented.	Inter-departmental coordination between education, health, and protection actors is weak, especially for referrals and joint response.
Infrastructure and Technology Use	Lack of infrastructure for casework and data tracking	Poor case documentation, limited digital tools, and no local integration of data collected
Community Reporting and Feedback	Reporting structures exist on paper but lack functional follow-through	CCPCs and school-based mechanisms are under-resourced; the absence of case follow-up demotivates complainants

4.1.3.2. Efficiency of Delivery Systems

Child protection services such as counselling, legal aid, and shelters were largely insufficient or inaccessible, especially in rural areas. Families reported long delays in court processes, with some children staying in shelters for over a year while awaiting care orders. One shelter worker explained, "The courts don't prioritise child cases, so kids stay too long without resolution, forgetting their families." Additionally, the lack of shelters forced social workers to place children with relatives, which sometimes failed to ensure safety. While some urban respondents reported timely support (e.g., foster care processing), most communities had no access to critical services. A recurring demand was for government expansion of programmes, as one participant stressed, **"We need these services in every district, not just the cities."**

On legal aid and justice services, eight women- and child-friendly police interview rooms were established, and 20 existing courts were renovated - 18 child-friendly GBV courts and two child-friendly juvenile courts in recent years. However, current coverage remains insufficient to meet demand.

4.1.3.3. Building Trust and Community Ownership

Community leaders, including assembly members and women's groups, played an advisory and monitoring role, but efforts were uncoordinated and under-resourced. Some leaders conducted awareness campaigns or followed up on abuse cases, while others relied on fines (e.g., for teenage pregnancy) rather than protective measures. A respondent noted, **"Our assemblyman tracks children's movements and reports issues, but we need a proper system"**. Women's groups pledged to advocate for child protection, but their impact was unclear without institutional support.

4.1.4. Impact

This section examines the measurable and perceived outcomes of child protection interventions under Agenda for Jobs II, drawing from district-level engagements, community focus group discussions, and a synthesis of relevant literature. While policy and programme structures exist, their actual impact on the welfare, security, and development of children remains uneven across regions and socio-economic categories. The analysis identifies five major domains of impact: protective outcomes, child well-being

and stability, institutional legitimacy, community engagement, and systemic limitations in tracking and sustaining long-term change.

4.1.4.1. Improved Child Welfare

Across all regions, respondents confirmed that targeted protection interventions, especially those involving community sensitisation, school-based referrals, and the use of child protection volunteers, have led to reduced visibility of child neglect and physical abuse cases. In districts with active Community Child Protection Committees (CCPCs) or NGO-led campaigns, community members reported greater confidence in identifying and intervening in abuse situations.

"Before, people said 'it's not my business.' Now they try to stop it or call the assembly member." *(Community Leader, Savannah Region)*

This progress remains localised. In many areas, especially urban informal settlements and remote rural zones, children remain at high risk of exploitation, sexual violence, and neglect due to both systemic resource gaps and enduring cultural norms.

4.1.4.2. Improvement in Child and Family Stability

Respondents noted that the presence of protection services and referral networks, even if limited, contributed to stabilising household environments, especially where support was linked to health, education, and basic livelihood interventions. Case examples shared by district officers indicated that when families received social welfare support such as food assistance, school enrolment facilitation, or NHIS linkage, children were less likely to be withdrawn from school or exposed to abuse.

"We followed up on a defilement case, supported the mother with a court referral, and helped the girl return to school." *(Social Welfare Officer, Eastern Region)*

Still, the effect was highly dependent on the strength of local implementation systems and the presence of partners (e.g., NGOs or religious institutions). Where these were missing, households continued to manage protection risks informally or through silence.

4.1.4.3. Strengthening of Rights Awareness and Norm Change

In some districts, increased school-level engagement and the role of religious institutions were cited as key drivers of shifts in harmful norms, especially around corporal punishment, forced child marriage, and silence around defilement.

"The children now report to teachers. Before, they would never speak. At the church, too, we preach about it." *(Assembly Member, Western North Region)*

This impact is yet to become system-wide. In areas where awareness campaigns have not been sustained, community acceptance of violence or neglect remains a significant barrier to impact.

4.1.4.4. Institutional Credibility and Social Trust

Where child protection systems have responded effectively to reported cases, respondents reported enhanced public trust and legitimacy of district-level institutions, especially the DSWCD, Ghana Education Service, and occasionally DOVVSU. The visibility of response mechanisms, however, varies significantly across districts.

"If a child is abused and the officer responds, the community starts to believe in the process." *(Regional Child Protection Officer)*

In contrast, where no follow-up occurs, community members expressed scepticism about the effectiveness of state structures and were more likely to rely on traditional or informal dispute resolution.

4.1.4.5. Limitations in Outcome Tracking and Learning

A key limitation identified through both field discussions and systematic reviews is the absence of robust systems to track long-term child protection outcomes. Most districts lack tools or frameworks to measure reductions in abuse, reintegration success, school retention among at-risk children, or psychosocial recovery of survivors. As a result, the impact remains anecdotal and is often documented as case stories rather than evidence-based programme evaluation.

"We only record what we did, not what changed after. There is no form for that." *(Social Welfare Officer, Bono Region).*

Furthermore, performance measurement tools tend to be input- and activity-focused (e.g., number of sensitisation sessions), limiting learning and continuous improvement. There are tools available for more comprehensive evaluations that would allow for tracking outcomes and impacts. However, there are limitations in financing, technical capacity and logistics.

Table 4. 12 Observed Impact of Child Protection Interventions

Impact Domain	Field Reflections	Clarification
Reduction in Abuse and Harm	Community members are more likely to intervene; fewer visible abuse cases in some areas	Progress concentrated in districts with strong NGO presence or active CCPCs
Child and Family Stability	Families supported by services reported improved stability and continuity in care.	School reintegration and court referrals were impactful when linked with social support.
Norm Change and Rights Awareness	Increased school and church messaging led to improved reporting of violence in some communities.	Change is fragile and heavily dependent on the continued presence of awareness interventions.

Impact Domain	Field Reflections	Clarification
Institutional Trust and Response	Positive community perception when officers respond quickly to cases	Credibility is built case by case; perception is damaged when complaints are ignored or delayed
Monitoring and Outcome Tracking	Lack of systems to document long-term outcomes (e.g., reintegration, emotional recovery, school progression)	Without structured follow-up tools, learning and programme adjustment are limited.

4.1.5. Sustainability

Sustainability in child protection refers to the ability of systems, institutions, and communities to maintain effective prevention, response, and rehabilitative mechanisms without relying heavily on short-term or externally driven interventions. Based on field interviews, community focus groups, and literature reviewed, the sustainability of Ghana's child protection system remains fragile. While institutional frameworks and policies exist, their long-term viability is compromised by resource dependency, limited local ownership, and weak accountability structures. The analysis below is structured under four sustainability pillars: institutional resilience, financial continuity, community ownership, and policy adaptability.

4.1.5.1. Institutional Mechanisms

Ghana's child protection functions are housed within the Department of Social Welfare and Community Development (DSWCD) at the district level. However, these units operate with minimal staff, inadequate logistical support, and overlapping responsibilities across social welfare, disability, and child protection.

"The child protection workload is heavy, but we are not even three officers in this whole district." *(District Child Protection Officer, Upper West Region)*

The absence of a permanent child protection coordination platform in most districts further challenges sustainability. Even where child panels or protection committees were established, their functionality was often ad hoc or dependent on project-based facilitation. Without a robust institutional backbone and dedicated focal points, long-term resilience is not assured.

4.1.5.2. Financial Sustainability and Funding Continuity

Field evidence suggests that Ghana's child protection financing is donor-heavy. While national budgets recognise child protection as a key area under the social development dimension, allocations at the district level are either minimal. In most cases, activities were implemented through support from development partners, with no guarantees of continuation after project closure.

"Once the UNICEF project ended, the community child protection committee stopped working. There was no fuel, no stipend." *(District Planning Officer, Northern Region)*

4.1.5.3. Community Ownership and Local Accountability

Although community-level structures such as CCPCs, parent-teacher associations (PTAs), and local NGOs exist, their roles in sustaining child protection efforts vary significantly. In areas with consistent sensitisation, communities demonstrated strong ownership and contributed to referrals and follow-up of abuse cases. In others, CCPCs were inactive due to poor facilitation, unclear mandates, or a lack of community motivation.

"We were trained, yes, but we have not met in over a year. Nobody calls us, and we don't have any means to work." *(CCPC Member, Eastern Region)*

This gap undermines community-level accountability and threatens continuity. Where community engagement is not institutionalised, the long-term viability of behaviour change and early warning systems is compromised.

4.1.5.4. Policy and Legal Frameworks

While Ghana's legal and policy frameworks, such as the Children's Act (1998), the Child and Family Welfare Policy (2015), and the Justice for Children Policy, lay the foundation for sustained protection, they lack built-in mechanisms for routine review and local adaptation. Most districts do not conduct periodic reviews of their protection strategies, nor do they integrate new risks such as digital abuse, trafficking, or climate-induced displacement.

"Our plans still refer to outdated risks. We haven't updated them in years." (Regional Director, Social Development)

Additionally, systemic learning from case management is weak. Districts rarely collect structured feedback from children or caregivers on service quality, making it difficult to adapt programming to emerging needs.

Table 4. 13 Sustainability of Child Protection Interventions

Sustainability Dimension	Field Observations	Clarification
Institutional Resilience	Weak human resources and institutional platforms at the local level	Child protection is treated as an added responsibility; no dedicated district units or coordination spaces
Financial Sustainability	Donor-driven funding with little district-level allocation	Sustainability is threatened once donor support ends; no long-term financing strategies
Community Ownership	Mixed levels of engagement from local actors	Where CCPCs are active, impact is higher; elsewhere, inactivity is common due to a lack of support.
Policy and System Adaptability	Legal frameworks exist, but are not frequently updated or locally adapted	Policies do not account for evolving threats or integrate field-level learning

4.2. Lessons Learnt and Recommendations

Lessons Learnt

Implementation of child protection interventions under the 2022–2025 MTNDPF has reinforced Ghana's recognition of child rights as central to human development and poverty reduction. Policies and programmes addressing child labour, child marriage, trafficking, and violence against children are well aligned with global and regional commitments, including the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, and the SDGs. At the policy level, this coherence provides a strong framework for child protection. However, lessons from practice reveal persistent gaps between policy ambition and effective delivery on the ground.

A key lesson is the disconnect between strong legal and policy frameworks and weak operationalisation at the district and community levels. Instruments such as the Children's Act and the MTNDPF are not consistentlyenforced,andimplementation is often reactive—responding to cases of abuse rather than proactively preventing them. This challenge is compounded by overreliance on short-term donor-funded projects, which undermines sustainability, as critical services such as community child protection committees (CCPCs) and shelters often collapse when external funding ends. Districts frequently lack dedicated budgets, creating volatility and service gaps.

Another lesson is the critical failure of coordination and accountability across institutions. Although policies mandate integrated responses, agencies, including the Department of Social Welfare, CHRAJ, DOVVSU, schools, and MMDA child protection committees, often operate in silos. This weakens case management, delays referrals, and limits data sharing, leaving children vulnerable to repeat violations. The absence of interoperable systems, such as between the Social Welfare Information Management System (SWIMS) and other databases, further reduces efficiency and follow-up. At the community level, protection structures have weakened over time. Once central to identifying and reporting cases, CCPCs now struggle due to inadequate training, lack of incentives, and poor supervision. Communities often report cases but receive little feedback, eroding trust in formal systems and discouraging further engagement.

Another critical lesson is that child protection interventions remain largely reactive and insufficiently preventive. Services focus heavily on responding to crises, with less investment in addressing root causes such as poverty, harmful cultural practices, and weak parenting support. As a result, child marriage, child labour in agriculture and mining, and trafficking continue to persist, particularly in rural and peri-urban areas where social norms and economic hardship reinforce vulnerabilities.

Finally, the system remains inequitable, with marginalised children often left out of mainstream interventions. Children with disabilities, street-connected children, and those from minority or extremely poor households are either invisible in protection systems or underserved due to stigma, physical barriers, and the lack of disaggregated data. Gender parity in service access has improved, but this does not equate to true equity, as tailored responses for the most vulnerable groups remain weak.

Recommendations

Child protection in Ghana requires a shift from policy statements to well-resourced and actionable systems at both district and community levels. National legal frameworks, such as the Children's Act, need to be translated into practical operational manuals with clear workflows for social welfare, police, health, and education officers. At the same time, Metropolitan, Municipal, and District Assemblies (MMDAs) must institutionalise dedicated budget lines for child protection in their Medium-Term Development Plans and Annual Progress Reports, drawing resources from the District Assemblies Common Fund. Timely allocations to the Foster Care Fund and Domestic Violence Fund are also critical, while the scale-up of the Social Welfare Information Management System (SWIMS) to all 261 MMDAs, with full interoperability with health and education databases, would strengthen case tracking and coordination. For rural areas with low literacy, mobile and USSD-based reporting mechanisms should be introduced to expand access.

Strengthening coordination and accountability is equally essential. This requires the full institutionalisation of digital case management systems, such as SWIMS, which enable real-time tracking, referrals, and data sharing across social welfare, DOVVSU, health, and education. District Child Protection Committees (DCPCs) must be revitalised and equipped with clear mandates, logistical support, and joint accountability frameworks to ensure coherent, timely, and survivor-centred responses.

Standardised referral pathways should be enforced across all stakeholders, complemented by quarterly multi-sectoral reviews at the district level. An inclusive child protection system must deliberately target vulnerable and marginalised children. Officers should be trained in disability-sensitive case management, while shelters and courts must undergo accessibility audits to ensure equitable access. Data collection and planning systems should integrate disability-specific fields, allowing for more accurate monitoring and response. Mobile child protection units should be established to reach hard-to-reach rural and peri-urban communities, while deliberate interventions must focus on children in street situations, those in conflict with the law, and children with disabilities, ensuring that no child is left behind.

Beyond institutional strengthening, preventive and awareness strategies are key to addressing violence against children and harmful practices at the community level. Community Child Protection Committees must be revitalised, provided with stipends and regular training, and directly linked to district case management systems. Strong partnerships with traditional and faith-based institutions, including the National House of Chiefs, are needed to challenge entrenched norms such as child marriage, corporal punishment, and child labour. National campaigns like Ghanaians Against Child Abuse (GACA) and the Child Protection Community Facilitation Toolkits should be scaled up and adapted into local dialects to reach rural communities, deepen awareness, and sustain changes in harmful social norms.

Child protection efforts must also go beyond emergency responses to provide holistic rehabilitation and reintegration. This requires well-resourced multi-disciplinary teams capable of delivering psychosocial support, trauma counselling, and clear family reintegration protocols. Child protection services should be systematically linked to social protection programmes such as the Livelihood Empowerment Against Poverty (LEAP) initiative and the Disability Fund, helping to address poverty-driven neglect and exploitation. The justice system must also be strengthened to provide child-sensitive courts and diversion programmes that prioritise rehabilitation over punitive measures for children in conflict with the law.

To this, a phased plan to onboard and train auxiliary staff (such as school counsellors and community health nurses) to support basic child protection functions. Additionally, the digital systems discussion would benefit from separating hardware issues from systemic ones. Introducing a basic digital readiness assessment tool for MMDAs could be a helpful first step toward phased digital transformation. Achieving this will require incorporating simple cost-efficiency comparisons, such as case load per officer or funding-to-coverage ratios, in reporting for all districts. Piloting a sustainability strategy in a few districts, incorporating domestic resource mobilisation, local fundraising mechanisms, and embedded child protection indicators in Assembly performance assessments. Designing and implementing a phased scale-up approach is desirable in the current situation of resource constraints.

Finally, sustainability depends on predictable financing and stronger human resource capacity. Child protection services must gradually transition from donor-driven projects to government-led investments, with a minimum of one percent of MMDA budgets dedicated to child protection by 2027. Establishing a Child Protection Sustainability Fund, co-financed by the government and the private sector, would create a more reliable source of financing. Addressing human resource gaps is equally urgent, requiring accelerated recruitment to fill the current 59 percent vacancy rate among social workers and ensuring their equitable deployment across districts. At the same time, child protection should be integrated into the training curricula for teachers, health workers, and law enforcement officers, while regular monitoring, feedback, and adaptive programming should be institutionalised to respond to emerging risks.

Together, these measures provide a comprehensive roadmap for strengthening Ghana's child protection system, moving it from fragmented responses to a coordinated, inclusive, and sustainable framework that safeguards the rights and wellbeing of all children.

CHAPTER FIVE: EDUCATION

5.Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing education outcomes.

5.1. Findings

The evaluation of the education focus area of the MTNDPF highlights strong alignment between district-level priorities and national frameworks such as the Education Strategic Plan (2018–2030), the Free Senior High School (Free SHS) policy, the Agenda for Jobs II, as well as international commitments including SDG 4 and the Continental Education Strategy for Africa (CESA). This coherence has driven notable progress in access and enrolment, particularly at the senior high school level through Free SHS, and at the kindergarten level through early expansion efforts. Complementary initiatives such as the School Feeding Programme have also boosted enrolment and community confidence in pro-poor educational policies.

Despite these gains, systemic challenges continue to undermine effectiveness and sustainability. Infrastructure deficits persist, with overcrowded classrooms, inadequate WASH facilities, and limited disability-friendly infrastructure constraining inclusiveness. Delays in disbursement of key financing mechanisms such as the Capitation Grant and School Feeding funds further disrupt implementation. Human resource gaps remain acute, marked by severe shortages and deployment imbalances of qualified teachers particularly in rural districts and compounded by weak delivery of inclusive education due to untrained staff, limited assistive resources, and stigma against children with disabilities.

Moreover, weak intersectoral coordination between education, health, and social welfare prevents a holistic response to dropout risks, child labour, malnutrition, and other vulnerabilities. Administrative inefficiencies and weak supervision compromise budget execution, while high pupil-teacher ratios and curriculum rollout challenges continue to depress learning outcomes despite enrolment growth. At the governance level, community ownership through School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) remains uneven, financial sustainability is fragile given heavy reliance on irregular central transfers with limited local revenue mobilization, and early childhood care and development (ECCD) remains under-prioritized. Collectively, these factors threaten the long-term impact of current education gains and limit alignment with labour market needs.

5.1.1. Relevance and Coherence

5.1.1.1. 5.1.1.1 Alignment with National Education Goals

The evaluation found strong thematic alignment between district-level education priorities and the key national frameworks, including the **Education Strategic Plan (ESP 2018–2030)**, the **Free Senior High School (Free SHS) policy**, and the **Agenda for Jobs II (2022–2025)**. These linkages were evident in district Medium-Term Development Plans (MTDPs), Annual District Education Operational Plans (ADEOPs), and monitoring reports reviewed across various assemblies.

District Planning and Education Officers reported that most local education interventions, particularly those relating to access, equity, and infrastructure were informed by national targets. These included provisions for school construction, rehabilitation of dilapidated structures, and capitation grant allocations aimed at basic education quality and retention.

"We use the ESP and Agenda for Jobs II targets when drafting our plans. For instance, we align our classroom block construction priorities with enrolment needs and policy guidelines." *(District Director of Education, Bono East Region)*

The **Free SHS policy** was seen as a direct tool for expanding access to secondary education, particularly among rural and economically disadvantaged children. Most District Planning Units incorporated expected SHS enrolment growth into their annual budget frameworks and acknowledged the policy's transformative role in reducing dropout after JHS.

"Before Free SHS, many children just stopped after JHS. Now enrolment at the SHS level has increased, and parents don't have to worry about fees." (District Planning Officer, Asunafo South)

At the basic level, the **Capitation Grant** and **School Feeding Programme** were seen as core mechanisms contributing to the goals of the ESP and Agenda for Jobs II. However, capitation grant disbursements were often delayed, limiting the ability of schools to plan and execute non-salary expenditures effectively.

Inclusive education was widely acknowledged in policy, but its practical translation remained uneven. While some districts referenced inclusive education training and identified schools with special education needs (SEN) units, most lacked the infrastructure, trained staff, or assistive devices to implement inclusive policies comprehensively.

"Inclusive education is in the plan, but there are no ramps, and no teachers trained in special needs. We want to do it, but we are not prepared." *(Municipal Education Officer, Ahafo Region)*

Table 5.1 Alignment of District Education Priorities with National and Sector Frameworks

Focus Area	Field Reflections	Degree of Alignment	Clarification	Source Type
Free SHS Access	Increased SHS enrolment; financial relief for low-income families	Strong	Widely credited for increasing the transition from JHS to SHS	District Interviews
School Infrastructure Development	MTDPs include classroom construction and renovation projects aligned with enrolment trends.	Strong	Policy-aligned, but funding delays often constrain timely execution	District Planning Docs
Capitation Grant	Supports basic education operations, but is frequently delayed	Moderate	Aligned in design; inconsistent disbursement undermines effective planning.	District-Level Interviews
Inclusive Education Policy	Policies referenced, but weak implementation	Weak to Moderate	Infrastructure and trained personnel for disability inclusion are largely absent	Field Interviews
Education Strategic Plan (ESP) Use	ESP is used as a framework in planning and target setting	Strong	Districts rely on ESP to define performance indicators and education goals.	District and Regional Planning Officers

5.1.1.2. Coherence with International and Local Development Needs

Education interventions are demonstrated to have partial coherence with both international commitments and context-specific development needs. Ghana's education policies, such as Free SHS, the Capitation Grant, the School Feeding Programme, and inclusive education strategies, are broadly aligned with **SDG 4** (inclusive and equitable quality education), **AU's CESA 16–25**, and **ECOWAS Vision 2050**. However, coherence weakens when transitioning from policy articulation to subnational-level implementation.

At the national and regional levels, the Education Strategic Plan (ESP) and Agenda for Jobs II embed global targets relating to equity, learning outcomes, and inclusivity. District interviews confirmed that most districts adopt these frameworks during planning. However, their operationalisation is uneven and often constrained by resource gaps, poor interdepartmental linkages, and weak feedback mechanisms.

"The ESP is used at the national level, but at the district level, we are only given general guidelines. We plan based on the needs we see." *(District Education Officer, Ahafo Region)*

One of the key global mandates under SDG 4 is ensuring access to qualified teachers and learning materials. Districts reported persistent teacher deficits in underserved and rural areas, which hinders the system's responsiveness to equity goals. Likewise, AU and ECOWAS frameworks stress inclusive education and community participation. Yet, information from the field indicates that Parent Teacher Associations (PTAs) and School Management Committees (SMCs) often function only in a symbolic capacity rather than shaping school-level priorities.

Interventions like the School Feeding Programme and Capitation Grants reflect global and regional ambitions to support retention, but field discussions highlighted delays in disbursements and implementation bottlenecks that dilute intended impacts. Moreover, international frameworks call for the integration of education with nutrition, health, and protection, but in practice, these connections are weak.

"Education is discussed in isolation. Social protection people come separately. Health too. No joint planning." *(District Planning Officer, Western North Region)*

Overall, while Ghana's education agenda reflects strong policy coherence with international and local aspirations, systemic bottlenecks limit implementation coherence.

Table 5. 2 Coherence of Education Interventions with International and Local Development Needs

Focus Area	Field Reflections	Coherence Level	Clarification	Source Type
Alignment with SDG 4 and CESA, and ECOWAS Vision 2050.	National policies align the SDG and AU frameworks, and indicators are tracked at the subnational level.	High	Global indicators are localised and not integrated into routine district M&E	NDPC Policy Review
School Feeding Programme	Increases enrolment and retention, especially in deprived areas	High	Promotes SDG 2 (nutrition) and SDG 4 synergy, but implementation is affected by food delays and supply gaps.	FGDs, District Officials
Teacher Deployment	Poor deployment in remote areas undermines equity objectives	Low to Moderate	Fails to meet the SDG 4 target on qualified teachers in rural areas	District Education Officers
SMC/PTA Participation	Exists in structure but is limited in planning or budget decisions	Moderate	AU and ECOWAS call for community-driven governance, yet participation remains reactive.	FGDs, School Heads

Focus Area	Field Reflections	Coherence Level	Clarification	Source Type
Health and Protection Linkages	No formal coordination with nutrition, health, or protection sectors	Weak	Global commitments stress integration, but current practice is fragmented	District Planning Officers
Inclusion and Equity Policies	Children with disabilities and those in poor communities are still underserved	Moderate	Inclusive education frameworks exist, but teacher and infrastructure readiness are lagging.	Systematic Review, Field Interviews

5.1.1.3. Promoting equity, access, lifelong learning, industry needs and focus and marginalised groups

Despite the adoption of Ghana's Inclusive Education Policy (2015) and its alignment with the Agenda for Jobs II framework, implementation of inclusive and special needs education across districts remains limited in practice. Stakeholder consultations revealed persistent systemic and structural barriers that continue to undermine access and participation for children with disabilities.

School infrastructure remains largely unaccommodating to learners with physical disabilities. Most of the schools assessed lacked ramps, adapted toilets, tactile surfaces, or inclusive classroom layouts. As a result, enrolment and retention of children with mobility impairments were low, and in some cases, outright exclusion was observed.

An education officer in Bono East noted, "There's no way a child in a wheelchair can manage in our school. The classroom has steps, and the toilet is outside without a ramp."

The exclusion was not only infrastructural but pedagogical. District education officers across regions confirmed that most schools lacked trained special educators and that no teacher had received formal capacity building in handling learners with physical, sensory, or cognitive disabilities.

In the Ahafo Region, a teacher stated, **"We have children who struggle to read, but we don't know what to do. We are not trained and there are no special materials."**

Where specialised support was available, it was concentrated in a few resource centres or special schools, which were often distant and poorly resourced. Cultural beliefs and stigma further compounded exclusion. Discussions with community members highlighted that some families intentionally kept children with disabilities away from school due to fear of social ridicule.

In one focus group in the Northern Region, a participant remarked, "In our community, people still see disability as shameful. So, they don't bring the child out to school."

Even when enrolled, children with disabilities were often subjected to peer bullying, with limited or no psychosocial support mechanisms in place. The gap between policy intent and implementation was widely acknowledged. Although district officers cited the Inclusive Education Policy, the absence of dedicated budgets, teaching aids, trained staff, and targeted activities meant that the policy had little operational influence.

A district officer in Ashanti Region stated plainly, **"We have the policy. But there is no budget, no training, no equipment—so it's just on paper."**

Taken together, the evidence suggests that inclusive education has not been effectively mainstreamed within the education delivery system. Without structural redesign, targeted investment, and deliberate district-level implementation support, the ambition of inclusive education will remain unrealised.

Table 5. 3 Observations on Inclusion and Special Needs Education

Inclusion Area	Observed Challenges	Assessment Level	Clarification	Source Type
Infrastructure	Schools lacked ramps, adapted toilets, and disability-friendly furniture	Very Low	Most schools are inaccessible to children with physical disabilities	Field Interviews, Headteachers
Trained Special Educators	Severe shortage of trained personnel in special needs education	Low	Teachers lacked the capacity to support children with sensory or cognitive impairments.	District Education Officers
Teaching-Learning Materials	No tailored materials for children with learning or physical disabilities	Low	No braille, audio aids, or adapted books were observed in regular public schools.	Field Observations
Social Inclusion & Stigma	Stigma and exclusion from peers, teachers, and community members	Low	Children with disabilities were withdrawn, mocked, or not enrolled due to cultural perceptions.	Community FGDs, Teachers
Policy Operationalisation	Weak implementation of the Inclusive Education Policy at the district and school levels	Very Low	No district funding or programme alignment for inclusion practices	District Planning and Education Units

5.1.2. Effectiveness

5.1.2.1. Quality Educational Outcomes for Learners and Communities at the Basic and Pre-tertiary Educational Levels

The evaluation found that education interventions contributed to improved access and enrolment outcomes, particularly at the basic and secondary levels. These gains were largely driven by the implementation of flagship programmes such as Free Senior High School (Free SHS) and the expansion of Kindergarten (KG) infrastructure and enrolment targets. District Planning Officers across regions confirmed that enrolment has increased in both urban and rural schools, reflecting national-level trends.

"Free SHS has taken a huge burden off parents. We have more children completing JHS and progressing to SHS now." (Municipal Education Director, Ahafo Region)

However, challenges persist. In rural and remote communities, enrolment remains disproportionately low due to infrastructure gaps, long travel distances, and teacher deployment shortfalls. Interviews with District Education Offices revealed that children in hard-to-reach communities are often left out of enrolment drives and are more likely to drop out due to distance, lack of furniture, or poor school environments.

"In some of our communities, the schools are over one hour's walk. Younger children, especially girls, don't make that journey daily." (District Planning Officer, Bono Region)

The issue of access becomes more pronounced for children with disabilities. While inclusive education is a policy priority, most districts lack the physical infrastructure, trained personnel, and assistive teaching materials necessary to enrol and retain children with disabilities. Respondents from the community and district levels shared that; children with special needs are either kept at home or sent to distant boarding schools where they are isolated from their families and communities.

"We want to send our disabled children to school, but there's no support. No special teachers, no ramps, nothing." (Community Member, Western North)

Across districts, the capitation grant was mentioned as a critical enabler of enrolment, but its disbursement remains irregular. This limits school capacity to plan and accommodate increasing enrolment. The School Feeding Programme was also noted as an important incentive for basic school attendance, but coverage remains inconsistent and sometimes unreliable in food supply.

Despite these issues, increased enrolment, particularly at the SHS level, represents a significant gain under Agenda for Jobs II. The expansion has, however, outpaced infrastructure and logistics support, raising concerns about the quality and sustainability of gains.

Table 5. 4 Summary of Enrolment and Access Effectiveness Across Education Interventions

Focus Area	Field Evidence	Observed Effectiveness Level	Clarification	Source Type
Free SHS Policy	Significant increase in enrolment at the secondary level, especially among poor households	High	Cost barrier removed; many students continuing beyond JHS	Regional and District Interviews
KG Expansion	KG enrolment expanded, but teacher training and infrastructure lagging behind	Moderate	Gaps in classrooms, toilets, and age-appropriate furniture in rural areas	FGDs, Education Officers
Capitation Grant	Enables schools to buy basic supplies and improve retention, but disbursement is delayed.	Moderate	Delays create planning challenges at the school level	District Planning Officers
School Feeding Programme	Strong incentive for enrolment and retention at the basic level	Moderate	Coverage is inconsistent; food delays and supply chain issues affect reliability.	FGDs, Headteachers
Inclusion for Children with Disabilities	Very low enrolment in mainstream schools; no assistive materials or trained staff	Low	Implementation gap in inclusive education: systemic neglect	Field Interviews, SMCs
Rural and Remote Community Access	Enrolment remains low due to distance, poor infrastructure, and a lack of teachers	Low	High physical and financial barriers persist in underserved communities	Community FGDs, DEOs

5.1.2.2. Teaching and Learning Outcomes

District-level education stakeholders and community respondents identified persistent weaknesses in teaching and learning conditions as major impediments to achieving improved learning outcomes. Although increased enrolment is a positive development, the systemic issues affecting classroom delivery and instructional quality continue to undermine gains.

Across multiple districts, high pupil-to-teacher ratios were reported, especially at the KG and lower primary levels. Interviews with District Education Officers and Planning Units indicated that deployment patterns favoured urban centres, leaving rural schools with acute shortages of trained teachers. Where teachers were available, unqualified or underqualified personnel, especially at the KG level, remained a common feature.

Teacher absenteeism was cited as a recurring problem, particularly in rural schools. While some absenteeism was attributed to legitimate logistical barriers (e.g., transport, distance), the lack of effective supervision and sanctions contributed to poor accountability. Education officers also lamented limited instructional time due to late reporting of teachers, sporadic lesson planning, and overload of administrative responsibilities.

Parents and community leaders shared a general perception of declining academic performance. Some attributed this to the lack of a strong learning environment, limited parental engagement, and over-reliance on rote learning methods. These concerns highlight the limitations of infrastructure-led access improvements without concurrent investment in teacher capacity, learning materials, and school-level accountability systems. Under Agenda for Jobs II, the outcomes expected in basic literacy and numeracy are unlikely to be fully realised without addressing these systemic issues.

5.1.2.3. Resource (Infrastructure, furniture etc) Allocation, Teacher Deployment

Infrastructure remains a key enabler for equitable access, participation, and retention across Ghana's basic and secondary school levels. Evidence from stakeholder consultations at district and regional levels suggests mixed progress in addressing infrastructure deficits. While some districts reported the construction of new classroom blocks through GETFund and DACF resources, many also noted that these gains were marginal relative to the rapid enrolment increases linked to the Free SHS and KG expansion policies. In several rural localities, infrastructural provision has not kept pace, resulting in overcrowded classrooms and improvised learning arrangements.

As one district planning officer observed, "We have new KG blocks in some towns, but many of the old schools still have thatched structures or hold classes under trees" (Western North Region).

Furniture and teaching-learning materials also emerged as recurrent gaps, particularly in underserved communities. Although some districts procured desks and materials, supply was often inadequate, with implications for pupil comfort and learning engagement.

In the Ahafo Region, an education officer noted, **"We were given 40 dual desks for six classes. Pupils still sit in threes or on the floor."**

WASH infrastructure within schools remains one of the most under-resourced areas. Reports indicated that while a few urban schools had functioning boreholes or access to piped water, many rural schools depended on unimproved sources or had no water at all. Sanitation facilities, where present, were frequently in poor condition or shared between boys and girls. In some cases, facilities were completely absent.

A PTA member in Asunafo South explained, **"There's no water in the school. Pupils walk to fetch water during class."**

The absence of inclusive infrastructure was also a notable constraint to equitable participation. Infrastructure catering for children with disabilities, such as ramps, accessible toilets, or inclusive classroom seating, was largely non-existent. This exclusion often led to dropout among children with mobility challenges.

In terms of gender sensitivity, most districts reported that school infrastructure lacked facilities such as girls' changing rooms or sanitary-friendly toilets. This was consistently cited as a barrier to regular school attendance by adolescent girls.

A female teacher in the Central Region stated, **"When it is that time of the month, some girls stay home for two or three days. They're embarrassed to come to school."**

Although a few CSO-led initiatives provided menstrual hygiene pads and constructed girl-friendly facilities, these interventions were project-based and not mainstreamed into the district education infrastructure delivery plans. Teachers in such districts, however, confirmed that where these facilities existed, girls' attendance had improved.

Table 5. 5 Infrastructure and Sanitation Challenges in Basic and Secondary Schools

Infrastructure Theme	Field Observations	Assessment Level	Clarification	Source Type
Classroom Blocks	GETFund and DACF-supported blocks are available in some districts, but not proportional to enrolment	Moderate	Urban schools benefit more than rural ones; many KGs still operate in temporary shelters.	District Planning Officers, Headteachers
Furniture Availability	Desk shortages are prevalent across basic schools, with no systematic replacement plans	Low	Pupils sitting on floors or sharing desks in overcrowded classrooms	FGDs, Teachers
Water and Sanitation Facilities	Boreholes are present in urban schools; rural schools depend on streams or lack facilities.	Low	Hygiene and disease risk are elevated due to the absence of clean water and proper toilets.	Field Interviews
Disability-Friendly Infrastructure	Almost no accessibility features (e.g., ramps, adapted toilets) were found across the visited schools	Very Low	No guidance or enforcement from GES for inclusive school building standards	District Social Welfare, Community FGDs
Gender-Sensitive Facilities	Girls' changing rooms are extremely rare; menstruation management is poorly addressed.	Very Low	Impacts retention and performance; support largely from NGOs	Female Teachers, PTAs

5.1.2.4. School Feeding and Retention

The Ghana School Feeding Programme (GSFP) continues to serve as a key driver of enrolment and retention at the basic education level. Stakeholders at the community, school, and district levels consistently referenced the programme as one of the most effective demand-side interventions. In particular, the GSFP was credited with mitigating the impact of household food insecurity on school attendance and learning. The school feeding programme was widely acknowledged to improve both daily attendance and medium-term retention, particularly among pupils from food-insecure households. According to school authorities, the availability of meals serves as an incentive for children to attend school regularly.

Despite these gains, implementation bottlenecks were observed and affected programme effectiveness. Teachers and SMC members reported recurring problems with meal quantity and nutritional quality. In several cases, the meals were either too small to satisfy pupils or lacked sufficient nutritional diversity. Irregularities in food supply and payments to caterers were also prominent issues. District officers attributed these challenges to delays in fund disbursement from the central government, which undermined caterer commitment and led to either rationing or suspension of meals.

As one district education officer in Eastern Region noted, **"The caterers have not been paid in months, so they reduce the food or stop cooking altogether."**

These payment lags created a cascading effect that compromised both the continuity and quality of meals served to pupils. Furthermore, monitoring and accountability mechanisms at the school level were reported to be weak or non-functional. While SMCs and Parent-Teacher Associations (PTAs) were expected to oversee food delivery, many reported lacking the authority, tools, or procedures to hold caterers accountable.

An SMC chairperson in the Volta Region confirmed, **"We don't have any way to check what the caterer brings. We just accept it."** Feedback from pupils or teachers on food quality was rarely solicited or acted upon.

Table 5. 6 Observations on the Ghana School Feeding Programme (GSFP) and Retention Outcomes

Implementation Area	Observed Benefits	Observed Challenges	Source Type
Retention and Attendance	Increased enrolment and regular attendance in food-insecure communities	High dependence on meal availability for school participation	Community FGDs, School Heads
Meal Quantity and Quality	Reduced hunger and improved school concentration were reported in some districts.	Inadequate portions, low nutritional value, and limited dietary diversity	Field Interviews, Pupils

Implementation Area	Observed Benefits	Observed Challenges	Source Type
Delivery Consistency	Consistent delivery helped build routine and stability in some urban schools.	Irregular food supply in rural areas; caterers suspended services due to delayed payments	District Education Officials, Caterers
Payment and Logistics	Enabled participation of local caterers and supported school-based nutrition	Delays in caterer payments disrupted service delivery; poor cooking infrastructure in some schools	District Officials, GES Coordinators
Oversight and Monitoring	Limited community involvement in programme oversight	Absence of clear standards or grievance channels for poor quality or delays	SMCs, PTAs, Teachers

5.1.2.5. Coordination with Other Sectors and Agencies

The evaluation established that intersectoral coordination between the education sector and complementary services particularly social welfare, health, and gender-related departments remains fragmented at the district level. While some coordination exists through RPCU or DPCU structures, routine collaboration for child welfare and school retention is weak, irregular, or reliant on informal arrangements.

At the operational level, there is a conspicuous absence of structured referral systems for identifying and supporting vulnerable children. District education stakeholders consistently highlighted that when cases of child abuse, neglect, or prolonged absenteeism arise, the education sector lacks a defined protocol to engage social welfare or protection services.

A circuit supervisor in Bono Region stated, **"If a child stops coming to school, we don't know who to report to. It just ends there."**

In the Ahafo Region, a District Director explained, **"There's no platform where Education, Health, and Welfare sit together to plan or follow up on children."**

This lack of joint mechanisms often results in missed or delayed interventions, with the burden falling on individual initiative rather than institutional mandates. Coordination gaps were also observed in the interface between education and health services. While some schools receive periodic visits from health personnel for immunisation, eye screening, or reproductive health education, these efforts are not anchored in a coherent plan. The absence of joint scheduling, feedback loops, or follow-up undermines the delivery of school health programmes and limits continuity in monitoring child well-being.

Social welfare and gender units whose mandates overlap with education on issues such as out-of-school children, child labour, and teenage pregnancy also operate in silos. Field officers reported limited information sharing, no joint targeting of at-risk children, and fragmented follow-up.

As one planning officer in the Ashanti Region noted, **"Teen mothers drop out, and we don't know what happens to them. Welfare works alone, we work alone."**

In Western North, a community development officer reported, **"We formed a community protection team with welfare, health, and GES. It's helping us track some of the children."**

This disconnect hinders reintegration efforts and reduces the responsiveness of the system to children with multiple vulnerabilities. While a few districts demonstrated examples of improved coordination, these were isolated and not mainstreamed.

In another case, household follow-ups were jointly undertaken by social welfare and education departments. However, such instances were largely driven by individual relationships and motivation rather than structured, district-wide systems.

Table 5. 7 Coordination between the Education Sector and Complementary Services

Coordination Area	Observations	Clarification	Source Type
Referrals to Child Protection	Rarely formalised; dependent on personal relationships or informal networks.	No clear SOPs or tracking of referred cases	District Education Officers, Teachers
Education–Health Linkages	Inconsistent engagement on school health programmes and reproductive health education	Lack of scheduled joint plans or shared M&E tools	Headteachers, Health Workers
Reintegration of Dropouts	Limited coordination for the reintegration of pregnant girls or children in labour	No joint follow-up between Education and Social Welfare	GES Officials, Social Welfare Officers
Multi-sectoral Forums	Few districts demonstrated shared planning platforms	Strong outcomes existed, but were not scaled across regions	District Directors, Community Officers
Feedback Mechanisms	Absence of shared feedback loops or joint reporting systems	Each department reports independently; there is a limited opportunity for learning or responsiveness	RPCU/DPCU Staff

5.1.3. Efficiency

5.1.3.1. Budget Execution and Timeliness

Budget execution within the education sector under the current policy cycle has been hindered by persistent delays in fund disbursement, administrative inefficiencies, and weak accountability structures at the school level. These constraints have disrupted school operations, undermined learning continuity, and contributed to stakeholder dissatisfaction across multiple districts.

Capitation grants, which are critical to the day-to-day functioning of basic schools, were reported to be delayed in almost all districts visited. In many cases, funds meant for a given term were not received until the academic year was nearly over, resulting in interrupted procurement of teaching and learning materials, delayed repairs, and, in some schools, the inability to organise basic activities. This situation led some school heads to use personal funds or levy informal contributions from parents to sustain operations.

"We haven't received our capitation for over a year. Sometimes we buy chalk with money from our own pockets." (Headteacher, Bono Region)

"Capitation delays make it hard to plan. By the time the money comes, the term is almost over." (GES Officer, Ahafo Region)

The unpredictability of these releases reduced the efficiency and responsiveness of school-level financial planning. Schools were unable to prioritise activities effectively or take advantage of economies of scale in procurement due to the irregular flow of funds.

Meanwhile, oversight of budget utilisation at the school level was found to be limited. Although SMCs and PTAs are expected to support budget oversight, many districts reported that these bodies were either inactive or not engaged in financial decision-making. In many schools, there was little or no community involvement in budget discussions, and records of expenditure were not readily available for scrutiny. Furthermore, District Education Oversight Committees (DEOCs), which are mandated to monitor education delivery and expenditure, were either non-functional or rarely convened, limiting district-level validation of school financial activities.

At the district level, financial administration was similarly constrained by procedural and staffing bottlenecks. Many districts reported having only one or two finance personnel managing the entire education budget, which caused delays in processing requests, verifying payments, and compiling financial reports. The absence of digital financial systems further slowed down operations and increased the risk of errors or omissions in fund transfers.

These administrative inefficiencies not only delayed budget execution but also compromised transparency in the allocation and use of funds. Some districts had to rely on regional approvals to initiate fund releases, further slowing the process.

Table 5. 8 Efficiency in Education Budget Execution

Efficiency Area	Observations	Clarification	Source Type
Timeliness of Capitation Grant	Disbursements are often delayed by 2–3 terms	Prevents the timely implementation of school-level activities and the purchase of supplies	Headteachers, District Officers
School-Level Budget Management	Weak reporting and monitoring by SMCs and PTAs	Lack of training and non-functional oversight bodies leads to opacity in fund usage	SMC/PTA Members, GES Officers
District Finance Unit Constraints	Staff shortages and manual processes delay fund flow	Districts lack digital finance systems and have limited capacity for processing or auditing school funds	GES Budget Officers
Oversight Mechanism Functionality	DEOCs are inactive or under-utilised in many districts	Accountability mechanisms are weak; no regular financial reviews or feedback loops	District Education Officers
Community Trust and Participation	Parental trust eroded due to visibility gaps in how funds are used	Mismatch between policy expectations (free education) and visible school resourcing affects perception	FGDs with Parents and Teachers

5.1.3.2. 5Administrative Processes

Administrative Capacity and Staffing

The evaluation identified administrative limitations affecting the delivery of education services at the district and sub-district levels. These constraints were largely structural, stemming from inadequate staffing and limited logistical support across key education management functions. The cumulative effect has been a reduction in supervisory effectiveness and overall responsiveness of the education system.

The limited number and mobility of circuit supervisors also compromised supervision at the school level. In most districts, supervisors were responsible for an unmanageably large number of schools, some exceeding 30 to 40 schools per officer. This made regular monitoring visits impossible and weakened accountability structures for teaching and learning outcomes.

"I am the only supervisor for 38 schools. Sometimes I don't see a school the whole term." (School Improvement Support Officers (SISOs), Ahafo Region).

"We lack transportation. Many of our circuits are in difficult-to-reach areas." (District Education Office, Ahafo)

The absence of essential resources such as motorcycles, fuel, and monitoring tools further constrained supervisory functions. In some cases, circuit supervisors operated without dedicated office space or reporting formats, limiting their capacity to provide timely feedback and technical support to schools.

District Education Oversight Committees (DEOCs), which are mandated to provide governance and oversight for education delivery, were reported to be largely inactive. Across districts, these bodies had weak institutional foundations, lacked operational guidelines, or did not meet regularly due to the absence of logistical support. Their inability to function effectively further limited administrative checks and balances within the education sector.

The evaluation also found minimal investment in capacity development. Staff at the district level reported little or no access to structured in-service training, induction programmes, or technical refreshers. Where training was available, it was typically funded through short-term donor projects, with no institutional mechanism for follow-up or sustainability.

"Training comes when there is a donor project. After that, nothing." (GES Officer, Western North)

Without structured and ongoing capacity-building efforts, district education offices remain ill-equipped to adapt to evolving policy demands, implement reforms, or respond to operational challenges promptly. These administrative inefficiencies represent a binding constraint on the realisation of education sector goals under the current development framework.

Table 5. 9 Administrative and Staffing Efficiency Challenges in Education

Efficiency Area	Observations	Clarification	Source Type
Circuit Supervision	Supervisors manage too many schools with poor logistics	Inadequate visits limit real-time problem-solving, learning feedback, and performance accountability	Circuit Supervisors
Administrative Logistics	Offices lack transportation and office supplies	Resource gaps hinder outreach, inspection, and coordination functions	GES Officers
Oversight Committees	DEOCs exist in name but are inactive.	Roles are not well-defined; no funding or engagement strategy for regular meetings	District MCDs
Staff Capacity Development	Training opportunities are irregular and donor-dependent	No institutionalised professional development pathway for education sector staff	Field Interviews

5.1.3.3. Infrastructure Delivery and Value for Money

The evaluation identified persistent weaknesses in the delivery of education infrastructure across districts, with widespread delays, cost inefficiencies, and limited alignment between infrastructure planning and actual school needs. These constraints have undermined both the cost-effectiveness and equity of public investment in the education sector under the current policy cycle.

One of the most reported constraints was the delayed payment of contractors, which contributed to project abandonment or protracted construction timelines. Despite district-level planning and central government funding allocations, financial disbursements were often inconsistent or delayed, leaving infrastructure projects incomplete for extended periods.

"We awarded contracts for 3-unit classroom blocks in 2021. They are still unfinished because contractors haven't been paid." (District Education Officer, Ashanti Region)

"There are schools still under trees while their new classrooms remain locked due to unpaid contractors." (District Coordinating Director, Bono Region)

These delays resulted in the deterioration of construction materials, underutilisation of partially completed structures, and lost opportunities to accommodate growing enrolments, leading to poor returns on capital investment.

Cost inefficiencies were also widely reported. District officials noted that the costs of constructing similar classroom blocks varied significantly across locations, often without any transparent justification. The lack of a standardised cost framework, weak procurement controls, and inconsistent project oversight contributed to inflated unit costs.

"Sometimes two identical buildings cost different amounts in neighbouring districts." (District Finance Officer, Ahafo Region)

Such inconsistencies undermine value for money and reduce trust in the fiscal management of education infrastructure budgets. The absence of cost benchmarking and poor supervision mechanisms also limited the ability of district assemblies to enforce contractor accountability.

In addition, some completed infrastructure projects remained unused or were inappropriately located.

In many instances, new classroom blocks lacked basic furnishings or had no staff assigned, rendering them unusable. There were also cases where infrastructure was sited in low-enrolment communities for political reasons, rather than based on objective need or spatial planning criteria.

"A school was built in the assembly member's community, though another school nearby had worse infrastructure." (District Planning Officer, Western North)

These findings point to a weak infrastructure delivery value chain spanning planning, procurement, supervision, and allocation that continues to compromise the effectiveness of public education investments.

Table 5. 10 Efficiency of Education Infrastructure Delivery

Efficiency Area	Observations	Clarification	Source Type
Contractor Payment Delays	Projects stalled due to delayed mobilisation and payment processes	Undermines timely delivery and erodes trust in public service delivery	DPOs, DEOs
Project Completion Timelines	Several infrastructure projects exceed initial timelines by 1–2 years	Linked to poor project tracking, changes in budget cycles, and low monitoring	District Engineers
Cost Variability	Wide variation in unit costs of classrooms across districts	Absence of a standard costing framework and weak procurement accountability	District Finance Officers
Non-utilisation of Infrastructure	Completed buildings left unused or underused	Linked to a lack of furniture, staff, or demand assessment during planning	Field Observations, GES
Politicisation of Siting	Infrastructure is constructed in low-priority areas due to political influence	Mismatches between infrastructure location and educational needs	District Planning Units

5.1.4. Impact

5.1.4.1. Community Perceptions and School Value

Community perceptions of the public education system have shown notable improvement in recent years, largely attributed to the impact of pro-poor education policies such as the Free Senior High School (Free SHS) initiative and the Ghana School Feeding Programme (GSFP). These interventions have strengthened public trust, enhanced household investment in education, and elevated the perceived social value of schooling.

Across districts, Free SHS was widely viewed as a transformative policy that significantly lowered financial barriers to secondary education. It expanded access for children from poor households and reinforced public confidence in government commitment to equitable human capital development.

"People here now believe that education is for everyone, not just the rich. That has changed attitudes." (Community FGD Participant, Ahafo Region).

"Free SHS is the best thing this government has done for the poor. It is something you can point to and say the government cares." (District Director of Education, Ashanti Region)

These expressions reflect a deepening of the social contract, with citizens increasingly recognising education as a public good rather than a private privilege.

The policy-induced gains in access and affordability also appear to have contributed to a decline in child labour and household reliance on children for domestic or economic activities. Several key informants noted that children were now more likely to remain in school throughout the day, especially in areas where school meals were provided consistently. Though these findings are based on anecdotal accounts, they point to a plausible link between social intervention policies and

the reduction of exploitative child work practices.

5.1.4.2. Student Outcomes and Aspirations

The evaluation established that while education reforms such as Free SHS and basic infrastructure investments have contributed to increased enrolment and retention, improvements in student outcomes have been uneven across districts. Variations in behavioural development, academic engagement, and career orientation were observed, with notable disparities between urban and rural contexts, and between stable and conflict-affected areas.

Free SHS and related interventions were seen as having reduced the financial pressure on families, thus enabling students to focus more on their studies and maintain consistent attendance. In addition, parents in focus group discussions described changes in their children's sense of aspiration, with more students expressing interest in careers in health, education, and public service—professions that were previously perceived as unattainable.

However, persistent disparities were reported in rural districts. In farming communities, children continued to juggle school responsibilities with household labour, which affected their attentiveness and academic progress. Teachers described a lack of preparedness among pupils, particularly during peak farming seasons.

In conflict-affected areas such as Bawku and surrounding parts of northern Ghana, the threat of violence and instability negatively impacted student attendance, concentration, and emotional well-being. Limited access to psychosocial support services further constrained schools' ability to respond to these challenges.

"When there's tension in the community, the children stay away. Even when they come, they are distracted and afraid." (Regional Education Officer, Upper East Region)

Academic performance outcomes remained mixed, particularly at the basic education level. School heads and circuit supervisors reported difficulties among pupils with foundational skills such as reading and basic arithmetic. Automatic promotion policies and limited access to remedial support compounded these concerns.

"Some students can't write their names in JHS. We promote them anyway. We need more support for slow learners." (Circuit Supervisor, Western North)

A critical gap identified was the absence of structured guidance and counselling services in most schools. Many pupils, especially at the SHS level, lacked exposure to career pathways or mentorship support that could help translate their aspirations into actionable goals. The absence of career counselling and life planning programmes poses a long-term limitation to educational impact, particularly for students from disadvantaged backgrounds who may lack role models or access to informal networks of support.

Table 5. 11 Impact on Student Outcomes and Aspirations

Impact Area	Observations	Clarification	Source Type
Behaviour and Discipline	Students exhibit improved punctuality and classroom attention	Largely attributed to a reduction in financial stress due to Free SHS and school feeding	FGDs, Teachers
Career Aspirations	Increased interest in formal employment pathways among JHS/SHS students	Children now express a desire to become nurses, teachers, or police officers	Parents, Community
Rural Constraints	School participation is disrupted by farm work and household duties	Especially during the cocoa and planting seasons	Teachers, FGDs
Conflict-Affected Areas	Student anxiety and absenteeism are high in conflict-prone districts	Schools lack psychosocial support structures	District Planning Units
Learning Performance Concerns	Weak foundational skills among students in basic public schools	Learning outcome tracking systems are absent or underused	Circuit Supervisors
Career Mentorship Gaps	Absence of structured life skills or guidance support	Guidance and counselling roles are inactive due to a lack of staff and investment	Head Teachers, GES

5.1.4.3. Long-Term Human Capital Development

The evaluation affirmed that education is widelyviewedatthedistrictandcommunity levels as the most viable pathway for long-term social mobility and economic empowerment. However, while recent policies have expanded access, particularly at the secondary level, there remains a gap between educational attainment and sustainable improvements in human capital, especially among disadvantaged districts and vulnerable groups.

Community focus groups and district-level stakeholders expressed that, for many families, particularly in rural and low-income settings, education represents a generational investment. In contexts where land, capital, and employment are limited, formal schooling is increasingly perceived as the primary mechanism for securing future well-being.

"We don't have land or businesses. Our hope is in our children going to school to help us later." (Parent, Western North Region)

District officials similarly noted that reforms such as Free SHS offer important foundations for inclusive development but stressed that these gains must be complemented with quality instruction, relevant skills training, and employment opportunities to generate long-term socioeconomic returns.

Nonetheless, the evaluation revealed a structural disconnect between educational outputs and labour market requirements. Many districts lack access to functional technical and vocational education and training (TVET), and where facilities exist, they are often under-resourced or disconnected from market demand. This weakens the potential of the education system to contribute to job

creation or self-employment outcomes.

"We talk about TVET, but our schools don't have tools. And when the students finish, there's nowhere to apply those skills." (District Planning Officer, Bono Region)

The absence of entrepreneurship development, mentorship programmes, and labour market linkages further limits the relevance of education to national productivity and growth ambitions.

Persistent inequalities were also reported in the distribution of post-basic opportunities. While urban and better-resourced districts benefit from stronger linkages to tertiary institutions and private sector networks, rural learners often exit the system after SHS without employable skills or access to economic transition pathways.

This unevenness exacerbates existing disparities and reduces the developmental impact of public investments in education. The evaluation also found that foundational gaps, especially in early childhood care and development (ECCD), remain a major constraint to long-term human capital development. Across districts, stakeholders identified ECCD as the most neglected area in the education sector, with weak infrastructure, poorly trained staff, and low prioritisation in district planning.

"If we want strong workers tomorrow, we must invest in KG and early learning. But right now, it is the most ignored part of our education." (Regional Director of Education, Ashanti Region)

These findings highlight the importance of investing early in the education lifecycle, aligning curriculum and training systems with labour market needs, and addressing structural inequalities that limit the human capital potential of underserved populations.

Table 5.12 Long-Term Human Capital Development Considerations

Thematic Area	Observed Gaps and Opportunities	Clarification	Source Type
Perceived Role of Education	Education is increasingly seen as the key route out of poverty by families	High expectations for Free SHS and quality schooling to support upward mobility	FGDs, Parents
Labour Market Disconnect	Curriculum and skills training are not aligned with job market demands	TVET institutions lack practical exposure and links to industries	District Planning Units
Inequity in Future Prospects	Rural students are less likely to access tertiary, ICT, or career guidance	Gapsindigitalandmentorship exposure limit labour market competitiveness	Regional/ District GES
Weak ECD Foundations	Poor investment in KG and early learning affects long-term cognitive development	Foundational skill gaps persist through basic school into SHS and beyond	Regional Education Units
Absence of Transition Planning	No district-level systems for post-SHS transition tracking or support	Career counselling and tertiary linkages are missing in most districts	Head Teachers, FGDs

5.1.4.4. Change Stories (negative or positive) from Curriculum, Policy Changes and Special Education Initiatives (Free SHS, School Feeding etc)

Field engagements across regions revealed a mix of positive and negative experiences related to national education reforms. These change stories convey how communities and educators perceive the effects of flagship initiatives such as Free SHS, the GSFP, curriculum reform, and inclusive education policy. The narratives stress the gap between policy design and implementation realities, while also capturing some of the tangible gains achieved.

Free SHS emerged consistently as a widely appreciated intervention, particularly among low-income households. Parents in rural and peri-urban communities acknowledged the relief it brought in reducing education-related financial burdens. In districts such as Asutifi South, families were able to enrol multiple children in senior high school for the first time, reversing long-standing patterns of educational exclusion due to poverty.

"I have four children. Before, only one could go to SHS. Now, all of them are in school. It has lifted a burden off me." (Parent, Asutifi South District)

The School Feeding Programme was also credited with boosting enrolment and retention, particularly among KG and lower primary pupils. According to school authorities and circuit supervisors, consistent access to meals motivated attendance and helped reduce lateness and dropout, particularly in food-insecure areas.

"The children now come early and stay through the day. Some even remind the teachers that they came because of the food." (Circuit Supervisor, Asante Akim Central)

The programme's indirect support to household food security during lean seasons was also noted, particularly in farming-dependent communities, where meals at school supplemented limited food availability at home.

However, challenges were also widely documented. Curriculum reform, although aimed at modernising teaching and learning, was reported to have been rolled out without adequate preparation. Teachers in many districts lacked proper orientation, textbooks arrived late, and instructional guidance was often unclear. This led to improvisation in lesson delivery and inconsistencies in curriculum implementation.

"The new curriculum is good, but it was rushed. Some teachers are still guessing how to teach it. We didn't get textbooks on time." (District Education Officer, Bono Region)

The lack of preparation for curriculum rollout compromised teaching quality and undermined efforts to standardise instructional practices across districts.

Similarly, despite the inclusive education policy framework, implementation challenges persist in supporting children with special needs. Schools commonly lacked the infrastructure, assistive devices, and trained staff to support inclusive education. Teachers described being unequipped to effectively engage learners with disabilities, resulting in passive exclusion or neglect within classrooms. In some cases, children with disabilities

were either discouraged from enrolling or received limited support after enrolment, highlighting the gap between inclusive education rhetoric and operational readiness.

These change stories illustrate that while key education reforms have generated meaningful impact, particularly in access and equity, there are still systemic weaknesses in curriculum delivery, inclusive education, and implementation support structures.

Table 5. 13 Summary of Change Stories from Field Engagements

Policy Area / Intervention	Observed Change	Nature of Change	Clarification	Source Type
Free SHS Policy	Increased SHS access and household relief	Positive	Enabled multi-child enrolment in SHS among poor households, especially in rural and farming districts	FGDs, District Reports
School Feeding Programme	Improved KG and lower primary attendance	Positive	Boosted punctuality and retention, indirectly supporting household nutrition	SMCs, Circuit Supervisors
Curriculum Reform (Basic Education)	Teacher uncertainty, lack of materials	Negative	Training was uneven, and most schools lacked textbooks for more than a year after rollout	District Education Officers
Inclusive Education Policy	Minimal adaptation for children with disabilities	Negative	Few schools had infrastructure or trained staff to support inclusive learning	Teachers, MCDs

5.1.5. Sustainability

5.1.5.1. Institutional Sustainability

Sustainability within Ghana's education sector hinges critically on the strength of institutional structures at the local level. While District Education Offices (DEOs) are legally and administratively responsible for education management, field discussions revealed systemic challenges that undermine their long-term capacity to sustain gains under Agenda for Jobs II and other national initiatives.

District Education Offices as Central Actors with Limited Operational Capacity

District Education Offices are the primary institutions tasked with overseeing school management, coordinating teacher deployment, supervising curriculum implementation, and aligning education targets with national priorities. However, stakeholders repeatedly cited staffing and resourcing gaps that restrict the DEOs' ability to lead sustained education improvements. In many districts, education planning and supervision are shouldered by a handful of officers with limited logistical support. Circuit supervisors, key players in school monitoring, also lack vehicles or motorbikes, affecting their

ability to provide regular feedback or enforce accountability. These structural gaps threaten the continuity and effectiveness of education services and undermine institutional resilience.

Community Involvement: A Pillar with Uneven Participation

SMCs and PTAs serve as vital mechanisms for community ownership. In districts where these structures are functional, they help ensure school accountability, support minor infrastructure improvements, and promote enrolment drives. However, community participation is highly inconsistent.

"Our PTA helps with furniture repairs, and the SMC meets regularly. It keeps the school alive." (Headteacher, Asunafo South)

Conversely, in other communities, participation is weakened by low literacy levels, limited sensitisation, and a lack of formal engagement from the education authorities. Some parents view school management as solely the government's responsibility, reducing their active involvement in sustaining school improvements.

Disconnect Between Community Priorities and Policy Planning

Community voices are not systematically incorporated into district education plans. While some districts conduct community validation meetings during the Medium-Term Development Planning (MTDP) process, the influence of such inputs is limited by top-down budgeting and rigid education policy frameworks. This gap weakens alignment between local needs and programme implementation, ultimately affecting ownership.

"The community says they need a JHS, but our MTDP has no budget for that. We follow GES priorities." (District Education Planning Officer, Bono Region)

Overall, while institutional ownership exists in principle, both the human resource base and participatory mechanisms remain fragile. Strengthening district staffing, formalising community feedback mechanisms, and resourcing SMCs/PTAs are critical to ensuring education sector sustainability. The table below expands on the various observations made amongst the educational actors during the field data collection.

Table 5. 14 Institutional Ownership of Education Outcomes – Summary from Field Engagements

Institutional Actor / Domain	Observation	Clarification	Source Type
District Education Offices	Central to local education governance but heavily understaffed	Many districts operate with only one education planning officer and lack basic logistics like transport	DCDs, District Education Officers
Circuit Supervisors	Overburdened and under-resourced	Weak capacity for supervision and accountability due to mobility challenges	District Field Interviews
School Management Committees (SMCs)	Functional in some areas, dormant in others	Where active, SMCs support school maintenance and monitor pupil attendance; elsewhere, engagement is low	Headteachers, FGDs
PTAs and Community Groups	Uneven participation in school management	Varies based on literacy, sensitisation, and whether schools actively engage parents	Community FGDs
District Planning and Budgeting	Limited integration of community education needs	National priorities dominate education budgets, limiting responsiveness to local demands	DPOs, Planning Officers

5.1.5.2. Financial and Policy Commitment

The sustainability of education interventions across Ghana is significantly influenced by both the consistency of financial inflows and the strength of policy commitments. The evaluation findings reveal that while national policy direction has remained strong, especially in support of Free SHS and basic education, the system remains fiscally vulnerable and dependent on central government allocations.

Heavy Dependence on Central Transfers

Most districts rely almost entirely on government funding for major education interventions, including Free SHS, school feeding, capitation grants, infrastructure development, and teaching logistics. Despite the high policy visibility of these programmes, stakeholders at both regional and district levels expressed concern over irregular fund disbursements and the absence of contingency mechanisms to manage cash flow delays.

"If central funding delays, there's nothing the school can do. We cannot buy chalk, repair tables, or even fuel a motorbike." (KII, Oti Region)

In the case of the GSFP, funding delays have impacted service consistency. Heads of schools and SMCs reported periods where caterers were unpaid for months, leading to sporadic feeding or reductions in food quantity and quality.

Local IGF Contributions Remain Marginal

Internally Generated Funds (IGF) from district assemblies and school communities play a limited role in sustaining educational activities. In almost all districts visited, IGF support is either non-existent or modest, often restricted to minor school maintenance or PTA-driven support.

"The assembly helps when they can, but education is not among the top revenue priorities." (Municipal Planning Officer, Ashanti Region)

This limits the flexibility of local governments to respond quickly to school-level needs or to finance interventions that are not captured in centrally issued directives or releases. Additionally, in many rural areas, economic hardship limits the ability of communities to contribute financially to school activities, even voluntarily.

Policy Commitment: National Strength, Local Gaps

At the national level, education continues to receive strong rhetorical and political support. The Free SHS policy, inclusive education policy, and the ESP 2018–2030 all prioritise access, equity, and quality. However, at the subnational level, policy implementation is often constrained by limited discretionary resources for district-level innovation.

"We align our plans with the ESP and Agenda for Jobs II, but there's no budget flexibility to act on local priorities unless Accra approves it." (Regional Economic Planning Officer, Bono Region)

This centralisation of funding and decision-making undermines both responsiveness and long-term ownership at the local level.

Table 5. 15 Financial and Policy Commitment for Education Sector Sustainability

Funding/Policy Area	Observation	Clarification	Source Type
Central Government Funding	Core source for Free SHS, school feeding, and capitation grants	Disbursement delays affect delivery reliability and disrupt school-level planning	DEOs, Planning Officers
IGF/Local Contributions	Minimal contributions from assemblies and communities	Often insufficient to fund meaningful education activities, especially in rural and low-income areas	DCDs, Headteachers
School Feeding Programme	Highly dependent on the national budget, with inconsistent release patterns	Delayed payments to caterers affect the frequency and quality of meals	Field FGDs, Caterers
Education Policy Frameworks	Well-developed at the national level, weakly adapted at the local level	District plans mirror national policies but lack flexibility for context-specific implementation	Systematic Review, District MTDPs

Funding/Policy Area	Observation	Clarification	Source Type
PTA/Community Financial Input	Present but unreliable and geographically uneven	Some urban and peri-urban communities mobilise better than rural ones	FGDs, School Heads

5.1.5.3. Community and Stakeholder Ownership

Community participation remains an essential but unevenly practised pillar of sustainability within Ghana's education delivery system. Parent-Teacher Associations, SMCs, and community leaders are expected to play complementary roles in promoting school accountability, supporting infrastructure maintenance, and advocating for children's rights to education. However, evaluation findings point to substantial variations in the level, structure, and effectiveness of this engagement.

Roles of PTAs and SMCs in Maintenance and Oversight

Across multiple districts, PTAs and SMCs were reported to be actively involved in mobilising minor contributions for school repairs, addressing teacher absenteeism, and advocating for support from local government authorities. In some schools, PTAs initiated classroom renovations, provided roofing sheets, or purchased teaching materials using voluntary community levies.

"Our SMC meets every term to look at teacher attendance and pupil performance. If there's an issue, we go to the head or GES." *(SMC Member, Ahafo Region)*

However, the scope of these efforts remains constrained by local economic capacity. In low-income or agriculturally dependent communities, fundraising for school needs is difficult, resulting in reliance on external aid or government support for even basic repairs.

Community Support for Children's Continued Schooling

While there is general support for children's education across communities, economic pressures, child labour practices, and weak enforcement of school attendance policies continue to undermine sustained school participation. In many farming communities, especially in cocoa and food-producing belts, children are still withdrawn seasonally to support household labour, particularly during planting and harvesting seasons.

"During the farming season, attendance drops. Some parents say their children are their only help on the farm." *(Circuit Supervisor, Western North)*

Some districts conduct community sensitisation exercises on education rights and responsibilities through Assembly sessions, durbars, or school-based forums. However, the frequency and quality of these sessions vary. Where these activities were regular and collaborative (involving education, social welfare, and traditional authorities), there was higher parental

commitment and pupil retention. Where absent, dropout risks and negative practices persisted.

"When we organise education forums with the chief and parents, attendance improves. When we stop, the old behaviours return." *(District Director, Bono Region)*

Table 5. 16 Community Participation and Education Sustainability

Community Participation Area	Observed Practice	Clarification	Source Type
PTA/SMC Engagement	Active in some districts, dormant in others	Well-functioning PTAs support school repairs and oversight, but effectiveness is uneven.	District Interviews, FGDs
Community Contributions	Limited financial contributions due to rural poverty	Some communities are unable to consistently mobilise funds or in-kind support	School Heads, Teachers
Advocacy for School Attendance	Community leaders support schooling, but seasonal child labour persists	Particularly common in farming communities during key agricultural cycles	Circuit Supervisors, Parents
Sensitisation and Durbars	Conducted sporadically across districts	Where conducted, they enhance retention and reduce abuse, but lack systematic follow-up.	Field Observations
Inclusivity of Community Voices	Women and marginalised groups are underrepresented in PTA/SMC decisions	Male-dominated structures limit broad-based advocacy for all categories of pupils	FGDs, School Management Committees

5.2. Lessons Learnt and Recommendations

Lessons Learnt

The evaluation of Ghana's education sector reveals that while policies like Free SHS have successfully addressed the challenge of access and enrolment, they have done so without a corresponding focus on the quality and sustainability of educational outcomes. A key lesson is that increased enrolment alone is insufficient to improve the education system; it must be coupled with adequate infrastructure, teacher capacity, and learning resources. The evaluation also highlights that despite a strong national policy on inclusive education, its implementation remains largely non-existent, demonstrating a significant gap between policy intentions and on-the-ground realities. The system is particularly ill-equipped to serve children with disabilities, a failure that is both infrastructural and pedagogical.

Furthermore, we learned that inter-sectoral coordination is critically weak, hindering a holistic approach to student well-being. The education sector operates in a silo, detached from vital complementary services such as social welfare and health. This fragmentation means that systemic issues like child malnutrition, neglect, and absenteeism often go unaddressed. A final lesson is that the persistent delays in fund disbursement for key programs like the Capitation Grant and School Feeding undermine their intended impact, creating significant planning and operational challenges at the local level and reducing the overall effectiveness of these vital interventions.

Recommendations

To enhance the effectiveness, equity, and sustainability of Ghana's education sector, a number of strategic actions are required. First, strengthening implementation and financing systems is critical. Delays in the disbursement of Capitation Grants and infrastructure payments continue to disrupt school operations, making it essential to introduce digital tracking systems that ensure timely fund flows. Districts also need contingency funds to cushion short-term financing gaps, as well as greater institutional capacity through the recruitment and training of dedicated education planners and circuit supervisors, supported with the logistics necessary for effective oversight. Beyond central transfers, long-term financial sustainability must be secured through diversified funding, including the mobilisation of local internally generated funds and public–private partnerships to address infrastructure and service delivery gaps, particularly in furniture provision and WASH facilities.

At the same time, bridging quality and equity gaps is crucial for improving learning outcomes. While access has expanded, severe teacher shortages and imbalances undermine progress, particularly in rural areas. This calls for comprehensive teacher deployment strategies that combine incentives such as housing allowances and career progression opportunities with stronger training programs. Inclusive education must also move from policy rhetoric to practice by mandating special needs training for all teachers, establishing resource centres, and dedicating funds for assistive devices such as braille materials and hearing aids. New school constructions must comply with accessibility standards, ensuring that children with disabilities are fully integrated into mainstream education.

Improving coordination and accountability is equally important. Education outcomes are closely tied to health, social welfare, and child protection systems, yet weak intersectoral collaboration limits holistic responses to issues such as dropouts, malnutrition, and child labour. District-level joint planning platforms should therefore be institutionalised to foster integrated action, supported by standard protocols for tracking vulnerable children. At the community level, School Management Committees and Parent–Teacher Associations must be revitalised, not only through training but also by granting them real decision-making authority, including oversight of resources such as Capitation Grants and the School Feeding Programme.

Parallel to this, community sensitisation initiatives through durbars and targeted outreach are essential to combat stigma, discrimination, and harmful practices that keep children, particularly girls, out of school.

Using the existing reporting mechanism, such as the DPCUs as an integration platform, a district-level education resource tracking tool should be embedded for real-time monitoring of budget execution and infrastructure rollout. This will allow MMDAs and CSOs to pursue a phased mainstreaming of

CSO-led innovations, such as girl-friendly sanitation infrastructure, into government planning systems to ensure scale-up.

Finally, education delivery must be aligned more closely with future national needs. Curriculum reform should integrate practical TVET modules and stronger career guidance services at the senior high school level, ensuring that students are better equipped to transition from education to employment. Early Childhood Care and Development requires urgent attention, with investment in both infrastructure and specialised teacher training to lay solid foundations for learning. Quick-win interventions such as the provision of girl-friendly facilities, including changing rooms and sanitary kits, can significantly improve retention, while linking school feeding caterers to local agriculture offers the dual benefit of strengthening nutrition in schools and stimulating local economies.

Together, these measures shift the focus from expanding enrolment alone to building a more inclusive, coordinated, and sustainable education system that delivers quality learning outcomes while preparing Ghanaian children for the demands of the future.

CHAPTER SIX: HEALTH

6.Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing health outcomes.

6.1. Findings

The field evaluation of the health focus area of the MTNDPF shows that district health planning is generally well aligned with national priorities such as the National Health Insurance Scheme (NHIS), malaria control, maternal and child health, family planning,andtheexpansionofCommunity-based Health Planning and Services (CHPS) compounds. Mobile outreach and Community Health Management Committees (CHMCs) also play important roles, though the functionality of CHMCs varies significantly across districts. While mental health and nutrition have begun to feature in district plans, their integration remains limited, largely due to funding shortfalls, inadequate staffing, and uneven prioritisation.

Access to healthcare has expanded through CHPS and NHIS, but persistent challenges, including staff shortages, drug stock-outs, weak referral systems, and inefficiencies within NHIS (such as card delays, hidden charges, and inconsistent coverage awareness), undermine both trust and effectiveness. Progress has been recorded in disease prevention through improved immunisation coverage and child nutrition, yet malaria remains a leading burden, driven by behavioural and logistical barriers, and non-communicable diseases (NCDs) continue to receive little systematic attention.

Although global commitments such as the SDGs and GAVI immunisation support are reflected in district planning, their impact is constrained by cold-chain failures, fragmented data systems, and weak strategies for NCDs and other emerging risks. Districts also remain largely reactive in addressing shocks such as post-COVID recovery, food insecurity, and climate-sensitive diseases, with minimal preparedness for epidemics. Overall, while district plans demonstrate clear policy coherence with national and global health goals, implementation remains uneven. Operational gaps stemming from resource constraints, logistical delays, donor dependence, and weak budgetary integration continue to limit access, equity, quality, and responsiveness in healthcare delivery.

6.1.1. Relevance and Coherence

6.1.1.1. Relevance to Addressing National Health Challenges

Respondents across districts affirmed that their District Medium-Term Development Plans are aligned with national health priorities. These included programmes such as the National Health Insurance Scheme (NHIS), malaria control, maternal and child health, and family planning.

One district health officer remarked that, *"The national goals on health are directly captured in our template, so we don't leave them out when preparing our plans"*. Several officers emphasised that these national programmes are consistently implemented through their **annual action plans**, often facilitated by **CHPS compounds** and **mobile outreach teams**. These activities were considered standard and are routinely budgeted for and reported on. As one health officer explained that *"We include NHIS registration, SMC, and deworming exercises in the annual plan. These are standard."*

In addition to traditional health priorities, respondents noted that mental health is gradually being integrated into district health programmes. Districts now have dedicated mental health officers involved in community sensitisation and case management. Despite this progress, some respondents acknowledged that mental health does not yet receive the same level of attention or resources as other programmes. As one officer pointed out, **"Mental health is being considered more now, but we still need more trained staff and it must be fully part of the routine services."**

Engagement with district and community health committees

This section focuses on how the health offices engaged with community health committees to improve healthcare delivery. The District Health officers confirmed the widespread establishment of Community Health Management Committees (CHMCs) across all CHPS zones within the districts. One officer stated:

"Yes, the CHMCs are active. They are part of every CHPS zone from day one."

However, they noted discrepancies in how well these committees function across different zones. While some CHMCs are vibrant and engaged, others are less effective due to various operational challenges. A district-level respondent shared: **"Not all CHMCs are currently functional. While some zones benefit from very active and engaged CHMCs, others struggle due to factors like lack of training, poor supervision, and limited motivation."**

Several district health officers emphasised the importance of community-generated health action plans in the local planning process. These plans serve as a foundation for district-level health planning and are integrated into the overall development agenda of the district. As one officer put it: "These Community Health Action Plans are then elevated to the district health plan. The district health plan is integrated into the broader District Medium-Term Development Plan."

6.1.1.2. Relevance to National Health Priorities

Ghana's health sector interventions under the Agenda for Jobs II and related national strategies, such as the Health Sector Medium-Term Development Plan (HSMTDP), the National Nutrition Policy (2016), and the Community-Based Health Planning and Services (CHPS) strategy, demonstrate varying degrees of relevance at the sub-national level. Evidence from district planning officers and health directorates reveals that maternal and child health, disease prevention, and infrastructure provision are widely acknowledged priorities, with many districts embedding them in their Medium-Term Development Plans (MTDPs). However, operationalisation remains uneven with limited infrastructure and essential health supplies.

Several districts report alignment between their MTDPs and the GHS operational plans. For instance, maternal and neonatal health priorities were frequently cited, particularly in high-burden regions. Health facilities were often included under physical infrastructure development goals, with support for CHPS compound expansion, renovation of health centres, and, in limited cases, construction of maternity blocks.

"We have captured maternal health and CHPS infrastructure under our DMTDP. It aligns with the national priorities, especially reducing maternal deaths." (District Planning Officer, Savannah Region)

Nutrition-specific interventions were also reported as relevant, with districts acknowledging national guidance on child nutrition and the double burden of malnutrition. Nonetheless, gaps persist in funding and implementation, with some districts unable to operationalise these plans due to limited resources.

"Yes, we plan for nutrition and reproductive health, but actual rollout depends on what partners bring in. If there's no partner support, it just remains in the plan." (Municipal Health Director, Bono Region)

In some locations, particularly those with strong technical leadership from the District Health Department (GHS), there is a higher level of institutional integration. CHPS zones, vaccination coverage, and reproductive health campaigns were planned and delivered in alignment with national indicators. In contrast, other districts reported challenges with the relevance of some national health interventions with limited consideration of local health needs.

The relevance of non-communicable diseases (NCDs) within district plans remains minimal. Despite growing concern over hypertension and diabetes, particularly among older adults, NCD prevention and screening services were rarely mentioned. This reflects a broader policy-practice gap between national priorities and local implementation. For instance, NCD community outreaches usually piggyback on other community outreach interventions such as immunisation, child health outreaches and malaria outreaches.

Moreover, health infrastructure priorities were sometimes influenced more by political pressure than epidemiological data. In several districts, stakeholders reported instances where newly constructed facilities were sited without full alignment with service delivery plans, leading to under-utilisation or staffing constraints.

"Sometimes the community wants a clinic because another community has one. It's not always based on health needs or catchment analysis." (District Assembly Official, Northern Region)

From a gender and vulnerability lens, only a few districts demonstrated deliberate inclusion of adolescent health, disability-friendly facilities, or mental health in their health planning frameworks. This reveals a missed opportunity to reinforce the relevance of services to underserved populations.

Table 6.1 Assessment of Alignment with National Health Priorities

Review Area	Field Evidence from Districts and Health Staff	Degree of Alignment	Clarification	Source Type
Maternal & Child Health	Prioritised in MTDPs, linked to national goals; CHPS and maternal referrals planned	Strong	Captured in plans and implemented where midwives and facilities exist	DPCU, GHS Officers
Health Infrastructure	CHPS expansion and health centre rehabilitation in several districts	Moderate	Siting of facilities is sometimes politically driven rather than needs-based	DPCUs, MCDs
Nutrition Services	Mentioned in plans; actual delivery depends on external funding or partner-led programmes	Moderate	Nutrition is often deprioritised without donor input	Health Directors
NCD Screening and Control	Limited or no integration into district strategies	Weak	Despite national policy direction, NCDs are not yet a district-level implementation priority	MHD, DPCUs
Reproductive & Adolescent Health	Few references in plans or follow-up systems	Weak	Adolescent sexual health and youth-focused health services are under-represented	GHS, NGOs
Disability-inclusive Planning	No mention of disability-friendly infrastructure or support for health access	Weak	Largely missing from MTDPs and health service design	DPCU, CSOs
Data-informed Planning	Some districts use DHIMS2 data for priority setting, but others follow generic templates	Moderate	Planning relevance varies based on M&E capacity and local health analytics	Health Planners

6.1.1.3. Alignment with Universal Health Coverage (UHC) and Primary Health Care

The national commitment to Universal Health Coverage (UHC) is operationalised through the expansion of Community-Based Health Planning and Services (CHPS) zones and the National Health Insurance Scheme (NHIS), both of which are intended to improve access to basic services and reduce financial barriers. However, field-level evidence suggests that while the UHC agenda is widely recognised, its translation into practical access and continuity of care remains uneven.

Across all regions, health sector actors and district planners affirmed that the expansion of CHPS zones represents the most visible strategy towards realising UHC at the community level. The construction of new CHPS compounds and the upgrade of existing ones were referenced in several district Medium-Term Development Plans (MTDPs) and were aligned with GHS priorities.

"We continue to expand CHPS coverage as the front line of care delivery, especially in rural zones. It's in our health plan and linked to our MTDP." (Municipal Health Director, Oti Region)

Despite this policy alignment, many CHPS compounds lack the human resources, logistics, and commodities to function effectively. The absence of resident staff in some zones reduces service accessibility to basic outreach activities such as immunisation and health education, limiting the model's utility for consistent primary care.

NHIS remains another pillar of the UHC framework. Exemptions for LEAP beneficiaries, children under 18, pregnant women, and the elderly were acknowledged by health officers as mechanisms for reducing out-of-pocket payments. In practice, however, NHIS coverage was described as erratic, with frequent delays in card issuance and challenges in the renewal process. District-level informants reported that clients often arrived with expired cards or had not enrolled due to procedural bottlenecks.

"Sometimes the client is exempted under LEAP, but the NHIS card is expired or not active, so we can't serve them under insurance." (CHPS Nurse, Bono East)

Furthermore, exemptions did not always translate into full coverage of essential medicines or diagnostic services. Gaps in the NHIS benefit package and irregular supply of essential drugs undercut the financial protection goals of the scheme. Clients were often required to make out-of-pocket payments despite being enrolled, raising questions about the effective functioning of financial risk protection mechanisms.

There was also limited integration between NHIS, CHPS, and vertical health programmes (e.g., nutrition, reproductive health). Follow-up care, particularly for chronic conditions such as hypertension and diabetes, was hampered by weak referral systems and limited availability of diagnostic services at the primary care level.

"We can give first aid or refer, but many people don't follow up. And sometimes the hospital doesn't give feedback to us." (CHPS Zone Officer, Western North)

Table 6. 2 Alignment with UHC and Primary Health Care

Review Area	Field Evidence from Districts and Health Staff	Degree of Alignment	Clarification	Source Type
CHPS Expansion	Prioritised in most districts; new zones added annually based on GHS plans	Moderate to Strong	Physical expansion is occurring, but many compounds lack staff, logistics, and functional referral links	GHS Officers, DPCU
NHIS Financial Risk Protection	Exemptions are well understood by health staff and included in planning documents.	Moderate	LEAP, maternal, and elderly exemptions are recognised, but implementation is weakened by card renewal issues	NHIS Officers
Essential Medicines Availability	Stockouts are common at the CHPS level; clients buy medicines outside	Weak	Undermines the access goals of UHC and NHIS	Facility Managers
Follow-up Care and Referral	Weak referral and feedback between CHPS and hospitals; no standardised referral tracking	Weak	Affects chronic disease management and maternal referrals	Health Workers
Integration with Health Programmes	NHIS and CHPS are not integrated with other health outreach (nutrition, child health, HIV, etc.)	Moderate	Vertical programmes operate independently of UHC/PHC integration	MHDs, NGOs
Health Financing Sustainability	NHIS reimbursements to facilities are delayed, affecting trust and operations	Weak	Reduces provider willingness to serve NHIS clients, indirectly increasing OOP payments	Facility Managers

6.1.1.4. Coherence with Global Health Strategies (e.g., SDG 3, GAVI, WHO NCD Goals)

Ghana's health sector remains a critical player in aligning national interventions with global health strategies, especially Sustainable Development Goal 3 (Good Health and Well-being), GAVI-supported immunisation efforts, and WHO targets for non-communicable disease (NCD) prevention. However, findings from field interactions and district-level interviews reveal uneven coherence between these global frameworks and implementation realities at the subnational level.

Immunisation campaigns, particularly those under the Expanded Programme on Immunisation (EPI), are the most direct link to global strategies such as GAVI support and SDG 3. Most districts continue to prioritise routine immunisation, vitamin A supplementation, and deworming, supported by donor coordination. However, cold chain infrastructure, data integrity, and last-mile delivery remain major bottlenecks. District health staff indicated that cold chain breakdowns, due to poor maintenance or irregular electricity supply, threaten vaccine potency and coverage targets.

"The fridge has been faulty for three months. We are using ice packs in cooler boxes to do our outreach." (Disease Control Officer, Northern Region)

Iron and Folic Acid (IFA) supplementation for pregnant women and adolescent girls, central to maternal health and SDG 3.1 and 3.2, was included in several district health plans. Yet, implementation was challenged by erratic supply of IFA tablets, poor adolescent outreach, and low demand from communities. Programme fragmentation also affects monitoring, with data inconsistently reported from school health programmes, CHPS zones, and ANC services.

"We only get the IFA tablets when they come from Accra. Sometimes we go months without restock." (Subdistrict Health Officer, Western North)

On non-communicable diseases, field engagement revealed a significant disconnect. Despite the growing burden of hypertension and diabetes, particularly in peri-urban and aged populations, district health plans rarely reflect structured NCD interventions. NCDs are still perceived as tertiary-level concerns, and primary health actors report limited capacity or guidance for community-based screening or prevention campaigns. Health promotion units, where available, focus more on malaria, diarrhoea, and maternal-child health, with no designated funds or indicators for NCD outreach.

"We talk about healthy lifestyles sometimes, but there's no programme for blood pressure checks or diabetes follow-up at CHPS." (CHPS Nurse, Bono Region)

Furthermore, monitoring and evaluation frameworks at the district level rarely integrate indicators that align with WHO's global health goals or SDG targets. Reporting continues to focus on national service targets, with limited attempts to bridge global metrics with local planning. This gap reflects a systemic issue where global targets are acknowledged in national policy but are insufficiently translated into actionable metrics and resources at the district level.

Table 6. 3 Coherence with Global Health Strategies (SDG 3, GAVI, WHO NCD Goals)

Area of Global Strategy	Local Implementation Evidence	Coherence Level	Clarification	Source Type
EPI / GAVI	Immunisation is prioritised, but cold chain infrastructure is unreliable in many districts.	Moderate	High alignment in policy and planning, but implementation is constrained by equipment failures and poor logistics	District Health Staff
IFA Supplementation	Part of maternal health plans, but inconsistently delivered due to supply interruptions and poor outreach	Weak to Moderate	No budget lines for adolescent outreach; poor follow-up in ANC and school-based platforms	Subdistrict Health Officers

Area of Global Strategy	Local Implementation Evidence	Coherence Level	Clarification	Source Type
SDG 3.1/3.2 Maternal & Child Health	Addressed through CHPS and ANC services, but lacks disaggregated tracking by SDG target metrics	Moderate	Coverage efforts are active, but tracking and evaluation are not aligned with SDG-specific indicators.	Facility Managers
NCD Prevention (WHO goals)	Minimal inclusion in MTDPs or community plans; no structured hypertension/ diabetes screening	Weak	Perception of NCDs as secondary or urban issues; no CHPS funding or training to manage NCDs	GHS Planners, Nurses
Monitoring Alignment	No integration of SDG or global indicators in M&E systems	Weak	Reporting frameworks prioritise national DHIMS-2 formats without global mapping.	District M&E Staff

6.1.1.5. Responsiveness to Emerging Health Needs and Localised Health Risks

District-level health systems have faced continued pressure to adapt to emerging health challenges, including post-pandemic recovery, food insecurity, malaria resurgence, maternal undernutrition, and climate-sensitive illnesses such as cholera. Despite these persistent and evolving threats, local health sector responses remain largely reactive, fragmented, and constrained by inadequate preparedness and limited forward planning.

Post-COVID Recovery Efforts

District Health Directorates reported some attempts to stabilise primary healthcare services following disruptions caused by COVID-19. Outreach activities resumed, and CHPS facilities gradually returned to pre-pandemic operations. However, no district-level pandemic recovery plans were found that systematically addressed gaps in immunisation coverage, delayed antenatal care, or the mental health effects of the pandemic.

"We tried to resume immunisations and outreach, but there's no real post-COVID strategy. We just pick up what we left."
(District Health Officer, Ahafo Region)

Food Insecurity and Nutrition Deficiencies

Malnutrition continues to emerge as both a chronic and seasonal risk. District nutrition officers noted rising cases of stunting and underweight children, especially in communities affected by crop failures, food price hikes, or limited access to protein-rich diets. While supplementary feeding initiatives exist in some locations, their coverage is narrow and not responsive to seasonal food insecurity spikes. Nutrition-sensitive agriculture and food-based solutions were largely missing from planning instruments.

"In some months, especially during lean seasons, child malnutrition increases. But we don't have emergency food stocks or nutrition interventions." *(Nutrition Officer, Savannah Region)*

Malaria and Disease Burden Shifts

Although malaria control is a long-standing programme priority, districts noted increased cases due to poor bed net coverage, environmental risk (e.g., stagnant water near illegal mining sites), and community resistance to IRS (Indoor Residual Spraying). Climate change-related shifts, especially prolonged rains, were reported to exacerbate these trends.

"The rains now come in erratic patterns and flood the area. We get more malaria, diarrhoea, and even cholera cases during these times." *(Subdistrict Nurse, Bono East)*

Maternal Nutrition and Anaemia

Poor dietary diversity and limited IFA supplementation continue to affect maternal health outcomes. Several officers cited high rates of anaemia among pregnant women, yet there were no dedicated district strategies for addressing maternal nutrition beyond routine ANC checklists.

Epidemic Preparedness and Surveillance Gaps

Districts were generally not equipped for early detection, containment, or multi-sectoral emergency response. Epidemic preparedness plans were mostly absent or outdated, and inter-agency simulation exercises had not been conducted in most places. Vector control, rapid testing, and isolation logistics remain weak. The absence of contingency financing mechanisms for health emergencies further undermines responsiveness.

"We do not have any cholera response plan. If there's an outbreak, we call regional. That's all." *(Environmental Health Officer, Central Region)*

Table 6. 4 Responsiveness to Emerging and Localised Health Risks

Emerging Health Risk	Evidence from Field Engagements	System Response Adequacy	Clarification	Source Type
Post-COVID Disruptions	No localised plans for recovery; immunisation and ANC slowly resumed	Weak	Absence of tailored post-pandemic strategies or catch-up health campaigns	District Health Officers
Food Insecurity / Maternal Nutrition	Limitedsupplementary feeding; seasonal malnutrition spikes are not tracked	Weak	Nutrition support programmes lack funding, seasonal data, and integration with agriculture.	Nutrition Focal Persons

Emerging Health Risk	Evidence from Field Engagements	System Response Adequacy	Clarification	Source Type
Malaria and Climate-Sensitive Illnesses	Increase in malaria and diarrhoea; poor bed net coverage and flooding from climate shifts	Moderate	Implementation exists but lacks adaptation to new environmental health realities.	Facility Nurses
Cholera / Epidemic Preparedness	No active plans or simulation exercises; contingency response is weak	Weak	Coordination with NADMO or regional teams is only activated during active outbreaks.	Environmental Officers
Anaemia / IFA Supply Gaps	Anaemia is prevalent; IFA supply is unreliable and limited adolescent outreach	Moderate	Policies exist, but operational consistency and monitoring are weak	Subdistrict Health Workers

6.1.2. Effectiveness

6.1.2.1. Access to Healthcare Services

Access to healthcare services remains a mixed reality across districts, shaped by a combination of infrastructural expansion, financing mechanisms such as the National Health Insurance Scheme (NHIS), and outreach models like the Community-based Health Planning and Services (CHPS) strategy. The evaluation established that while physical presence of health facilities has improved in many districts, especially with the expansion of CHPS zones, equitable and uninterrupted access to quality care remains constrained by systemic and contextual barriers.

NHIS Coverage and Affordability Dynamics

NHIS continues to serve as the primary gateway for financial access to health services, especially for LEAP beneficiaries, children under five, pregnant women, and other exempted groups. However, district-level health managers, facility heads, and community members consistently pointed to practical limitations in the scheme's effective coverage. One recurring issue concerned the perceived inconsistency in the application of NHIS benefits across different health facilities.

A District Health Director in the Bono East Region highlighted that NHIS service provision is influenced by the **facility tier or classification** (e.g., CHPS, health centres, hospitals), which determines the level of services covered. However, this distinction is often not well communicated to the public. Consequently, patients seeking care under the assumption of full NHIS coverage are sometimes required to pay for services that the patients believe are covered, depending on the operational capacity of the facility.

> **"People think NHIS covers everything, but that depends on the level of the facility. A health centre might not have the capacity to offer the service and may refer or charge if they do."** *(District Health Director, Bono East)*

This misunderstanding erodes public trust in the scheme, and in many instances, beneficiaries blame healthcare workers or suspect corruption. Focus group discussions from Ashanti and Central Regions confirmed that some patients declined further treatment or chose traditional alternatives after being asked to pay for diagnostics or medications they believed were covered.

"I have the NHIS card, but when I went to the clinic, they asked me to pay. Another person at a different clinic did not pay. It doesn't make sense." *(FGD Participant, Ashanti Region)*

CHPS and Mobile Health Services

The evaluation found positive results in districts that adopted mobile CHPS interventions, especially in riverine and hard-to-reach communities. In selected island settlements in the Oti and Northern regions, mobile outreach teams delivered immunisation, family planning, and health education services. These efforts were critical in filling access gaps created by transportation barriers or a lack of permanent facilities. However, such interventions were not systematically institutionalised and often relied on ad-hoc district-level arrangements or donor support.

"We go by canoe with our vaccines and medicines every two weeks. Without that, those people have no access." *(Subdistrict CHPS Nurse, Oti Region)*

Emergency Referrals and Transport Constraints

Access to emergency care remains highly problematic, particularly in districts without ambulances or in communities where road infrastructure is poor. Health staff in multiple districts cited delays in emergency referrals due to the unavailability of transport, resulting in avoidable maternal and neonatal complications.

"When someone needs emergency care, the issue is not the doctor, it's getting them there. The district has one ambulance for over 20 communities." *(District Health Administrator, Western North Region)*

Some facilities reported the use of **motor tricycles "aboboyaa" or public vehicles** to convey emergency cases, which is inappropriate and sometimes fatal. Moreover, even where referral protocols existed, the absence of functioning two-way communication systems between lower-tier facilities and referral centres weakened the continuity of care.

Table 6. 5 Evaluation of Access to Healthcare Services

Thematic Area	Key Observations	Evaluation Clarification	Source Type
NHIS Coverage Effectiveness	Perceived inconsistencies in what NHIS covers across facilities	Facilities offer services based on tier-level capabilities, but the public is not informed, leading to mistrust	District Directors, FGDs
Health Facility Categorisation	CHPS and health centres have service restrictions based on equipment and staff	NHIS benefits depend on facility capacity; not all listed services are feasible at lower-level facilities	District Health Services Review
Mobile CHPS and Outreach Success	Effective in riverine and remote districts, but not widely institutionalised	Outreach models showed promise but remain donor-dependent or informal in many areas.	Field Interviews (CHPS nurses)
Emergency Referral Barriers	Poor road access, limited ambulances, and delayed referrals	Weak transport systems limit real-time emergency care; maternal and child health are particularly affected	District Health Officers
Patient Experiences	Patients report frustration with NHIS-linked payments	Lack of transparency around NHIS entitlements fuels suspicion and care-seeking delays	FGDs (Ashanti, Central Regions)

6.1.2.2. Disease Prevention and Health Quality

The evaluation revealed modest progress in disease prevention and the quality of healthcare services across several districts, especially in child nutrition and immunisation. However, systemic inefficiencies, such as drug stock-outs, poor utilisation of preventive tools, and weak coordination between school and health systems, continue to hinder broader impact.

Declines in Malnutrition and Vaccine-Preventable Diseases

Respondents across districts reported a reduction in observable malnutrition among children under five, attributed to ongoing community nutrition interventions and mass immunisation campaigns. Health personnel particularly credited Vitamin A supplementation, deworming, and Infant and Young Child Feeding (IYCF) education for contributing to improved nutritional status. Growth monitoring exercises, often supported by the School Health and Education Programme (SHEP), also contributed to early detection and referral.

"We no longer see children with big bellies and tiny limbs like before. We're seeing improvement, even in the poorest communities." (Public Health Nurse, Central Region)

Measles outbreaks have become rare, which respondents linked to the Expanded Programme on Immunisation (EPI), although coverage remains uneven in difficult-to-reach zones. While vaccines are generally available, cold chain

infrastructure, especially for remote CHPS compounds, is often weak or unreliable due to power outages and logistical gaps.

Challenges with Malaria Prevention and Case Management

Malaria remains a leading cause of outpatient attendance, and while mosquito net distribution has expanded, misuse of the nets for fishing or as fencing material was widely reported during focus group discussions. District health staff cited limited behaviour change communication and poor follow-up as the cause. Additionally, seasonal stock-outs of antimalarial medications and rapid diagnostic test kits (RDTs) affected timely treatment, particularly during the rainy season.

"They use the bed nets to trap fish or dry cassava. They don't understand it's meant to protect them." (CHPS Compound Nurse, Volta Region)

"When the malaria drugs run out, we just write a prescription, but most people won't buy them." (Subdistrict Health Officer, Bono Region)

These realities compromised the effectiveness of Ghana's integrated malaria strategy, despite district-level plans prioritising malaria reduction.

School-Based Health Screenings and Early Detection

The school health unit under Ghana Health Service, working through SHEP, was acknowledged as a strong channel for early health problem identification. Screening exercises in schools helped detect conditions such as dental issues, vision impairment, and malnutrition. However, linkages between screening and referrals for treatment remained weak. Some districts lacked the budget or transport logistics to support timely follow-up, and in some cases, parents failed to act on referrals due to costs.

"We screen the children and identify many issues, but very few get treatment because there's no follow-up system." (District SHEP Coordinator, Ahafo Region)

Furthermore, although many schools participated in health screenings, the programme was under-resourced and coverage was not universal.

Table 6. 6 Evaluation of Disease Prevention and Health Quality

Area of Focus	Key Observations	Evaluation Clarification	Source Type
Malnutrition Reduction	Improved child nutritional status across most districts	Gains attributed to Vitamin A, IYCF, deworming, and SHEP activities	Public Health Staff, District Data
Immunisation & Measles Control	Low reported measles incidence; strong national EPI implementation	Vaccine availability is stable, but cold chain monitoring is poor in remote zones	EPI Coordinators, Facility Heads
Malaria Control Measures	High bed net distribution, but nets are misused; drug stock-outs are common	Weak community sensitisation and irregular drug supply limit the impact	CHPS Nurses, FGDs
School Health Screenings	Detects nutrition and dental issues early	Lack of transport, cost barriers, and poor follow-up reduce treatment adherence.	SHEP Coordinators, District Health
Quality of Care and Detection	Basic screening services are present, but referral systems underperform	Quality is constrained by low capacity for follow-up, limited diagnostics at the health centre level	District Health Officers

6.1.2.3. Improvements in Maternal and Child Health

The assessment of maternal and child health outcomes revealed a mixed performance across districts. While antenatal care (ANC) attendance and immunisation coverage have improved in several areas, adolescent pregnancy remains a persistent and under-addressed issue, and logistic challenges continue to hamper consistent service delivery.

Antenatal Care and Iron-Folic Acid (IFA) Distribution

Several respondents at the facility and district levels confirmed improvements in ANC attendance, with most mothers reportedly completing the recommended four ANC visits. This trend was particularly visible in urban and peri-urban settings. IFA supplementation, a key maternal health intervention, has also become more routine in some districts, contributing to reduced anaemia levels among pregnant women.

"Now most women come early and come often. The IFA tablets are helping, especially in reducing anaemia during pregnancy." *(Midwife, Ashanti Region)*

However, challenges persist in more remote settings where CHPS compounds are understaffed and sometimes lack basic maternal health commodities. Inconsistent supply of IFA tablets and inadequate community sensitisation around early ANC booking also undermine effectiveness.

"Sometimes we run out of the IFA. And not all women see the importance of coming early." *(CHPS Zone Nurse, Bono East)*

Immunisation and Child Health Services

Expanded immunisation programmes under the EPI are well institutionalised across districts, with improved vaccine availability and coverage of under-five children. Health workers attributed this to the reliability of national supply chains and structured outreach services. However, respondents highlighted the challenges in maintaining cold chain systems, particularly in rural and riverine zones. Irregular electricity and inadequate maintenance of vaccine refrigerators pose risks to vaccine potency.

"We cover the communities with our outreach schedules, but we are always afraid the vaccines might spoil during power outages." *(District Disease Control Officer, Northern Region)*

Additionally, while community-based child welfare clinics have expanded their reach, limited transport, staffing, and poor mother-to-provider ratios reduce the quality of services in high-demand areas.

Adolescent Pregnancy and Youth Reproductive Health

The evaluation found that adolescent pregnancy remains a major issue across all regions assessed, yet it is not a strategic focus in many district plans. Data from field officers and social welfare representatives confirmed that teenage pregnancies are high in both urban slums and rural districts, with some girls as young as 13 giving birth. Despite this, there are very few adolescent-friendly corners or targeted sexual and reproductive health education efforts within schools and health facilities.

"We talk about it, but the resources are not there. No place for the girls to speak freely, no system to follow up." *(District Health Director, Ahafo Region)*

District-level social protection staff also cited weak linkages between health facilities and school-based referral systems, resulting in poor coordination for prevention and reintegration of adolescent mothers.

Table 6.7 Evaluation of Maternal and Child Health Effectiveness

Intervention Area	Key Observations	Evaluation Clarification	Source Type
ANC Attendance &IFADistribution	High uptake in urban areas; lower in remote zones	Supply chain gaps, poor early ANC booking, and limited awareness affect continuity	Facility Nurses, Midwives
Immunisation & Child Welfare Clinics	Improved immunisation coverage under EPI	Cold chain logistics are weak in off-grid areas; outreach is constrained by inadequate vehicles	District Health Teams
Adolescent Pregnancy Response	Persistently high rates of teenage pregnancies across districts	Limited adolescent-friendly health services; no systematic reintegration plan for adolescent mothers	SWO, School Health Coordinators

Intervention Area	Key Observations	Evaluation Clarification	Source Type
Child Nutrition Support	Routinegrowthmonitoring and supplementation through community clinics	Access and follow-up are weaker for children in hard-to-reach and migrant communities	CHPS Nurses, Community Leaders

6.1.2.4. Health Emergency Preparedness and Surveillance

The evaluation identified systemic weaknesses in health emergency preparedness and surveillance across nearly all districts. Despite the experiences of the COVID-19 pandemic, many decentralised health systems have yet to institutionalise effective risk monitoring, rapid response protocols, or pandemic preparedness frameworks. The issue is particularly concerning given the increasing frequency of public health emergencies tied to climate change, zoonotic outbreaks, and localised epidemics.

Limited Integration of Surveillance Systems into District Health Planning

Field-level responses revealed that disease surveillance, while included in the responsibilities of District Health Management Teams (DHMTs), is largely reactive and poorly mainstreamed into the planning and budgeting cycle. Surveillance officers are often under-equipped and operate in isolation, with minimal cross-sectoral collaboration with agriculture, environmental health, or education.

"Our surveillance team is just one person, and we don't have a system for simulating emergency response or stockpiling resources." *(District Disease Control Officer, Bono Region)*

Although district teams record cases of notifiable diseases (e.g., cholera, measles), there is no localised use of early warning systems or real-time dashboards to guide community-level interventions.

Pandemic Preparedness Protocols Not Institutionalised

Lessons from the COVID-19 pandemic have not translated into formal preparedness systems at the district level. Interviews with district health directors indicated the absence of emergency response plans or simulation exercises. No district assessed reported a functional Health Emergency Preparedness and Response (HEPR) plan with assigned budgets or triggers.

"When COVID came, everything came from the national level. We haven't created our own plan here, just waiting for circulars." *(District Health Director, Savannah Region)*

Community FGDs further underscored that local health centres were often caught unprepared during emergency outbreaks, citing inadequate protective equipment, poor referral systems, and the absence of emergency communication platforms.

Shortfalls in Emergency Medical Stock and Logistics

Across regions, none of the interviewed districts had dedicated emergency stocks of medicines or personal protective equipment (PPE) for potential disease outbreaks. Respondents also noted that standard operating procedures (SOPs) for health emergencies, including triage, isolation, and public education, are not uniformly available or updated.

"If an outbreak happens now, we'll have to wait for Accra. There's no PPE, no emergency kits here." *(District Public Health Nurse, Western North Region)*

Additionally, none of the surveyed health centres had simulation exercises for outbreaks within the last year. Simulation drills, when done, were only conducted during COVID-19 and not repeated or integrated into routine health systems strengthening activities.

Table 6. 8 Evaluation of Health Emergency Preparedness and Surveillance

Indicator Area	Observation	Clarification	Source Type
Surveillance Systems	Disease monitoring is conducted manually, and with a delay in data transmission	Absence of digital dashboards, inadequate capacity for trend analysis and early warning	DHMT Interviews
Pandemic Preparedness Plans	No formal or locally owned pandemic preparedness plans are in place	Planning dependent on national response protocols, with no simulation or resource mapping at the district level	DHD Interviews, Policy Reviews
Emergency Stockpiles and Logistics	Emergency drug reserves and PPE are not available in most districts	Limited fiscal space and weak supply chains hinder proactive stockpiling	Facility Heads, MOH Stakeholders
Simulation Exercises	No recent simulations; the last exercises were during COVID-19	Districts lack SOPs, mock drills or refresher training to remain prepared	District Disease Control Officers

6.1.2.5. Partnerships that exist to enhance healthcare delivery

At the regional level, almost all respondents cited multiple and well-established partnerships with international organisations, development partners, and private sector actors. Partners such as UNICEF, WHO, USAID, CHAG, GAVI, Global Fund, and others were central to advancing regional health goals.

Their support spans maternal and child health, disease surveillance and control, immunisation, health systems strengthening, and logistics. One regional official highlighted: **"There are a lot of partnerships between the regional health directorate and other development partners, especially for the improvement of maternal and child health."**

Respondents also pointed to concrete examples of how partnerships have translated into improved service delivery. Notably, collaborations with faith-based and reproductive health organisations were identified as having a meaningful

impact. For instance, a respondent noted: **"PPAG's collaboration with the Regional Health Directorate has increased access to adolescent-friendly sexual and reproductive health services."**

6.1.3. Efficiency

6.1.3.1. Resource Allocation and Infrastructure

The evaluation found that resource allocation across district health systems remains uneven and suboptimal, with significant implications for service delivery, programme execution, and overall system efficiency. Despite the prioritisation of health under the Agenda for Jobs II framework, several structural and operational inefficiencies persist, particularly at the district and community levels where implementation occurs.

Staffing Deficits and Human Resource Losses

Field engagements consistently identified critical gaps in human resources across all levels of care, especially among midwives, trained community health nurses, and nutrition officers. This staffing challenge was more pronounced in remote districts, where facilities reported losing trained personnel to urban migration or international relocation due to better compensation and working conditions.

"Some of our best nurses have travelled abroad. We are left with new ones who lack confidence or experience." (District Director of Health Services, Bono East Region)

"We have only one nutritionist for the whole district. She covers too many facilities, and sometimes we have to cancel sessions." (Sub-District Public Health Officer, Ahafo Region)

The impact is not only on service availability but also on the efficiency of outreach, referrals, and continuity of care, especially for maternal, new born, and nutrition services.

Under-Resourced CHPS Compounds

CHPS compounds, central to Ghana's primary healthcare model, remain under-equipped, with many not having access to WASH, electricity, or transport for emergency referrals. These limitations reduce the operational efficiency of frontline health delivery and force communities to bypass local facilities, increasing pressure on overburdened district hospitals.

"There's no light, no water, and no beds. When women come for delivery, we refer them, even for basic cases." (CHPS Compound Officer, Upper West Region)

The evaluation also uncovered poor maintenance of existing infrastructure. Several facilities were constructed under donor-funded programmes, but lack a follow-up financing arrangement for upkeep and repairs, resulting in rapid deterioration.

Delayed Budget Disbursement and Health Programme Execution

Many district health offices reported delays in the release of both government and donor funds, especially for critical programme components such as nutrition education, routine immunisation outreach, and school health activities. Such delays reduce programme efficiency by truncating implementation periods or limiting coverage.

"The funds come in the third quarter, when our target was to finish activities by June. We end up rushing or cancelling." (District Health Accountant, Northern Region)

Moreover, rigid budgeting systems and poor alignment between planning and funding cycles create operational bottlenecks. Districts often receive allocations without clarity on ceilings, affecting procurement and service continuity.

Table 6. 9 Evaluation of Health Sector Efficiency – Resource Allocation and Infrastructure

Efficiency Theme	Observed Issue	Clarification	Source Type
Human Resources	Widespread shortage of midwives, nutritionists, and experienced nurses	Attrition due to international migration and urban preference affects continuity and skill levels	DHMT Interviews, CHPS Officers
CHPS Infrastructure	Poorly resourced compounds, lack of water, power, and basic delivery equipment	Undermines the decentralised service model; some compounds operate without essential supplies	Field Visits, FGD with Nurses
Programme Budget Disbursement	Late release of funds affects outreach and programme scale	Delays compress programme cycles and reduce coverage, especially nutrition and immunisation sessions	District Health Admin Staff
Infrastructure Maintenance	No routine maintenance funds for health facilities	Facilities deteriorate quickly due to a lack of a designated budget for upkeep	DHD Interviews, District Assemblies
Transport and Referral Logistics	Inadequate motorbikes, ambulances for community-based delivery	Emergency referral is affected; maternal health cases are particularly vulnerable	Regional Health Reports

Monitoring and implementation of health programmes

At the regional level, respondents affirmed that all national health programmes are guided by official protocols. One regional officer stated: **"Every national health programme comes with a guideline so the regional health directorate tries its best to follow these guidelines and also ensure that assemblies do same".** To support this, Regional Health Directorates provide continuous technical support and capacity-building assistance to MMDAs to ensure effective programme rollout and adherence to guidelines.

Respondents in the key informant category, also described the key tools used for Monitoring and Evaluation (M&E), including the **District Health Information Management System (DHIMS-2)**, **monthly and quarterly facility reports**, **community-based surveys** (such as MICS and DHS), **supervisory visit reports**, **HRMIS**, and **Ghana Integrated Logistics Information Management System (GhiLMIS)**. Monitoring is further strengthened through routine field supervision. As noted by one respondent: *"Occasionally, staff from the regional health directorate goes on unannounced field visits to check the real situation on the ground."*

6.1.3.2. Efficiency of Health Programme Delivery

The delivery of health programmes under Ghana's primary healthcare framework has relied increasingly on a patchwork of district-level strategies, partner interventions, and community outreach mechanisms. The evaluation found mixed efficiency outcomes, with some notable adaptations by districts and facilities, but also recurring inefficiencies related to coordination, duplication of efforts, and limited monitoring and evaluation (M&E) systems.

Role of Mobile Health Teams and Partner-Supported Outreach

Several districts have employed mobile health teams to deliver essential services such as immunisations, vitamin A supplementation, and school health screenings, particularly in hard-to-reach communities. In many cases, the intervention of NGOs and donor-supported projects helped fill logistical or personnel gaps, supporting routine outreach, mass deworming campaigns, and maternal-child health days.

"The mobile teams really help. We use them during Child Health Week and when schools reopen to screen children." *(District Public Health Nurse, Western North Region)*

"Some facilities rely entirely on partners like World Vision and UNICEF for nutrition-related outreach. Without them, we cannot move." *(Regional Nutrition Officer, Upper East Region)*

While these partnerships have improved outreach, sustainability concerns remain, particularly in districts where the delivery of routine public health interventions is heavily reliant on non-state actors.

Duplication of Efforts Across Programmes

A consistent theme from regional and district actors was the inefficiency created by the lack of joint planning across sectors. Health, education, and social protection programmes often run

parallel interventions, such as screening or sensitisation activities targeting the same households or schools, without shared calendars, integrated data systems, or clear division of roles.

"Sometimes we go to a school to do screening, and the education office has just done the same thing. Parents get confused." *(CHPS Zone Officer, Ahafo Region)*

This leads to repetition, inefficiencies in resource use (e.g., transport, allowances, health commodities), and missed opportunities for multisectoral integration.

Weaknesses in monitoring, referral, and feedback systems

The evaluation noted a major gap in the availability and use of tools to assess the performance and outcomes of health programme delivery. Outreach activities, especially those done in schools or communities, rarely integrate systematic referral mechanisms for follow-up at health centres. Even when cases are referred, there is no structured feedback or reporting system to confirm service uptake.

"We refer the children we screen with problems, but we never hear back. We don't even know if they were treated." *(District School Health Coordinator, Bono East Region)*

Similarly, programme planning and decision-making are rarely informed by evaluations or trend analysis of outreach impact. Most M&E is limited to activity counts or basic tallying, not outcome-level tracking.

Table 6. 10 Efficiency Challenges in Health Programme Delivery

Efficiency Area	Observed Issue	Clarification	Source Type
Mobile and Partner Outreach	NGOs and mobile teams plug capacity gaps in remote service delivery	Effective for hard-to-reach areas, but not sustainable; district budgets do not cover similar interventions	Field Interviews, DHDs
Programme Duplication	Parallel activities by health, education, and nutrition units	Lack of intersectoral calendars and planning causes redundancy, overburdening of schools and communities	MMDAs, CHPS staff
Referral and Feedback Gaps	Referrals from school health or outreach were not followed up on or documented	Missed opportunities for treatment, and weak integration between outreach and facility-based services	School Health Coordinators
Lack of Outcome-Focused M&E	No standard tools to assess outreach effectiveness or continuity	Reporting limited to the number of activities conducted rather than coverage, case closure, or recovery follow-up	District Health Planners

6.1.3.3. Availability and Timeliness of Healthcare Resources and Services

It was indicated that the sufficiency of medical personnel, equipment, and medications is very low. And there is pressure on the facilities. "The resources are not sufficient. The CHPS compound is overwhelmed, and the population has grown, especially since we became a regional capital". As a result, it was indicated that there is poor service delivery in terms of timeliness, as 'the demand is far greater than what the facilities can handle.'

6.1.4. Impact

6.1.4.1. Change in Key Health Indicators

Evaluation findings suggest that Ghana's primary health delivery system has contributed to moderate but meaningful progress in reducing the burden of some communicable diseases and improving nutritional outcomes at the community level. However, challenges persist around micronutrient deficiencies, continuity of nutritional support, and disparities in access to nutrition-sensitive services. Field-level perceptions of improvement in childhood illness and malnutrition were common, although systematic tracking or biomarker data did not always support these.

Reduction in Childhood Illness and Malaria

Community-level engagements across Ahafo, Bono, and Ashanti regions highlighted perceptions of reduced cases of common childhood diseases, particularly malaria, diarrhoea, and skin infections. These improvements were attributed to routine immunisation coverage, school health programmes, and increased access to basic health services through CHPS compounds and outreach clinics.

"Compared to five years ago, children don't fall sick often. We now take them to CHPS early, and they get treated." (FGD participant, Asunafo South District)

Nonetheless, this reduction was not uniform. Some districts cited seasonal resurgence of malaria due to misuse of mosquito nets, poor drainage, and lagging environmental health interventions. Notably, the presence of mobile health teams and improved access to first-line treatment contributed significantly to early detection and management.

Declines in visible malnutrition but persisting anaemia

District-level health officials and nutrition officers reported a visible reduction in cases of wasting and severe acute malnutrition among children under five, particularly in districts where school feeding programmes and targeted maternal health interventions were operational. However, anaemia, especially among pregnant women and adolescent girls, remains a persistent and under-addressed challenge.

"We rarely record severely malnourished children now. The cases have gone down, but anaemia is still high, especially for pregnant women." (District Nutrition Officer, Bono Region).

Several explanations were provided for this gap: inconsistent iron and folic acid (IFA) supplementation, low consumption of iron-rich foods, and limited screening at the community level. Where feeding programmes and maternal counselling were active, household dietary diversity appeared to improve, but this was not always sustained beyond the intervention period.

School Feeding and Maternal Health as Indirect Nutrition Enablers

The Ghana School Feeding Programme (GSFP) was widely recognised as a critical tool for reducing hunger and improving dietary intake among school-aged children. Parents and community leaders noted improved attendance and attentiveness among learners, particularly in food-insecure households. Similarly, the expansion of ANC services and the provision of supplements during pregnancy contributed to better maternal nutrition outcomes in some districts.

"At least when the children go to school, they are assured of one hot meal. It helps especially in farming season when food is scarce." (Assembly Member, Western North)

However, challenges were noted in food quantity, menu diversity, and consistency in food supply, particularly in schools located in remote areas. Without reliable budget disbursement and nutritional quality checks, the full nutritional potential of the programme remains underutilised.

Table 6. 11 Observed Changes in Key Health Indicators

Impact Area	Observed Changes	Clarification	Source Type
Childhood Illness Trends	Decline in common infections (malaria, diarrhoea) in several districts	Linked to CHPS expansion and increased health-seeking behaviour; not yet universal	FGDs, DHD Interviews
Malnutrition and Wasting	Severe acute malnutrition is less visible across schools and health centres	Positive trend attributed to feeding programmes and targeted interventions	District Nutrition Officers
Anaemia in Women/Girls	Persistently high anaemia among pregnant women and adolescents	IFA supplementation is uneven; dietary diversity is low in most low-income households	Systematic Review, Field Interviews
School Feeding Effects	Improved attendance and energy levels among pupils	Positive perception from communities; menu quality and quantity vary widely	FGDs, Community Observations
Maternal Nutrition Outcomes	Moderate improvement in maternal weight gain and ANC uptake	Progress is evident where outreach counselling and food support are integrated	District Health Directors

6.1.4.2. Strengthening of Health Systems at Local Level

The evaluation found that health system strengthening at the local level has progressed in structural terms, particularly through the expansion of the Community-based Health Planning and Services (CHPS) model. However, the operational effectiveness of these investments is undermined by systemic deficits in logistics, equipment, staffing, and intersectoral integration. These challenges reduce the ability of local health systems to deliver consistent, quality care, especially in hard-to-reach communities.

CHPS Expansion as a Local Health Access Lever

Several districts cited progress in the rollout of CHPS compounds as a critical success factor in extending health services to remote communities. CHPS was often the first point of contact for maternal and child health services, early disease detection, and health promotion.

"Most of our mothers now prefer going to CHPS zones. They know the nurses, and it is closer than the main hospital." (District Director of Health Services, Ahafo Region).

However, the functionality of CHPS facilities varied widely. In many cases, compounds lacked basic infrastructure, such as electricity, water, examination beds, or fridges for cold-chain services, hindering their ability to offer the full range of primary care services. Moreover, the absence of reliable transport (e.g., motorbikes or tricycles) constrained the capacity of Community Health Officers (CHOs) to conduct outreach and referrals.

Logistical Deficiencies and Equipment Gaps

Health staff repeatedly highlighted inadequate supply of logistics such as gloves, test kits, malaria drugs, blood pressure monitors, and maternity delivery sets. In particular, midwives reported delays in the supply of basic tools, limiting antenatal care effectiveness and maternal risk identification.

"We are supposed to check for anaemia, but we don't have the strips. Sometimes, we refer and the person never returns." (Community Health Nurse, Bono Region)

The evaluation also noted that in some areas, health facilities depended heavily on donor projects or short-term NGO contributions for equipment and supplies, creating long-term sustainability risks.

Human Resource Gaps in Low-Income and Rural Zones

The uneven distribution of trained personnel, especially midwives, nutrition officers, and public health nurses, continues to constrain local health systems. Several deprived districts operated with fewer than three trained staff at key health posts, with circuit coverage stretched across vast rural areas.

"We cover more than five communities, but we are only two. When one falls sick or goes for training, the whole system slows down." (Health Centre In-Charge, Northern Region)

The situation is compounded by rural-to-urban migration of experienced nurses, poor incentives for rural postings, and irregular training and supervision. While some districts leveraged the National Service Scheme or NGO partnerships to fill gaps temporarily, these were not sustainable in the absence of long-term staffing strategies.

Inadequate Support for Referral and Supervision Systems

Most districts lacked consistent monitoring and supervision protocols for CHPS compounds and sub-district health centres. Field visits by District Health Management Teams (DHMTs) were irregular due to fuel constraints, lack of vehicles, or competing demands.

"Supervision visits are supposed to be quarterly, but sometimes we go once a year, if at all." (District Public Health Nurse, Ashanti Region)

This affected the continuity of service quality, the implementation of guidelines, and the referral of critical cases to higher-level facilities.

Table 6. 12 Health Systems Strengthening at the Local Level

System Area	Observed Progress/ Challenge	Clarification	Source Type
CHPS Expansion	Coverage has improved in many districts	Physical structures have increased; operationalisation remains uneven	DHMT Interviews, Community FGDs
Logistics and Equipment	Major gaps in essential logistics and test supplies	Inconsistent flow of medical commodities and tools across facilities	CHOs, Facility Nurses
Human Resource Distribution	Critical staff shortages in rural and low-income districts	Midwives, nutrition officers, and health educators remain in short supply	District Health Officers
Transport and Outreach	Inadequate transport weakens outreach, referrals, and follow-up	CHOs in island or farming zones lack motorbikes or tricycles	FGDs, DHMT Reports
Supervision and Support	Irregular monitoring due to poor logistics and competing priorities	Supervision occurs less frequently than recommended	District Public Health Nurses

6.1.4.3. Community Perceptions and Unintended Outcomes

Evaluation findings across community-level focus group discussions and interviews with district and regional health officials revealed several concerns regarding community trust in the health system, particularly in relation to the National Health Insurance Scheme (NHIS), referral services, and facility-level practices. These perceptions not only influence health-seeking behaviours but also affect the effectiveness of primary healthcare delivery and overall system accountability.

Delays in NHIS Card Processing and Limited Package Awareness

Community members across all regions consistently expressed frustration with the time it takes to register and receive NHIS cards, particularly in rural and underserved locations. Some respondents indicated waiting several months for card activation, which delayed access to subsidised care.

"The NHIS card delays too much. Sometimes when you fall sick, you still pay full before the card arrives." (FGD Participant, Ashanti Region)

Beyond delays, the evaluation revealed a poor understanding of the benefit package among beneficiaries. Many were unsure which services were covered and under what conditions. This confusion resulted in avoidable out-of-pocket expenditures and dissatisfaction with healthcare encounters, especially when they were unexpectedly charged.

District health officials noted that health facilities are categorised into tiers (e.g., CHPS, health centres, polyclinics, hospitals), each permitted to offer only a limited range of NHIS-covered services. However, this distinction is not adequately communicated to community members, creating the perception that NHIS does not work uniformly across facilities.

"A patient may go to a clinic and be told to pay for drugs, but at the hospital, the same drugs are free. It's not because of corruption, it's the NHIS structure. But the people don't know this." (District Health Director, Bono Region)

Hidden charges and loss of confidence in Free Health Services

Across many focus groups, participants raised concerns about being required to pay for items and services they expected to be covered, such as laboratory tests, medicines, and dressing materials. These payments, though sometimes small, created a feeling of betrayal and mistrust toward both the facility staff and the broader government health system.

"We have the NHIS card, but we still pay for almost everything. What is it really for?" (FGD Participant, Northern Region)

These complaints were particularly strong in poor and remote communities, where household resources are already stretched. For many, the costs associated with transportation, prescription drugs not on the NHIS list, or follow-up testing discouraged further engagement with formal health services.

Referral Challenges and Indirect Costs

One of the more persistent concerns raised in both community and facility interviews was the financial burden associated with referrals. When patients are transferred from a CHPS compound or health centre to a district hospital, they often have to arrange and fund their own transportation. In emergencies or for vulnerable groups, these costs were described as prohibitive.

"The nurse told us to go to the hospital with the child, but we didn't have money for transport. We stayed and prayed."

(FGD Participant, Volta Region)

Referral inefficiencies were compounded by a lack of ambulances, poor road infrastructure, and the absence of a structured referral feedback system, leaving patients with fragmented and costly healthcare experiences.

Deteriorating public trust and implications for health-seeking behaviour

Collectively, these experiences contributed to growing scepticism toward public health services, especially among the poorest. In several FGDs, participants said they preferred to self-medicate or use informal drug vendors to avoid anticipated costs or frustration.

"Some people don't even bother to go to the CHPS again. They say it is the same as buying at the drug store." (Assembly Member, Western North Region)

This erosion of trust has serious implications for maternal and child health, disease prevention efforts, and early case detection, as patients delay or avoid seeking care.

Table 6.13 Summary of Community Perceptions and Unintended Outcomes in Health Service Delivery

Issue Area	Observed Concerns	Clarification	Source Type
NHIS Card Delays	Long processing periods discourage enrolment and delay access	Often 2–3 months for card issuance; worsened by the lack of registration agents in remote areas	FGDs, District Officials
NHIS Coverage Awareness	Poor understanding of the benefit package and facility entitlements	Communities are unaware of service limitations based on facility tier and accreditation	DHMT, Community FGDs
Hidden Charges	Unexpected costs for tests, drugs, and consumables erode confidence	Limited NHIS list, frequent stock-outs, and underfunded facilities push costs to patients	FGDs, Facility Nurses
Referral Costs	Financial burden of referrals limits uptake of essential services	No structured transport for referred patients; high indirect costs, especially in emergencies	FGDs, Health Centre Staff
Health-Seeking Behaviour	Patients opt for self-medication or delay care due to perceived inefficiencies	Trust in the formal system weakened; it may undermine public health interventions	Community FGDs

Respondents identified a range of persistent challenges that hinder the effective implementation of health programmes at the district level. Key among these were inadequate funding, staff shortages, lack of trained personnel, and insufficient logistical support such as vehicles, fuel, and essential infrastructure. These limitations significantly affect the reach and quality of health service delivery. One respondent explained the impact of poor infrastructure on service

access: **"Access to health services is limited, especially in areas without CHPS compounds. Like I told you, we have about 14 or 15 zones without CHPS compounds, so access to health services there is limited. Our island communities, which form about 30% of our population, also do not have health facilities or structures. We only go there for outreach services."**

Another critical issue consistently raised by respondents was the lack of financial resources to implement planned health activities. As one officer stated, **"The major problem the assembly faces in delivering healthcare services and implementing health programmes is the inadequacy of funds."**

Despite these constraints, many districts have adopted coping strategies to continue delivering essential services, often with limited human and material resources. As one district officer noted, **"We try our best to manage with the few available. This slows down the exercise because it's difficult to split teams."**

6.1.4.4. Positive and negative change stories from Health Service Experiences

This section captures community-level and district-level reflections on how recent health interventions and health system practices have influenced behaviours, service uptake, and trust in the health system. The thematic analysis highlights both positive outcomes and unintended consequences, based on narratives collected from focus group discussions (FGDs), health facility visits, and interviews with district health officials.

Positive Changes: Improved Antenatal Care (ANC) Attendance and Household Engagement

A consistent thread across districts was the improvement in antenatal care (ANC) attendance. Community Health Nurses attributed this to improved health promotion, mobile outreach, and the strategic integration of ANC services within Community-based Health Planning and Services (CHPS) compounds. In several districts, it was noted that CHPS compounds offered ANC sessions at market centres on designated days, increasing convenience for expectant mothers.

> **"Now more pregnant women come earlier. They say the midwife comes to the market area, so they can combine both."** *(Health Nurse, Central Region)*

Additionally, male involvement in maternal health has seen modest progress. Some districts, particularly in Ashanti and Ahafo regions, reported that community sensitisation by health promotion officers and religious leaders encouraged husbands to accompany their wives to ANC sessions or childbirth.

> **"My husband now takes me to the clinic. Before, he thought it was only for women."** *(Pregnant Woman, Bono Region)*

Households have also demonstrated increased uptake of health screenings during community durbars and school health sessions. This was evident in child growth monitoring, malaria testing, and nutrition education.

Behavioural Shifts: From Avoidance to Early Health-Seeking

Some communities, previously characterised by reliance on traditional healers or herbal remedies, reported gradual shifts toward early health-seeking behaviour, especially for children and pregnant women. This behavioural change is linked to intensified community engagement and the presence of community health volunteers.

"Before, we used herbs. But now, we test the child for malaria first. It is free at the CHPS." *(Mother, Upper West Region).* District health officers also highlighted how mobile deworming and vitamin supplementation in schools has created positive awareness and increased trust in health programming.

Negative Experiences: NHIS Card Expiry and Informal Charges

Despite the positive shifts, there were also troubling patterns. In multiple FGDs, women narrated instances where they were denied ANC or postnatal services due to expired NHIS cards, even for LEAP beneficiaries or pregnant women, who should qualify for exemptions.

"They said the card was expired. I told them I was pregnant, but they still asked me to pay." *(Young Mother, Western Region)*

Such experiences not only violate health policy directives but also deter women from seeking services in subsequent pregnancies. This undermines efforts to reduce maternal and neonatal mortality.

In addition, informal payments continued to be reported. In some cases, health workers asked for money to **"fast-track"** service or provide supposedly covered items like gloves, detergents, or test kits. Community members expressed fear of speaking up due to fear of victimisation or being denied care.

"If you complain, they will say 'go to another hospital.' So, we keep quiet and pay." *(FGD Participant, Volta Region)*

Perceptions of discrimination and inconsistency

The evaluation also recorded concerns about service inconsistency. Some mothers reported being treated differently based on appearance, economic status, or familiarity with health workers. Others mentioned that essential medicines were sometimes withheld if clients couldn't pay, even when NHIS was presented.

These experiences reinforce existing socio-economic barriers and limit the potential of pro-poor interventions such as free maternal healthcare and NHIS.

Table 6. 14 Community-Level Positive and Negative Change Stories in Health Service Delivery

Story Category	Observed Experiences	Clarification	Source Type
Improved ANC Attendance	Pregnant women accessing ANC earlier and more consistently	Mobile clinics and CHPS-centred outreach have increased convenience and reduced delays	FGDs, Health Officers
Male Involvement	Increased male support during pregnancy and childbirth	Linked to community mobilisation by religious leaders and health workers	FGDs, District Health Units
Behavioural Change in Seeking Care	Families now use CHPS before visiting herbalists.	Triggered by community sensitisation and the consistent presence of health staff	FGDs
Refusal of Service (Expired NHIS)	NHIS beneficiaries turned away due to expired cards	Violates NHIS exemption policies for pregnant women and LEAP households	FGDs, Facility In-Charges
Informal Payments	Users asked to pay for gloves, tests, or fast-track services despite NHIS coverage.	Result of stock-outs, underfunded facilities, or lack of clear communication on service entitlements	FGDs, Community Leaders
Discriminatory Attitudes	Perceived favouritism or mistreatment by health workers based on appearance or financial capacity	Not widespread but significant enough to erode trust in some districts	FGDs, Community Observations

6.1.5. Sustainability

6.1.5.1. Institutional and Financial Sustainability

A thorough assessment of sustainability in Ghana's health programming under Agenda for Jobs II reveals persistent challenges in translating strong national frameworks into locally funded, durable service delivery systems. While Ghana's health sector has seen strategic planning and institutional reforms, sustainability remains undermined by structural and fiscal weaknesses at sub-national levels.

Policy Frameworks exist, but are not matched by local resource commitment

The CHPS Policy (2022–2030), the National Nutrition Policy (2022), and the Maternal and Child Health Strategy provide comprehensive direction for preventive and primary healthcare. These documents emphasise community-based service delivery, nutrition-sensitive programming, and equity in service access.

However, interviews with Regional and District Health Officers revealed that district health management teams often lack the financial autonomy or inter-sectoral budget support required to operationalise these frameworks. Most CHPS zones and nutrition interventions depend on vertical support from central government or earmarked donor programmes, particularly UNICEF, USAID, and WFP.

"The CHPS strategy is good on paper. But our district gets nothing directly to implement it,we just wait for GHS to assign a donor project." *(District Director of Health Services, Bono Region)*

This situation weakens the ability of district assemblies to mainstream and budget for community-level health initiatives in their Medium-Term Development Plans (MTDPs), leading to fragmented ownership.

Financial vulnerability due to donor dependence

Across districts, maternal nutrition services, including iron and folic acid (IFA) distribution, school health outreach kits, and adolescent nutrition campaigns, were largely implemented with donor support. The discontinuation or delay of donor-funded logistics was cited as a direct cause of service interruption in several regions.

"IFA supply has been irregular since the donor phased out. No district budget was prepared for it." *(Nutrition Officer, Ashanti Region)*

Likewise, the school health programme, meant to be jointly implemented by the Ghana Health Service (GHS) and Ghana Education Service (GES), has become sporadic in the absence of dedicated funds, despite its inclusion in the national nutrition agenda.

This reflects a deeper structural issue: Ghana's district-level budgeting mechanisms remain insufficiently flexible or prioritised to absorb the operational costs of vertical programmes once external funding ends.

Weak integration into District Composite Budgets

Several District Planning Coordinating Units (DPCUs) reported that while health outcomes are embedded in the Agenda for Jobs II results framework and monitored in annual progress reports (APRs), dedicated budget lines for maternal nutrition, health promotion, or preventive outreach rarely exist.

District finance officers stated that health programming often relies on mid-year reallocation from non-health votes, resulting in delayed or reduced scale of interventions.

"Nutrition is in our plan, but never gets funds. Only disease outbreaks attract funds quickly." *(District Budget Officer, Ahafo Region)*

This weakens sustainability and increases the risk of service interruptions, especially for programmes such as adolescent reproductive health education or deworming drives.

Inadequate infrastructure planning for longevity

From CHPS compound assessments and planning interviews, it was clear that many health facilities operate in structurally unsustainable conditions, with low water and electricity accessibility, or staff accommodation. These issues limit operational longevity, affect staff retention, and discourage community participation. Even newly constructed CHPS compounds are sometimes handed over without provisions for maintenance, leading to early deterioration.

"The building was completed by the Assembly, but no money was allocated for furniture, fridges, or even water. We manage how we can." *(Community Health Nurse, Western Region)*

Absence of Sustainability Metrics in M&E

While GHS and regional health directorates conduct regular monitoring visits, none of the routine tools include sustainability indicators such as local financing, staff retention trends, or maintenance plans. This omission prevents the timely detection of systemic risks.

Furthermore, feedback loops between communities, health facilities, and DPCUs are not formalised, making it difficult to institutionalise community-driven solutions or highlight persistent threats to long-term functionality.

Table 6. 15 Institutional and Financial Sustainability – Key Observations and Clarifications

Sustainability Domain	Key Observations	Clarification	Source Type
Policy Strength vs. Financing Gap	National policies (CHPS, Nutrition Strategy) are strong but underfinanced at the district level.	Implementation depends on top-down funding and donor inflows rather than district resource planning.	Field Interviews, Document Review
Donor Dependence	Maternal nutrition, IFA, adolescent health, and school health kits are reliant on UNICEF, USAID, and WFP.	Districts unable to maintain programmes post-donor phase out	District Health Directors
Budget Integration Weakness	Composite budgets lack dedicated lines for nutrition and health promotion	Ad-hoc funding weakens service continuity	DPCU, Finance Officers
CHPS Infrastructure Gaps	Many CHPS zones lack electricity, water, or staff housing	Poor infrastructure reduces functionality and staff retention	CHNs, APR Reviews
Lack of Sustainability Metrics	M&E tools do not track sustainability indicators or funding continuity	No monitoring of fiscal autonomy, infrastructure depreciation, or institutional resilience	Systematic Review, Field Data

6.1.5.2. Partnerships and Multi-Stakeholder Systems

An evaluative review of the health sector's sustainability under Agenda for Jobs II reveals that while partnerships with NGOs, faith-based organisations, and multilateral actors play a vital role in bridging resource gaps and reaching underserved areas, their integration into the formal district-level planning and accountability systems remains suboptimal.

Fragmented Implementation of NGO and CHAG-Led Health Interventions

Numerous interventions led by NGOs and the Christian Health Association of Ghana (CHAG) were observed across districts, particularly in hard-to-reach communities. These initiatives included mobile child health clinics, nutrition counselling for adolescent girls, maternal nutrition support, and school-based deworming campaigns. However, interviews across multiple districts confirmed that these interventions are often executed in silos, with limited alignment to District Health Management Team (DHMT) workplans or Ghana Health Service (GHS) protocols.

"Sometimes an NGO comes, delivers a service, and leaves. We don't even know how many people they reached or what exactly they treated." (District Health Information Officer, Bono Region)

The result is duplication of efforts, parallel reporting systems, and in some cases, gaps in sustainability planning, particularly when NGOs exit or scale down.

Weak Planning Integration and Documentation at the MMDAs Level

Field interviews with District Planning Officers and Regional Coordinating Units confirmed that CHAG facility outputs and NGO programming are often omitted from Annual Progress Reports (APRs) and composite budget performance reviews. This omission arises from weak coordination protocols and inconsistent submission of service delivery data from non-state actors to the district level.

"CHAG does a lot of work, but we don't include it in our MTDPs because there's no data. They report to their headquarters, not us." (District Development Planning Officer, Ahafo Region)

This disconnect undermines the ability of MMDAs to present a holistic picture of health service coverage and impedes joint planning and prioritisation during the budget formulation process.

Missed opportunities for scale and knowledge transfer

While many donors or NGO-led pilots have demonstrated success (e.g., adolescent nutrition counselling, climate-sensitive health messaging, and mobile outreach), there is limited effort to embed these models into public sector health systems.

"The adolescent nutrition initiative had great uptake, but we couldn't continue it. No district funds, and no plan to take over." (Nutrition Focal Person, Western North)

Moreover, partnerships are often person-dependent, with limited institutional memory or continuity when leadership changes within NGOs or district teams.

» Conducting surveillance during outbreaks (e.g., COVID-19 and cholera), and

» Training frontline health workers in reproductive and maternal health.

Potential for Strategic Partnerships remains untapped

Despite these challenges, stakeholders acknowledged that partnerships with CHAG, USAID, WFP, UNICEF, and local NGOs have been instrumental in:

» Rolling out vitamin A supplementation campaigns,

» Supporting community-based nutrition sensitisation,

However, these successes need to be systematically leveraged through structured Memoranda of Understanding (MoUs), integrated planning frameworks, and shared data dashboards.

"We need to move from 'project-by-project' collaboration to system-wide alignment." (Regional Health Director, Ashanti Region)

Table 6.16 Partnerships and Multi-Stakeholder Systems – Summary of Evaluative Insight

Partnership Dimension	Observations	Clarification	Source Type
NGO/CHAG Contribution	Extensive services delivered but not systematically captured by districts	Outputs often reported to NGO HQs, not GHS or MMDA systems	District Health Directors, NGOs
Planning and Budget Integration	CHAG/NGO activities not integrated into MTDPs or APRs	Limited data flow and the absence of formalised coordination arrangements hinder joint planning	Planning Officers, APR Reviews
Knowledge Transfer	NGO pilots are not scaled or institutionalised	Lack of district funds or sustainability plans to take over successful programmes	Nutrition Officers, Interviews
Surge Capacity Support	NGOs support outbreaks and underserved areas effectively	Contributions during crises (COVID-19, cholera) are acknowledged but unstructured for future preparedness	GHS, Community Reports
Coordination Mechanisms	Partnerships often depend on personal relationships	No standing coordination forums or district partnership platforms	DPCUs, DHMTs

From the regional perspective, respondents emphasized that specific units often the Human Resource (HR) department or quality assurance officers are responsible for handling grievances. These focal persons receive complaints that have been escalated from the district level, particularly those beyond the capacity of local teams to resolve. One regional respondent described the structure as follows "Each district has a grievance redress focal person. At the regional level, the HR unit manages escalated issues."

There is a well-defined escalation process that moves from facility to district, and then to the regional level when necessary. Formal communication channels such as written letters, registers, or designated committees are typically used, though informal channels (e.g., WhatsApp) are also employed in urgent cases.

A respondent noted, **"Facility-level complaints that cannot be resolved locally are referred to the District Health Management Team (DHMT), and if still unresolved, they are escalated to the Regional Health Directorate."**

In rare cases where a grievance reaches the regional level, a special investigation committee may be established to examine the matter in detail and provide recommendations to the Regional Director. One official explained, "In the very rare case such a complaint gets to the regional level, an investigation committee is set to look into the matter properly."

Best practices to improve healthcare delivery

At the regional level, respondents highlighted efforts to integrate digital technologies into health systems to improve data management and expand service outreach. Platforms such as DHIMS-2, LHIMS, and E-Trackers are being used extensively to support real-time surveillance, ensure data quality, enhance coordination, and improve service delivery efficiency. These tools are especially effective in programmes targeting maternal and child health, tuberculosis, and HIV.

One of the regional participants observed, **"Digital means in collecting data and also for improving health outreach have been incorporated into the health system, not just here in the region but nationally."** A locally led initiative, the **"Eagle Eye"** maternal and neonatal death review programme, was also highlighted as an impactful innovation. According to one regional respondent, **"The 'Eagle Eye' maternal and neonatal death review initiative is a locally led innovation being scaled across districts to reduce preventable deaths through regular data review and action planning"**.

6.1.5.3. Community Ownership and Facility Maintenance

An assessment of health sector sustainability under Agenda for Jobs II highlights a complex picture regarding the role of communities in sustaining health infrastructure and service delivery, especially at the level of Community-based Health Planning and Services (CHPS) compounds.

Inconsistent Community Management of Health Facilities

Community involvement in the day-to-day upkeep of CHPS facilities and health centres was reported across all regions, but

with significant variation in effectiveness and structure. In some districts (e.g., parts of the Bono and Ahafo regions), Community Health Management Committees (CHMCs) and Unit Committees supported basic maintenance tasks, such as cleaning, facility security, and reporting of faults.

"Here, we formed a local health committee to monitor the CHPS compound. They help clean and report issues to us." *(Community Health Nurse, Ahafo Region)*

However, in other districts, especially in peri-urban and low-income urban zones, these structures were either inactive or absent. In those settings, community ownership was weak, and responsibility for facility upkeep defaulted to the overstretched district health teams.

Volunteerism is a pillar of ownership, but underfunded

Volunteers remain a key resource in sustaining facility-level operations, particularly in remote and riverine communities. Community volunteers assist with mobilising households during immunisation campaigns, escorting pregnant women for ANC, and offering surveillance support in hard-to-reach areas.

Yet, field reports consistently showed that motivation and participation are dwindling due to a lack of incentives, the absence of formal recognition, and minimal integration into the health workforce plans.

"We used to have volunteers helping with weighing and registering mothers, but they've stopped.

No support, not even boots or airtime." *(Sub-District Health Officer, Savannah Region)*

This presents a structural risk to the sustainability of decentralised health efforts, especially where formal staff coverage is low.

Limited investment in facility repair and maintenance

Facility maintenance is further constrained by inadequate budgetary provision for infrastructure upkeep within the Medium-Term Expenditure Frameworks (MTEFs) of MMDAs and the Ghana Health Service (GHS). Interviews confirmed that most facilities do not have routine maintenance schedules or access to repair funds unless external partners intervene.

"When the roof leaks or a window break, we have to wait for months before anything is done, if at all." *(CHPS Zone Officer, Northern Region)*

In cases where the community is mobilised to contribute to repairs, such contributions are often informal and poorly documented, raising concerns about transparency and accountability.

Missed opportunities for community-based accountability

Despite the presence of complaint boxes or suggestion books in some facilities, there

is limited use of community scorecards, facility audits, or participatory M&E tools to strengthen mutual accountability.

Where health facility feedback mechanisms existed, they were not linked to district-level planning or reporting systems.

"Even when communities complain, the issues don't always make it to the district plan or budget." *(District Planning Officer, Ashanti Region)*

Table 6. 17 Community Ownership and Facility Maintenance – Thematic Summary

Sustainability Issue	Observations	Clarification	Source Type
Community Participation	Active in some areas through CHMCs and volunteerism	Local health committees work well where community cohesion is high, but are missing elsewhere	District Health Officers, CHNs
Volunteer Support	Community volunteers help with mobilisation and outreach	Declining participation due to a lack of incentives and training	Sub-District Nurses, Field FGDs
Maintenance Practices	No dedicated funding or routine schedules for facility maintenance	Most repairs are delayed or handled informally through community contributions	DHMT, Planning Units
Feedback and Accountability	Limited mechanisms to document or act on community feedback	Complaints are not systematically integrated into health management or MTDPs	GHS M&E Officers

6.2. Lessons Learnt and Recommendations

Lessons Learnt

The evaluation of the health sector under the MTNDPF revealed that while district planning demonstrates strong alignment with national health priorities, including NHIS, CHPS expansion, maternal and child health, malaria control, and nutrition, the transition from policy to implementation remains weak. Limited resources, inadequate logistics, and uneven institutional capacity continue to constrain service delivery, creating a significant gap between what is planned and what is achieved. The NHIS, though central as a financial protection mechanism, suffers from delays in reimbursements, inconsistent benefit application, and hidden charges that undermine public trust and equitable access. Similarly, the expansion of CHPS compounds has improved geographical access to healthcare, but their impact is blunted by inadequate staffing, fragile referral systems, and weak integration with other programmes, limiting progress towards Universal Health Coverage.

Emerging priorities such as mental health, non-communicable diseases, and adolescent health remain underrepresented in district health plans, reflecting a misalignment between evolving health needs and local planning. This gap is compounded by overreliance on short-term donor-funded projects for critical services like nutrition and outreach, threatening sustainability when external support ends. Community Health Management Committees (CHMCs) have proven valuable in bridging the gap between communities and health facilities, but their effectiveness varies widely due to insufficient training, weak supervision, and a lack of clear incentives.

Global and national commitments, including SDG 3 and immunisation initiatives supported by GAVI, are visible in policy frameworks, yet challenges such as cold chain failures, erratic drug supplies, and fragmented monitoring systems weaken coherence with international goals. District responses to disruptions—whether from COVID-19, climate-sensitive diseases, or epidemic threats—remain largely reactive, with little planning, inadequate emergency stocks, and the absence of simulation drills to strengthen preparedness. Ultimately, the evaluation underscores that strong policy alignment does not automatically translate into effective, equitable, and resilient healthcare delivery. Financial access through NHIS alone is insufficient without reliable services, transparency, and trust. Similarly, vertical successes such as immunisation do not strengthen the broader health system when integration and coordination remain weak. The persistence of operational gaps, neglected emerging priorities, donor dependency, and fragile emergency preparedness highlights the need for a more proactive, sustainable, and system-wide approach to health planning and service delivery.

Recommendations

Based on these lessons, several key recommendations are advanced to strengthen the health sector and improve equity in service delivery. A central priority is to deepen bottom-up planning by ensuring that interventions at the district level are firmly grounded in community needs and participation. Community Health Management Committees (CHMCs), volunteers, and other local structures should be revitalised through regular training, monitoring, and incentive schemes, enabling them to play an active role in identifying priorities, shaping district health plans, and monitoring delivery. When local voices drive planning, interventions become more relevant, trusted, and sustainable. To support this, the capacity of CHPS compounds must be reinforced through adequate staffing, reliable logistics, and stronger referral and feedback systems to improve continuity of care. Ring-fenced funding for essential drugs, equipment, and skilled health workers, together with public–private partnerships for supply chains and infrastructure maintenance, will ensure that frontline services are able to respond effectively to local health challenges.

Equally important is restoring the effectiveness of the NHIS. Streamlining card issuance through mobile registration units, addressing reimbursement delays, and clearly communicating benefit packages at each facility level will reduce out-of-pocket payments and rebuild trust. Local communities, when properly informed, can hold the scheme accountable and provide feedback that strengthens its responsiveness. District health plans should also mainstream underfunded and often neglected areas such as NCD prevention, adolescent health, disability-friendly services, and mental health, with dedicated resources, measurable indicators in DHIMS2, and systematic training for frontline staff. Linking health planning with agriculture, education, and social protection will

further strengthen nutrition-sensitive interventions and ensure holistic responses to child malnutrition, teenage pregnancy, and maternal health.

To ensure long-term sustainability, donor-funded programmes should be gradually integrated into district composite budgets, supported by transitional funding strategies and a Health Sustainability Fund financed by national levies. This will allow districts to maintain critical services such as nutrition and outreach even after external support ends. Preparedness for health emergencies and climate-sensitive illnesses must also be embedded into bottom-up planning, with districts developing contingency strategies, conducting simulation drills, prepositioning emergency stocks, and coordinating closely with NADMO and other partners. Strengthening cold chain infrastructure and aligning district monitoring with global indicators will help close gaps in immunisation, maternal health, and adolescent outreach while ensuring coherence with international commitments.

Finally, deliberate political commitment is needed to guarantee that health infrastructure investments respond to epidemiological evidence and service delivery needs rather than political demands. By anchoring health planning in community priorities, data, and district-level accountability frameworks such as community scorecards and grievance mechanisms, Ghana can build a resilient, equitable, and sustainable health system where bottom-up planning is not only recognised but institutionalised as the foundation of effective service delivery.

CHAPTER SEVEN: NUTRITION

7. Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing nutrition outcomes.

7.1. Findings

The field evaluation of the nutrition focus area of the MTNDPF shows that while Ghana's nutrition programmes are conceptually aligned with national frameworks such as the National Nutrition Policy (NNP), the CHPS strategy, and the Ghana School Feeding Programme (GSFP), as well as global commitments like SDG 2 and WHO nutrition targets, their operationalisation at the district level is weak. Nutrition continues to be perceived as an externally driven agenda rather than a locally owned priority, with interventions heavily reliant on donor-funded projects instead of dedicated domestic budget allocations.

Community-level initiatives such as infant and young child feeding, iron and folic acid supplementation, and deworming are often included in district plans but lack focal officers, logistics, and robust monitoring, resulting in fragmented implementation and limited impact. The GSFP has boosted enrolment and retention, yet poor menu diversity, inadequate caterer training, and weak links to local agriculture undermine its nutritional contribution. Maternal nutrition services show some consistency, but stock-outs, persistent cultural food taboos, and low male engagement limit effectiveness, while adolescent nutrition, particularly anaemia prevention, remains a major gap. Broader socio-economic challenges, including household poverty and seasonal food insecurity, further constrain dietary diversity and the adoption of healthy practices, despite growing awareness of exclusive breastfeeding and balanced diets.

Weak intersectoral collaboration between health, agriculture, and education, coupled with insufficient staffing, logistics, and outcome monitoring, exacerbates these challenges. Ultimately, systemic under-resourcing, over-dependence on donors, and limited institutionalisation of community-led initiatives threaten the sustainability of nutrition programming, preventing knowledge and policy commitments from being translated into consistent service delivery and lasting improvements in dietary behaviours.

7.1.1. Relevance and Coherence

7.1.1.1. Alignment with National Nutrition Strategies and Sector Policies

Nutrition programming under the Agenda for Jobs II demonstrates partial alignment with national strategies and sectoral frameworks, particularly the National Nutrition Policy (NNP), the CHPS policy, and the objectives of the Ghana School Feeding Programme (GSFP). At the district level, evidence from field interviews and development plans indicates that nutrition priorities have been acknowledged in varying degrees but are not consistently mainstreamed into core district objectives or budget allocations.

Across the districts engaged, nutrition interventions, such as infant and young child feeding (IYCF), iron and folic acid (IFA) supplementation, and deworming, were referenced within Medium-Term Development Plans (MTDPs), but their operationalisation lacked clarity. Several DPCU officers and District Health Directors confirmed that while CHPS zones form the operational backbone for community-level nutrition outreach, many nutrition activities are externally funded or project-driven and not fully integrated into local planning cycles.

A planning officer from the Oti Region remarked, **"Nutrition appears in our MTDP, especially in relation to maternal health, but the implementation depends on what the health directorate is doing or what NGOs bring in."**

This reflects a broader pattern where nutrition is recognised in planning narratives, but its execution is externally led or constrained by weak local ownership and inadequate internal resourcing. While the CHPS strategy and maternal-child health platforms provide the infrastructure for delivering nutrition interventions, district-level reflections suggest that these mechanisms operate under capacity stress, often lacking dedicated nutrition focal persons, logistics, or monitoring frameworks.

The integration of GSFP into education and nutrition goals is another critical point of alignment. However, field reports indicate that in many districts, the school feeding programme operates independently of local nutrition strategies, with limited nutrition-sensitive menu planning or linkages to community agriculture. Moreover, officers in two regions noted that caterer training on dietary diversity or food safety is rare, reducing the programme's contribution to national nutrition goals.

Institutionally, there is a weak linkage between nutrition interventions and broader preventive health strategies. For example, the prevention of non-communicable diseases (NCDs) through nutrition education, an explicit goal in the National Nutrition Policy (2016 – 2022), is not systematised at the district level. Discussions with regional officers revealed that most nutrition activities still focus on maternal and child outcomes, with limited visibility for dietary risk reduction, anaemia prevention among adolescents, or household-level food safety practices.

Table 7.1 Alignment of Nutrition Interventions with National Policies and Sector Strategies

Review Area	Evidence from Field Engagements	Alignment with National Strategy	Clarification	Source Type
MTDP Integration	Nutrition activities (IFA, child feeding, deworming) appear in MTDPs but with no direct budget line. Health directorates or NGOs drive implementation.	Moderate	Reflected in planning but not resourced or owned by MMDAs. Relies on GHS, UNICEF, and World Vision-supported initiatives.	District Planning Officers
CHPS and Health Delivery	CHPS compounds offer maternal nutrition counselling, but most lack dedicated nutrition officers or reliable supply chains.	Moderate	CHPS structures are aligned with the national strategy but under-resourced. Several compounds lack functional weighing scales or IFA stocks.	Community Health Nurses
Ghana School Feeding Programme (GSFP)	Meals are provided daily, but caterers lack consistent training on nutrition guidelines. Linkage to local farmers and dietary planning is weak.	Weak to Moderate	GSFP exists, but its nutrition focus is not enforced. It is seen as a food delivery programme rather than a nutrition-sensitive one.	DPCUs; School Heads
Maternal and Adolescent Nutrition	Some outreach on IFA and breastfeeding exists. However, adolescent anaemia prevention is highly donor-driven, with programmes such as the Girls Iron and Folic Acid Supplementation (GIFTS) programme. Nutrition education in schools is limited or inconsistent.	Weak	Lack of integration with adolescent health platforms. Districts rarely track dietary diversity or household nutrition beyond anthropometry.	Health Directorate Staff
Policy and Intersectoral Linkages	Nutrition is seen as a health issue; agriculture and education departments are not actively involved. Food security and NCD prevention are not reflected in nutrition plans.	Weak	Intersectoral coordination is weak. Agricultural extension agents and education officers are rarely part of planning for community-based nutrition delivery.	Regional Planning Units

7.1.1.2. Coherence with Global and Regional Nutrition Frameworks

Ghana's national nutrition response is formally aligned with global frameworks such as SDG 2 (Zero Hunger), the WHO Global Nutrition Targets, and regional partnerships like the Scaling Up Nutrition (SUN) Movement. At the policy level, the National Nutrition Policy (2022) and its implementation strategies emphasise the promotion of Infant and Young Child Feeding (IYCF), food fortification, micronutrient supplementation, and the prevention of nutrition-related non-communicable diseases (NCDs). However, thematic reflections from district engagements and programme implementation point to a mixed level of coherence in practice.

Integration of IYCF and Micronutrient Practices

The IYCF guidelines, such as exclusive breastfeeding for six months and appropriate complementary feeding thereafter, have been incorporated into national policies and disseminated through health education. Some district-level officers reported community-level nutrition counselling embedded into maternal and child health services and CHPS outreach. However, coverage remains inconsistent. The IYCF counselling component is often deprioritised due to high patient loads, limited community follow-up, and poor monitoring tools.

"We try to include IYCF in our outreach, but sometimes we just give the vaccines and go because of time and resources." (District Public Health Nurse, Western North).

Disconnect in Micronutrient and Food Fortification Monitoring

While Vitamin A supplementation and IFA distribution are implemented in most districts, there is weak integration of micronutrient data collection and usage. District health teams often report on outputs (e.g., number of tablets distributed), but no data is collected on biological outcomes or behavioural uptake. For food fortification (such as iodised salt or fortified flour), there is no regular local-level tracking or collaboration with food markets to assess compliance.

"We don't track fortified foods. We only encourage households to buy iodised salt, but we can't enforce or monitor." (District Nutrition Officer, Bono Region).

Nutrition-related NCDs and Global Goals

The nutrition system is currently under-equipped to contribute to SDG 2.2 and WHO's NCD targets related to diet, salt/sugar reduction, and obesity prevention. While hypertension and diabetes screening are conducted under general health checks, their linkage to dietary risk factors is rarely emphasised. There is also no structured public health campaign or intersectoral framework at the district level targeting dietary transitions or NCDs, despite evidence of a shift in food consumption habits, particularly in peri-urban areas.

Limited visibility of Global Frameworks in Local Planning

Although Ghana's national frameworks reference the SUN movement and GAIN's food systems agenda, district-level stakeholders do not typically interact with these strategies directly. There is a disconnect between national reporting frameworks and local implementation realities, with some district officers unaware of how their activities relate to broader international indicators.

Table 7. 2 Coherence with Global and Regional Nutrition Frameworks

Review Area	Evidence from Interviews and Documents	Degree of Coherence	Clarification	Source Type
Infant and Young Child Feeding (IYCF)	Policy guidelines aligned with WHO; implemented during ANC and postnatal visits, but with weak follow-up and prioritisation.	Moderate	Messaging exists, but coverage gaps and limited staff commitment reduce reach in rural and hard-to-reach areas.	District Health Officers
Micronutrient Supplementation	Vitamin A and IFA were distributed, but no data on uptake or impact. School-based deworming and supplementation are often not tracked.	Weak	Focus remains on inputs (distribution counts); outcome indicators (anaemia, nutrient status) are not frequently collected.	Field Interviews
Food Fortification	Fortified foods are promoted in national policy, but no community-level mechanisms exist to monitor access or usage.	Weak	District nutrition officers have no tools or mandate to track fortified food availability in local markets.	Systematic Review
NCD and Dietary Risk Prevention	No dedicated NCD-focused nutrition interventions despite global targets. NCDs are treated as separate from nutrition programming.	Weak	Nutrition's role in preventing diet-related NCDs is not incorporated in routine health education or intersectoral district planning.	Community Feedback

Review Area	Evidence from Interviews and Documents	Degree of Coherence	Clarification	Source Type
Use of Global Indicators (e.g., SUN, GAIN)	National reporting includes SDG 2, SUN, and GAIN metrics, but local implementers are unaware of these frameworks.	Weak	The disconnect between policy reporting and district-level programme ownership limits the effectiveness of global-local alignment.	Policy Review

7.1.1.3. Coherence with Health and Social Protection Programmes and Policies

At the regional level, the focus is more strategic, centring on coordination, capacity building, and technical oversight. A regional nutrition officer emphasised: "We ensure capacity building by regularly training community health nurses, nutrition officers, and health volunteers on protocols for distributing supplements such as Vitamin A, IFA tablets, and RUTF." In addition to classroom-based training, hands-on mentorship remains a core aspect of capacity development: "On-the-job coaching is regularly done or provided to the district officers during this activity."

Regional respondents also stressed the importance of integrated service delivery, where nutrition interventions are embedded within broader maternal and child health services:

"Our nutrition services are integrated into Child Welfare Clinics (CWC), Growth Monitoring and Promotion (GMP), and Antenatal Clinics. This integration ensures that mothers and children have continuous access to essential supplements and counselling services."

7.1.1.4. Relevance to Local Needs and Vulnerable Populations

Field interviews and community-level discussions confirm that many nutrition interventions, while well-intentioned, do not always reflect the specific nutritional vulnerabilities and contextual challenges faced by different communities. District nutrition focal persons, health officials, and caregivers highlighted the persistence of deeply rooted cultural beliefs, adolescent malnutrition, and economic barriers affecting dietary practices and uptake of nutrition services.

Adolescent Nutrition and Anaemia

One of the most frequently raised issues across districts was adolescent anaemia. Although national strategies emphasise iron and folic acid (IFA) supplementation for adolescent girls, community-level implementation was limited largely due to insufficient funding to procure the commodities. In many cases, girls are unaware of the risks of anaemia. One health worker noted:

"We are seeing younger girls getting pregnant and anaemic, but we don't have a specific programme for them apart from general health talks." (Nutrition Officer, District Health Directorate)

Exclusive Breastfeeding and Infant Feeding Challenges

In peri-urban and rural communities, early cessation of exclusive breastfeeding remains common, driven by economic demands on mothers and lack of family support. Cultural misconceptions about breastmilk sufficiency also persist. A caregiver shared during a focus group:

"After three months, I started giving porridge because the child was crying too much. They say breastmilk alone is not enough." (Mother, Bono Region)

Health officers reported that male involvement in nutrition practices, especially support for breastfeeding and dietary diversity, is low, and nutrition counselling is rarely extended to fathers. The lack of tailored messaging for men is a missed opportunity to address decision-making gaps within households.

Cultural Beliefs and Food Taboos

Field narratives uncovered strong community-level beliefs restricting certain nutritious foods for pregnant women and children. Taboos against eating eggs, snails, or certain protein sources continue to influence food choices, particularly among pregnant adolescents and lactating mothers. Some taboos are reinforced by elder women, making community sensitisation particularly delicate.

Poverty and Household Food Insecurity

Chronic poverty and seasonal hunger limit the ability of vulnerable households to access diverse diets. Several districts observed that while nutrition knowledge may exist, financial constraints often force caregivers to prioritise quantity over quality in household food decisions. As one respondent noted:

"We know what is good, but the market price is too high. So we just buy maize and cook with salt." (Community FGD, Ahafo Region)

Low Uptake of Supplements and Services

Limited understanding of the benefits of nutrition supplements, combined with sporadic availability at health centres, has affected coverage. For example, while vitamin A campaigns are widely recognised, routine uptake of multiple micronutrient powders or adolescent iron-folic acid tablets is very low.

Table 7. 3 Relevance of Nutrition Interventions to Local Needs and Vulnerable Populations

Review Area	Evidence from Field Engagements	Level of Responsiveness	Clarification	Source Type
Adolescent Nutrition	Anaemia in girls is rising, but the implementation of GIFTS is limited. IFA tablets are not consistently distributed.	Weak	Policy prioritises adolescent health, but there is limited district-level implementation or M&E targeting this group.	District Health Officers
Exclusive Breastfeeding Practices	High dropout from exclusive breastfeeding before 6 months due to workload, myths, and lack of male/family support.	Moderate	Behaviour change interventions are insufficient. Messaging is not adapted to socio-economic realities or cultural norms.	Community FGDs
Gender Roles in Nutrition Decisions	Fathers are not involved in nutrition education or decisions; women carry the burden of compliance.	Weak	Male-targeted outreach and community structures like father groups are largely absent from district strategies.	Field Interviews
Cultural Food Taboos	Pregnant women and infants are restricted from eating nutrient-rich foods (e.g., eggs, snails) due to community taboos.	Weak	Cultural beliefs are not adequately addressed in communication strategies. Outreach lacks culturally responsive tools.	FGDs, Nutrition Officers
Household Food Insecurity and Poverty	Knowledge of good diets exists, but affordability remains a major constraint. Caregivers opt for bulk starchy staples.	Moderate	Structural poverty drives food decisions; no consistent safety nets or nutrition-sensitive agriculture linkages to support household dietary improvements.	Community Members
Access and Uptake of Nutrition Services	Low use of multiple micronutrient powders or adolescent IFA. Intermittent stock-outs noted.	Weak	Logistics and demand creation for micronutrient services are weak. Health workers lack outreach time and materials to increase awareness and uptake.	District Health Staff

7.1.2. Effectiveness

7.1.2.1. Improvements in Household Dietary Diversity and Food Consumption

The effectiveness of Ghana's nutrition interventions under the Agenda for Jobs II framework has been moderately visible in household-level dietary practices. However, district and community-level engagements reveal that while some gains have been made, especially through targeted nutrition education and maternal health outreach, challenges related to behaviour change, food access, and programme integration remain persistent and context-specific.

Progress in Dietary Diversity through Behaviour Change Communication

Across multiple regions, nutrition officers and CHPS outreach teams confirmed that households have begun to adopt more varied diets, especially where behaviour change communication (BCC) interventions were tied to antenatal care, growth monitoring, and home visits. In some areas, nutrition education sessions promoted locally available nutrient-rich foods such as leafy vegetables, legumes, and small animal protein sources. Caregivers reported improved awareness of food groups and the need for balance in meals.

"When we go for weighing, they now tell us to add kontomire and beans for the child. Before, we just gave porridge." (FGD Participant, Bono Region)

However, this improved awareness has not always translated into consistent practice due to affordability, availability, or cultural norms. Poor households often face structural food insecurity and prioritise bulk staple meals, leading to repetition in diets and seasonal gaps in nutrient diversity.

Exclusive Breastfeeding and Early Childhood Feeding Practices

The promotion of exclusive breastfeeding (EBF) and improved complementary feeding has been one of the most visible nutrition campaigns. Field accounts indicate that EBF messages are now widely known by mothers, largely due to intensified ANC and postnatal counselling and CHPS zone outreach. However, actual practice varies significantly by location, maternal workload, and support systems.

"We teach them about exclusive breastfeeding, but some mothers stop early because they need to work on the farm or market." (District Nutrition Officer, Western North)

Additionally, early child feeding practices, such as the timely introduction of solids and dietary diversity for children under two, remain inconsistent. Field nutritionists lamented that most mothers introduce plain porridge, often without protein or micronutrient additives, and lack guidance on how to enrich foods at home.

Seasonal and Gender Influences on Food Access

Nutrition effectiveness is undermined in areas with high seasonal food insecurity or entrenched gender roles in household food decision-making. In some communities,

women are solely responsible for feeding but lack control over income or household food purchases. This reduces their ability to implement nutritional knowledge, even when they receive training.

"We give them training, but if the husband brings gari and beans only, that is what they will eat." (Community Nutrition Officer, Ashanti Region)

Seasonal patterns, such as lean seasons or harvest gaps, also lead to fluctuations in diet quality. Dry periods lead to reduced vegetable intake and fewer food group options, especially among subsistence farming households.

Limited Data and Programme Integration

Despite these community-level trends, the nutrition system has limited routine measurement of dietary diversity indicators at the household level. Minimum Dietary Diversity for Women (MDD-W) and children under five are rarely monitored outside of specific donor-funded projects. The integration of such outcome indicators into DHIMS and district M&E frameworks remains weak.

Table 7. 4 Effectiveness of Nutrition Interventions on Dietary Practices

Theme	Effectiveness Observation	Clarification	Source Type
Household Dietary Diversity	Improved food variety knowledge due to health outreach, but inconsistent application due to poverty and seasonal constraints.	Awareness has improved; implementation is often constrained by affordability, availability, or gender control over food decisions.	FGDs, District Officers
Exclusive Breastfeeding (EBF)	Widespread knowledge of EBF messages among mothers, especially those accessing ANC services.	Knowledge is not matched by consistent practice due to maternal workload and social support challenges.	Field Interviews, Community FGDs
Complementary Feeding Practices	Early complementary feeding often lacks variety or protein-rich inputs.	Plain porridge or carbohydrate-heavy foods are the norm for children aged 6–24 months.	Nutrition Officers
Community Nutrition Education Campaigns	Messages have reached many households through CHPS and growth monitoring sessions.	Impact depends on the frequency of outreach, local staff capacity, and linkage to maternal care systems.	CHPS Outreach Reports
Monitoring of Dietary Indicators	MDD-W and child dietary diversity are rarely measured routinely.	Outcome tracking is limited to project-specific interventions; no national routine system for diversity data integration.	Systematic Review, DHMT Feedback

7.1.2.2. School-Based Nutrition Outcomes

School-based nutrition, particularly through the Ghana School Feeding Programme (GSFP), remains a cornerstone of public nutrition and education policy under the Agenda for Jobs II framework. Evidence from regional, district, and community-level engagements confirms that while the programme continues to serve its core purpose of boosting school enrolment and retention, significant quality gaps persist in food diversity, nutrient content, and operational consistency.

Retention and Attendance Gains from GSFP

Across nearly all regions, stakeholders acknowledged that GSFP has played a meaningful role in improving school attendance and retention, especially among children from low-income households. Caregivers and teachers reported that the availability of one hot meal per day has reduced absenteeism and created incentives for early enrolment. Children who might otherwise stay home to support household income-generating activities are more likely to remain in school when meals are guaranteed.

"If not for the food, some of these children will not come. That is the main reason parents send them." (School Headteacher, Western North)

Concerns About Nutrient Adequacy and Menu Consistency

Despite these enrolment gains, several communities and district education officers flagged serious limitations in the nutritional value of meals served. The required menu guidelines, which aim to ensure a balanced mix of starches, proteins, and vegetables, were reportedly not followed in many schools due to irregular funding, poor oversight, or inadequate capacity of caterers.

"We are told they are to add beans or vegetables, but often it is just plain rice or gari." (Parent, Bono Region)

In certain districts, meals lacked protein-rich ingredients and were repetitive over time. Children in schools with larger enrolments often received smaller portions, raising questions about per capita food allocations and caterer accountability.

Regional Disparities in Implementation Quality

The effectiveness of school-based nutrition varied notably across regions. While some districts with strong monitoring frameworks and better caterer engagement adhered more closely to menu guidelines, others reported consistent lapses. For instance, schools in peri-urban and rural parts of the Ashanti and Ahafo Regions experienced more interruptions in food supply due to transportation issues or delayed payments to caterers.

"Sometimes we don't cook for two weeks because they say the money has not come." (School Feeding Caterer, Asunafo District)

"We want to teach them about good food, but the feeding is not even balanced, and no one checks." (District Nutrition Officer, Bono East)

Linkages with Health and Nutrition Education are weak

Although school feeding has the potential to serve as a platform for broader nutrition education, these synergies were mostly absent. CHPS zones or community nutrition officers rarely engage with schools to reinforce messages about healthy eating, hygiene, or dietary diversity. Moreover, school gardens or locally sourced ingredient programmes were virtually non-existent.

Limited Feedback Mechanisms and M&E

A key implementation gap is the absence of functional monitoring and feedback systems at the school level. While the GSFP has official oversight structures, school-level reporting and parent engagement were described as weak or tokenistic. PTAs and School Management Committees (SMCs) were reportedly not consistently involved in food quality checks or feedback to district authorities.

Table 7. 5 Effectiveness of School-Based Nutrition Interventions

Theme	Effectiveness Observation	Clarification	Source Type
School Attendance and Retention	GSFP significantly improves enrolment and daily attendance.	Particularly effective for lower-income households; caregivers prioritise schools that offer meals.	FGDs, School Heads
Nutritional Quality of Meals	Meals frequently lack protein and vegetables.	Menu diversity is inconsistent; beans, fish, or leafy greens are often omitted due to cost or poor caterer capacity.	District Education Officers
Regional Implementation Disparities	Food supply is more consistent in some regions; erratic in others.	Variance due to local logistics, caterer performance, and disbursement delays from central authorities.	Regional Planning Officers
Caterer Capacity and Accountability	Many caterers lack training in food hygiene and meal planning.	No formal standardisation or refresher training systems for caterers were reported; oversight is ad hoc.	GSFP District Desk Officers
Integration with Nutrition Education	Weak or non-existent linkages between GSFP and nutrition counselling.	No structured collaboration between GES, CHPS zones, or nutrition officers to reinforce healthy eating messages or conduct school-based screenings.	District Health Officials
Monitoring and Feedback Systems	Minimal involvement of PTAs or SMCs in school feeding monitoring.	School-level actors have limited capacity or formal role in holding caterers accountable or reporting quality issues.	PTA Members, Field Interviews

7.1.2.3. Maternal and Child Nutrition

Maternal and child nutrition remains a critical pathway for achieving improved developmental and health outcomes in Ghana. Under the Agenda for Jobs II framework, efforts to strengthen iron and folic acid (IFA) supplementation, antenatal care (ANC)-linked nutrition services, and counselling for pregnant and lactating mothers were acknowledged across districts. However, these gains are challenged by systemic gaps in adolescent nutrition coverage, supply chain issues, and poor integration between nutrition and reproductive health services.

IFA Supplementation and Prenatal Nutrition Services

Across most districts, health facilities consistently provided IFA supplements to pregnant women during ANC visits. In areas where Community Health Planning and Services (CHPS) compounds were active and functional, IFA distribution was more regular. Health workers also provided dietary advice, focusing on the importance of protein, iron-rich foods, and diversified meals during pregnancy.

"When they come for ANC, we give them iron and counsel them on what to eat. We tell them to add beans, fish, and fruits." (CHPS Nurse, Ahafo Region)

However, the regularity of IFA supply was not guaranteed. Some health facilities reported stock-outs of supplements, leading to inconsistent provision. Additionally, field officers noted that women's adherence to supplementation was influenced by side effects, misconceptions, or competing food taboos.

"Some stop taking the tablets because they say it makes them vomit or constipated." (District Nutrition Officer, Western North)

Nutrition Counselling and Community Sensitisation

Nutrition counselling was often provided in group settings during ANC days or through community health volunteers. While messages on dietary diversity and breastfeeding were common, few programmes were tailored to specific needs, such as adolescent mothers or high-risk pregnancies. Some districts with NGO or multilateral Development Partner partnerships (e.g., UNICEF, WFP) offered more robust counselling services, including home visits and follow-up education.

"We try to talk to them in the community meetings, but not all come. Sometimes, the adolescent girls hide their pregnancies." (CHPS Zone Supervisor, Bono Region)

In a few communities, traditional beliefs still hindered full engagement with nutrition services. For example, certain food taboos discouraged pregnant women from consuming eggs or snails, believed to cause birthing complications or undesirable traits.

Adolescent Nutrition and Missed Opportunities

While there exist comprehensive nutrition programmes for adolescents, such as the Nutrition Friendly School Initiative,

one of the most significant gaps is the near absence of structured nutrition programmes for pregnant adolescents, despite high rates of adolescent pregnancy in several districts. School-based nutrition outreach and iron supplementation for girls were low performing due to limited funding and the unavailability of iron and folic acid.

"We don't really have a system to target girls before they become pregnant. They only show up when there's a problem." (District Health Director, Ashanti Region)

Although adolescent nutrition is addressed in the National Nutrition Policy (2022) and the Adolescent Health Strategy, implementation at the district level remains weak. Schools, health facilities, and community outreach efforts were not synchronised, limiting early interventions that could prevent malnutrition or anaemia in adolescent girls.

ANC-Based Nutrition Screening and Referrals

While most facilities incorporated basic weight and haemoglobin checks during ANC visits, the tools for more advanced screening (e.g., MUAC measurement or dietary intake analysis) were rarely available. Referral pathways for malnourished mothers or high-risk pregnancies were inconsistently applied.

"We have to guess sometimes. We don't have the right tools to check nutrition risk unless it is already visible." (Midwife, Northern Region)

Table 7. 6 Effectiveness of Maternal and Child Nutrition Interventions

Theme	Effectiveness Observation	Clarification	Source Type
IFA Supplementation	Widely available in most districts but irregular in some due to supply issues.	Pregnant women often receive IFA tablets during ANC, though adherence is affected by side effects and beliefs.	District Health Officers
Nutrition Counselling for Mothers	Provided through ANC and CHPS but not tailored to individual risk or adolescent needs.	Counselling sessions focus on general dietary guidelines, but lack follow-up mechanisms or integration with reproductive health services.	CHPS Nurses, FGDs
Adolescent Nutrition Interventions	Largely absent or weakly implemented.	High adolescent pregnancy rates are not matched with targeted nutrition screening, iron supplementation, or education in schools.	District Nutrition Officers
Community Sensitisation	Occasional outreach through durbars and health talks.	Community involvement is inconsistent; some regions rely heavily on NGOs for sustained sensitisation.	Field Interviews

Theme	Effectiveness Observation	Clarification	Source Type
ANC Nutrition Screening	Limited tools for comprehensive nutrition risk screening.	Basic weight and haemoglobin checks are conducted, but there are few referral mechanisms or capacity for detecting undernutrition during pregnancy.	Health Centre Midwives

7.1.2.4. Nutrition Communication and Behavioural Change

Nutrition communication and behaviour change activities are central to addressing poor dietary habits, food taboos, and misinformation at the community level. Within the framework of Agenda for Jobs II and the National Nutrition Policy (NNP), several districts attempted to integrate nutrition education through community-based platforms, school sensitisation campaigns, and support from development partners. However, field evidence shows that while progress has been made, outreach remains inconsistent, underfunded, and overly dependent on external actors.

Community-Based Nutrition Education Campaigns

Several districts reported the implementation of community durbars, health talks, and demonstration activities to teach households about affordable, nutrient-rich foods and appropriate feeding behaviours. CHPS nurses and nutrition officers conducted food demonstrations using locally available produce, especially in maternal and child health clinics and community meetings.

"We teach them how to cook balanced meals with what they grow. Beans, kontomire, tomatoes, all can be made into good food for babies." *(Nutrition Officer, Bono Region)*

However, such demonstrations were reported as irregular due to the absence of adequate logistics, facilitation allowances, or transport. Field interviews from the Northern and Ahafo regions noted that some communities had not had any nutrition-focused community engagement in the last year.

Use of Local Leadership and Traditional Structures

In a few districts, traditional leaders, assembly members, and religious figures were engaged in mobilising communities for nutrition sessions or discouraging harmful beliefs (e.g., avoiding eggs during pregnancy, early weaning). These leaders served as entry points for addressing food taboos and promoting positive behaviour change.

"The chief supported us when we wanted to talk about exclusive breastfeeding. He told the men to allow their wives to follow what we teach." *(CHPS Nurse, Northern Region)*

However, this engagement was often informal and personality-driven rather than being institutionalised into planning systems or district behaviour change strategies.

Radio Campaigns and Mass Communication

Radio remains a key tool for community nutrition education, particularly in areas with high illiteracy. A few districts partnered with local FM stations to run nutrition segments in local languages, often co-hosted by health staff or CSOs. These radio spots were used to demystify myths around breastfeeding, child growth, and food combinations.

"Our nutritionist goes on radio every Friday. We talk about food for children, mothers, and even about anaemia in girls." *(District Health Promotion Officer, Ashanti Region).*

Nonetheless, these campaigns were more common in urban and peri-urban districts with stronger NGO presence or where media access was high. Rural districts without strong CSO partners struggled to sustain regular radio programming.

Role of Civil Society Organisations and Development Partners

Civil society organisations (CSOs), NGOs, and international agencies such as UNICEF and WFP played a significant role in strengthening nutrition communication. They supported the development of IEC (Information, Education and Communication) materials, facilitated training of frontline workers, and sometimes sponsored food demonstration sessions and community mobilisation.

However, this support was not well-integrated into district workplans or monitored effectively. In several cases, district officials could not provide documentation or M&E data for CSO-led nutrition outreach.

"We had an NGO support us last year to train some women groups, but it's not in our APR. We don't have their report." *(District Planning Officer, Volta Region)*

Table 7. 7 Effectiveness of Nutrition Communication and Behaviour Change Interventions

Theme	Effectiveness Observation	Clarification	Source Type
Community Education Campaigns	Periodic food demos and group education in ANC and child welfare clinics.	Effective where sustained, but outreach is inconsistent and dependent on frontline staff availability and CHPS functionality.	Field Interviews, FGDs
Engagement with Traditional Leaders	Encouraging cases of chiefs and imams supporting nutrition messages.	Efforts are ad hoc and not formalised in a nutrition promotion strategy.	District Nutrition Officers
Use of Radio and Mass Media	Nutrition education broadcast on local stations in select districts.	More effective in urban districts; coverage in rural areas is sparse, and funding for radio airtime is lacking.	District Health Promotion Units
CSO and NGO Support	NGOs provide vital training and IEC material, but documentation is weak.	NGOs enhance outreach but operate outside of district M&E systems.	District Planning Officers

Theme	Effectiveness Observation	Clarification	Source Type
Cultural Belief and Taboo Engagement	Slow change in food taboo beliefs, especially among older community members.	Engagements are more successful when local leaders are involved in debunking myths.	FGDs, CHPS Nurses

Challenges in Delivering Nutrition Programmes

Respondents across various districts shared first-hand experiences of the barriers they face in implementing nutrition programmes. Many respondents emphasised that nutrition activities often lack dedicated and timely funding. Even when included in district budgets, funds are either inadequate or delayed, forcing frontline health workers to rely on other programme funds or personal contributions.

"Our biggest challenge is funding. Most of the things we do are from our own pockets or by integrating nutrition into other programmes," as reported by one officer.

Supply chain disruptions, especially stock-outs of essential nutrition commodities, inadequate Transport and logistics and Shortages in human resources, particularly of trained nutrition officers and field personnel, were all cited as common challenges across the districts. **"We have vehicles, but fuelling them for frequent outreach is a problem. It affects how often we can visit communities,"** as reported by one respondent.

Addressing Challenges in the Region and District

Respondents shared practical recommendations on how to address the persistent challenges affecting nutrition programme delivery at both the district and regional levels. Across districts, respondents emphasised the importance of committed funding and logistical support to improve nutrition programming: **"The Assembly should allocate a dedicated and ring-fenced budget for nutrition activities in the Medium-Term Development Plans and Annual Action Plans. That way, we don't always wait for external support before we can act."**

The consensus from the focus group discussions was that nutrition was often treated as an add-on activity, which affects the timeliness and consistency of service delivery. They stressed the need for the District Assemblies to prioritise nutrition in their planning and budgeting processes actively. To strengthen human resources for nutrition, respondents also called for increased staffing: **"We need more trained staff—nutrition officers, community health nurses—so we're not overstretched. Right now, a few of us are doing everything, and it affects the quality of care we provide."**

7.1.2.5. Addressing Nutrition Deficiencies in Target and at-Risk Populations

At the regional level, respondents emphasised the need for better planning and integration of nutrition commodities into the wider health logistics system. They suggested enhancing supply forecasting using available digital tools: "The region can improve its forecasting by analysing data from DHIMS-2 and GhILMIS. That way, we know what's needed ahead of time and can avoid last-minute gaps."

Respondents also noted that inefficiencies arise when nutrition commodities arrive outside of the established last-mile distribution schedule and to resolve this, they recommended more proactive coordination between the Nutrition Unit, Regional Medical Stores (RMS), and supply chain managers to ensure that nutrition commodities are included in scheduled deliveries **"We need to harmonize the distribution schedule so that when Last Mile is moving, they move with nutrition items too. That would save time and ensure timely supply to districts"** as explained by one respondent.

7.1.3. Efficiency

7.1.3.1. Resource Allocation and Coordination

The efficiency of nutrition service delivery across districts under the Agenda for Jobs II framework has been significantly affected by systemic resource and coordination challenges. Although Ghana's National Nutrition Policy (2022) and related sector strategies recognise the importance of multi-sectoral collaboration and adequate resourcing, implementation efficiency at the local level remains weak. This sub-section presents a thematic analysis of inefficiencies in resource distribution, personnel deployment, and inter-agency collaboration, based on interviews with district officials, frontline providers, and community members.

Staffing Gaps in Nutrition Services

Nutrition activities at the district level are often overseen by a single officer who doubles as both the nutrition focal person and community outreach supervisor. In many districts, nutrition services are integrated into broader health delivery platforms such as CHPS compounds or ANC clinics, but there is no designated public health nutritionist or dedicated community nutrition officer.

> **"We have only one person who covers all communities for nutrition activities. She joins immunisation, deworming, feeding demonstrations, everything."** (District Health Officer, Ahafo Region)

This workload limits supervision, data verification, and nutrition education efforts. It also weakens programme fidelity, as nutrition-specific tasks are sometimes deprioritised under general health workloads.

Delays in Nutrition-Linked Programme Funding

The Ghana School Feeding Programme (GSFP) and district-level nutrition support (e.g., for IFA procurement, nutrition corners, and outreach materials) face severe funding unpredictability. School caterers interviewed in the Bono Region indicated that payment delays often led

to ration reductions, diminished meal diversity, or temporary stoppages in meal preparation.

"Sometimes we wait three months to get paid. So we borrow to cook or reduce the food." (School Caterer, Bono Region)

The lack of timely fund disbursement undermines the efficiency and credibility of the programme and limits its nutrition-enhancing potential. This issue also affects the sustainability of demand-side interventions such as adolescent girls' IFA supplementation and ANC-linked food demonstrations.

Logistical Gaps for Nutrition Service Delivery

Nutrition-specific logistics, such as growth monitoring equipment, anthropometric tools, IFA stock, food demonstration kits, and counselling materials, are often unavailable or in short supply. Field evidence from Northern and Western North regions indicates that community nutrition corners were either inactive or lacked the tools necessary to carry out their functions.

"We don't have weighing scales anymore, and even the counselling charts are torn. We do our best with what we have." (CHPS Zone Nurse, Northern Region).

Logistical limitations reduce the efficiency of delivery and the credibility of interventions. CHPS facilities, for instance, rely on referrals for services that could otherwise be provided on-site, leading to underutilisation of frontline facilities.

Vertical and Horizontal Coordination Constraints

Nutrition sits at the intersection of multiple ministries: Health (MoH), Food and Agriculture (MoFA), Education (GES), and Local Government (MLGRD). However, there is weak vertical coordination between national directives and district-level implementation. Additionally, horizontal linkages across departments at the district level (e.g., between District Health Management Teams and District Agricultural Development Units) are either informal or non-functional.

"We know agriculture is doing some food support and health is doing IFA. But we don't meet to coordinate or plan together." (District Planning Officer, Eastern Region)

This disconnect, results in fragmentation. School feeding menus are developed without health or agriculture input; nutrition corners operate separately from agriculture extension; and adolescent nutrition initiatives are disconnected from education curricula. Moreover, development partner-funded nutrition activities are often not captured in Annual Progress Reports (APRs), affecting monitoring and learning loops.

Table 7. 8 Efficiency of Nutrition Interventions – Resource and Coordination Challenges

Efficiency Theme	Observed Gaps	Clarification	Source Type
Staffing and Human Resource Constraints	Single nutrition officer or none; no trained public health nutritionists at the district or CHPS level.	Staff are overstretched, limiting supervision, nutrition-specific outreach, and service quality.	Field Interviews, DHMTs
Delayed Funding and Disbursement	GSFP payments delayed; IFA procurement funds irregular; community outreach unfunded.	Undermines meal quality, food demonstrations, and IFA continuity.	Caterers, Health Officers
Logistics and Equipment Shortages	Shortages in growth monitoring kits, demonstration materials, IFA, and job aids.	Frontline staff rely on improvised tools, which leads to unreliable service and low morale.	CHPS Nurses, Regional M&E
Vertical Coordination Weakness	MoH guidelines on IFA, maternal diet, not reflected in DMTDP implementation strategies.	A disconnect between national nutrition plans and actual budgeting or action at the local level.	District Planning Units, Reviews
Horizontal Coordination Failures	Health, agriculture, and education departments are working in silos; poor integration of nutrition into school planning or agricultural extension.	Missed opportunity for synergy and cost-efficiency in outreach.	Field Interviews, APR Reviews
CSO and Partner Activity Integration	Donor-implemented nutrition projects are not documented or budgeted in DMTDPs/APRs.	Leads to underreporting, duplication, and a lack of institutional learning from partner-supported innovations.	District Planning Officers, NGOs

7.1.3.2. Efficiency of Nutrition Programme Delivery

An assessment of nutrition programme delivery under the Agenda for Jobs II framework reveals considerable inefficiencies in how interventions are designed, implemented, and tracked. Despite the existence of strategic frameworks such as the National NNP, weak intersectoral collaboration and fragmented implementation have hindered cost-effective delivery of nutrition outcomes. This sub-section explores inefficiencies in programme duplication, data utilisation, and operational monitoring, drawing from district- and community-level engagements.

Fragmentation and Duplicative Nutrition Interventions

Field interviews from multiple districts indicate that nutrition-related activities often operate in parallel across sectors without adequate coordination. For instance, school-based nutrition under the Ghana School Feeding Programme (GSFP) runs independently from health-led deworming campaigns, while agriculture-led food demonstrations are rarely aligned with health facility nutrition messaging.

"Education does school feeding, health does deworming, agriculture talks about nutrition gardens, but we don't meet to plan together." (District Nutrition Officer,

Bono Region)

This siloed approach has resulted in duplicated efforts such as separate outreach visits to the same schools or communities, uncoordinated beneficiary targeting, and divergent messaging. The absence of a unified district-level nutrition coordination platform contributes to service inefficiencies, higher delivery costs, and weakened programme coherence.

Lack of Output and Outcome Tracking for Core Interventions

The evaluation found that most nutrition-related activities at district and sub-district levels are not linked to clear cost-effectiveness or output measurement frameworks. Deworming, for instance, is implemented as part of child health campaigns, but district-level reports do not disaggregate the nutrition impact or coverage rates of deworming across target groups.

"We report that we have dewormed, but we don't analyse who benefited or what difference it made." (District Health Information Officer, Western North)

Similarly, food supplementation programmes (e.g., lipid-based nutrient supplements, fortified foods, IFA) and food safety sensitisation efforts are not monitored for coverage, cost-effectiveness, or behavioural change outcomes. This limits the ability of MMDAs and regional health directorates to assess delivery efficiency and improve targeting based on results.

Poor Feedback Loops for Behavioural Change Communication (BCC)

Nutrition behavioural change interventions, particularly food demonstrations, radio-based nutrition messages, and community nutrition education, are not systematically assessed for reach, frequency, or influence. District nutrition officers highlighted that IEC materials are not updated regularly, and there is no mechanism to assess the retention or effect of nutrition messages.

"We train mothers on exclusive breastfeeding and complementary feeding, but we don't know if they practice it or if it helps." (CHPS Compound Nurse, Upper West)

This inefficiency in BCC programming stems partly from the absence of tools to evaluate knowledge transfer, behavioural shift, or nutrition practice change across households. Nutrition education is often bundled into ANC visits or community outreach without specific budgets, monitoring templates, or personnel capacity to assess impact.

Underuse of Digital Tools and Data Platforms

Although some districts report the existence of data collection tools for nutrition services (especially ANC-based IFA, child growth monitoring, and food supplementation), these are rarely analysed locally to improve service delivery. For example, data on anaemia rates among adolescent girls or growth faltering among children under five is collected but not used for micro-targeting or community-specific response planning.

"We enter the data for reports, but no one reviews it to plan actions or revise strategies." (Sub-district Nutrition Focal Person, Eastern Region)

Moreover, local governments do not routinely integrate nutrition performance indicators into Annual Progress Reports (APRs), further weakening accountability and feedback loops.

Table 7. 9 Efficiency of Nutrition Programme Delivery – Gaps in Coordination, Monitoring and Use of Results

Efficiency Theme	Observed Challenges	Clarification	Source Type
Programme Fragmentation	Separate nutrition programmes by MoFA, GHS, GES implemented with minimal alignment.	Leads to duplicated school/ community visits, incoherent messaging, and poor resource pooling.	Field Interviews, DHMT Reports
No Cost-Effectiveness Tracking	Deworming, food supplementation, and safety sensitisation lack cost-output analysis.	Programmes are implemented without systematic tracking of efficiency, making prioritisation difficult.	District Health Officials, M&E
Weak Monitoring of BCC Activities	No systematic review of the reach, frequency, or outcome of community-level nutrition education.	Training was conducted without measuring learning outcomes or behavioural uptake.	CHPS Nurses, Community FGDs
Poor Use of Nutrition Data	Child nutrition data (e.g., IFA compliance, stunting, anaemia) are not analysed for planning.	Districts input routine service data but rarely apply it for targeting or service reconfiguration.	District Health Information Units
Lack of Feedback Loops and Learning Systems	No forums to discuss nutrition programme results or adapt interventions across sectors.	Weak linkage between data collection, decision-making, and programme improvement.	DHMT, Planning Officers

7.1.4. Impact

7.1.4.1. Change in Nutrition Indicators

Stunting and Wasting: Mixed Progress with Persistent Pockets of High Prevalence

Discussions with district health officials and nutrition focal persons revealed modest declines in stunting and wasting in some localities, particularly where nutrition education and maternal health outreach were well-integrated. CHPS compounds with consistent IYCF (Infant and Young Child Feeding) messaging and growth monitoring showed a downward trend in moderate wasting. However, rural and food-insecure zones continued to report high prevalence.

"In the sub-districts where we combine feeding demonstrations and ANC education, we see fewer children in the red zone. But in riverine and remote zones, wasting remains high." *(District Nutrition Officer, Savannah Region)*

In districts with poor access to clean water, limited household dietary diversity, and weak food storage capacity, wasting prevalence remains a concern. Stunting reductions are minimal in areas where food taboos persist or feeding frequency is low due to economic constraints.

Anaemia: Widespread and Poorly Addressed

Anaemia among pregnant women, adolescent girls, and under-fives emerged as one of the most persistent and under-addressed nutritional challenges. Despite the existence of protocols on IFA (Iron and Folic Acid) supplementation and deworming, field reports noted irregular supply, poor follow-up, and limited awareness, especially among adolescent girls outside ANC systems.

"Most of our anaemia cases are among teenage girls not coming for ANC. The IFA is available sometimes, but they don't know it's for them." *(Sub-Metro Health Officer, Greater Accra)*

While ANC clients in functional CHPS zones often receive IFA supplements, dropout rates and weak follow-up undermine effectiveness. Food fortification efforts were rarely mentioned during community FGDs, indicating that these have yet to make an appreciable impact on population-wide iron status.

Underweight and Case Management

Underweight prevalence varied significantly by district. Districts with operational growth monitoring and child welfare clinics showed better identification and follow-up of malnourished children, but logistical constraints, including weighing scales, MUAC tapes, and transportation, limited outreach. In some instances, case identification was strong, but case management (e.g., referral to feeding centres or provision of ready-to-use therapeutic food) was unavailable or delayed.

"We track the children every month, but we don't have supplies to support the severely underweight ones. Sometimes, we refer them, but they never go." *(CHPS Zone Nurse, Upper East Region)*

Many communities still lack access to child rehabilitation centres or supplementary feeding programmes. Nutrition officers reported low integration of underweight data into district Annual Progress Reports (APRs), affecting resource allocation and targeted interventions.

District Disparities in Nutrition Outcomes

Nutrition indicator trends were not uniform across regions. Districts with stronger partnerships with NGOs and faith-based organisations reported better outcomes, while those dependent solely on government resources lagged behind. For example, districts supported by Catholic Relief Services or WFP noted reductions in underweight cases through community food banks and nutrition gardens. In contrast, resource-constrained areas

lacked active malnutrition programming.

"NGO support helped us set up community food reserves and train mothers, and that's how we saw improvement in child weight gain." *(District Nutrition Officer, Ahafo Region)*

Table 7. 10 Summary of Changes in Nutrition Indicators under Agenda for Jobs II

Indicator	Observed Trends	Clarification	Source Type
Stunting	Minor reductions in areas with strong ANC and IYCF integration.	Persistent in food-insecure and climate-vulnerable districts.	DHMTs, CHPS Nurses
Wasting	Mixed trends; improvement in better-served districts.	High in riverine and flood-prone zones.	Field Interviews, CHPS Zones
Anaemia	Remains high across age groups, especially adolescent girls.	Weak follow-up on IFA, poor targeting outside the ANC System.	Nutrition Officers, Focus Groups
Underweight	Identified in growth monitoring, but there is a weak linkage to support services.	Logistics and therapeutic food constraints hinder effective case management.	CHPS Nurses, District Reports
District Disparities	Better outcomes in NGO-supported districts.	Lack of equity in coverage and poor mainstreaming into district planning systems.	Nutrition Officers, Systematic Review

7.1.4.2. Positive or Negative Change Stories in Nutrition Interventions

This section presents change narratives from caregivers, community stakeholders, and district nutrition officers as a qualitative lens into the lived outcomes of nutrition programming under Agenda for Jobs II. These stories are not isolated occurrences but reflect broader patterns of programmatic influence, both positive and negative, on food security, dietary behaviour, and adolescent nutrition.

Improved household food security through school meals

Numerous caregivers across Bono and Northern regions narrated how the Ghana School Feeding Programme (GSFP) significantly contributed to household food stability. In households with three or more school-age children, GSFP provided consistent daily meals that offset morning hunger and reduced food budgeting stress at home.

"When the children eat at school, I can stretch our food at home for dinner. It helps us manage." (Caregiver, FGD – Northern Region)

However, these positive accounts were often tempered with concerns about irregularities in food supply, especially during inflationary periods. During price spikes in 2022–2023, several districts recorded reductions in portion sizes or lower-quality ingredients in school meals.

"The food is no longer as much. Sometimes, they come home hungry even after eating at school." (Mother, Bono Region)

District nutrition officers noted that in the absence of cost-indexed adjustments to GSFP caterer allowances, meal quality declines were inevitable, limiting the nutritional buffer intended by the programme.

Diet Diversity Gains from Extension Education and Food Demonstrations

Community-level extension programmes and food demonstration campaigns delivered by nutrition officers and local NGOs resulted in tangible shifts in feeding practices. In Eastern and Ahafo regions, caregivers spoke of replacing white yam-only diets with more diverse meals incorporating vegetables, legumes, and local protein sources.

"Now we add kontomire and groundnut paste to our meals. They taught us that it helps with blood and growth." (Mother of two, Community Session – Ahafo Region)

These behaviour changes were most pronounced in areas with consistent nutrition education linked to health centres or faith-based organisations. In areas without such outreach, many caregivers continued with monotonous food habits due to knowledge and affordability constraints.

Adolescent Nutrition is still under-prioritised

Despite some progress, adolescent nutrition was widely recognised as a neglected priority. District officers expressed concern about insufficient nutrition screening and services for teenage girls, who often fall outside ANC coverage. This oversight was identified as a contributor to persistent anaemia and undernutrition in this group.

"Adolescent girls are not part of any nutrition programme unless they get pregnant. That's when we see them." (District Nutrition Officer – Ashanti Region)

In one coastal district, nutrition officers had piloted community adolescent clubs to provide nutrition counselling alongside reproductive health education, resulting in reported improvements in iron intake and food choices.

Negative Experiences: Programme discontinuity and food inflation

Field reflections from Northern and Western regions revealed frustrations over suspended or inconsistent nutrition support programmes. For instance, some caregivers reported the abrupt end

of fortified porridge distributions and vitamin A campaigns, without explanation or substitute interventions.

"They used to give us food powder for the children, but it stopped suddenly. We never heard why." (Caregiver – Western Region)

Such interruptions were attributed to shifting donor priorities and delayed fund releases. Similarly, caregivers lamented that food inflation had rendered locally available nutritious foods (e.g., eggs, groundnuts, oranges) unaffordable, reversing earlier gains in child feeding diversity.

Table 7. 11 Summary of Impact across Key Areas of Nutrition Interventions

Review Area	Observed Impact	Clarification	Source Type
Household Food Security	Improved meal frequency and food budgeting for households with children in GSFP beneficiary schools.	Caregivers reported reduced food stress and reliance on school meals for daily sustenance. However, benefits were less pronounced during inflation periods, where food quality and portion sizes declined.	FGDs, District Nutrition Officers
Child Dietary Diversity	Positive changes in food combinations and feeding behaviours in communities exposed to food demos.	Demonstration campaigns and nutrition counselling shifted diets from starch-dominated meals to more balanced ones with leafy vegetables, legumes, and local protein. Progress varied depending on access to nutrition extension services.	FGDs, Community Nutrition Workers
Adolescent Nutrition	Persistently low prioritisation and visibility in local nutrition efforts.	Most districts lacked specific services or screening mechanisms for adolescent girls. Coverage gaps limit progress in reducing anaemia and undernutrition in this group. Pilot youth clubs showed promise but lacked scale-up resources.	District Nutrition Officers, FGDs
School-Based Nutrition	GSFP was widely recognised for improving attendance and dietary security, but quality concerns were raised.	The programme was effective as a social protection measure but suffered from inconsistent supply chains, poor menu diversity, and non-alignment of caterer allowances with inflation.	FGDs, School Heads, Nutrition Officers
Maternal and Child Nutrition	IFA distribution and dietary counselling through ANC were beneficial but not widespread.	Pregnant women in districts with consistent community health outreach received better nutrition education and supplement adherence. Adolescent girls and postnatal women often missed out.	Health Staff, Community Respondents
Behaviour Change and Awareness	Strong gains in areas with active CSO support, religious outreach, or radio campaigns.	Local change agents (e.g., religious leaders, local CSOs) played key roles in promoting food hygiene, exclusive breastfeeding, and dietary improvements. Where these were absent, behavioural change was slow.	FGDs, Extension Officers, NGOs

Review Area	Observed Impact	Clarification	Source Type
Perceived Programme Reliability	In some districts, programme disruptions reduced community confidence in nutrition programming.	Reports of discontinued fortified porridge, delays in micronutrient supplementation, or irregular outreach eroded trust and created uncertainty about service continuity.	FGDs, District Planning Officers
Resilience to Economic Shocks	Households in poorer districts cited rising food prices as a barrier to maintaining balanced diets despite education campaigns.	The inability to purchase nutritious food, especially animal protein and fortified staples, was common, highlighting a need to pair education with affordability strategies (e.g., local food voucher programmes or subsidised nutritious staples).	FGDs, Community Caregivers

7.1.4.3. System Strengthening Reflections

The integration of nutrition into district planning and administrative structures has shown signs of gradual institutional recognition, but implementation remains inconsistent across regions. A notable development is the emergence of nutrition desks within some Metropolitan, Municipal, and District Assemblies (MMDAs), often led by designated nutrition focal persons within the District Planning and Coordinating Units (DPCUs). These positions are beginning to formalise multisectoral coordination efforts and provide a platform for nutrition-sensitive planning, especially in districts with support from development partners or active NGOs.

However, in most districts, the elevation of nutrition as a cross-cutting development issue is still in its early stages. While several District Medium-Term Development Plans (DMTDPs) mention food security, child nutrition, and maternal health, these priorities are not always backed by clear strategies, measurable targets, or budget allocations. Interviewed district officers described nutrition as a "listed but not financed" priority, underscoring the symbolic nature of inclusion without operational reinforcement.

Moreover, the absence of strong Monitoring and Evaluation (M&E) frameworks for nutrition hinders the tracking of progress or outcome attribution. Unlike sectors with dedicated MIS systems (e.g., health or education), nutrition data often remains scattered across programme-specific reporting tools or NGO-led surveys. This limits the potential for strategic learning, local accountability, and policy adaptation.

Some positive examples were observed where local assemblies, particularly those working with UNICEF or WFP, had integrated community nutrition indicators into performance reviews or established joint planning sessions with Ghana Health Service (GHS), the School Feeding Programme, and MoFA extension officers. However, such coordination is the exception rather than the rule.

7.1.5. Sustainability

7.1.5.1. Institutional and Financial Sustainability

A detailed review of nutrition implementation across districts and regions reveals significant vulnerabilities in both institutional ownership and financial continuity of nutrition programming. Despite growing awareness of the developmental importance of nutrition, Ghana's nutrition agenda remains heavily dependent on external support, with limited evidence of sustained domestic financing or full integration into the local government fiscal space.

Donor Dependency and Vertical Support Models

Several nutrition-specific programmes, such as micronutrient supplementation (e.g., Iron and Folic Acid distribution), fortified blended foods, and community-level behaviour change campaigns, are still largely supported by international actors such as UNICEF, WFP, USAID, and Global Affairs Canada. These partners not only fund service delivery but also support capacity building, logistics, and data systems. Interviews with District Nutrition Officers and GHS focal persons consistently noted that without donor-backed supply chains, basic inputs such as micronutrient powders, food demonstration kits, and deworming tablets would not be available. This vertical model weakens systemic accountability and undermines long-term resilience.

Limited Local Government Investment

At the MMDA level, nutrition rarely receives funding from Internally Generated Funds (IGF) or District Assembly Common Fund (DACF) allocations. Planning officers acknowledged that nutrition is often listed in Composite Budgets, but without corresponding allocations. Nutrition was frequently described as "dependent on projects," with officers highlighting the absence of a ringfenced nutrition budget or a dedicated budget line to fund even basic outreach activities or intersectoral coordination meetings.

Disconnect between institutional commitments and practice

Ghana has made institutional strides through the establishment of national-level policies such as the National Nutrition Policy and the Nutrition Strategy (2022), but their operationalisation at subnational levels remains weak. While district plans refer to these frameworks, there is minimal enforcement, weak technical capacity for cross-sector coordination, and a lack of mechanisms to track budget execution specific to nutrition outcomes.

Risks to Programme Continuity

Field engagements revealed fears about the future sustainability of nutrition programmes should external funding decline. A community nutrition coordinator stated, "When the donor exits, we don't have the vehicles or the allowances to continue even our outreach services." This sentiment was echoed in several other districts, where nutrition activities were suspended between programme cycles due to gaps in domestic bridging funds.

Institutional Opportunities are still underutilised

Although Nutrition Desks have been established in a few MMDAs and focal points designated, these structures are often not empowered with authority, training, or financing. Their roles remain symbolic unless supported by active political buy-in and mainstreamed into DPCU work plans.

Table 7. 12 Summary of Institutional and Financial Sustainability of Nutrition Interventions

Review Area	Observations from Field Engagements	Clarification	Source Type
Donor Dependency	Nutrition supplements, fortified foods, IFA tablets, and M&E tools funded by external partners	Donor-driven vertical programming limits government ownership	Field Interviews (District & Regional Health Officers)
Local Financing Gaps	IGF and DACF rarely allocate funds to nutrition activities	Nutrition is listed in plans but not reflected in composite budgets	DPCU Budget Officers, Composite Budget Reviews
Institutional Coordination	Nutrition focal persons exist, but operate without dedicated budgets or work plans	Planning officers note symbolic roles without operational mandate	DPCU Planners, District Nutrition Officers
Policy-Practice Gaps	National nutrition strategies are not enforced or monitored at the district level	Weak fiscal accountability mechanisms and low district-level enforcement	Systematic Review, Field Interviews
Sustainability Risks	Nutrition activities halted when donor cycles end	No contingency planning or sustainability strategies in place	Regional GHS Coordinators, NGO Partners

7.1.5.2. Community Ownership and Food Environment Transformation

Sustainability of nutrition interventions is strongly influenced by the degree to which communities are engaged, empowered, and supported to create enabling food environments. Field interviews and systematic review findings show that several promising community-driven initiatives exist across districts. However, their potential for sustainability is significantly hampered by weak institutional integration, poor documentation, and the absence of long-term support frameworks.

Emergence of Community-Led Solutions

In several districts, particularly in rural and peri-urban zones, communities have initiated small-scale food production schemes to improve access to diverse and nutritious foods. These include:

- **Community Gardens:** Typically coordinated by Unit Committees, women's groups, or school PTAs. Gardens support school feeding programmes and household consumption, especially in the lean season. However, most of these initiatives rely on seasonal rains and lack technical agricultural extension support.

- **Youth Nutrition Clubs:** Formed in collaboration with NGOs or GES school health units, these clubs conduct food hygiene sensitisation, distribute simple nutrition messages, and run home garden projects. While enthusiasm exists, there is limited curriculum integration or supervision to ensure consistency and sustainability.
- **Women's Cooperatives and Farmer-Based Organisations (FBOs):** Groups engaged in fortified flour production, soy processing, and dried fruit packaging were reported in three districts. These initiatives show potential for local economic empowerment while supporting dietary diversity. However, they face challenges accessing finance, storage, and formal markets.

"Our women's group used to grow orange-fleshed sweet potatoes. But now we've stopped, no tools, and the district hasn't supported us in two years." (Community FGD, Ahafo Region)

Weak Institutional Linkages and Poor Scale-Up Mechanisms

Despite these innovations, there is no formal documentation system at the district level to track, assess, or scale community-led nutrition innovations. MMDA planning units do not consistently include local food initiatives in their Composite Plans or Budgets. In addition, linkages between these community groups and agricultural extension, nutrition officers, or MoFA-led resilience programmes remain weak or ad hoc.

"The women are doing well, but we don't have a way of capturing these community efforts in our official district M&E reports." (DPCU Officer, Bono East)

Moreover, most food environment innovations are donor-initiated pilot projects that are not absorbed into local development plans when donor cycles end.

Neglect of Indigenous Nutrition Knowledge and Cultural Assets

Discussions also highlighted the underutilisation of traditional foods and indigenous dietary knowledge. In several focus group discussions, community elders shared practices related to traditional weaning foods, seasonal preservation methods, and local food-based remedies. Yet, these practices are rarely included in formal nutrition education materials or promoted through behaviour change campaigns.

Table 7. 13 Summary of Community Ownership and Food Environment Transformation

Review Area	Observations from Field Engagements	Clarification	Source Type
Community Gardens	Support school feeding and lean-season nutrition	Lack of irrigation, tools, and extension services	FGDs, District Agric Extension Agents
Youth Clubs	Nutrition advocacy and school gardening are promoted	Not mainstreamed in school curricula; limited teacher support	GES School Health Coordinators
Women's Nutrition Cooperatives	Engage in local food processing (e.g., soy, cassava)	Face finance, input access, and market barriers	Community Focal Persons, NGOs
Documentation and Integration	No systematic M&E or planning links to DPCU plans	Innovations exist but remain informal or undocumented	DPCU Planners, Nutrition Officers
Indigenous Food Knowledge	Recognised locally but not integrated into public messaging	Missed opportunity for culturally relevant nutrition promotion	FGDs with Elders, Systematic Review

7.1.5.3. Policy and Intersectoral Alignment for Nutrition Security

Nutrition security in Ghana is increasingly recognised as a multi-sectoral challenge. However, field engagements and a review of policy implementation at the subnational level reveal that the institutional integration needed to actualise this vision remains weak. While policy commitments exist, such as the Food-Based Dietary Guidelines (2022), the National Nutrition Policy (2016–2022), and the draft Food Safety Policy, their operationalisation across health, agriculture, education, and local governance structures is fragmented.

Gaps in Nutrition Mainstreaming Across Sectors

In nearly all districts visited, District Planning and Coordinating Units (DPCUs) acknowledged that nutrition is often subsumed under health in Medium-Term Development Plans (MTDPs), with minimal specific attention in agriculture or education sub-sectors. Despite the intent of the National Development Planning Commission (NDPC) guidelines to integrate cross-sectoral programming, nutrition-sensitive interventions, such as household food security, school feeding, adolescent girls' nutrition, or community food environments, were not systematically mainstreamed.

"We struggle to make nutrition everyone's business. Agric has its targets; education has theirs. Nutrition falls through the cracks." *(District Nutrition Officer, Bono Region)*

Limited Implementation of Food Safety and Aflatoxin Control Frameworks

The National Food Safety Policy and the Aflatoxin Control Action Plan (drafted with support from the Food and Drugs

Authority and MoFA) are yet to be widely operationalised at the district level. District Agric Offices noted that while aflatoxin concerns, particularly in maize and groundnut value chains, are acknowledged, no local-level guidelines or funding mechanisms exist to operationalise control measures. Likewise, Environmental Health Officers confirmed that most food safety inspections in markets and schools focus on hygiene but lack integration with nutrition or dietary risk.

"We inspect food vendors for cleanliness, but no one trains us on nutrition safety like aflatoxins or food composition." *(Environmental Health Assistant, Eastern Region)*

Disjointed Nutrition and Agriculture Linkages

Although several local agricultural programmes target increased food production, they are not necessarily nutrition-sensitive. Extension services rarely prioritise dietary diversity, indigenous food promotion, or biofortified crops. Nutrition Officers and MoFA staff noted the absence of common planning tools, joint indicators, or shared nutrition-sensitive targets. The GSFP's procurement from local farmers was also inconsistently applied and lacked monitoring.

Poor Interface Between Nutrition and Education

The Ghana School Feeding Programme (GSFP) was one of the few platforms linking nutrition and education, but evidence from districts suggests that menu planning rarely involved nutrition officers. In several cases, nutrition messaging was left out of school health sessions or only delivered during donor-funded outreach campaigns. Teacher training curricula were also noted to lack nutrition modules.

"There's no formal connection between our department and GES when it comes to school nutrition. We just hear they are feeding children." *(Nutrition Desk Officer, Western Region)*

Table 7. 14 Summary of Intersectoral and Policy Integration Challenges

Review Area	Observations from Field Engagements	Clarification	Source Type
Planning and Budgeting	Nutrition is mostly treated as a health sector issue in MTDPs	Minimal integration into agriculture or education targets	DPCU Officers, Planning Documents
Food Safety and Aflatoxin Control	Frameworks exist, but no operational tools or district funding	Focus limited to hygiene; nutrition safety unaddressed	Environmental Health Units
Agriculture-Nutrition Linkages	Food production is not nutrition-sensitive	The extension lacks dietary messaging and biofortification promotion	MoFA & Nutrition Officers
School Feeding and Education	Menu planning is rarely informed by nutrition expertise	No clear links between GES and Nutrition Units	GSFP Desk Officers, Nutrition Officers

Review Area	Observations from Field Engagements	Clarification	Source Type
Inter-ministerial Collaboration	No shared nutrition indicators or joint reviews	Sectoral silos persist despite cross-cutting goals	Systematic Review & District Interviews

7.2. Lessons Learnt and Recommendations

Lessons Learnt

The evaluation of Ghana's nutrition programmes reveals a persistent gap between strong national policy alignment with global frameworks and the realities of weak, fragmented implementation at the district level. Nutrition has been formally recognised in development plans and embedded within maternal and child health services through CHPS structures, yet in practice it remains under-resourced, heavily donor-driven, and often perceived as an external agenda rather than a locally owned priority. This reliance on external funding undermines sustainability, creating fragile service delivery systems that collapse once projects end due to the absence of domestic financing or institutional absorption. The Ghana School Feeding Programme illustrates this challenge: while it has contributed to enrolment and retention, its potential to improve child nutrition is constrained by poor menu diversity, weak caterer training, limited linkages with local agriculture, and the absence of systematic nutrition oversight.

More broadly, nutrition interventions operate in silos, with health, agriculture, education, and social protection systems failing to integrate efforts. As a result, while health workers may provide nutrition education, structural barriers such as household poverty, food insecurity, and entrenched cultural beliefs remain largely unaddressed, hindering sustained behaviour change. Community-level awareness of practices like exclusive breastfeeding and dietary diversification has increased, yet implementation is inconsistent due to food taboos, seasonal scarcity, and limited male involvement. The neglect of adolescent nutrition, particularly anaemia prevention among girls, represents a critical blind spot, compounded by weak data collection, unreliable supply chains for supplements such as iron and folic acid, and limited monitoring of outcomes like dietary diversity and anaemia prevalence.

Ultimately, the evaluation underscores that nutrition programming in Ghana remains a **"symbolic priority"**: well-articulated in policies and district plans, but poorly operationalised in practice. Weak intersectoral collaboration, inadequate staffing and logistics, and fragmented monitoring reduce coherence and impact, with nutrition still viewed narrowly as a health sector issue rather than a cross-cutting development priority. Promising community innovations, such as nutrition gardens and women's cooperatives, remain under-supported and poorly integrated into formal systems, leaving their potential untapped. Unless structural financing, institutionalisation, and intersectoral coordination are strengthened, Ghana's nutrition policies will continue to fall short of translating knowledge and commitments into consistent, sustainable improvements in dietary behaviour and nutritional outcomes.

Recommendations

To address the persistent shortcomings in Ghana's nutrition system, interventions must be deliberately mainstreamed into district planning and budgeting, with nutrition recognised as a core development priority rather than an externally driven agenda. This requires clear budget lines, ring-fenced allocations within the DACF and IGF, and the establishment of dedicated district nutrition officers empowered to coordinate across health, education, agriculture, and social welfare sectors. Strengthening CHPS compounds with adequate logistics, staff training, and monitoring tools is essential for expanding outreach and ensuring continuity of services, particularly at the community level. Equally important is the reform of the Ghana School Feeding Programme, which should be reoriented toward a stronger nutrition mandate by enforcing dietary standards, training caterers on food safety and diversity, and creating structured procurement linkages with local farmers to secure a consistent supply of nutritious foods.

Adolescents, especially girls, must be prioritised through scaled-up iron and folic acid supplementation, school-based screening, and culturally sensitive nutrition education delivered through both formal and community platforms. Behaviour change strategies should be adapted to address entrenched food taboos, improve male involvement in household nutrition decisions, and respond to the socio-economic realities of poor and food-insecure households. Engaging traditional and faith leaders can help to shift cultural norms, while embedding nutrition into agriculture extension services, teacher training, and adolescent health outreach platforms will ensure that programmes reach beyond the health sector.

For greater accountability, nutrition monitoring must move beyond tracking inputs to assessing outcomes. Districts should systematically collect and use data on dietary diversity, anaemia prevalence, and nutrient uptake through DHIMS2 and annual nutrition equity audits, enabling evidence-based decision-making and more adaptive management. To guarantee sustainability, donor-dependent interventions such as micronutrient supplementation must be gradually absorbed into district budgets with phased transition plans, while promising community-led initiatives like nutrition gardens and women's cooperatives should be institutionalised, scaled, and supported through extension services and district innovation funds.

Finally, nutrition must be reframed as a multi-sectoral development issue rather than a narrow health concern. Stronger collaboration across health, agriculture, education, and social protection systems, combined with tighter policy enforcement, digital tracking to prevent supply chain gaps, and high-level political advocacy, will ensure that nutrition commitments translate into action. By embedding nutrition as a signature indicator in national and district performance frameworks, Ghana can shift from fragmented, donor-dependent projects toward a coherent, locally owned system capable of delivering sustainable improvements in dietary behaviour and nutritional outcomes.

CHAPTER EIGHT: JOB CREATION

8.Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing job creation outcomes.

8.1. Findings

The field evaluation of the job creation focus area of the MTNDPF reveals that while interventions are progressively aligned with national employment strategies, SDG 8, and youth aspirations, their impact is significantly constrained by systemic weaknesses. Districts have rolled out skills training, apprenticeships, and entrepreneurship initiatives across sectors such as agriculture, artisanship, retail trade, and emerging digital services, yet the majority of jobs created remain informal, insecure, and without social protection, limiting progress towards decent and sustainable work. A persistent mismatch between training content and evolving market demand undermines relevance, with programmes frequently concentrated in oversaturated low-growth trades rather than in emerging digital, green, and value-added sectors. Post-training support is weak, with limited mentorship, poor market linkages, and inadequate access to affordable capital, as high loan interest rates, delayed start-up kits, and fragmented support services erode sustainability.

Institutional inefficiencies further dilute effectiveness, including politicised beneficiary selection, poor inter-agency coordination, underfunded and understaffed BACs and district job creation units, and critical delays in fund disbursement, which reduce accountability and weaken youth trust. Moreover, the overreliance on donor-driven projects, lack of integration into district budgets and value chains, and absence of clear exit strategies contribute to low enterprise survival rates. Overall, while the interventions have provided short-term income opportunities, they have yet to deliver scalable, formal, and sustainable employment pathways for Ghana's youth and vulnerable groups.

8.1.1. Relevance and Coherence

8.1.1.1. Alignment with National Employment Strategies

Districts are progressively aligning job creation interventions with national priorities such as the Ghana CARES programme and the National Employment Policy. From the evaluation, a District Agriculture Officer in the Northern Region reported that the district's partnership with a national skills development initiative led to the establishment of a youth agricultural cooperative, aligning directly with national priorities to boost agribusiness and youth employment. Similarly, in the Bono East Region, the Business Advisory Centre (BAC) supported youth-led start-ups in soap and shea butter production, aligning efforts with the Ministry of Trade's local enterprise development objectives.

8.1.1.2. Coherence with Regional and Global Commitments

Efforts across districts reflect growing alignment with SDG 8, which emphasises decent work and economic growth. A District BAC Officer in the Upper West Region shared that through collaboration with a vocational training institute, 120 young women were trained in dressmaking and cosmetology, with 60% of them gaining employment or starting small businesses within six months. This supports the drive towards inclusive economic growth and productive employment.

8.1.1.3. Relevance to the Needs and Aspirations of Youth and Marginalised Groups (Decent job creation, reduction in underemployment and unemployment etc)

Interventions target the economic aspirations of youth and marginalised groups by offering skills training, apprenticeship programmes, and entrepreneurship support. The GEA in the **Northern Region** noted training 200 youth in tiling, carpentry, and masonry, while in the **Volta Region,** the office facilitated vocational training and provided start-up kits. However, there persist issues of limited access to finance and weak market linkages still impede the full realisation of these programmes' objectives.

8.1.1.4. Policy Coherence and Changing Skills and Jobs Demands

While policy direction remains coherent through coordination from the national to the sub-national levels, adapting to fast-evolving labour market needs is limited by funding constraints. For example, the **Savannah Region** reported difficulties in updating training programmes to include modern and digital skills due to a lack of equipment and funding.

8.1.2. Effectiveness

8.1.2.1. Scale and Type of Employment Opportunities Created

Character of Jobs Created: Informality as a dominant feature

The dominant character of employment generated reveals the structural informality of Ghana's economy. Across districts and regions, the vast majority of jobs linked to public programmes (e.g., YEA, BAC, GEA, NEIP) were informal, temporary, and lacked legal protections or enforceable employment standards.

Field accounts from youth beneficiaries, BAC officers, and community-level focus groups indicate that most job creation interventions led to self-employment or subsistence-level economic activities, particularly in trading, tailoring, agro-processing, and artisanal crafts. These jobs did not include formal contracts, social security coverage, or clear terms of engagement, undermining the ILO's Decent Work Agenda, which Ghana has committed to.

"I got support to start a sewing business, but nobody taught me how to register the business or pay SSNIT. My apprentice is just helping, there's no formal payment."
(Female Tailor, Bono East)

In effect, support to MSMEs and individual youth focused primarily on income generation, not sustainable employment systems. Even where employment was created for others (e.g., apprenticeships), workers were often engaged informally, with no employment benefits, job security, or pathways for formalisation.

Sectoral orientation of employment interventions

Analysis of district implementation reports and interviews shows that job creation initiatives were concentrated in four main sectors:

- Agriculture and Agro-processing (vegetable farming, poultry, shea processing)
- Micro-scale Artisanship (carpentry, masonry, welding, sewing)
- Retail Trade and Services (mobile money, food vending, cosmetics)
- Emerging Digital Services (phone repairs, ICT training for youth)

While these sectors mirror Ghana's employment base, there were no significant efforts to link these interventions to productive value chains or long-term sectoral growth plans. Agribusiness youth support, for instance, often stopped at basic training and seed capital, with no linkage to aggregation centres, market access, or cooperative financing systems. This fragmentation limits both the scale and sustainability of job impacts.

Formal Employment: Exception Rather than Norm

Formal jobs with contracts, enforceable labour standards, social security, and severance conditions remained largely absent across districts. Even some enterprises registered with the Registrar General Department were found to be engaging staff without contracts or adherence to labour regulations.

This absence of formality means that workers dismissed or retrenched

received no compensation or recourse. In several community FGDs, youth shared experiences of being employed for several years and terminated without notice or benefits, due to the absence of service conditions.

"I worked in the supermarket for two years. When they closed, they told us to go home, no letter, no package. We were never on payroll." (FGD Participant, Ashanti Region). These experiences highlight a critical decoupling between job creation and decent employment.

Loan-financed employment and entrepreneurial fragility

Another recurrent subject was the role of credit and loan schemes in promoting employment. While microfinance, credit unions, and government schemes provided loans to MSMEs, community discussions revealed that repayment conditions and high interest rates often stifled business growth. Several entrepreneurs indicated that loans became debt traps, leading to business stagnation or collapse rather than expansion.

"We borrowed to expand our soap business, but the interest rate was too high. We had to use sales to repay, and now we're back where we started." (Youth Entrepreneur, Ashanti Region). The absence of post-loan advisory services, market integration, and insurance mechanisms increases vulnerability and restricts job sustainability.

Youth Modules: Training without Transitions

Programmes such as YEA, GEA, and BAC entrepreneurship training reached a considerable number of youth, especially in urban and peri-urban areas. However, there was a noted gap in post-training support, transition to employment, and programme retention. Many trainees did not proceed to establish businesses, and those who did often operated under precarious or subsistence-level conditions.

Additionally, the absence of structured mechanisms to track employment outcomes (e.g., through tracer studies, job placement systems, or post-training audits) means that effectiveness in job creation remains unverified.

Table 8. 1 Scale and Type of Employment Opportunities Created

Thematic Area	Field Reflections and Issues Identified	Degree of Responsiveness	Stakeholder/ Source
Nature of Employment	Most jobs created under Agenda for Jobs II were informal, insecure, and without contracts or protections. Workers in formal businesses also often lacked contracts or SSNIT enrolment.	Low – No structured effort to transition informal jobs to formal ones or enforce minimum labour standards.	Youth FGDs, Labour Officers, MSMEs
Sectors of Focus	Employment interventions concentrated in agribusiness (e.g., poultry, vegetables), retail (e.g., mobile money), and artisanship. Limited forward linkages or integration into formal value chains.	Moderate – Sectoral targeting exists, but without systemic linkages to higher-value chains or support structures.	BACs, Agric Depts, GEA Regional Officers
Formality and Job Protections	Several workers reported dismissal without notice or compensation. Service conditions are rarely outlined, especially in MSMEs.	Low – No enforcement mechanism or labour complaint systems at the community level. Informality remains unregulated.	FGDs, District Labour Officers, Youth Groups
Microcredit Impacts	Youth entrepreneurs frequently borrowed at high interest rates from microfinance institutions. Some defaulted or repaid loans by depleting business capital.	Low to Moderate – Credit is accessible, but poorly structured. Limited post-loan mentorship and business development support.	Credit Union Officers, GEA District Reports
Post-Training Employment	Youth trained under BAC/GEA modules often failed to establish or sustain businesses due to a lack of tools, market access, or mentorship.	Moderate – Training exists, but inadequate post-training support, financing, and market linkage mechanisms.	GEA, NEIP, BAC Implementation Reports
Gender and Equity	Few targeted measures for women, PWDs, and remote communities. Disparities were noted in access to grants, training, and MSME support.	Low – Gender mainstreaming is weak. Inclusion mechanisms are absent in implementation design at most levels.	Regional Officers, CSOs, Community FGDs
Wage Employment Trends	Opportunities for salaried jobs were limited. Where available, contracts were rare and dismissal procedures unregulated.	Low – Employment support remains focused on entrepreneurship; little investment in decent wage employment.	Labour Desk, Youth FGDs, MSME Business Owners
Labour Market Absorptive Capacity	Public job creation schemes trained many youth, but the labour market capacity to absorb them was limited.	Moderate – Efforts exist under YEA and Planting for Food and Jobs, but scale remains small and fragmented.	District Agric Officers, YEA Focal Persons

Thematic Area	Field Reflections and Issues Identified	Degree of Responsiveness	Stakeholder/ Source
Youth Aspirations vs Realities	Youth aspire to tech, creative and skilled trades but receive training in oversaturated informal trades (e.g., tailoring, soap making).	Low – Programme content often disconnected from actual youth aspirations and evolving market demand.	Regional and District Youth Engagement Sessions

8.1.2.2. Effectiveness of Skills Training, Apprenticeship, and Start-Up Support

The effectiveness of skills development and entrepreneurship support programmes (notably those implemented through the GEA, BACs, BizBox, and NEIP) reveals significant implementation challenges and disjuncture between training delivery and sustainable job outcomes. This was evident from both institutional interviews and community focus group discussions.

Mismatch Between Training Modules and Market Demand

One of the most dominant issues emerging from the evaluation was the lack of alignment between the content of training and evolving local labour markets. Most districts reported that training programmes continue to focus on traditional, low-barrier trades such as bead-making, soap production, batik/tie and dye, and catering. While these are important, their market saturation was noted as a growing concern.

"When everyone is taught the same skill, like pastries or liquid soap, there's no unique value. The market gets flooded and nobody buys." (Regional GEA Officer, Ahafo Region)

This mismatch is worsened by the absence of local market diagnostics before rolling out the training. In some cases, even though youth expressed interest in digital services, agriculture mechanisation, or e-commerce, the programme offerings remained generic and outdated.

Limited Post-Training Support and Access to Capital

A significant weakness identified was the lack of post-training support, particularly in the provision of tools, start-up kits, or access to credit. Although many youth complete the training, the absence of working capital and tools restricts the practical application of the skills.

"I finished the training two years ago, but have not started anything because I don't have the tools or capital to start." (Young Female Entrepreneur, Eastern Region)

In instances where start-up kits were distributed, misalignment between training and tools was reported. For example, a youth trained in baking received a sewing machine. Also, delays and inequity in kit distribution were cited across multiple districts, undermining the morale of trained youth.

Weak institutional mentorship and follow-up mechanisms

Nearly all districts reported that after training was delivered, there was no structured mentorship or follow-up framework to guide trainees through the critical early stages of business development. Many youth dropped out or remained inactive due to isolation and discouragement.

"You complete the training and that's the end. Nobody calls, nobody visits, nobody helps you register or promote your business." (Beneficiary, Youth Group Discussion, Bono Region)

This undermines the sustainability of outcomes and reduces the value for money on training investments.

Ineffective integration with traditional apprenticeship systems

The evaluation revealed that traditional informal apprenticeships, which employ a large portion of youth in Ghana, are not adequately integrated into formal training ecosystems. Master artisans were neither consulted nor supported through BACs or GEA structures.

"We have trained more youth than all the BACs in this district combined, but we are invisible to the state." (Master Carpenter, Western Region)

These informal mentors remain crucial actors but are marginalised from state-led coordination, resourcing, or upskilling opportunities.

Limited linkages between training and employment pipelines

Skills training is not embedded within broader value chains or job pipelines. Most youth complete their modules without opportunities to transition into internships, cooperatives, or supported incubation. Entrepreneurial ecosystems are fragmented, with little cross-institutional coordination.

Table 8. 2 Effectiveness of Skills Training and Entrepreneurship Support

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Responsiveness
Training Relevance	Training in low-growth sectors (e.g., bead-making, pastries) remains dominant despite youth interest in digital services, agro-tech, and mechanised agriculture.	GEA, BACs, FGDs	Low – Training supply not informed by labour market demand.
Start-Up Support and Tools	Post-training start-up support is inconsistent. Start-up kits are either unavailable, delayed, or misaligned with the training received.	GEA Officers, Youth FGDs	Low – Weak institutional mechanisms for aligning tools with training.

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Responsiveness
Access to Credit	Microfinance institutions offer loans with high interest and short repayment cycles. Loans often result in over-indebtedness. No grants or soft loans for vulnerable groups.	MSMEs, Credit Unions, Youth Beneficiaries	Low – Financial literacy training absent; few subsidised options.
Mentorship and Follow-Up	No structured mentorship or monitoring exists after training. Trainees feel abandoned; lack of visibility on progress or support.	Youth FGDs, District BAC Officers	Very Low – No systematic follow-up framework in place.
Apprenticeship System Integration	Community artisans train many youth but are excluded from state resources, planning, or certification.	Master Craft Guilds, Regional Coordinating Councils	Low – Informal systems excluded from formal job creation.
Labour Market Linkages	Trainings are not linked to value chains, cooperatives, or guaranteed markets. This affects sustainability of enterprise outcomes.	BACs, NEIP, GEA	Low – Fragmented inter-agency collaboration.

8.1.2.3. Programme Targeting, Implementation Gaps and Follow-Up Support

Field engagements across regions revealed that while numerous job creation interventions are underway, particularly under flagship schemes like NEIP, GEA, BAC, BizBox, and agric-led employment initiatives, their delivery and actualisation are undermined by targeting inconsistencies, poor institutional anchoring, and politicised programme governance. Thematic patterns point to multiple bottlenecks affecting the effectiveness and long-term impact of these interventions.

Politicised Programme Steering and non MMDAs influence

A recurring issue cited in regional and district discussions is the involvement of party-political figures in the operational committees or local steering arrangements of national employment initiatives. These figures, such as constituency party chairpersons, are often included in implementation processes (e.g., decision-making for start-up kit distribution or beneficiary selection) despite not being part of the formal District Assembly or DPCU structure.

This practice distorts the principle of neutrality and undermines professional oversight. Several district stakeholders indicated that this results in the selection of programme beneficiaries based on political loyalty rather than vulnerability or entrepreneurial merit.

"When a party chairman is part of the committee, some names just appear. It's not about who's ready or trained, it's about who they want." (District Officer, Bono Region)

The result is skewed outcomes, mistrust from the youth, low programme ownership, and eventual poor application of skills or tools received.

Beneficiary selection without economic or skills profiling

Most districts did not have a structured framework for profiling youth based on skills, interests, economic context, or local employment gaps before training enrolment. The selection often depends on lists submitted to assemblies from youth desks or external institutions, with no community validation or career path alignment. This results in mismatched beneficiaries, high dropout, and poor retention after training.

"They selected us but didn't ask what we really wanted to do or if it matches our area's demand. We just attended." (Beneficiary, Youth Focus Group Discussion, Eastern Region)

Fragmentation of Programme Implementation Across Agencies

NEIP, GEA, BAC, and agric-based employment schemes operate with little inter-agency coordination, even within the same district. The absence of a unified employment registry or monitoring system means youth are sometimes trained under multiple schemes, while others are left out.

Furthermore, implementing departments lack clarity on role distribution, and sometimes even compete over programme visibility.

Delayed or Unfulfilled Start-Up Support

Start-up kits or financial inputs, which are critical to applying the skills gained, were often delayed by several months or even years. Where they were provided, no follow-up or mentoring support was attached.

"We finished training a year ago. No tools. No follow-up. Just nothing." (Artisan Trainee, Western Region)

Some youth receive kits mismatched with their training, e.g., a tailor given a hair dryer, due to poor procurement planning or bulk procurement without contextual consideration.

Absence of Post-Training Supervision or Mentorship

Across all regions, there is no structured follow-up system to check on youth businesses after training or tool delivery. Monitoring and Evaluation Officers are either unaware of programme progress or lack the resources to follow up. As such, programme sustainability and accountability are extremely weak.

"After the launch, everyone disappears. There's no feedback or check-up. We're on our own." (MSME Youth Beneficiary, Northern Region)

Political Interference Weakening Accountability

When community leaders or assembly members raised concerns about poor implementation or unfair distribution, these complaints were often ignored or not followed through, especially where political figures were involved. This has eroded trust in the interventions and contributed to youth apathy.

Table 8. 3 Programme Targeting, Implementation Gaps and Follow-Up Support

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Responsiveness
Politicised Programme Steering	Constituency party officials serve on steering committees of job creation programmes. This affects neutrality and enables patronage. Many beneficiaries are selected not by merit but by political affiliation, undermining programme credibility and fairness.	NEIP Officers, District Planning Units, Community Leaders	Very Low – No framework to limit external political influence.
Unstructured Beneficiary Selection	No economic or skills profiling is done. Selection is ad hoc or influenced externally. Youth interests, education levels, or geographic needs are rarely considered.	Youth FGD, Agric Departments, BAC Officers	Low – Absence of an eligibility framework at the local level.
Fragmented Programme Implementation	GEA, BAC, NEIP, and agriculture initiatives operate in silos. Youth may be captured under multiple schemes or miss out entirely. Districts lack coordinated oversight or common beneficiary tracking.	BAC, RPCU, DPCU Job Creation Focal Persons	Low – No harmonised employment registry or coordination framework.
Delays in Start-Up Kits	Youth trained in 2021 or earlier are still awaiting start-up inputs. Where inputs are delivered, they are mismatched or delivered in inadequate quantities. Procurement is not linked to real local needs or training focus.	BACs, MSME Beneficiaries, Credit Union Managers	Low – Severe procurement lags and poor alignment with training modules.
Post-Training Monitoring and Support	No follow-up visits or structured supervision of youth businesses. Officers lack fuel or logistics. Outcomes are not documented or used to improve future design.	M&E Officers, Business Advisory Centres	Very Low – Monitoring is passive or absent.
Complaint Management and Redress	Complaints about fairness in kit distribution or selection are raised but unresolved. Political interests override community concerns. Youth trust in state-led schemes is declining.	Assembly Members, Youth FGD Participants	Very Low – Redress structures either absent or politicised.

8.1.2.4. Institutional Coordination and Inter-Agency Collaboration

The effectiveness of Ghana's job creation agenda is closely tied to how well regional, district-level, and inter-sectoral actors coordinate programme design, implementation, and follow-up. From the field interactions across all levels, it became evident that institutional fragmentation, inconsistent leadership, and the absence of systematic collaboration frameworks undermine the coherence and reach of employment interventions.

Weak Coordination Between RCCs, GEA, BAC, and Agric Departments

Regional Coordinating Councils (RCCs) have the mandate to coordinate job creation efforts across departments. However, several Regional Economic Planning Officers reported limited influence over actual programme implementation, especially those led by centralised institutions such as NEIP and YEA. For example, while GEA may conduct business clinics in a region, district BACs and agriculture departments are often not looped into planning or delivery, leading to duplication or missed opportunities for synergy.

"We only hear about it when the launch is near. There's no joint planning." (Regional Job Creation Focal Person, Ahafo Region)

DPCUs are unable to provide active oversight over Employment Programmes

At the district level, DPCUs were rarely involved in monitoring or harmonising employment-related projects. Job creation activities funded or implemented by NEIP, BizBox, GEA, or private actors typically bypass DPCU review processes, making it difficult for local authorities to coordinate interventions or integrate lessons into District Medium-Term Development Plans (DMTDPs).

This has created an environment of **"project disconnection,"** where each actor operates in isolation, weakening collective impact.

"The DPCU is left out. The GEA officer just does their bit. Agric also has youth support, but we don't have a common tracker." (District Planning Officer, Western Region)

Private Sector and CSO involvement is limited and ad hoc

Despite the importance of the private sector and CSOs in delivering sustainable employment outcomes, their involvement in formal planning and monitoring structures is minimal or informal. Field reports indicated that while CSOs occasionally support skills training or advocacy, they are not consistently engaged in district employment planning or consulted on targeting and outreach mechanisms. Similarly, the private sector is not adequately represented in programme committees or skills curriculum validation sessions, undermining alignment with labour market realities.

Absence of Joint M&E and Reporting Mechanisms

There is no integrated employment dashboard, joint performance review, or inter-agency scorecard across regions or districts. Monitoring remains agency-specific, with little knowledge-sharing between implementing partners or between central and sub-national levels. This absence of shared accountability structures undermines transparency and limits the opportunity to jointly address programme bottlenecks or learn from high-performing districts.

Table 8. 4 Field Reflections on Coordination and Inter-Agency Collaboration

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Institutional Effectiveness
RCC Coordination Role	RCCs are aware of employment issues but not actively engaged in joint programme design. Central agencies bypass regional oversight structures.	Regional Economic Planners, Job Focal Officers	Low – Coordination mandate exists but is not operationalised.
DPCU Oversight Weakness	DPCUs do not routinely monitor job creation programmes. No harmonised tools or data-sharing with NEIP, GEA, or Agric. District plans rarely reflect employment programme outputs.	DPCU Heads, District Agric Officers, GEA Desk	Very Low – Fragmented local planning and poor programme visibility.
Private Sector Involvement	Limited representation in skills planning, targeting, or mentorship delivery. Employment schemes are aligned with sector demands.	MSMEs, BACs, Regional Planning Officers	Low – No formalised mechanisms for private sector inclusion.
CSO Engagement in Programme Delivery	CSOs engage only at the project level (e.g., vocational skilling) but are not institutionally recognised in employment policy planning or DPCU reviews.	CSOs, Assembly Social Development Officers	Very Low – Informal engagement without strategic input.
Joint M&E and Learning Platforms	No shared scorecard, data exchange, or platform to coordinate interventions. Monitoring happens in silos.	M&E Officers, GEA, Agric Department	Very Low – No employment performance dashboard or joint reports.

8.1.3. Efficiency

8.1.3.1. Financial and Human Resource Efficiency in Programme Delivery

Efficiency in job creation interventions hinges significantly on the timely availability of funds, adequacy of personnel, and supervisory capacity at both the regional and district levels. Across all levels of engagement, stakeholders highlighted systemic resource delivery bottlenecks, staffing constraints, and institutional under-capacitation, particularly among BACs, GEA field officers, and agricultural extension agents.

Underfunding of BACs and District Job Units

Many BACs continue to operate with minimal budget support, often depending on sporadic releases or donor grants. Field staff noted that operational funds (e.g., for community outreach, monitoring, and follow-up on trainees) are either delayed or insufficient to conduct meaningful programme delivery.

"Sometimes we have to use our own resources to visit the SMEs. The funds come late, if at all." (BAC Officer, Bono Region). In some districts, no dedicated job creation budget line exists in the District Assemblies' budget, which further weakens mainstreaming and limits responsiveness.

Staff constraints and overstretching of field officers

Job creation implementation is heavily reliant on a few officers covering large geographical areas. BACs are often manned by one or two officers serving multiple communities. Additionally, district-level GEA representatives double as business coaches, M&E officers, and administrators, which limits the quality and intensity of programme support.

In agric-based employment schemes, extension officers also reported significant difficulties in providing coaching and supervision due to poor logistics (e.g., lack of fuel, motorbikes).

"One GEA officer can't do training, follow-up, and grant management for the whole district. It's too much." (District Planning Officer, Ahafo Region)

Delays in the disbursement of funds and logistics

Field evidence indicates that funds for youth entrepreneurship support, start-up kits, or infrastructure improvements are rarely disbursed on time. In NEIP and BizBox-related engagements, officers indicated that even when training ends, youth wait for 6–12 months without receiving start-up capital or equipment. This delay not only reduces the utility of training but also affects the credibility of the programme among participants.

"We train them, and they just wait. After one year with no start-up tools, most abandon the idea." (GEA Officer, Western Region)

Inefficiencies in monitoring and follow-up systems

Supervision and programme tracking are weak due to the absence of a common performance dashboard, and inadequate transportation/logistics to monitor beneficiaries after training. Many districts lack any cost-effectiveness frameworks or tools to assess the utility of money spent per job created or sustained.

Table 8. 5 Financial and Human Resource Efficiency in Programme Delivery

Efficiency Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Responsiveness
BAC Funding Constraints	BACs are underfunded and rely on donor funds or central GEA support. No routine district budget support for job creation.	BAC Officers, District Planning Units	Low – Operational budgets are often delayed or absent.
Staffing Shortfalls	Most BACs and Agric units are understaffed. One officer covers many communities, compromising quality.	GEA Field Officers, Agric Dept., DPCUs	Low-capacity stretched beyond functional limits.
Delays in Disbursements and Start-Up Kits	NEIP/BizBox beneficiaries wait long for grants or kits post-training. Weak procurement timelines and disjointed implementation.	Trainees, DPCUs, GEA Officers	Very Low – Disbursement delays erode programme credibility.
Logistics and Transport Gaps	No fuel or means to reach beneficiaries. Agric extension and BACs are unable to provide coaching or post-training M&E.	BAC, Agric Extension Staff	Low – Logistics not embedded in programme planning.
Weak Monitoring Systems	No cost-efficiency assessment frameworks or field-level job tracking. Follow-ups are anecdotal and non-systematic.	RCCs, DPCUs, GEA, M&E Officers	Very Low – No cost-to-impact mechanisms in place.
Administrative Inefficiencies	Poor planning alignment with the Assembly finance/ procurement units. Job creation is not integrated into budget execution cycles.	District Finance Units, GEA Desk	Low – Disconnect between job creation actors and fiscal operations.

8.1.3.2. Cost-Effectiveness and Operational Challenges

Despite the proliferation of job creation schemes, field evidence reveals operational inefficiencies that compromise the cost-effectiveness of interventions. These include overlapping mandates, fragmented delivery models, duplicated outreach and training efforts, and limited use of digital tools for beneficiary tracking, monitoring, or post-training engagement. These issues inflate administrative costs and reduce the return on public investments in employment generation.

Duplication and fragmentation of programmes

Job creation activities across multiple agencies, GEA, BACs, YEA, Agric Departments, NEIP, and donor projects are rarely coordinated at the implementation level. This results in parallel outreach campaigns, separate sensitisation meetings, and overlapping training modules targeting the same beneficiary groups.

"GEA is doing training, BAC is also doing sensitisation, NEIP too is running something. But nobody is tracking

whether the same youth go to all three." (District Planning Officer, Ashanti Region)

Some Assemblies noted that multiple agencies implement similar entrepreneurship training, often with different start-up requirements, timelines, or evaluation criteria, confusing beneficiaries and distorting accountability.

Absence of harmonised M&E and Digital Systems

While some agencies (e.g., GEA, NEIP) have digital systems, these tools are not linked to district-level planning databases or other employment platforms. There is no centralised beneficiary registry that enables real-time tracking of trainees, business start-ups, dropout rates, or job sustainability.

"We don't know what happens after training. There's no follow-up system, and no way to measure the impact of what we did." (BAC Officer, Bono Region).

Consequently, reporting on the number of jobs "created" remains anecdotal or output-based (e.g., number of people trained), without evidence of income generation, job quality, or sustainability.

High transaction costs due to poor coordination

Programme rollout suffers from high administrative costs due to duplicated logistical arrangements (e.g., separate fuel for outreach, multiple transport provisions for different teams visiting the same community). In some cases, districts conduct three or more separate outreach activities within a single month across different agencies, all targeting MSMEs or youth. This duplication diverts scarce logistics and leaves key areas (e.g., follow-up or business coaching) underfunded.

Weak integration with digital innovations

Digital literacy training and digital platform use (e.g., mobile registration, WhatsApp-based follow-up, Google Forms tracking) remain underutilised. Most job creation actors rely on manual registers, Excel tracking, or ad hoc WhatsApp group reporting, which are not standardised or integrated into decision-making processes. Where systems like the GEA's MIS exist, they are not locally accessible or routinely updated by district officers.

"We only upload to the portal when we have time. It's not used for planning or feedback." (Regional GEA Officer, Western North)

Table 8. 6 Cost-Effectiveness and Operational Challenges

Thematic Area	Field Reflections and Issues Identified	Stakeholder/Source	Degree of Responsiveness
Programme Duplication	Same youth targeted by multiple interventions (GEA, NEIP, BAC). Separate outreach and training without coordination.	DPCUs, GEA, BAC, Regional Officers	Low – Overlap inflates cost per outcome.
Fragmented Monitoring	No shared database or tracker. Programme success based on the number trained, not sustained jobs.	GEA, NEIP M&E Staff, District Planning Units	Very Low – Impact not systematically tracked.
High Transaction Costs	Multiple teams are conducting community outreach to the same audience. Redundant fuel, transport, and venues.	Field Implementers, Finance Officers	Low – Programme costs poorly optimised.
Underuse of Digital Tools	MIS platforms exist, but are not integrated into DMTDPs. No use of digital feedback loops or automated tracking.	BACs, GEA Officers, NEIP District Staff	Very Low–Technology not embedded in the delivery cycle.
Lack of Post-Training Cost Analysis	No unit cost analysis per beneficiary or cost-to-impact assessment.	RCC M&E Units, BACs, DPCUs	Very Low – No financial efficiency tools deployed.

8.1.4. Impact

8.1.4.1. Livelihood Improvement and Economic Empowerment

The contribution of job creation interventions to household-level economic empowerment was found to be moderate and uneven, with differentiated results depending on location, gender, and the nature of programme engagement. While some youth reported modest income increases and reduced reliance on household support, others cited lack of capital, absence of post-training follow-up, and low profitability of their ventures as limiting factors to empowerment. Additionally, systemic informality meant that even where employment was secured, dignity at work, income security, and stability were not guaranteed.

Modest income gains and household stability

Youth who successfully established microenterprises (mainly in agribusiness, hairdressing, tailoring, and mobile money vending) noted modest but stable improvements in income. This was particularly evident among beneficiaries of BAC and NEIP who had received both training and start-up capital.

"After I got my freezer, I started selling water and drinks. I no longer depend on my brother." (Female Beneficiary, Ashanti Region)

These gains translated into reduced dependency on household breadwinners, greater ability to meet personal and household needs, and improved social

standing in the community. However, the number of such beneficiaries was small relative to those trained.

Informality and absence of legal work protections

Evenamongformallyregisteredbusinesses, employment remains largely informal, lacking contracts, SSNIT contributions, or protections against termination. Focus group discussions revealed that employees were often dismissed without warning or compensation, despite working under monthly salary arrangements.

"I worked for 14 months, and then one day they said I should go. No letter, no SSNIT, nothing." (Youth FGD Participant, Bono Region)

This undermines the quality and dignity of employment and contradicts ILO principles of decent work, even when job creation programmes claim to have succeeded numerically.

Gender-specific empowerment dynamics

Women who benefited from training and received start-up kits, particularly in tailoring, shea processing, or food vending, reported improved control over income and enhanced status in household decision-making. Some became mentors or trainers for others, indicating multiplier effects. However, women's participation was often limited by access to capital and household care responsibilities.

Limited upward mobility and business scale-up

While some entrepreneurs remained operational, very few experienced business growth or employment expansion. The lack of access to markets, business coaching, and credit facilities for scale-up meant that ventures remained at a subsistence level.

"I am still where I started. If something breaks down, I can't fix it. I need more help to grow." (NEIP Beneficiary, Savannah Region). This stagnation affects the long-term empowerment potential of such interventions.

Youth perception and motivation shifts

Despite constraints, youth reported increased confidence, skills, and willingness to engage in enterprise rather than depend on government employment. This attitudinal shift is critical for long-term structural change, even if material conditions have not drastically changed.

Table 8. 7 Livelihood Improvement and Economic Empowerment

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Livelihood Impact
Income Gains	Some beneficiaries earn a modest income (GHS 200–600/month) through petty trading, tailoring, and mobile services.	Youth FGDs, NEIP Beneficiaries	Moderate – Only for those receiving capital.
Dependency Reduction	Reduction in financial reliance on parents or siblings; greater control over consumption decisions.	BACOfficers,Female Entrepreneurs	High (where successful) – Evident among women.
Business Establishment	Microenterprises set up mainly by trained and capital-supported youth. However, majority remain informal and unstable.	BAC/GEA Staff, District M&E Reports	Low to Moderate – Patchy and isolated.
Job Quality and Legal Protections	Employment is often without contracts or SSNIT; dismissals are common with no recourse, even in "formal" businesses.	Labour Officers, Youth FGDs	Very Low – Undermines the decency of work.
Gender Empowerment	Women gain confidence and decision-making space post-intervention; increased community visibility.	CSO Staff, Female Entrepreneurs	Moderate to High – Particularly in rural areas.
Business Growth or Scale-Up	Most businesses are not expanding due to a lack of working capital and coaching. Vulnerable to shocks and attrition.	DPCUs, GEA Monitoring Officers	Low – Sustenance rather than growth.
Psychosocial Empowerment	Improved confidence, skills, and entrepreneurial mindset. Increased interest in self-reliance among youth.	Youth FGDs, BAC Trainers	High – Strong motivational shift.

8.1.4.2. Sector-Level Effects and Value Chain Strengthening

The Agenda for Jobs II implementation and other employment schemes (GEA, BAC, NEIP, Planting for Food and Jobs, Rearing for Food and Jobs) were expected to generate positive sectoral ripple effects, particularly in agriculture, agro-processing, and rural services. However, evidence from field engagements revealed that while there were pockets of community-level enterprise stimulation, these have not matured into sustainable value chain transformations. The major shortfalls relate to poor sectoral linkages, weak private sector engagement, and unreliable market access for local producers.

Local Agro-Processing and Rural Enterprises

District BACs and Agric Departments reported that interventions such as cassava processing, fish farming, mushroom cultivation, and rice parboiling were introduced in selected communities. These projects improved local job availability, especially for women and youth. However, most of these interventions remained standalone and lacked integration into structured agricultural value chains or regional aggregation models.

"We trained them to process cassava into gari, but they don't have access to good packaging or market certification." (BAC Officer, Western Region)

Input-Output disconnects in Agricultural Employment

The growth in employment through government agriculture programmes did not always result in expanded value chain impacts. Many input support beneficiaries (e.g., PFJ farmers) reported market glut, delayed payments from aggregators, and no formal buyer contracts. These experiences weakened the incentive for scale-up or further hiring, thus limiting sectoral employment multiplier effects.

"You produce but no guaranteed buyer. Last year, most of our maize rotted." (Farmer Beneficiary, Bono Region)

Missed opportunities in Local Procurement and Cooperative Development

Local governments and schools rarely sourced from the microenterprises supported through job creation interventions. Also, cooperatives or producer groups were underutilised as vehicles for scale and sustainability. This meant that community-based job creation remained fragmented, limiting long-term structural transformation.

"School feeding doesn't buy from us. We are here in the same district, but they buy rice from Kumasi." (Local Rice Processor, Ahafo Region)

Incomplete Value Chain Integration

There were limited examples of forward and backward linkages being developed. Projects supported youth in production (poultry, shea, soap making), but did not ensure distribution channels, branding, or input sustainability. Consequently, many initiatives collapsed or stagnated after the pilot stage.

Impact on Local Service Economy and Artisanship

Where interventions supported youth in tailoring, welding, electricals, or mobile services, there was a visible boost in rural services, but without equipment pooling schemes, start-up space or co-working infrastructure, businesses struggled to grow. Opportunities for linking artisans to large construction projects or local procurement were largely untapped.

Table 8. 8 Sector-Level Effects and Value Chain Strengthening

Thematic Area	Field Reflections and Issues Identified	Stakeholder/ Source	Degree of Sectoral Impact
Agro-processing and rural industries	Gari, fish, soap, rice and mushroom processing projects trained youth and women; limited follow-up on market access, certification, or scale-up	BACs, Agric Units, Women Groups	Moderate – Limited to pilot level
Agric input-output mismatch	PFJ farmers face a glut, no aggregation centres, and unreliable markets; many businesses are reluctant to expand employment	District Agric Officers, Farmer Groups	Low – Weak market integration
Lack of value chain linkages	Youth are supported in production but not in packaging, branding, or distribution	NEIP/BAC Trainers, Regional M&E Officers	Low – Fragmented interventions
Community-based enterprise	Microenterprises created but poorly linked to school feeding, MMDA procurement or private retailers	DPCUs, District Assemblies, GES Officers	Low to Moderate – Missed synergy
Underdeveloped cooperatives	Producer groups not used for aggregation, capital pooling, or negotiation power	CSO Partners, District Trade Associations	Low – Missed opportunity
Informal service sector growth	Tailors, welders, and phone vendors are active in rural areas but lack equipment leasing models and infrastructure support	Youth FGDs, BAC Officers	Moderate – Vibrant but unstable

8.1.4.3. Positive and Negative Change Stories from Programmes

Ghana's job creation landscape under Agenda for Jobs II and its affiliated programmes (e.g., NEIP, Bizbox, SOCO, VoltaRed, YEA, BAC initiatives) has yielded mixed beneficiary experiences. While some narratives highlighted meaningful income gains, youth empowerment, and business growth, others recounted frustration, unmet promises, and politicisation. This thematic section presents field-grounded reflections across regions and stakeholder levels.

Empowerment and Business Growth Stories

Several beneficiaries who received **start-up support** and **ongoing mentoring** reported concrete changes. These included transition from joblessness to income generation, local employment for peers, and diversification into new sectors such as **mobile money, soap production, agro-processing**, or **ICT-based services**.

"After the Bizbox training, I was able to set up my vulcanising workshop. Now I work every day and even teach two apprentices." (Male Beneficiary, Bono East)

"SOCO gave us capital and trained us in shea butter packaging. We now supply

two retail shops monthly." (Female Youth Group, Northern Region)

Frustration over Non-disbursement or Delayed Kits

Across multiple districts, youth reported having undergone NEIP, BAC, or SOCO training but **never received start-up kits, funds, or proper follow-up**. The **expectation gap** led to disappointment, erosion of trust in public programmes, and abandonment of entrepreneurial intent.

"We were told to wait for the start-up tools. Two years now, we've heard nothing. Most of us just left town." (Youth FGD Participant, Central Region)

Politicisation of Implementation and Exclusion

Community voices frequently cited instances where political actors, such as party chairpersons, intervened in implementation committees at the constituency level. This resulted in **biased beneficiary selection**, **misallocation of kits**, and **exclusion of qualified youth** who lacked political affiliation.

"I applied three times for the BAC programme, but they said I should go and see the chairman first." (Youth Entrepreneur, Volta Region)

This perception of political filtering was echoed by district officials who lamented interference during programme rollout.

"The District Assembly had no control. Everything was channelled through party contacts. It weakens the whole intent." (District Planning Officer, Western North)

Gender disparities and barriers

Though women were targeted under many initiatives, feedback from regional and district stakeholders pointed to **low female participation** in technical skill areas. Start-up capital constraints, socio-cultural restrictions, and childcare responsibilities limited the ability of women to **complete training or utilise toolkits**.

"Most of us have children and cannot travel to town for three weeks just to do training. So, we drop out." (Female FGD, Savannah Region)

Business sustainability and market linkages

Some beneficiaries with initial success later struggled due to **inadequacies in market access**, **input affordability**, and **inconsistent mentorship**. Others folded due to macroeconomic instability or inability to repay loans from microcredit institutions that were **not adapted to business cycles**.

"They gave us the machines, but there's no supply contract. I just use mine to do welding from house to house now." (Artisan Beneficiary, Ashanti Region)

Unintended consequences – debt, stigma, and mistrust

In several communities, poor implementation of job creation schemes led to **debt burdens** from failed business starts, **family tensions**, or even **community scepticism** toward future government-led initiatives.

"I used my savings to add to what I got from NEIP. It failed, and now my family says I should stop all this training thing." (Unsuccessful Beneficiary, Eastern Region)

Table 8. 9 Beneficiary Change Stories from Flagship Job Creation Programmes

Programme / Thematic Area	Change Story (Positive or Negative)	Stakeholder/ Region	Implication
Bizbox (BAC)	Set up of local mechanical/ICT workshops by youth; apprentices trained; local service economies boosted.	Bono, Ahafo	Positive – Skills applied, jobs created
NEIP	Trained youth failed to receive tools or follow-up; many abandoned businesses; others took risky microloans.	Ashanti, Central, Northern	Negative – Implementation gap
SOCO	Women's group built packaging enterprise in shea and cassava products; supply links created.	Savannah	Positive – Value addition, gender inclusion
VoltaRed	Frustration over political selection; perceived elite capture of business kits; dropout among non-connected youth.	Volta	Negative – Politicised targeting
Start-up Loans (YEA/ BAC)	Beneficiaries failed to scale or collapsed due to harsh loan repayment schedules; some diverted funds.	Eastern, Western	Negative – Debt cycle, programme mistrust
Female/Youth Targeting	Women cited travel/time constraints and lack of family support; dropout rates high among young mothers.	Upper West, Northern	Negative – Inadequate gender-responsive design
Unintended Effects	Disillusionment with government programmes; stigma from community; youth avoiding new initiatives due to past failures.	Bono East, Oti	Negative – Trust erosion

8.1.5. Sustainability

8.1.5.1. Sustained Job Creation and Enterprise Survival

Field reflections across all levels, community, district, and regional, revealed that while numerous jobs were initiated under Agenda for Jobs II through NEIP, YEA, BACs, SOCO, and Bizbox, the **sustainability of these employment opportunities remained fragile**. The analysis identifies thematic patterns relating to **start-up survival, programme design weaknesses, support structures, and systemic vulnerabilities** that affect

the long-term continuity of job gains.

Enterprise Survival beyond Programme Support

Many small businesses supported under flagship programmes (e.g., NEIP, Bizbox, SOCO) struggled to sustain operations post-intervention. Interviews indicated that **once initial toolkits or small seed capital were exhausted**, many beneficiaries were unable to expand, repay loans, or withstand inflation shocks.

"We started the gari business after the SOCO training. Now that the price of cassava has gone up, we cannot continue. We didn't plan for these costs." (Youth Beneficiary, Bono East)

Beneficiaries lacked buffer capital, savings schemes, or reinvestment strategies, which rendered many start-ups vulnerable after 6 to 12 months of operation.

Limited Market Access and Procurement Linkages

District officials and programme focal persons consistently cited **inadequate market access mechanisms** as a key threat to start-up viability. Although some beneficiaries had tools or products, they could not secure steady clients or procurement contracts from the local government or institutional buyers (e.g., schools, health facilities).

"They trained the youth to make liquid soap and pomade, but none of it goes into the school procurement system. So where do they sell?" (DPCU Officer, Ashanti Region)

Without guaranteed demand or a procurement integration framework, many micro-enterprises stalled or folded.

Weakpost-start-upsupervision and monitoring

Across nearly all districts, implementation officers confirmed that **post-training monitoring was irregular or non-existent** due to limited logistics, staff shortages, and the absence of an integrated tracking platform. BAC officers could not follow up with beneficiaries beyond three months post-intervention.

"After training, they give the kit and leave. No one checks if the youth is still operating. The files are closed." (BAC Officer, Volta Region)

This gap meant early signs of business distress were not detected or addressed, compounding the likelihood of enterprise collapse.

Credit Schemes and Survival Risks

While access to credit was expected to boost resilience, findings revealed that **credit programmes, especially those without training or grace periods, exposed beneficiaries to more risk**. Some were compelled to take high-interest loans from informal lenders to supplement capital, leading to a cycle of **repayment pressure and business stagnation**.

"I used the microloan to top up after training. But interest started immediately, and sales were low. Now I owe both the bank and my supplier." (Female Entrepreneur, Central Region)

Informality and job retrenchment

The informal nature of employment arrangements also undermined sustained job creation. Several FGDs recounted dismissals without compensation or written termination letters, even among semi-formal businesses supported under the initiative. This undermines the concept of decent work.

"We were hired by a youth group who won a Bizbox grant. After six months, they couldn't pay us. We just stopped going." (Youth FGD, Oti Region)

Institutional absorption of skilled beneficiaries

A few districts attempted to **absorb trained youth into municipal contracts or link them to NGOs**, but these examples were limited. Where they occurred, they demonstrated that **strong local institutional coordination could enhance sustainability**, though such efforts were neither widespread nor systematic.

Table 8. 10 Field Reflections on Enterprise and Job Sustainability

Thematic Area	Field Reflections and Issues Identified	Source/ Stakeholder	Degree of Responsiveness
Start-up Survival	Most businesses collapsed within 6–12 months due to low capital reserves, inflation, and input cost hikes.	Beneficiaries, BACs, District Officers	Low – Minimal ongoing support
Market Linkages	No structured procurement pathways exist between youth enterprises and local institutions (schools, hospitals, etc.).	GEA, BACs, DPCUs	Low – Linkages largely absent
Monitoring and Supervision	Follow-up is rare or non-existent; BACs lack vehicles, fuel, and digital systems to track businesses.	BAC Officers, MMDAs	Very Low – Institutional bottlenecks
Credit and Financial Exposure	Loan repayment pressure leads to collapse or survival on debt refinancing; interest rates not tailored to start-up realities.	Credit Union Officers, Youth Entrepreneurs	Moderate – Some coordination with credit actors exists, but lacks safeguards
Informal Layoffs and Job Losses	Dismissals happen without documentation or benefits due to informal hiring norms; no grievance redress exists.	Labour Officers, FGDs	Low – Largely unregulated
Institutional Absorption	Some districts engage graduates in public sanitation or community services, but these efforts are ad hoc.	DCDs, Youth Coordinators	Moderate – Good practice, not scaled

8.1.5.2. Institutional Capacity for Entrepreneurship and MSME Support

Interviews and focus group engagements across districts and regions revealed that **institutional capacity constraints** are a major limitation to the sustainability and scale-up of entrepreneurship and MSME support in Ghana. Key agencies such as the **BACs**, **Department of Agriculture**, and **RCCs** play critical roles but operate under significant logistical, financial, and human resource limitations. In addition, coordination between these institutions and national flagship programmes (NEIP, YEA, BizBox) is often weak and inconsistent.

BACs operating below capacity

BACs, which serve as the primary decentralised support arm for MSMEs, remain **severely under-resourced**. Staff strength is low; many BACs operate with only 2–3 officers covering wide jurisdictions.

Key challenges include:

- **Lack of transport/logistics** to visit beneficiaries after training.
- **No permanent budget lines** under the MMDAs for entrepreneurial follow-up.
- **Dependence on donor-funded or centrally-issued programmes** like NEIP or BizBox to operate.

"We have 600 clients on our register. We don't even have a motorbike to check if the youth are still in business." (BAC Officer, Bono East Region)

Limited Mentorship and Enterprise Advisory Systems

While trainings are offered (often in business plan development, bookkeeping, and digital marketing), **structured mentorship systems are lacking**. Most beneficiaries receive one-off support and are left to self-navigate the business landscape. Long-term enterprise coaching, which could improve survival rates, is absent.

"After training, I expected someone to check on me. But we just submitted our business plans and never heard again." (Youth Beneficiary, Volta Region).

Agricultural Extension and Enterprise Integration

Departments of Agriculture support agro-enterprises (e.g., cassava processing, rice cultivation, poultry) under Planting for Food and Jobs and SOCO. However, **linkages with BACs and financial institutions are weak**, and many agric-related MSMEs do not benefit from BAC's advisory services.

"The agric department trained the women in palm oil production. But they didn't register with BAC, so no further support came." (Agric Extension Officer, Ahafo Region)

RCC Oversight Without Programmatic Levers

Regional Coordinating Councils have oversight over job creation efforts, but **do not have dedicated technical officers or budgets** for entrepreneurship or private sector development. Most job creation

responsibilities are devolved to districts, yet RCCs lack clear frameworks to evaluate or support institutional performance.

"We monitor districts but don't have funds to design regional enterprise strategies. It's all national programmes from Accra." (RPCU Member, Western North Region)

Weak Institutional Learning and Innovation

Institutional learning from past entrepreneurship initiatives is poorly documented. BACs rarely conduct post-project evaluations or maintain enterprise progression dashboards. Innovations such as digital mentoring, group-based enterprise incubation, and local financing schemes (e.g., community revolving funds) are either **not piloted** or discontinued due to inadequacies in continuity frameworks.

Table 8. 11 Field Reflections on Institutional MSME Support

Institutional Theme	Field Reflections and Issues Identified	Stakeholder/ Source	Responsiveness Level
BAC Resourcing and Coverage	BACs have limited staff, no transport, and rely on intermittent project funds. Cannot track business progression or offer aftercare.	BAC Officers, DPCUs	Low– constrained capacity
Mentorship and Coaching	Business support ends after training. No mentorship frameworks or post-training check-ins exist.	Youth FGDs, BACs	Very Low – Largely absent
Agric–Enterprise Linkages	Agricultural MSMEs receive training but no further support from BAC. Agric officers lack coordination with enterprise development teams.	Agric Departments, BACs	Moderate – Varies by district
RCC Oversight Role	RCCs coordinate reports but do not drive entrepreneurship policy or support; no regional enterprise fund or regional mentoring scheme.	RPCUs, Regional Officers	Low – Structural limitation
Innovation and Learning	Few districts document MSME successes or failures. No internal feedback loop to adjust programming.	BACs, Regional Coordinators	Low – Weak institutional memory
Collaboration with NEIP/ GEA	BACs deliver training on behalf of national agencies but are not included in strategic planning or post-disbursement tracking.	GEA/BAC Joint Sessions	Moderate – Implementation gap

8.1.5.3. Policy and Skills System Responsiveness to Labour Market Transitions

This section draws on field reflections to assess how well Ghana's job creation strategies have anticipated and responded to transitions in the labour market, particularly the rise of green jobs, digital work, automation, and service-sector informalisation. Across the regions, it was evident that while skills training remains

a core intervention, there is limited alignment between what is taught and what the evolving economy demands.

Inertia in Skills Training Curricula

Business Advisory Centres, GEA, and NEIP implement skills training in areas such as soap making, beadwork, bakery, and fashion. While these are relevant in some communities, they fall short of responding to emergent sectors such as renewable energy, agritech, and digital freelancing. There is a high degree of repetition in training content, and local trainers are often unexposed to labour market shifts.

"All our women have done the same soap and gari processing training. But when we asked for computer skills training, we were told it's not in the budget." (Women's Group Leader, Western North Region).

Gaps in Green Economy Integration

Discussions at the district level showed that climate-related or green job interventions were absent from job creation programmes. Agriculture remains a dominant employer, yet training in climate-smart agriculture, renewable energy installation, and waste-to-wealth innovations was missing from DMTDPs and district job strategies.

"The youth want to go into solar installation and sustainable farming, but all we offer is tie-dye." (BAC Officer, Bono Region).

Digital Skills Limited to Urban Centres

Digital entrepreneurship, coding, and remote work have not been mainstreamed in district job programmes. Some GEA-led sessions introduced social media marketing, but these were sporadic and urban-focused. In rural areas, poor and inadequate infrastructure and digital literacy remain a major constraint. Youth participants expressed a desire to learn skills like graphic design, mobile money backend operations, and e-commerce, but were not supported.

No system for skills forecasting or local market diagnostics

Districts lack systems for forecasting local labour demands or conducting enterprise diagnostics. Job creation strategies are often donor-led or centrally imposed, and there is little local research on sector growth trends. DPCUs and BACs do not conduct tracer studies on what happens after skilling or how beneficiaries adapt to changing work conditions.

"We don't have data on where our trained youth end up. We just compile numbers for submission." (GEA Implementation Officer, Ashanti Region)

No Pathways for Formal Certification or industry linkages

Most training is informal, without certification or recognition by industry bodies. As a result, beneficiaries struggle to transition into structured employment or qualify for procurement or contracts that require proof of competence. Technical and Vocational Education and Training (TVET) centres are not integrated into MSME or job creation systems at the district level.

Table 8. 12 Responsiveness of Skills Systems to Labour Market Transitions

Issue Area	Field Reflections and Gaps Identified	Stakeholder/ Source	Responsiveness Level
Training Alignment with the Labour Market	Repetition of soap making, tie-dye, and fashion. No alignment with digital economy, tourism, agritech, or creative industries.	BACs, NEIP Trainers	Low
Green Job Integration	No deliberate effort to integrate green economy skills. Youth are interested in climate-resilient agriculture, but no programmes exist.	District Agric Officers, Youth FGDs	Very Low
Digital Work Readiness	Social media marketing is taught only in a few urban areas. Digital design, coding, and platform-based work are not offered.	GEA Implementation Reports	Low–Moderate (urban only)
Skills Demand Forecasting	No use of district labour data. Programmes not based on sectoral needs or market scans.	DPCUs, RPCUs	Very Low
Certification and Accreditation	Training not linked to NVTI or COTVET. No system for formal assessment or upgrading into TVET pathways.	BAC Officers, Youth Participants	Very Low
TVET and Private Sector Linkages	No structured partnerships with TVET institutions or local employers. Enterprises not involved in defining skills needs.	GEA, BACs, Local Employers	Low

8.1.5.4. Financing Sustainability and Exit Strategies for Flagship Programmes

A key finding across regional, district, and community levels is that job creation programmes, particularly those involving training, start-up support, and enterprise incubation, **lack sustainable financing pathways**. Most flagship programmes (e.g., NEIP, GEA, Bizbox, SOCO) are either donor-funded or rely on inconsistent government allocations. Interviews consistently underscored that there are **no institutionalised exit strategies** for ensuring programme continuation after funding cycles end.

High donor dependency without fiscal absorption plans

Donor-supported initiatives, especially SOCO, Bizbox, and WFP-funded MSME efforts, were cited as effective in stimulating local entrepreneurship. However, field officers and DPCU members noted that **these interventions are short-lived** and tend to phase out abruptly. Districts are **rarely integrated into programme sustainability planning**, and there are no budget lines in composite budgets to absorb the costs of continuity.

"SoCo worked well, but now that it's gone, the beneficiaries are stranded. There's no local system to carry it on." (DPCU Member, Bono Region)

Weak integration into District Budgets and IGF

Most BAC and GEA-led interventions are implemented **outside the formal planning and budgeting cycles** of the districts. Assemblies do not allocate Internally Generated Funds (IGF) for job creation beyond infrastructure support (e.g., market sheds). Where job programmes exist, they are **dependent on the central government's unpredictable releases or project-specific funding**.

Missed Opportunities for Public-Private Partnerships (PPPs)

Few examples of PPPs in job creation were observed. Regional Economic Planning Officers noted that despite private sector presence, especially in agro-processing and construction, **there is little coordination between MMDAs and private employers** to co-finance enterprise hubs, internship placements, or MSME accelerator programmes. Existing PPP guidelines are not applied at sub-national levels.

Inadequate Exit Strategies in Programme Design

Several respondents flagged the absence of **structured exit strategies** in the design of youth employment programmes. Start-up kits are distributed without mechanisms for replenishment, upscaling, or reinvestment. Once the initial funding lapses, **beneficiaries face stagnation**, and tracking mechanisms do not exist to support long-term viability.

"The youth are trained and given starter packs, but what next? After six months, they're back to square one." (Youth Officer, Western Region)

No National Framework for Local Financing of Job Creation

There is **no national guidance** for districts to budget for job creation from local sources. District Development Coordinating Committees (DDCCs) rarely prioritise job programmes in planning because **social service delivery and physical infrastructure take precedence**. Some regional respondents suggested that NDPC or MoF could provide a national capex-OPEX financing framework that allows regions and districts to invest sustainably in local enterprise development.

Table 8. 13 Sustainability and Financing of Job Creation Initiatives

Issue Area	Field Observations and Gaps Identified	Stakeholder/ Source	Sustainability Level
Donor Dependency	Programmes like SOCO and WFP-funded MSME schemes phase out after donor funding ends, with no continuity plan.	DPCUs, RPCUs	Very Low
Integration into District Budgets	Job creation programmes not reflected in Composite Budgets or IGF priorities; not funded by MMDAs.	District Budget Officers, MCDs	Low
Public-Private Partnership (PPP) Development	Few or no formal partnerships exist between local assemblies and private sector actors to support job creation.	Regional Economic Planners, BACs	Very Low
Exit Strategy in Programme Design	Youth interventions lack defined exit mechanisms (e.g., business follow-up, reinvestment support, or scaling capital).	BACs, Youth Coordinators	Low
Local Financing Policy Frameworks	No NDPC or MoFEP directive exists for sustained MMDA-led financing for job or enterprise development.	Regional Job Creation Focal Persons	Non-existent

8.2. Lessons Learnt and Recommendations

Lessons Learnt

The evaluation of the job creation focus area underscores critical lessons about both design and implementation. While interventions are increasingly aligned with national employment strategies and global commitments such as SDG 8, they have not adequately transitioned beneficiaries into sustainable or formal employment. The dominance of informal, subsistence-level jobs highlights structural weaknesses in linking youth and MSMEs to productive value chains, growth sectors, and decent work standards. Training programmes have often been supply-driven, focusing on oversaturated traditional trades such as tailoring or soap-making, which neither match the aspirations of young people nor respond to evolving labour market demands in areas like digital and green jobs. Weak post-training support, including long delays in start-up kit distribution, limited access to affordable credit, and inadequate mentorship, has left many beneficiaries unable to launch or scale enterprises, rendering much of the investment economically futile. Institutional fragmentation further undermines effectiveness, with agencies such as NEIP, GEA, BACs, and district departments operating in silos, duplicating efforts, and failing to build integrated value-chain approaches. This weak coordination, combined with chronic underfunding and inadequate logistics for Business Advisory Centres and district field officers, has weakened follow-up, monitoring, and mainstreaming of employment interventions into local planning.

Political interference in the selection of beneficiaries has eroded credibility and

deepened youth disillusionment, while the absence of exit strategies, reliance on donor-funded projects, and neglect of public–private partnerships limit long-term sustainability. Ultimately, the emphasis on job numbers over job quality has led to the creation of largely informal and insecure employment that falls short of delivering decent work, reinforcing the need for more market-driven, coordinated, and sustainable approaches to youth employment in Ghana.

Recommendations

Job creation efforts must evolve from fragmented, short-term income generation schemes into a coherent and sustainable employment ecosystem. Training modules should be rooted in evidence-based labour market diagnostics, ensuring that skills development aligns with emerging growth sectors such as agro-industrial value chains, digital services, renewable energy, and other green jobs. This requires not only technical skills but also the integration of business management, financial literacy, and market access support to enhance enterprise viability. Post-training systems must be strengthened through the timely provision of start-up kits, access to affordable financing—whether through grants, soft loans, or incubation schemes—and structured mentorship programmes that accompany youth for at least 12 to 18 months.

At the institutional level, reforms are essential to streamline coordination, reduce duplication, and depoliticise implementation. A harmonised employment registry and integrated dashboards should be established to track beneficiaries across agencies, supported by stronger oversight from District Planning and Coordinating Units and Regional Coordinating Councils. Beneficiary selection must be transparent and merit-based, insulated from political interference, and facilitated by technology-enabled targeting and community validation to ensure equity. The role of private sector actors and traditional apprenticeship systems should be more deliberately integrated into formal planning, offering accreditation pathways and market linkages to bridge the gap between informal skills and decent work.

Finally, sustainability hinges on adequately resourcing Business Advisory Centres and district job creation units with dedicated budget lines, trained staff, and logistics for effective monitoring and follow-up. District Assemblies should commit a share of internally generated funds to job creation while leveraging public–private partnerships to expand financing. Gender-responsive safeguards, such as subsidised childcare for female trainees, tailored loan products, and inclusion quotas for women and persons with disabilities in high-growth sectors, will be necessary to ensure equitable participation. By prioritising formalisation, aligning training with future-ready sectors, and embedding comprehensive post-training support within a well-coordinated institutional framework, Ghana can move from creating temporary livelihoods to building sustainable, inclusive, and decent employment pathways.

CHAPTER NINE: WATER, SANITATION, AND HYGIENE (WASH)

9. Introduction

This chapter presents and analyses findings, and provides lessons learnt and recommendations for enhancing Water, Sanitation, And Hygiene (WASH) outcomes.

9.1. Findings

The evaluation of the WASH focus area of the MTNDPF reveals a persistent gap between policy commitments and district-level implementation. Although districts frequently reference national frameworks such as the National Water Policy, Environmental Sanitation Policy, and SDG 6 in their plans, these references are often superficial, with limited budgetary backing, weak programmatic depth, and little measurable impact. WASH is routinely deprioritised relative to infrastructure and job creation, despite its centrality to health, education, and productivity outcomes. Service delivery is undermined by fragmented, siloed departmental approaches, poor inter-agency coordination, and weak accountability, with service contracts and NGO contributions insufficiently integrated into district systems. Critical initiatives such as the Open Defecation Free (ODF) roadmap suffer from inconsistent implementation and limited follow-up, resulting in widespread slippage and relapse.

This evaluation highlights that WASH sector governance in Ghana is hampered by a significant gap between policy and practice. Despite national commitments to decentralisation, implementation is undermined by institutional fragmentation and a lack of clear operational blueprints at the district level. Responsibilities often overlap, leading to duplicated efforts and an absence of accountability for critical mandates (Aboagye et al., 2021). The centralisation of contracts, such as with Zoomlion, further erodes local authority, preventing MMDAs from effectively holding service providers accountable.[22]

While infrastructure coverage has expanded in some districts, water services remain compromised by poor quality, seasonal scarcity, affordability concerns, and contamination from illegal mining. Similarly, sanitation and hygiene outcomes are fragile, with behaviour change efforts such as CLTS, school hygiene promotion, and NGO-led campaigns showing uneven and unsustainable gains due to inadequate reinforcement, limited financing, and declining handwashing practices post-COVID-19. Local responsiveness is also

22 Aboagye, E. B., Osafo, E., & Adjei, O. (2021). Institutional and Policy Gaps in Ghana's Water, Sanitation, and Hygiene Sector. Journal of Environmental Management.

weak, with persistent gaps in menstrual hygiene management in schools, lack of disability-accessible facilities, inadequate institutional WASH in schools and CHPS compounds, and neglect of peri-urban sanitation challenges. Environmental dimensions such as solid waste management and climate vulnerability are poorly addressed, further eroding sustainability. Financial and institutional inefficiencies including delayed fund disbursements, low budget absorption, negligible internally generated fund allocations to WASH, and over-reliance on donors without sustainability mechanisms, compound the problem.

Financially, the sector is unsustainable due to unpredictable and late disbursement of funds from the central government, often arriving too late to be fully utilised within the fiscal year. This systemic bottleneck in intergovernmental fiscal transfers is compounded by the inadequate allocation of local funds, with district Internally Generated Funds (IGFs) being minimal and often redirected to other priorities. A lack of dedicated transport and resources also severely limits the ability of Environmental Health Units to perform essential monitoring, creating a significant barrier to effective service delivery and enforcement (Akuklu, 2022).[23]

Ultimately, a policy-practice disconnect plagues the WASH sector. While district plans may align with national frameworks, this alignment is often superficial, lacking the dedicated budgets and local-level authority needed for effective implementation. The heavy reliance on external donor funding and centralised contracts undermines genuine local ownership. Community-level structures, like Water and Sanitation Management Teams (WSMTs), are often inactive and lack the necessary training and authority to manage and sustain infrastructure, leading to the rapid decay of projects once initial support ceases. These low levels of local empowerment and sustainability are a critical flaw in the current model (Agyemang & Arhin, 2020).[24]

9.1.1. Relevance and Coherence

9.1.1.1. Coherence with National WASH Strategies

Evaluative synthesis of stakeholder engagements and desk reviews confirms that while national WASH policy instruments are widely cited in district documents, actual operational alignment is often partial, fragmented, or symbolic. Four core themes emerged under this thematic area: policy referencing without budgeting, weak linkage to human development targets, disjointed interdepartmental implementation, and inconsistent uptake of key initiatives with respect to SDG6 (Specific reference is given to Open Defecation Free (ODF) commitments).

Policy alignment of plans and strategies

Superficial Integration of National Policies into District Development Frameworks

Although most District Medium-Term Development Plans (DMTDPs) formally reference national instruments such as the National Water Policy (2007) and Environmental Sanitation Policy (2010), this referencing tends to be nominal rather than programmatic. Planning units reported using national frameworks largely as narrative justifications rather than as guides for structured budgeting

23 Akuklu, S. (2022). Fiscal Decentralization and WASH Service Delivery in Ghana. International Journal of Water Resources Development.

24 Agyemang, F., & Arhin, A. (2020). Challenges to Sustainable Rural Water Systems in Ghana: A Case Study of Local Governance and Community Ownership. Water Policy.

or targeted programming.

For example, while some Environmental Health Units attempt to align their sanitation enforcement and Community-Led Total Sanitation (CLTS) activities with national protocols, these efforts are often hamstrung by the absence of budget lines. Integration efforts are rarely accompanied by realistic resource envelopes or institutional support structures at the district level.

"Our MTDP mentions the ODF strategy and National WASH goals, but there's no matching funding line." (District Planning Officer, Ashanti Region)

This suggests a policy-practice disconnect, where WASH remains rhetorically present but practically deprioritised in relation to sectors such as education and roads.

Weak Institutional Linkage to Agenda for Jobs II Human Development Pillars

The Agenda for Jobs II policy framework recognises WASH as part of human capital development. However, most district planning teams tend to interpret Agenda for Jobs II primarily through the lens of physical infrastructure and job creation. As a result, WASH is often subsumed under generic "social infrastructure" outputs without clearly defined outcome indicators related to health, education, or productivity.

Implementation Coherence

Siloed Implementation and Poor Interdepartmental Coordination

Despite the multisectoral nature of WASH, district-level implementation continues to reflect sectoral fragmentation. Planning Units, Works Departments, Environmental Health Officers, School Health Coordinators, and NGOs often operate independently, with limited structures for cross-departmental integration. This undermines the holistic delivery of WASH outcomes, especially where water infrastructure is not linked with hygiene promotion, and sanitation systems lack environmental safeguards.

"There is no WASH technical team coordinating the different departments. Everyone writes their input separately." (Municipal Coordinating Director, Western North)

This siloed approach contradicts the intersectoral vision of the National WASH Policy, and significantly weakens implementation effectiveness, monitoring, and accountability.

Underutilisation and Inconsistent Operationalisation of the ODF Roadmap

The ODF roadmap has been adopted in several district awareness campaigns, yet its translation into sustained behavioural change remains weak. CLTS initiatives are rarely institutionalised beyond one-time triggering events, and post-certification monitoring and technical assistance for durable sanitation solutions are largely absent. In many cases, Environmental Health staff reported that **"ODF declared"** communities often relapse due to lack of ongoing engagement and zero budget for follow-up.

"ODF communities do not remain

ODF. There's no money for sustained engagement or monitoring." (Environmental Health Officer, Northern Region)

Below is a matrix showing the key issues identified from the field data and their alignment with Thematic Areas in the WASH sub-sector.

Table 9.1 Alignment with WASH Frameworks

Thematic Area	Key Reflections from the field	Degree of Alignment	Source
Policy Reference	National WASH and sanitation policies are referenced in DMTDPs, but often without funding or programming logic.	Partial	DPCU Interviews, Planning Units
Agenda for Jobs II Linkage	WASH is not strongly tied to human development indicators within Agenda for Jobs II. Seen more as infrastructure than a rights or productivity issue	Weak	Agenda for Jobs II, BAC, Regional Officers
ODF Integration	ODF targets known but not systematically pursued; weak post-certification monitoring and community relapse	weak	EHOs, CLTS Facilitators, Systematic Review
Intersectoral Coordination	Poor integration between WASH-related departments (Planning, Education, Works, Health, NGOs)	Weak	RCCs, DWDs, Environmental Health Units

9.1.1.2. Responsiveness to Local Needs and Institutional Priorities

The degree to which WASH interventions respond to lived realities across districts remains uneven. Despite national commitments to equity and inclusion, evidence from field interactions, observations and review documents reveals that many local needs, especially in underserved areas and institutions, are inadequately addressed. Five challenges highlight systemic gaps in service responsiveness.

Water Scarcity and Seasonal Insecurity

In several communities, access to water is compromised by seasonal fluctuations that WASH planning does not adequately anticipate. Even where boreholes and standpipes exist, dry-season breakdowns or groundwater depletion are common, leading to prolonged service disruptions. Contingency mechanisms such as rainwater harvesting, elevated storage, or scheduled water delivery are largely absent from local WASH strategies. The absence of seasonal vulnerability mapping in district planning frameworks reflects a lack of climate risk integration. Most DMTDPs do not reflect hydrological stress periods, nor do they plan for emergency access arrangements. This results in short-term infrastructure delivery without long-term reliability.

Peri-Urban Sanitation Blind Spots

Peri-urban zones fall through the policy cracks. These areas are often growing rapidly but remain unclassified in urban sanitation strategies and unsupported

by rural ones. The institutional ambiguity results in a sanitation vacuum; no public toilets, limited CLTS programming, and zero enforcement of building codes requiring private latrines. This neglect is compounded by logistical constraints faced by Environmental Health Units, which lack both the authority and transport means to monitor or intervene effectively. As peri-urban settlements continue to expand, the lack of clarity in responsibility and oversight perpetuates unregulated sanitation environments.

Menstrual Hygiene Management (MHM) gaps

Despite policy mandates under the Ghana Education Service (GES)-WASH framework and the School Health Education Programme (SHEP), menstrual hygiene remains a marginalised component of school WASH delivery. Most basic schools lack changing rooms, disposal systems, or access to sanitary pads. The problem is institutional: MHM does not receive a dedicated budget line and is often left to ad hoc NGO support.

"Our girls stay home when they are menstruating. We don't have a changing room, and the toilet is shared with boys."
(Basic School Headteacher, Bono Region)

Focus group discussions revealed that the resulting absenteeism among girls during menstruation contributes to cumulative learning loss and psychosocial discomfort. Teachers also reported insufficient training to provide appropriate MHM support, undermining the inclusive potential of school-based WASH interventions.

Disability and WASH Facility Accessibility

Although national WASH infrastructure guidelines include provisions for disability access, field assessments show widespread non-compliance. More fundamentally, persons with disabilities are not systematically consulted in the design, supervision, or monitoring of WASH infrastructure, violating both inclusion norms and human rights-based service principles. The result is a persistent access barrier for children, patients, and citizens with disabilities.

Weak Institutional WASH (Schools and Health Facilities)

A major point of failure in WASH responsiveness lies in institutional settings. SHEP monitoring and facility-level interviews consistently flagged infrastructure degradation, absence of routine maintenance, and limited provisions for consumables such as soap and disinfectants.

"Sometimes we have to fetch water from outside the compound for delivery."
(Community Health Nurse, Western North)

The implications are severe. Hygiene breaches compromise infection prevention and control for OPD, antenatal and delivery safety in clinics, and poor WASH facilities in schools affect not only attendance but learning quality and pupil dignity. Without ring-fenced WASH maintenance budgets, these infrastructure investments deteriorate quickly, eroding confidence in service delivery.

Table 9. 2 Responsiveness to Local Needs

Thematic Area	Evaluation Summary	Responsiveness Level	Evidence Source
Seasonal Water Security	Lack of contingency planning or climate-sensitive infrastructure undermines dry-season access	Low	FGD participants, DWD technical officers
Peri-Urban Sanitation	Policy and service gaps leave growing peri-urban communities underserved	Low	Assembly members, Environmental Health Units
Menstrual Hygiene (MHM)	MHM remains underfunded and operationally neglected in most school settings	Low	SHEP Reports, Headteachers, Girl FGDs
Disability Inclusion	Facility designs are frequently non-compliant with disability norms; weak inclusion in WASH governance	Low	PTAs, PWD families, Field visits
WASH in Institutions	Borehole failure, dysfunctional latrine, and hygiene material shortages undermine institutional WASH	Low to Medium	School surveys, health care facilities' observations, SHEP submissions

9.1.1.3. Alignment with SDG 6

The evaluation revealed inconsistencies between Ghana's national WASH implementation and global frameworks such as SDG 6, the Joint Monitoring Programme (JMP) service ladders, UNICEF's Fit-for-School initiative, and WHO's Clean Care is Safer Care campaign. Although national policy documents often reference these global standards, coherence across programme design, implementation, and monitoring systems remains limited, particularly at the district and facility levels.

At the strategic level, national targets under Agenda for Jobs II and the Environmental Sanitation Policy (2010) reference SDG 6.1 and 6.2—calling for universal access to safe water, sanitation, and hygiene. However, most MMDAs do not collect or report data aligned with JMP-defined service ladders. Field assessments confirmed that performance reporting still focuses on infrastructure outputs such as the number of boreholes or latrines, rather than disaggregated service levels that capture the safety, equity, or reliability of these services.

"Our district reports figures of household latrines, but we don't track whether they are hygienic or accessible." (DPCU Member, Central Region)

There is minimal data on critical indicators such as water quality testing, duration and continuity of water supply, or safe treatment and disposal of faecal sludge which are key benchmarks for 'safely managed' service categorisation under SDG 6.

Institutional reporting frameworks remain disconnected from global monitoring systems. MMDAs typically lack standardised templates that reflect SDG 6 indicators, resulting in fragmented data. While the Ghana Statistical Service (GSS) and the Community Water and Sanitation Agency (CWSA) have adopted globally aligned tools, these have not been

cascaded effectively to Environmental Health Officers or district-level planning units.

In WASH-in-Schools programming, the implementation of global campaigns like UNICEF's Fit-for-School remains minimal. Schools rarely conduct structured hygiene promotion sessions, and the availability of soap and water for handwashing is inconsistent. School health protocols—where they exist—are rarely enforced, and infrastructure remains basic or non-functional.

Similar issues were reported in health facilities. During the COVID-19 pandemic, the WHO Clean Care is Safer Care campaign was temporarily adopted in many CHPS compounds, but adherence has since declined due to inadequate supplies and weak protocol enforcement.

"During COVID, there was emphasis on hygiene, but that has faded. We still lack gloves and disinfectants in many CHPS zones." (Health Centre Focal Person, Bono Region)

Coordination with global development partners remains fragmented. While programmes supported by UNICEF, SNV, USAID WASH, and IRC have been active at the national and regional levels, their monitoring systems often operate independently, using different indicator definitions and reporting tools. This parallelism contributes to data inconsistency, duplication of effort, and weak harmonisation between donor-led and government-led systems.

Furthermore, field visits showed that few districts monitor the conditions required for achieving 'safely managed' sanitation and hygiene standards. This includes failure to track whether latrines are shared, whether faecal sludge is safely disposed of, or whether hygiene facilities are usable by persons with disabilities.

The absence of such monitoring practices constrains Ghana's ability to credibly report on SDG 6.2 and 6.3, and weakens the evidence base required for adaptive WASH policymaking.

Table 9. 3 Coherence with Global WASH Commitments

Global Framework Reference	Field-Level Alignment	Degree of Coherence	Key Gaps	Sources
SDG 6.1 & 6.2	Targeted in the national strategy but poorly tracked at the MMDA level	Moderate on paper, weak in practice	Lack of disaggregated service levels (e.g., safely managed)	DPCUs, District Reports
JMP Service Ladders	Rarely used in district reporting or monitoring tools	Weak	Weak tracking of safely managed WASH services. - including water quality, disposal methods, or hygiene behaviour	EHOs, GSS Data Officers

Global Framework Reference	Field-Level Alignment	Degree of Coherence	Key Gaps	Sources
UNICEF Fit-for-School	Mentioned in SHEP guidance, but with limited implementation in schools	Minimal	No structured hygiene promotion; no soap/ sanitary facilities	Basic School Heads, SHEP Officers
WHO Clean Care is Safer Care	Adopted in some CHPS compounds during COVID, but poorly sustained	Weak	Inconsistent hygiene materials, protocols, and infection control	District Health Management Teams
Donor M&E and Reporting	Multiple donor systems are in operation, but little harmonisation with local systems	Fragmented	Parallel M&E tools, data incompatibility	UNICEF, SNV, Regional WASH Officers

9.1.2. Effectiveness

9.1.2.1. Access and Affordability to WASH Services

The assessment of effectiveness regarding access to quality WASH services reveals four interrelated themes: (1) service coverage and accessibility, (2) water quality and safety, (3) slippage in sanitation gains, and (4) hand hygiene functionality and uptake. These emerged consistently from household-level interviews, institutional assessments, and district planning consultations.

Access and Service Coverage – expanding reach but with uneven gains

Several districts have recorded notable improvements in physical WASH infrastructure between 2022 and 2024. Key infrastructure gains include the installation of additional boreholes, rainwater tanks for CHPS compounds, and community standpipes. Notably, districts like Asokore Mampong and Berekum East reported expanded household water access due to borehole drilling and piped water extensions.

However, access remains inconsistent across locations and socio-economic groups. Seasonal water insecurity persists in many hard-to-reach and dryland communities, where boreholes fail during the harmattan or dry season. In these situations, households revert to unsafe surface sources such as streams and unprotected wells.

"The community now has a borehole, but we still fetch water from the stream when it dries up." (FGD Participant, Bono East)

Affordability is an additional barrier. Households in water-insecure areas sometimes rely on paid tanker services, which are financially burdensome. Similarly, CHPS compounds and basic schools reported difficulties in maintaining water infrastructure due to challenges with no dedicated operational budgets to cover recurrent expenses such as electricity and repair costs. This has led to intermittent water supply in these facilities.

Water Quality and Safety – rising access, declining potability

Despite improvements in coverage, water quality is an emerging concern, especially in districts affected by environmental degradation linked to illegal mining. Field interactions in regions such as Ashanti and Western regions indicate that several previously potable groundwater sources now exhibit chemical contamination, murkiness, or offensive odours. Planning and environmental health officers reported that this has diminished public confidence in WASH systems and prompted households to rely on more costly alternatives like sachet water.

"Water access has increased, but its quality is questionable due to galamsey. We are supplying brown water in some areas." (Regional Planning Officer, Ashanti Region)

Most MMDAs do not have routine water quality testing mechanisms in place. Instead, they rely on NGOs, ad hoc donor support, or national-level laboratories, which limits the timeliness of response and the regularity of quality assurance. Moreover, although water safety plans are recommended under national guidelines, these are rarely developed or operationalised at the district level. The absence of coordinated surveillance frameworks at both community and facility levels poses risks to health outcomes, especially among children, pregnant women, and immunocompromised individuals.

Slippage in Sanitation Gains – ODF reversals and infrastructure neglect

Field assessments highlighted that many communities that had previously attained Open Defecation Free (ODF) status have since relapsed. These reversals are often observed shortly after the withdrawal of donor support or following the end of a project lifecycle. The sustainability of ODF achievements is undermined by the lack of dedicated follow-up mechanisms and the absence of locally financed sanitation incentives.

"After the project left, no one maintained the toilet. We now go to the bush again." (FGD Participant, Bono Region)

Shared sanitation facilities are often poorly maintained and overstretched, particularly in peri-urban areas. These facilities are frequently reported as unhygienic or unsafe, especially at night. Youth and male adults commonly revert to open defecation, citing poor maintenance and inconvenient access.

Moreover, persons with disabilities face compounded exclusion. Most public latrines are not designed for universal access. Facilities often feature steep steps, narrow entrances, and lack guiding rails, making them practically inaccessible. The absence of structured monitoring, community incentive systems, or disability-sensitive design has contributed to stagnation or reversal in sanitation outcomes across districts.

Weak Functionality and Use of Hand Hygiene Facilities – Gaps in Practice and Monitoring

While handwashing facilities have become more prevalent, particularly in schools and health facilities following COVID-19 investments, their actual use and maintenance remain weak. Handwashing stations are frequently found dry, lacking soap, or vandalised. In many cases, they are present in form but not function.

"The structure is there, but no soap. Children play around it more than use it." — District SHEP Coordinator, Eastern Region.

Interviews with school heads and SHEP coordinators indicate that the behavioural integration of hand hygiene has not been sustained. Hygiene education sessions are irregular and rarely embedded within school curricula. In CHPS compounds, nurses reported hand hygiene breaches during patient care, especially when soap is unavailable or water is rationed.

Monitoring of hygiene practices is largely informal or non-existent. Few schools maintain records of handwashing frequency, and there are limited community-driven accountability systems to ensure facility upkeep. The result is a stagnation of hygiene gains made during the pandemic period, with declining compliance across institutional settings.

Table 9. 4 Field Reflections on Access and Quality of WASH Services

Thematic Area	Field Reflections	Degree of Responsiveness	Source
Water Coverage Expansion	Boreholes and standpipes are constructed in new communities, but seasonal supply gaps remain	Moderate	DPCUs, CHPS staff, Community FGDs
Water Quality Degradation	Surface water contaminated by galamsey; no routine water testing at the district level	Low	Regional Planning Officers, Environmental Health Officers
Slippage in ODF Status	Community toilets deteriorate post-project; open defecation resurges	Low to Moderate	EHOs, CLTS focal persons, FGDs
Handwashing Infrastructure	Stations built but often non-functional; no soap, irregular water flow	Low	School Health Officers, Headteachers, CHPS staff
Equity in Access	Lack of PWD-friendly toilets and handwashing points; poor access in riverine communities	Low	Disability Desk Officers, WASH NGOs
Institutional Service Coverage	Some schools and CHPS zones lack piped water and rely on rainwater or tankers.	Moderate	SHEP Coordinators, Health Facility Officers

9.1.2.2. WASH Behavioural Changes

Behaviour change promotes sustainable WASH outcomes. Despite notable progress in infrastructure delivery, the long-term utility of water and sanitation systems hinges on consistent hygienic behaviour and cultural transformation. Analysis of district-level interviews, community focus group discussions, and findings from systematic reviews point to mixed results, which highlight fragile gains and implementation deficits across five interrelated behavioural domains.

Mixed Outcomes from CLTS Implementation

Community-Led Total Sanitation (CLTS) has contributed to generating initial momentum for latrine adoption and community-led action. In several districts, particularly in Ahafo and Northern Ghana, triggering activities catalysed rapid behaviour shifts and led to ODF declarations. However, the durability of these outcomes remains tenuous. Slippage, understood as the return to open defecation, is prevalent, often occurring within 12–18 months post-certification. Three major deficiencies emerged:

- **Post-triggering neglect:** There is no routine funding or institutional mandate for follow-up visits, leading to a vacuum in reinforcement efforts.
- **Structural poverty:** Extremely poor households remain excluded from sustained behaviour change due to the absence of subsidy mechanisms or self-financing options for latrine construction.
- **Erosion of social accountability:** Natural Leaders and WASH committees lose momentum quickly in the absence of recognition, external support, or community governance mechanisms.

"We achieved ODF status in 2022, but now many have returned to the bush." (Environmental Health Officer, Ahafo Region)

This shows that behaviour change cannot be sustained on awareness alone. The fragility of CLTS outcomes reflects an overreliance on time-bound external facilitation, without building lasting accountability and enforcement at the community level.

Hygiene Promotion in Schools and Communities – Inconsistent and Underfunded

The SHEP remains the primary mechanism for institutional hygiene promotion across Ghana's basic education sector. While its national design is sound, implementation at the school level is irregular, underfunded, and lacking in structure.

That pattern from the field interviews revealed that:

- Hygiene education is not scheduled within school timetables and is delivered only sporadically.
- Coordination between GES and EHOs is weak, with community-based hygiene interventions rarely aligned with school programming.

Moreover, post-COVID enthusiasm around hand hygiene has waned. Many handwashing stations are now dysfunctional due to a lack of

replenishment for soap and other consumables. The behavioural practices instilled during the pandemic have not been institutionalised or budgeted for, leading to a visible backslide. This inconsistency limits the development of hygiene as a habit among school-aged children, who could otherwise serve as change agents in their communities.

Menstrual Hygiene Management – culturally sensitive, programmatically weak

Menstrual hygiene management (MHM) remains a deeply underserved area in school-based WASH programmes. Though awareness of MHM challenges has increased nationally, programmatic attention at the district and school levels is weak, fragmented, and reactive.

Thematic findings revealed:

- Girls lack access to sanitary products, with no provision for emergency supplies in most schools.
- Facilities are not menstruation-friendly, often lacking privacy, disposal bins, or running water.
- Stigma and teasing deter girls from attending school during their periods, affecting attendance and self-esteem.

Hygiene Norms in Households – partial shift, weak reinforcement

Hygiene practices at the household level have shown marginal improvements in some areas, largely due to NGO-driven awareness campaigns or spill-over from school-based programmes. Focus group discussions identified a modest uptake in handwashing, safe water handling, and domestic cleanliness.

However, three critical challenges impede sustainability:

- Unreliable water supply undermines consistent hygiene practices. Where water is scarce, hygiene behaviours are deprioritised.
- Absence of peer accountability or community norms means there is no external pressure to maintain improved behaviours.
- Hygiene is often perceived as performative, emphasised during public events or NGO visits, but not seen as essential to daily life.

This points to a behavioural gap between knowledge and practice. The initial adoption of hygiene behaviours often lacks reinforcement mechanisms, leading to decline when incentives disappear or resources become scarce.

NGO Campaigns – Localised Impact, Poor Institutional Integration

NGOs have led many of the most innovative hygiene behaviour change interventions in Ghana, from theatre-based community sensitisation to hygiene scorecards in schools. However, their efforts are typically isolated, time-bound, and poorly integrated into formal district planning systems.

Key issues emerging from district and community actors include:

- NGO activities are geographically fragmented, with interventions targeting only selected communities

or clusters.

» Monitoring tools and messaging differ from government standards, creating fragmentation in WASH education and behaviour tracking.

» There is no structured mechanism for integrating NGO tools, data, or practices into district WASH planning or education systems.

"They came with handwashing kits and posters, but we weren't part of the planning. Now it's over." (SHEP Focal Person, Central Region)

While NGO campaigns generate temporary momentum, their failure to engage with local systems reduces institutional memory and undermines scalability. Behaviour change, when detached from system-wide ownership, struggles to mature into policy-led transformation.

Table 9. 5 Reflections on Hygiene Promotion and Behaviour Change Outcomes

Theme	Field Reflections and Issues	Degree of Change Observed	Source
CLTS Outcomes and ODF Retention	Initial success but high slippage post-project; weak follow-up by health units and Natural Leaders	Partial	EHOs, Community FGDs
School Hygiene Promotion	SHEP activities are present but poorly structured; few designated teachers or teaching aids	Weak	Headteachers, GES Officers
Menstrual Hygiene Support	Cultural silence persists; infrastructure and supplies are inadequate in schools	Weak to Moderate	Schoolgirls, SHEP Coordinators
Handwashing Practices	Adoption seen during COVID-19; now declining due to lack of water/soap and supervision	Fragile	EHOs, Household FGDs
NGO Hygiene Campaigns	Localised improvements noted, but no integration with MMDAs' planning cycles	Fragmented	NGO Staff, Planning Officers

9.1.2.3. Institutional Coordination and Service Delivery

Effective WASH service delivery requires seamless coordination across local government structures, national agencies, and development partners. However, evidence from district engagements and systematic documentation suggests that coordination mechanisms are weakly institutionalised and inconsistently practised. Four recurring themes emerged during the evaluation: institutional fragmentation, accountability gaps, donor parallelism, and weak performance monitoring systems.

Institutional Fragmentation and Coordination Gaps

The institutional structure of WASH at the district level is multi-tiered, with overlapping responsibilities shared among District Works Departments (DWDs), Environmental Health Departments (EHDs), and the WASH focal points embedded in Regional Coordinating Councils (RCCs). In practice, however, these entities function in parallel rather than in collaboration.

- Role ambiguity is particularly pronounced between DWDs and EHDs. Both claim responsibilities for water system oversight and latrine infrastructure supervision, leading to duplicated or unclaimed mandates.
- Some Environmental Health Officers (EHOs) expressed concerns about being often excluded from the broader planning cycles. Their inputs are incorporated only during environmental health reviews, limiting the cross-sectoral integration of hygiene and sanitation in annual action plans.
- RCC WASH Teams, though active during plan preparation and donor review missions, rarely play a sustained enforcement or backstopping role post-approval. Their limited follow-up undermines regional coherence.

"We all do our work but rarely come together unless there's a national project or donor mission." (District Environmental Health Officer, Ahafo Region)

The disjointed operational logic reduces collective ownership of WASH strategies, hinders joint monitoring, and limits resource pooling. Fragmented institutional arrangements also dilute the potential for integrated responses to sanitation issues or water safety challenges at the community level.

Accountability Void in Sanitation Contracts – The Zoomlion Example

A particularly illustrative example of weakened local authority in WASH service delivery is the sanitation contract model involving Zoomlion Ghana Ltd. While the company is formally contracted to provide street cleaning, refuse collection, and public sanitation services in almost all districts, the contracts are signed and administered nationally.

This arrangement curtails the authority of MMDAs in several ways:

- Districts cannot demand performance improvements, apply penalties, or terminate contracts when service standards are not met.
- Local actors lack oversight tools or feedback loops to hold service providers accountable for missed cleaning schedules or substandard operations.
- Some districts experience irregular cleaning operations by Zoomlion workers, especially in less populated or politically marginal areas.

"We see them sweeping, but we can't question them. If they don't come, we can't do anything about it." (Regional Economic Planning Officer, Ashanti Region)

The absence of local-level contract management undermines the principle of decentralisation. It severs the feedback link between communities and sanitation providers, creating a compliance vacuum that affects public trust in sanitation governance.

Donor and NGO parallelism in WASH Programming

Development partners and NGOs contribute significantly to WASH outcomes, often delivering high-impact interventions in rural and peri-urban areas. However, the evaluation revealed persistent issues of programmatic duplication, poor spatial targeting, and low institutional alignment.

- NGO projects are frequently implemented outside MMDA planning cycles, with parallel budgeting, independent monitoring frameworks, and no formal knowledge transfer arrangements.
- District Planning Officers reported instances of over-concentration of similar behaviour change campaigns in the same communities by different NGOs, while nearby communities remained unreached.
- Monitoring and evaluation data generated by NGOs are rarely integrated into district WASH reports, limiting collective learning and harmonised decision-making.

This highlights the need for improved NGO-district coordination frameworks to optimise geographic coverage, align resources, and institutionalise learning across actors.

Table 9. 6 Reflections on WASH Institutional Coordination and Service Delivery

Thematic Area	Field Reflections and Issues Identified	Coordination Responsiveness	Stakeholder Source
Role Clarity & Coordination	Overlapping mandates; silos between DWDs, EHDs, and DPCUs; RCCs are weak on enforcement	Moderate	EHDs, Planning Units, RCC WASH Coordinators
Zoomlion Accountability	National-level contracts limit district oversight; service performance is unmonitored.	Weak	Regional Economic Planners, DCDs
NGO-Donor Alignment	Duplicate campaigns, poor geographic spread, and weak data integration	Low	NGOs, DPCUs, Planning Officers

9.1.3. Efficiency

9.1.3.1. Implementation of WASH programmes

At the regional level, respondents described a strong, supportive and supervisory role played by Regional Coordinating Councils (RCCs) and Regional Environmental Health and Sanitation Units. This includes reviewing and harmonising district WASH plans, aligning them with national priorities, and providing technical backstopping. One respondent mentioned, **"The region plays a supervisory role in reviewing and consolidating district**

WASH workplans and budgets to ensure coherence." Regions also provide guidance on measurable indicators and assist in resource mobilisation to bridge funding gaps in districts. **"We check if there are measurable indicators to track performance in the district WASH plans",** a respondent from the eastern region remarked

9.1.3.2. Public Resource Allocation and Budget Utilisation

Efficient financial management underpins the sustainability of WASH interventions. Yet, field engagements across districts and regional-level interviews reveal recurring inefficiencies in the flow, application, and tracking of public resources earmarked for WASH. Four major themes illustrate the core constraints affecting fiscal efficiency and local-level implementation of WASH priorities.

Disbursement Delays and Centralised Flow Bottlenecks

A consistent constraint across nearly all districts was the unpredictability and lateness of WASH fund disbursements from the central government to MMDAs. District Environmental Health and Works Departments frequently experience delays spanning one to two fiscal quarters, which significantly undermines the timely execution of planned activities.

- In several instances, funds arrive after the planned implementation window—such as for school latrine construction scheduled before the rainy season—forcing project cancellation or last-minute spending.
- The disbursed amounts often lack clear implementation guidelines or are misaligned with updated district priorities.
- Some districts reported being forced to return unutilised WASH funds at the end of the fiscal year due to procedural delays.

"We got the money just when the year was closing, so we had to return it to the Consolidated Fund." District Finance Officer, Eastern Region.

This highlights a disjunction between national WASH commitments and actual budget execution, revealing systemic bottlenecks in Ghana's intergovernmental fiscal transfer systems. The inefficiencies reduce the credibility of district planning, distort annual work plans, and create pressure to divert funds to non-strategic expenditures.

Underutilisation and low budget absorption

Even where funds are eventually disbursed, budget absorption remains low, particularly in districts with weak procurement and planning capacity. Evaluation interviews found that:

- Delays in procurement processes, coupled with the absence of certified procurement officers in some MMDAs, lead to lapsing of allocated funds.
- There is poor clarity on the permissible use of sanitation and hygiene budget lines, leading to reallocation of funds to broader environmental health expenditures with minimal impact on WASH outcomes.

» Approvals for activities are often issued late in the year, leaving insufficient time to execute contracts, mobilise contractors, or procure materials.

"We receive allocations for WASH, but by the time approval is given, it's too late to implement the activity." District Environmental Health Officer, Bono Region

These dynamics demonstrate that budget credibility is not solely a function of availability, but also of institutional readiness. Without targeted capacity building in procurement, planning, and expenditure tracking, WASH budget efficiency will remain constrained.

Internal Generated Funds (IGF) contribution to WASH

A major gap in WASH financing at the district level is the negligible allocation of Internally Generated Funds (IGFs) to WASH-related activities.

» Where IGFs are applied to WASH, they are used primarily to pay casual labourers or sweepers, not for infrastructure or hygiene promotion.

» There are no earmarked IGF lines for sanitation campaigns, water quality testing, or menstrual hygiene programming.

» District Finance and Planning Units often consider WASH a donor-dependent sector, and thus not a priority for IGF allocations.

"We rely on NGOs or donors for WASH. IGF is not for latrines or handwashing." (Municipal Planning Officer, Ashanti Region)

This shows a structural neglect in local financing decisions, with WASH consistently deprioritised in discretionary spending.

Dependence on Donor and NGO support for Basic WASH Services

Field interviews and documentary reviews consistently confirmed that NGOs and donor-funded projects continue to fill major WASH infrastructure and service delivery gaps.

In several districts:

» Development partners and donors collectively continue to make significant contributions in the construction of school toilets and household latrines.

» Hygiene promotion, menstrual health education, and behaviour change campaigns are largely donor-led, with minimal transition to local ownership or scale-up.

» Districts rarely plan or budget to sustain donor-initiated projects, leading to infrastructure deterioration once funding cycles end.

The high level of dependency has created a parallel system, wherein core WASH mandates like school latrine delivery or CLTS implementation are seen as external responsibilities. This poses risks for long-term sustainability. When donors exit, there is often no back-up plan, budget

allocation, or operational framework to maintain gains, leading to slippage and wasted investments.

Table 9. 7 Resource Allocation and Budget Utilisation in WASH

Thematic Area	Field Reflections and Issues Identified	Efficiency Rating	Stakeholder/Source
Central Fund Disbursement	Delayed and irregular flows from the central government undermine implementation planning.	Low	District Finance Officers, RCCs
Budget Absorption	Low absorption due to late approvals, procurement delays, and planning shortfalls	Low to Moderate	EHOs, Planning Officers
IGF Allocation	IGF is directed away from WASH; where used, it is limited to recurrent costs and not infrastructure investment	Low	DPCUs, Municipal Finance Units
Donor Dependency	NGOs dominate infrastructure and programming; districts do not plan for continuity or co-financing	Moderate	Systematic Reviews, NGO M&E Reports

9.1.3.3. Operational Delivery and Cost-Efficiency

This section assesses the operational performance and implementation efficiency of WASH programmes at the district level. Four key themes emerged: institutional fragmentation, technological underutilisation, infrastructure cost-inefficiencies, and donor project alignment challenges.

Fragmented Institutional Roles and Coordination Gaps

Despite the presence of well-established institutional actors such as EHOs, Water and Sanitation Management Teams (WSMTs), and SHEP coordinators, coordination among these units remains weak and largely informal.

Key gaps include:

» WSMTs function independently of district development planning, and their activities (e.g., borehole management) are not reflected in Annual Action Plans or budget proposals.

» SHEP Coordinators operate within the Ghana Education Service (GES) and frequently undertake school-based hygiene education without aligning their schedules or themes with district-wide WASH campaigns. This results in duplicated efforts and missed opportunities for joint messaging.

» NGO partners, work departments, and Environmental Health Units often operate on different timelines and modalities, with no harmonised WASH calendar or joint review platform.

"Sometimes the SHEP team runs their own programme while we are doing CLTS. We don't coordinate the dates." (Environmental Health Officer, Bono

Region)

The fragmented structure weakens efficiency by dispersing effort, creating overlaps, and diluting strategic focus. Moreover, it undermines WASH integration into the broader DMTDPs and makes it difficult to scale or replicate successful local innovations.

Limited use of Digital Monitoring and M&E Tools

The underutilisation of digital systems for monitoring and evaluation is a major efficiency bottleneck in WASH delivery. While some progress has been made in strengthening sector information systems, including GIS mapping of facilities, this is often limited to donor-supported areas and lacks update mechanisms.

Identified constraints include:

- Manual data collection continues to dominate. EHOs and WSMTs use paper-based forms, cameras, and Excel files, making real-time tracking or aggregation of WASH indicators slow and error-prone.
- There is no unified WASH MIS (Management Information System) at the MMDA level to consolidate data across schools, CHPS compounds, and communities. This hinders planning, performance reviews, and early identification of slippage.
- Asset tracking tools are not integrated with maintenance planning, leading to reactive rather than preventive infrastructure management.

"We still go with forms, take pictures, and fill Excel. We don't have tablets or WASH MIS." (District WASH Focal Person, Ashanti Region)

As a result, decision-making is data-light, and annual reviews often rely on anecdotal or incomplete reporting. Efficiency suffers due to weak planning, duplication of site visits, and limited use of performance evidence.

Cost-Efficiency and Infrastructure Delivery Modalities

Infrastructure delivery within the WASH sector is frequently beset by inefficiencies arising from centralised procurement processes, poor contract design, and a lack of cost-effective technology adaptation.

Field findings revealed:

- Procurement for latrines and boreholes is often centralised, with single-source or limited bidding arrangements. This inflates costs and contributes to project delays.
- Infrastructure is often designed without local contextualisation. For instance, expensive six-seater latrines are constructed in schools or communities where user turnout is low, or where there is no water connection, rendering facilities underutilised.
- Community maintenance mechanisms have collapsed in many areas. WSMTs, where they exist, are undertrained and unsupported, making infrastructure prone to early failure. The absence of trained local artisans further increases maintenance costs.

"We built six-seater toilets at GHS

500,000 each—only two are used now. There's no water connection." (Planning Officer, Ahafo Region)

Additionally, low-cost, locally appropriate technologies such as bio-digester toilets, handwashing tippy taps, or solar-powered boreholes are not systematically adopted or scaled, despite their demonstrated utility in pilot initiatives.

Development Partner contributions and efficiency gaps

While development partners and NGOs such as WaterAid, UNICEF, IRC and Global Communities have played a vital role in expanding access to WASH services, their operational modalities are not always aligned with district systems.

Efficiency gaps include:

- Short project timelines that prioritise rapid delivery over systems building, resulting in quick wins that are difficult to sustain.
- Parallel monitoring and reporting systems, which require district staff to maintain separate records, diverting their time from actual programme delivery.
- Service delivery outside district planning frameworks, with projects sometimes initiated without prior consultation with DPCUs or sector heads. This leads to inequitable distribution and missed opportunities for harmonisation.

While donor efficiency in fund use and project implementation is often high, institutional sustainability is low unless efforts are embedded in district systems and resourced for continuity after project closure.

Table 9. 8 Operational Efficiency of WASH Programme Delivery

Thematic Area	Field Reflections and Issues Identified	Efficiency Rating	Stakeholder/Source
Institutional Coordination	Disjointed operations between EHOs, SHEP, WSMTs, and NGOs; no harmonised workplans	Low to Moderate	District WASH Teams, SHEP
M&E and Digital Systems	Manual data collection; lack of WASH MIS; GIS tools not linked to maintenance planning	Low	EHOs, DPCUs
Infrastructure Delivery	High-cost central procurement; low functionality; poor community maintenance	Low	District Engineers, WSMTs
Technology Uptake	Innovative but underutilised low-cost solutions; little contextual adaptation or scale-up	Low to Moderate	Systematic Review, NGO Field Observations
Donor Project Efficiency	High-impact but disconnected from local systems; reporting burdens and short planning cycles	Moderate	NGO Field Officers, RCC Planning Coordinators

9.1.3.4. Data on access and impact of WASH collected and reported to the regional and national level

At the regional level, respondents described how data from the districts were transmitted through a mix of digital platforms and manual submissions. Platforms frequently mentioned include WASH MIS, ISCOME, BaSIS, and BASES (a digital platform developed with UNICEF support). The BASES system was described by one respondent as highly analytical and capable of ranking communities and MMDAs based on data collected. One regional official explained: "With the help of UNICEF, the RCC has established a digital database platform called BASES. This platform collects data from the field and automatically ranks every community in a district and also ranks all the MMDAs in the region." Despite these innovations, some respondents acknowledged that manual follow-up and paper-based reports are still in use, especially in regions facing digital infrastructure constraints.

Respondents highlighted that data are compiled at the district level and submitted monthly or quarterly to the regional level, depending on the indicators and the requirements of specific institutions or projects. After initial compilation, verification is conducted at the regional level to ensure data accuracy before forwarding to the national level. A Planning Officer noted that: "The data are disaggregated, verified, and submitted either monthly or quarterly to the region, and then shared with national-level agencies for planning and monitoring."

9.1.3.5. Delivery of WASH services to the vulnerable groups

At the regional level, the respondents mentioned that the RCCs are also playing a role in promoting equity and inclusiveness in WASH service delivery. In some cases, wealthier districts support others with limited access. One respondent shared: "Districts with high access to WASH facilities have been tasked to contribute a portion of their IGF to other districts with low access to help provide them with the needed facilities they lack.". The regional respondents also noted that development partners often require feasibility studies and data-based justifications before committing support to a district, ensuring that interventions truly target those in need. Furthermore, gender, disability, and rural considerations are increasingly being mainstreamed into regional planning processes.

According to a respondent in the Northern region, **"We even just finished a gender-inclusive WASH programme."**

9.1.3.6. Challenges in delivering WASH services

At the regional level, these issues are amplified. Respondents noted that the shortage of qualified technical staff is not limited to individual districts but cuts across the entire region, hampering coordination, implementation, and effective monitoring. "We face a big challenge with technical staff, both in quantity and in capacity. This affects how well we can supervise and support districts," an officer of the Northern Regional RCC said. Another regional concern was the fragmentation and inconsistency of WASH funding. Respondents described how resources are not only insufficient but also unevenly distributed, often arriving late or with unpredictable timing. This undermines planning and alignment of district initiatives. **"Although funds to undertake national WASH initiatives are not released on time, implementation is usually not delayed because of the**

development partners available here," another officer at the RCC noted.

9.1.4. Impact

9.1.4.1. Community Health and Welfare Outcomes

Reduction in Water-Related and Sanitation-Linked Morbidity

Health workers across multiple regions reported a general decline in water- and sanitation-related diseases, especially in communities where WASH interventions were sustained.

Key observed outcomes include:

- Diarrhoeal diseases among children under five declined, particularly in communities with functioning household latrines and active hygiene campaigns.
- Typhoid and cholera incidence fell in districts with reliable water supply and working handwashing stations. However, peri-urban slums and flood-prone communities remain vulnerable due to sanitation congestion, drainage issues, and erratic water access.
- Health education efforts through CLTS, SHEP, and community forums improved hygiene awareness but required reinforcement to maintain impact.

"We had fewer diarrhoea cases this year. The increase in household toilets and hygiene campaigns has helped." (District Disease Control Officer, Bono Region)

Impact on School Attendance and Menstrual Hygiene Management

WASH infrastructure improvements in schools, especially when inclusive and gender-sensitive, contributed directly to increased enrolment stability, particularly for girls.

Field reflections revealed:

- Gender-separated and disability-accessible toilets in schools contributed to reduced menstruation-related absenteeism, particularly in areas with SHEP and NGO-supported MHM interventions.
- Where water and sanitary disposal bins were present, girls felt greater comfort and regular attendance during menstruation.
- However, progress was uneven across regions. In schools lacking changing rooms, running water, or pad provision, girls continued to miss school, especially during dry seasons.

"Girls used to stay home three days every month. Now they come to school regularly because of the new toilet and water." (Basic School Headteacher, Ashanti Region)

This demonstrates that while infrastructure investments can yield significant gains in education equity, sustaining outcomes depends on supporting systems; hygiene supplies, water availability, and teacher sensitisation.

Maternal and Infant Health Outcomes in Health Facilities

WASH upgrades in CHPS compounds and health centres had a direct impact on maternal health-seeking behaviours and delivery outcomes.

District interviews and facility visits confirmed that:

- Functional toilets, handwashing stations, and waste disposal systems improved the cleanliness of delivery rooms, reducing risks of maternal infections and neonatal complications.
- Availability of water and privacy in health facilities enhanced patient confidence and encouraged greater use of antenatal services.
- Community Health Nurses observed that women who previously avoided facility-based deliveries were now opting for safer, supervised births.

"In the past, women avoided giving birth at the centre. Now we have water and a clean toilet; they feel safe." (Community Health Nurse, Ahafo Region)

Nonetheless, in some rural districts, infrastructure gains were undermined by water supply disruptions or lack of maintenance, threatening the continuity of these positive health impacts.

User satisfaction and time savings

Improvements in water infrastructure have significantly affected users' daily lives, particularly in terms of time use and personal dignity.

Key field observations include:

- Women and girls spent less time collecting water in communities with functional boreholes or standpipes, freeing hours for school attendance, farming, or caregiving.
- Residents expressed satisfaction with WASH services where facilities were clean, reliable, and close to homes or schools.
- In previously ODF-declared communities, residents noted the psychological and physical relief from not defecating in bushes, citing increased dignity and safety.

However, the picture was not uniformly positive:

- Water quality complaints were frequent in galamsey-affected districts, with reports of brownish or metallic-tasting water undermining trust in improved access.
- In urban poor areas, sanitation affordability remained a barrier, with pay-per-use toilets pricing out the poorest, sometimes prompting a return to open defecation.

These findings show that access alone is not enough. Sustained quality, affordability, and dignity in use are essential for long-term user satisfaction and equitable impact.

Table 9. 9 Community-Level WASH Impact Reflections

Impact Area	Field Reflections and Issues Identified	Degree of Impact	Stakeholder/Source
Diarrhoea Reduction	Declines linked to latrine access, ODF campaigns, and handwashing promotion	Moderate to High	EHOs, Disease Control Units
School Attendance	Girls' retention improved in WASH-equipped schools; barriers persist where facilities are poor	Moderate	SHEP Coordinators, Teachers
Maternal Health	Cleaner delivery environments and improved water access increased facility usage	Moderate	Midwives, HCF In-charges
Water Quality & Safety	Increased access in many areas, but water quality is compromised in galamsey zones	Mixed	Regional Planning Officers
User Satisfaction	Women and girls report time savings and increased dignity; satisfaction is tied to reliability of service	High (where functional)	Community FGDs
Equity Concerns	Urban poor face affordability barriers; disability access remains limited in some schools	Low to Moderate	CSOs, Regional Health Directorate

9.1.4.2. Environmental Management and Waste Practices

WASH programming has had mixed effects on local environmental management and waste practices. While institutional roles and infrastructure have expanded in some regions, environmental degradation remains a persistent issue, especially in rapidly urbanising and mining-affected districts. The following thematic areas highlight both the gaps and emerging opportunities in environmental health stewardship at the community level.

Solid Waste Disposal and Urban Pollution Dynamics

Improper waste disposal remains the dominant environmental challenge across districts. In both urban and peri-urban zones, open dumping in drains, near roadsides, and into rivers is commonplace due to infrastructural deficits and limited enforcement.

Field observations revealed:

- Low communal bin coverage in high-density areas means households must self-dispose of waste, often in unapproved sites.
- Informal waste hauliers dominate waste logistics in areas without contracted services. While these actors provide stopgap support, their methods lack environmental safeguards.
- Drain blockages from unmanaged solid waste contribute to pollution and health risks.

"We have no public container here. People just dump by the roadside, and during rain, it ends up in the gutters." (Community FGD Participant, Ashanti Region)

This highlights a structural service gap between national sanitation policies and on-the-ground realities. Despite environmental sanitation being a core mandate of the Assemblies, funding constraints and fragmented enforcement systems have left many districts overwhelmed.

Drainage and Flood Control Challenges

Flash flooding is a recurrent seasonal hazard in many districts, especially in urban centres with poor solid waste control.

Key challenges include:

- Choked and unlined drains, often filled with plastic waste and construction debris, reduce water flow capacity and accelerate urban flood risk.
- Drainage projects often stall mid-construction, as budget overruns, land disputes, or weak contractor oversight limit timely completion.
- Routine desilting and maintenance activities are irregular, typically undertaken only during national clean-up campaigns or when high-profile visits are expected.

Only a few districts have managed to institutionalise proactive drainage maintenance schedules, often through support from NGOs or volunteer-based youth groups.

Community-Led Environmental Practices

Despite weak institutional service delivery, local actors, particularly youth groups, women's associations, and informal recyclers, are actively engaged in environmental maintenance, albeit with limited scale or recognition.

Key community actions include:

- Clean-up days, although often irregular and under-resourced, remain the most visible sign of local ownership in environmental management.
- Household-level composting and food waste reuse, observed in semi-urban farming communities.
- Plastic sachet collection and resale, typically led by unemployed youth as a livelihood strategy.

"We do our own clean-up, but no support from the Assembly. It's only when dignitaries visit that they come to spray and collect rubbish." (Youth Leader, North East Region)

However, these grassroots efforts are constrained by the absence of technical guidance, public incentives, or links to formal waste systems. Without institutional support, such efforts remain fragmented and unsustainable.

Institutional Disconnects in Waste Contracting

District Assemblies reported limited control over contracted sanitation services, particularly those executed by national-level providers like Zoomlion Ghana Limited.

Key structural issues include:

- Contracts are signed and managed

at the national level, leaving MMDAs with no mandate to supervise, evaluate, or enforce service standards.

» Localofficialsdonothavetheauthority to discipline non-performing staff or to align operations with district sanitation needs.

» As a result, community complaints often go unaddressed, and there is growing public disillusionment with formal sanitation services.

"We don't control the Zoomlion staff. They report to Accra. So if they don't come, we can't sanction them." (Regional Planning Officer, Ahafo Region)

This disconnect undermines the principles of decentralisation and weakens local accountability mechanisms, leaving Assemblies burdened with service expectations they cannot directly manage.

Environmental Degradation from WASH Deficits

Where WASH services are absent or unreliable, environmental degradation follows. Communities without access to basic sanitation or waste infrastructure frequently resort to practices that pollute local ecosystems.

Observed practices from the field, include:

» Open defecation and bush dumping near water bodies, leading to the contamination of streams, hand-dug wells, and small reservoirs.

» Plastic waste pollution is prevalent near markets and school zones, where no collection system or awareness campaign exists.

The lack of integrated waste and water pollution management systems at the MMDA level continues to drive negative environmental feedback loops, especially in high-risk ecosystems.

Table 9.10 Environmental Impact and Waste Practices

Environmental Area	Field Reflections and Issues Identified	Degree of Impact	Stakeholder/ Source
Solid Waste Disposal	Open dumping remains widespread; infrastructure gaps; informal hauliers are prevalent	High (Negative)	FGDs, Environmental Health Officers
Urban Flood Risk	Blocked drains, weak maintenance, and poor drainage design increase flood vulnerability	Moderate to High	Urban Planning Units
Community Engagement	Volunteer clean-ups and informal recycling have potential but lack structure or incentives	Low to Moderate (Positive Potential)	Youth Groups, NGOs
Institutional Oversight	MMDAs lack oversight of sanitation contractors; national-local disconnect affects service delivery	High (Negative)	RPCUs, District Assemblies
Water Pollution & Forest Impact	WASHgapsdrivestreamcontamination and fuelwood dependence in mining districts	Moderate	Community Focus Groups

9.1.4.3. Transformation in WASH Equity and Inclusion

Efforts to improve WASH equity have yielded pockets of inclusion but have not yet overcome systemic design and access barriers. While awareness of inclusive service delivery has grown in some sectors, particularly in relation to menstrual hygiene and behaviour change, several groups, especially PWDs and rural households, remain underserved. The themes below present a synthesis of district and community-level reflections.

Physical Accessibility for PWDs

Despite national infrastructure guidelines mandating inclusive design, WASH infrastructure across schools, health facilities, and public spaces largely fails to accommodate PWDs.

Key gaps include:

- Ramps, handrails, and wheelchair-accessible stalls are missing in the majority of newly constructed or rehabilitated toilets.
- Contractor non-compliance with accessibility standards was acknowledged by several district Environmental Health Units, who noted that inclusive design is typically omitted from Bill of Quantities (BoQs) or site supervision checklists.

"We have a PWD toilet at the school, but it's locked most times. The regular ones are closer and open." (School SHEP Coordinator, Bono Region)

This persistent exclusion of persons with disabilities from physical access to WASH services emphasises the need for enforcement of inclusive design regulations, as well as behavioural sensitisation among infrastructure managers.

Menstrual Hygiene Management (MHM) in Schools

Menstrual hygiene inclusion for adolescent girls has improved in select schools through SHEP and Fit-for-School interventions, but usage remains inconsistent due to infrastructure and cultural limitations.

Findings include:

- Changing rooms and disposal bins exist in some schools, but they are often unclean, lack water, or offer no privacy, leading to underuse.
- Schoolgirls in rural districts still report absenteeism during menstruation due to lack of pads and proper accommodating facilities.

This indicates that infrastructure alone is insufficient; regular maintenance, menstrual product provision, and cultural sensitivity training are equally essential for sustained inclusion.

Rural and Peri-Urban Disparities in WASH Delivery

The equity gap between urban centres and rural or peri-urban communities is most visible in terms of service reliability, infrastructure reach, and response to breakdowns.

Key disparities observed:

- Remote rural communities face

seasonal water shortages, relying on rivers, dugouts, or rainwater harvesting with no safety mechanisms.

» Handpumps are often left non-functional for months, due to absent spare parts, lack of area mechanics, or weak WSMTs.

» In urban low-income areas, solid waste collection is irregular or absent, and drainage cleaning is sporadic, exposing households to flooding and sanitation-related health risks.

This reflects a pattern of uneven prioritisation, where service delivery is concentrated in accessible or politically visible areas, while remote zones are left behind.

Cultural Inclusion and Behavioural Shifts

While physical access and service delivery vary widely, there has been a visible cultural shift in hygiene norms and public health awareness, particularly in communities engaged through sustained behaviour change campaigns.

Key transformations include:

» Open defecation is increasingly seen as socially unacceptable, even in communities that lack full toilet coverage.

» Traditional leaders and women's groups promote WASH practices as part of community pride and moral order.

» In parts of Ashanti, Ahafo, and Northern Regions, WASH messaging is now tied to notions of dignity, discipline, and communal wellbeing, reflecting a shift from external imposition to internal ownership.

Policy Awareness and Local Ownership

Despite the existence of inclusive national frameworks such as the Environmental Sanitation Policy and ODF strategy, awareness and application at the local level remain limited.

Findings include:

» Most school staff, caregivers, and community members lack understanding of their rights to inclusive WASH services.

» District communication rarely uses rights-based or equity-framed language, focusing instead on infrastructure targets or hygiene compliance.

» There is no formal mechanism at the district level to track whether vulnerable groups are equitably benefiting from WASH investments.

This disconnect between policy commitments and ground-level knowledge weakens accountability and limits the ability of communities to demand or shape inclusive WASH services.

Table 9. 11 WASH Equity and Inclusion Transformation

Equity Theme	Field Observations and Gaps Identified	Degree of Inclusion	Source
Disability Inclusion	Designs for PWDs are largely absent or misused; guidelines are not enforced	Low	District EHOs, FGDs
Menstrual Hygiene	Infrastructure exists in some schools, but is underused; stigma and maintenance are limiting factors.	Moderate	SHEP Coordinators, Girls FGDs
Rural-Urban Gap	Major disparities in infrastructure access, reliability, and maintenance	High (Negative Impact)	RPCUs, WSMTs
Behavioural Norms	Positive shift in community hygiene attitudes; increasing collective responsibility	Moderate to High	Assembly Members, CSOs
Rights Awareness	Weak understanding of entitlements; rights-based framing are absent in district messaging	Low	School Heads, Caregivers, EHOs

9.1.5. Sustainability

9.1.5.1. Institutional and Financial Sustainability of WASH Services

Operation and Maintenance (O&M) of Infrastructure

District and community stakeholders reported growing challenges in maintaining water systems, latrines, and handwashing infrastructure:

Handpumps frequently remain non-functional for extended periods due to inadequate financial resources to procure the spares, and in some instances due to actual unavailability of the spare parts in the districts.

» CHPS compound latrines and handwashing facilities often **lack cleaning routines and soap refills**, reducing utilisation and effectiveness.

» Urban mechanised boreholes experience **delays in electricity reconnection** after disconnections, affecting continuity of access.

"We don't get the mechanic early. Sometimes it takes months, and by then people are back to the stream." *(Community WSMT Member, Northern Region)*

Weak Local Financing for WASH

Despite widespread reliance on development partner projects (e.g., UNICEF, World Vision), district IGF allocations for WASH are minimal and often diverted to other competing needs:

- Environmental Health Units lack dedicated transport or funds for community inspection, desludging oversight, or CLTS monitoring.
- In some cases, WSMTs collect fees but lack authority or training to spend them efficiently.

"Our budget includes sanitation, but funds don't come. If there's cholera tomorrow, we scramble." *(Municipal Planning Officer, Western North)*

Inadequate Institutional Anchoring for Sustainability

While policies exist at the national level, their **translation into district-level plans and budgeting is inconsistent**:

- Sustainability components, such as asset registers, O&M planning, or preventive maintenance guidelines, are often missing from implementation strategies.
- Newly commissioned WASH facilities sometimes do not have a clear assignment of maintenance responsibility.

Dependency on Donor and NGO Support

Sustainability is heavily constrained by the **absence of transition strategies** once NGO projects end:

- Community toilets or water systems supported by development partners often lapse into disuse when the NGO exits.
- District assemblies frequently **lack replacement plans** or co-financing arrangements with communities.
- In education and health settings, hygiene education or SHEP support wanes once NGO funding ends.

"After they [NGO] left, we have no more support for cleaning products or inspections. The toilet is now just there." *(School Head, Central Region)*

Community contribution and cost recovery

Community-level cost recovery varies sharply across districts:

- In some areas, **WSMTs have bank accounts, tariff structures, and spare parts planning**.
- In others, there are **no water user fees**, or funds are misapplied without accountability, leading to **breakdowns and service slippage**.

Table 9. 12 Institutional and Financial Sustainability of WASH Services

Sustainability Theme	Field Observations and Gaps Identified	Degree of Institutionalisation	Source
O&M Systems	Widespread delays in repairs, no preventive maintenance culture	Low to Moderate	WSMTs, EHOs
District Financing	Minimal IGF allocation for WASH; unreliable release of budgeted funds	Low	DPCUs, Environmental Health Units
Policy Integration	Policies exist, but are not actively reflected in MTDPs or budgets	Low	DMTDP Reviews, Planning Officers
NGO Dependency	Projects are unsustained post-exit; lack of handover or local continuity	Moderate Risk	FGDs, District Sector Heads
Community Cost Recovery	Fee collection systems vary; financial accountability is unclear	Moderate	WSMTs, NGOs, Revenue Officers

9.1.5.2. Community Ownership and Behavioural Resilience

Functionality of WSMTs

WSMTs are the main community-level entities tasked with overseeing rural water systems, including tariff collection, preventive maintenance, and repair coordination. However, their functionality is uneven across districts.

Key findings include:

- In well-performing communities, WSMTs maintain regular meetings, documented fee collection, and clear maintenance responsibilities.
- In others, the teams are inactive, lack bank accounts, or have leadership gaps due to turnover or local political dynamics.
- Common constraints include lack of technical training, especially in basic repairs, poor succession planning, and uncertainty about mandates.

"The WSMT is there, but they haven't met since the borehole broke last year." (Elected Assembly Member, Savannah Region)

The variability in WSMT performance highlights the need for institutionalised backstopping from District Assemblies and capacity-building from the Community Water and Sanitation Agency (CWSA).

Community Watchdog Systems and Enforcement

Watchdog systems such as hygiene committees, sanitation taskforces, or Natural Leader groups were initially vibrant in CLTS rollout phases. However,

their activity and influence decline rapidly post-project.

Field observations reveal:

- In peri-urban and small-town areas, by-law enforcement is virtually non-existent. Latrine inspections and sanitation spot-checks are rare.
- Where watchdog structures persist, they lack formal authority or linkage to district environmental health systems.
- There are no clear sanctions for defaulters, and many communities report a loss of momentum once NGO support ceases.

"After ODF certification, no one follows up. The structures collapse without support." (Environmental Health Officer, Bono Region)

This theme illustrates a structural weakness in institutionalising community enforcement. Behavioural gains from CLTS are difficult to sustain without embedded accountability tools.

Willingness-to-Pay and Community Contribution

Community investment in WASH, whether through fees, in-kind labour, or voluntary oversight, serves as a key proxy for behavioural resilience and service ownership. Findings were mixed.

- Willingness to pay is generally high for water services, particularly when access is reliable and queues are short. However, payment compliance varies, often dropping in the absence of visible reinvestment.
- While in-kind support (e.g. provision of sand, communal labour) is common during infrastructure construction, very few communities have operational systems for routine cleaning, soap restocking, or desludging.

"People helped during the construction, but no one contributes to keep it clean now." (Community Leader, Central Region)

This indicates that willingness to contribute is situational, high during visible infrastructure efforts but low in routine maintenance phases, especially when service value is not immediately felt.

Participatory Governance and Community-Led Planning

District officers and NGO facilitators reported good engagement of communities during project siting and launch, but weak follow-up mechanisms in the post-construction phase.

- Most site selection exercises involved community consultation, often through unit committees or traditional leadership.
- However, there are no structured tools like community scorecards to track satisfaction, feedback, or user grievances after implementation.
- Gender gaps persist in WSMT composition, with women underrepresented despite playing a primary role in household WASH management.
- Feedback mechanisms are informal and often ineffective as complaints are raised verbally but rarely

result in system changes or repair mobilisations.

This disconnect between participation during entry and exclusion during sustainability phases limits genuine ownership and reduces community-driven oversight.

Table 9. 13 Community Ownership and Behavioural Resilience in WASH

Sustainability Dimension	Field Observations and Challenges	Degree of Local Ownership	Source
WSMT Functionality	Active in some districts; others are dormant, untrained, or lack clarity on responsibilities.	Moderate to Low	EHOs, CWSA District Officers
Watchdog Systems	Active during CLTS or donor phases; fade without support; no penalties or legal backing	Low	Environmental Health Units
Willingness-to-Pay	High for water (if reliable); low for sanitation without demand generation; minimal for O&M costs post-construction	Moderate	FGDs, WSMT Reports
Enforcement of By-laws	Weak or absent enforcement mechanisms; no routine inspection or penalty systems	Low	District Assemblies
Participatory Governance	Strong during project siting; weak during monitoring, maintenance, and decision-making	Moderate	WASH Focal Persons, CSOs

9.1.5.3. Environmental and Climate Resilience

The increasing impact of climate variability and environmental degradation has placed pressure on Ghana's WASH infrastructure and service delivery systems. While some climate-smart innovations have been introduced, findings reveal that most interventions remain fragmented, donor-driven, and poorly institutionalised. This section assesses resilience outcomes across four key areas.

Design and Uptake of Climate-Smart WASH Infrastructure

Efforts to embed climate-resilient features into WASH systems such as solar-powered boreholes, rainwater harvesting, and flood-resistant sanitation have been limited and largely tied to externally funded pilot projects.

Key implementation gaps include:

- Rainwater harvesting and solar technology were present in a few CHPS compounds and schools, but not scaled or maintained beyond donor project cycles.
- Eco-san toilets (urine diversion dry toilets) were piloted in peri-urban

communities but suffered from low adoption due to inadequate or non-existent community training, cultural adaptation, and technical follow-up.

There is no routine integration of climate-risk mapping or vulnerability assessments in the siting of WASH infrastructure. Consequently, communities most exposed to climate hazards remain underserved by climate-adaptive technologies.

"Every market day, waste overflows into the drains. No one maintains it after the trucks leave." (Market Trader, Ashanti Region)

These practices increase the risk of flooding, water stagnation, and vector-borne diseases. Without functional drainage and ecosystem-sensitive waste policies, WASH investments risk being undermined by compounding environmental hazards.

Solid Waste Management and Ecosystem Health

Inadequate solid waste management practices continue to degrade environmental health and amplify climate vulnerabilities, particularly in urban and market centres.

Key observations include:

- Open dumping remains the dominant form of disposal, particularly in towns without engineered landfills or regulated hauliers.
- Community composting and plastic segregation initiatives exist, but lack scale, financing, and technical supervision.
- Drainage systems are frequently blocked, especially during and after market days, due to uncollected waste, construction debris, and low enforcement capacity.

Institutional Readiness and Intersectoral Coordination

Despite growing awareness of environmental and climate concerns, institutional responses remain fragmented and poorly resourced.

- Most District Assemblies lack designated climate-WASH officers, and disaster response units such as NADMO are not integrated into WASH planning.
- Sanitation departments operate in isolation from physical planning, environmental protection, and water resource management units.
- Coordination among actors such as WSMTs, EHOs, NADMO, and DPCUs is event-driven and reactive, rather than embedded in planning systems or routine oversight.

Table 9. 14 Environmental and Climate Resilience in WASH

Focus Area	Field Reflections and Gaps Identified	Readiness Level	Source
Climate-Smart WASH Technologies	Limited use of solar, rainwater harvesting, eco-san designs; donor-reliant and not scaled	Low to Moderate	DWDs, CHPS Staff
Waste & Drainage Management	Open dumping persists; composting is unsustained; drains are blocked regularly and poorly maintained.	Low	EHOs, Market Committees
Climate Shock Preparedness	Latrines collapse in floods; CHPS lack water buffers; no WASH disaster readiness or contingency protocols.	Low	District Health Teams, NADMO
Institutional Integration	No formal coordination between WASH, disaster, and planning teams; lack of focal persons for climate-WASH	Low	DPCUs, RPCUs

9.2. Lessons Learnt and Recommendations

Lessons Learnt

The evaluation highlights several important lessons regarding WASH delivery under the MTNDPF. A central finding is that policy alignment at the district level is largely rhetorical, with national WASH strategies cited in plans but rarely supported with dedicated budgets, clear frameworks, or accountability mechanisms. This creates a persistent policy–practice disconnect in which WASH is deprioritised relative to infrastructure and job creation, despite its direct link to human development outcomes.

Institutional fragmentation further undermines delivery, as departments and actors operate in silos, weakening coordination, resource optimisation, and the integration of water, sanitation, and hygiene interventions. Sustainability of gains is also fragile. Open Defecation Free (ODF) status is often reversed because of weak follow-up mechanisms, resource constraints, and poor community accountability, while externally driven, project-based approaches collapse once donor support ends. Behaviour change efforts, such as hygiene promotion and CLTS, are not consistently reinforced and quickly erode without continuous monitoring and resourcing.

At the same time, WASH planning remains insufficiently responsive to local realities, with persistent gaps in addressing seasonal water insecurity, peri-urban sanitation challenges, menstrual hygiene management, disability inclusion, and institutional WASH in schools and health facilities. Financial inefficiencies compound these issues, as delayed disbursements, low budget absorption, negligible internally generated fund allocations, and heavy donor dependence cripple sustainability. Finally, climate and environmental dimensions are often overlooked, leaving WASH infrastructure vulnerable to dry-season water scarcity, illegal mining, solid waste pollution, and climate shocks. Collectively, these lessons underscore the need for stronger financing, institutional integration, equity, and resilience mechanisms to ensure that WASH interventions are not only expanded

but also sustainable and inclusive.

Recommendations

The evaluation points to the need for a fundamental shift in the way WASH is planned, financed, and delivered under the MTNDPF. District planning processes must move beyond rhetorical policy referencing to embed national WASH goals directly into budgets, outcome indicators, and resource allocation frameworks. This requires full dissemination of Water Policy 2024 and the Ghana WASH Sector Development Programme 2021-2030, and the institutionalisation of explicit WASH budget lines within district development plans, ring-fenced to cover not only infrastructure but also the recurrent costs of maintenance, water quality testing, and sustained behaviour change initiatives. Strengthening governance and coordination is equally critical, and the establishment of cross-departmental WASH units, chaired by Metropolitan, Municipal, and District Chief Executives, would help harmonise planning, resource allocation, and monitoring across departments, while performance-based reforms to sanitation service contracts would improve accountability to communities.

Service delivery must also be reoriented towards inclusivity and sustainability. Disability-accessible design standards should be enforced in all new infrastructure, while menstrual hygiene management must be scaled up through the provision of separate toilets for girls, reliable water and disposal facilities, sanitary supplies, and teacher training. Community structures such as Water and Sanitation Management Teams and natural leaders require revitalisation, with adequate resources and authority to manage user tariffs and oversee operations and maintenance, supported by the integration of continuous post-ODF monitoring into Environmental Health Unit mandates. Local financing should be strengthened by allocating a defined share of internally generated funds to WASH, complemented by co-financing models that encourage household and community contributions. At the same time, resilience and responsiveness must be built into WASH systems to address growing environmental and demographic pressures.

Climate-adaptive technologies such as rainwater harvesting, solar-powered boreholes, and flood-resistant latrines should be mainstreamed in district plans, guided by seasonal vulnerability mapping to identify water-scarce and high-risk areas. Peri-urban sanitation gaps require tailored service delivery models, backed by clearer institutional mandates and stricter enforcement of building codes, while rural water systems should be supported by mobile repair teams and reliable spare-parts supply chains to reduce downtime.

Finally, monitoring, accountability, and behaviour change demand renewed focus. District monitoring frameworks should move beyond counting facilities to track functionality, equity, and safety using SDG 6 service ladders as benchmarks, with disaggregated reporting on gender, disability, and geographic coverage. Community scorecards and feedback mechanisms can enhance accountability and responsiveness, while harmonisation of donor, national, and district-level data systems will provide a credible evidence base for adaptive policymaking. Hygiene promotion should be institutionalised within schools through timetabled curricula, including menstrual hygiene education, and reinforced in communities by linking behaviour change campaigns to cultural values of dignity and communal responsibility.

Alongside this, stronger regulation of water quality, including district-level testing and surveillance in mining-affected areas, is essential to safeguard public health. Taken together, these measures would shift WASH from fragmented, project-driven

interventions towards an integrated, equitable, and climate-resilient system that is sustainably financed, locally owned, and capable of delivering lasting progress in line with national policy commitments and SDG 6 targets.

CHAPTER TEN: GOVERNANCE AND IMPLEMENTATION ARCHITECTURE

10. Introduction

The implementation of Ghana's Agenda for Jobs II MTNDPF and broader local governance functions faces interrelated systemic barriers. Key informant interviews at the regional and district level reveal persistent gaps in planning, financing, coordination, and decentralisation, undermining development outcomes.

10.1. Planning deficiencies and leadership

Disengagement Planning processes are hampered by fragmented frameworks, inadequate resourcing, and weak leadership commitment. Confusion between Regional Coordinating Council Medium-Term Development Plans (RCC MTDPs) and Regional Integrated Plans (RIPs) creates bureaucratic redundancy. As one respondent noted, "It is as though it is just to fulfil paperwork". Technicians bear disproportionate burdens, with planners forced to complete templates meant for finance officers due to departmental siloes. Critically, Metropolitan, Municipal, and District Chief Executives (MMDCEs) often deprioritise planning amid political pressures. "Leadership does not prioritise plan preparation and thus does not lead the process as required". Similarly, the absence of Key Performance Indicators (KPIs) for MMDCEs that are connected with plan preparation, implementation, monitoring and evaluation, coupled with the type and quality of orientation conducted for MMDCEs on Planning processes, after their confirmation, appears to further erode accountability for development planning processes.

10.2. Implementation Hurdles

Funding, scope, and infrastructure execution are greatly hampered by fiscal unpredictability, overambitious projects, and infrastructure gaps at the regional and district levels. Delays in District Assemblies Common Fund (DACF) disbursements, coupled with statutory deductions, starve assemblies of operational funds. "The inflows from the national level are limited, and come with multiple deductions, so they end up rolling up many activities". Agenda for Jobs II initiatives like "Agenda 111" hospitals and the Nation Builders Corps (NABCO) Programme were undermined by unrealistic scoping. "We were too ambitious in picking too many people than could be supported due to resource constraints". Physical constraints, including poor telecommunication

connectivity in deprived and along Ghana's border towns with Togo, Burkina and the Ivory Coast and insecurity, conflicts (e.g., chieftaincy disputes), further impede implementation.

10.3. Financing constraints and underutilised opportunities

Local revenue mobilisation is regulated by centralised control and inequitable DACF distribution between assemblies (metropolitan, Municipal, District Assemblies, some of which are in hard-to-reach areas and possess unique development constraints). Assemblies retain only 5% of DACF revenues, while the central government retains 95% a disparity cited as a core failure in fiscal decentralisation. Internally Generated Funds (IGF) remain unpredictable due to seasonal fluctuations, undervalued property rates, and high collection costs. "Their charges were so high," one respondent lamented regarding land valuation services. Despite this, alternatives like public-private partnerships (e.g., renting RCC halls), traditional authority engagement ("Queen mothers as agents of revenue collectors"), and proposal-driven NGO funding are underleveraged.

10.4. Marginalisation of Substructures

Zonal, Town, and Urban Councils (ZUSTACs) have inadequate physical infrastructure, dedicated staff, and meaningful revenue shares. Some Politicians dismiss them as "wasteful," preferring visible infrastructure projects. Most operate without offices or equipment, "Some substructures are virtually non-existent with regard to brick and motor". Staff deployments are temporary, and direct revenue retention by ZUSTACs is prohibited "Inability or refusal of some MMDAs to send seed money to the ZUSTACs" stifling local ownership. Likewise, Capacity building for ZUSTACs when they are organised focuses narrowly on tax collection, not holistic planning.

10.5. Coordination Breakdowns

Sector departments (e.g., Health, Education) resist assembly oversight, maintaining vertical allegiances to central ministries. **"Access to data from education and health are still tied to the apron strings of their mother departments".** Resource constraints prevent regular coordination meetings, while political interference overrides technocratic advice. **"They have permanent interests that supersede technocratic advice".** This evaluation identifies the absence of sanctions for non-compliant departments to be exacerbating this fragmentation.

10.6. Conclusion and Recommendations

These evaluation findings underscore deep-seated issues of decentralised governance in Ghana. As one respondent starkly noted, **"Government is failing to implement proper fiscal decentralisation"** and **"The money is small but the activities are many",** a reality demanding systemic redress.

Sustainable progress in the next medium-term requires:

a) Substructure Revenue Autonomy

and planning functions: Legislatively mandate that ZUSTACs retain 50% of locally collected IGF, ending the cycle where **"MMDAs refuse to send seed money".** There is a need to transform ZUSTACs into permanent planning units by deploying dedicated valuation officers and planners, integrating traditional leaders **("Queen mothers as revenue agents")**, as well as institutionalising targeted capacity building for members of the ZUSTACs.

b) Operationalise Accountability through institutional design (MMDCE KPIs): Tie a percentage (10% - 30% of performance evaluations to plan certification, substructure functionality, and DACF utilisation efficiency, with sanctions for non-compliance

c) Merge Planning Guidelines: Eliminate bureaucratic duplication by integrating RIPs and RCC MTDPs under NDPC for the RCCs, reducing **"paperwork [that] makes the process cumbersome"**

d) Technocrat Safeguards: Establish an independent local governance ombudsman to shield planners from political interference, addressing the **"permanent [political] interests superseding technocratic advice"**

e) Mainstream cross-cutting enablers digital coordination: Roll out mandatory RCC-hosted e-platforms for real-time data sharing, peer reviews, and joint planning—addressing the **"inability to service coordination meetings"**

10.7. Governance of Implementation at the Regional Level

While the "Agenda for Jobs II" framework is largely lauded for its relevance and comprehensiveness in guiding development planning, its effectiveness is significantly hampered by persistent implementation challenges. The most critical issues revolve around insufficient and unpredictable resource allocation (financial, human, logistical), compounded by political interference that often overrides technical planning and resource distribution. This leads to a disconnect between well-intentioned policies and their tangible outcomes on the ground.

Furthermore, weak coordination, fragmented planning processes, and limited monitoring and evaluation capacity across administrative levels hinder efficient service delivery and accountability. The lack of robust strategies for sustainability, coupled with a heavy reliance on central government and donor funding, raises concerns about the long-term impact of interventions. Finally, low citizen awareness and engagement, along with the continued influence of political actors over technocratic processes, undermine the principles of decentralisation and inclusive development. Addressing these systemic issues, particularly regarding resource autonomy, political accountability, and strengthened local governance structures, appears crucial for the successful realisation of future development policy frameworks.

10.7.1. Policy Relevance and Effectiveness

The Agenda for Jobs II framework was generally perceived as effective guidance for medium-term planning, ensuring

alignment with national development priorities. However, its translation into tangible outcomes was often constrained by implementation challenges and a lack of granular local adaptability. A notable planning-execution gap was observed, where the framework excelled in guiding MTDP formulation but proved weak in actual implementation across most regions (6 out of 7 reported).

Table 10. 1 Regional effectiveness perception, key strengths and critical gaps of Agenda for Jobs II implementation

Region	Effectiveness Perception	Key Strengths	Critical Gaps
Bono East	High	Strong MTDP alignment with national priorities	Limited scope for local customisation
Savannah	Moderate	Comprehensive framework design	Ambition often exceeded implementation capacity
Upper West	Low	Provided useful policy guidance	Hampered by poor coordination and political interference
Ahafo	Very High	Enabled coherent planning structure	Faced significant logistical constraints
North East	Mixed	Benefited from NDPC technical support	Suffered from unfunded strategies and alignment issues
Northern	Moderate	Offered simplified guidelines	Overlooked key thematic areas (e.g., food security, slum upgrading)
Ashanti	Moderate	Facilitated sector alignment	Failed to address environmental degradation (galamsey)

10.7.2. Policy Coherence & Comprehensiveness

The framework was broadly considered comprehensive, covering major development pillars and key thematic areas relevant to local development. Nevertheless, challenges arose where the ambition of the framework exceeded the practical financial and human resource capacities of the Assemblies. Significant gaps were identified in integrating all critical sectors and emerging threats, leading to fragmentation. There was also a call for clearer standardisation of cross-cutting themes like infrastructure, M&E, and data management, alongside a stronger link between budget, planning, and procurement systems.

10.7.3. Resource Allocation & Sufficiency

Despite the framework's detailed design, its execution was profoundly hampered by persistent issues in resource availability, coordination mechanisms, and the integrity of fund allocation.

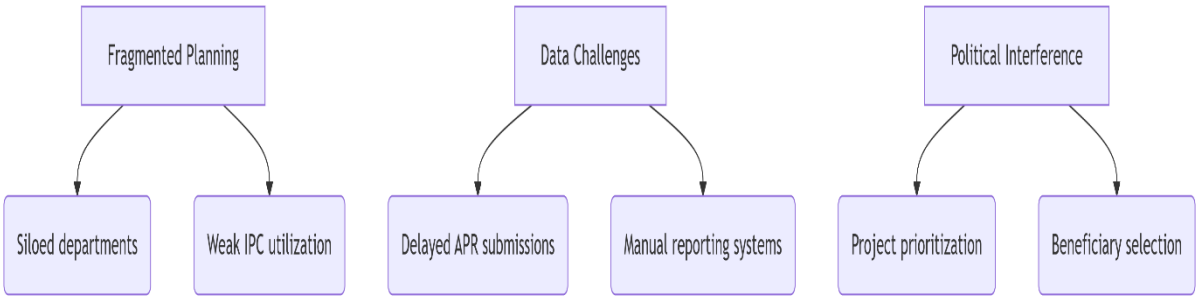
a. Pervasive Resource Deficits (Reported by ALL Regions)

- **Logistics:** All regions (100%) reported critical shortages of vehicles and fuel, severely impairing monitoring and field operations.
- **Internally Generated Funds (IGF):** IGF contributions were consistently low (averaging <25% of needs; Ahafo at 50.9%), leading to heavy reliance on central government allocations and donor support.
- **District Assemblies Common Fund (DACF):** Six out of seven regions cited unpredictable and delayed DACF disbursements, directly hindering planned project implementation.
- **Staff Capacity:** Significant **"technical skills gaps in M&E"** were highlighted in regions like Bono East and Northern, limiting effective project oversight.

b. Systemic Coordination Breakdowns

Fragmented planning processes and siloed departmental operations were rampant, leading to inefficiencies and data challenges. This created a complex web of interconnected issues:

Figure 101 Systemic Coordination Breakdowns



- Fragmented Planning: Departments often developed work plans in isolation, resulting in duplication of efforts and inefficient resource use.
- Data Challenges: Persistent issues included delayed Annual Progress Report (APR) submissions and reliance on manual reporting systems, hindering timely monitoring and evaluation.
- **Political Interference:** This significantly impacted project prioritisation and beneficiary selection, often overriding technical recommendations.

c. Fund Misalignment

Political considerations frequently overrode technical priorities in fund allocation, leading to a disconnect between approved MTDPs and actual resource distribution:

- Bono East: **"MPs override technical priorities."**
- Ashanti: **"Earmarked funds bypass MTDPs"**
- Northern: **"DACF delays cause project abandonment"**.

10.7.4. Achievements and Impact

While some positive impacts were observed, particularly in social protection and MSME support, the long-term sustainability of these achievements remains a significant concern, largely due to external dependency and a lack of robust local ownership mechanisms.

Key Achievements:

- **MSME Support & Job Creation:** Consistent support for MSMEs through training, start-up kits, and programmes like GEA and NEIP. Job creation initiatives (e.g., NYA, YEA) were noted, though often temporary.
- **Social Protection:** Free SHS, NHIS, School Feeding, and LEAP widely acknowledged for improving access to education, healthcare, and poverty reduction, despite some inconsistencies.
- **Infrastructure Development:** Provision of basic infrastructure such as roads, potable water, markets, and schools was highlighted, with coordinated planning leading to significant WASH investments in Ahafo.
- **Climate Change Awareness:** Increased community awareness and engagement in environmental conservation and climate-smart agriculture training were reported.

10.7.5. Sustainability Strategies

Some of the strategies piloted by the RCCs include:

- **Capacity Building & Community Ownership:** Continuous training for staff and community members, fostering local expertise and ownership (Bono East, Ahafo, Upper West).
- **Integration into Plans:** Mainstreaming donor-supported initiatives into district plans, M&E frameworks, and annual budgets (Ahafo, Ashanti).
- **Local Revenue Streams & Partnerships:** Establishing local revenue streams and forging partnerships with local government and private entities (Bono East).

Persistent Risks to Sustainability

Some pervasive sustainability challenges documented for this evaluation were;

1. **High Donor Dependency:** Regions like Upper West and Savannah reported over 90% dependency on donor funding, raising significant concerns about programme continuity post-donor exit.
2. **Climate Blindspots:** Despite growing climate impacts, only Ahafo explicitly reported integrated climate resilience planning, indicating a broader systemic gap.

3. **Job Quality:** A concerning 85% of reported job creations, particularly in Upper West, were temporary, limiting long-term economic impact.

4. **Environmental Degradation (Ashanti):** Severe environmental deterioration due to illegal mining (galamsey) profoundly undermined water quality, a critical challenge not sufficiently addressed by the policy framework.

10.7.6. Coordination, Monitoring, and Evaluation (M&E) Challenges

Fragmented processes, limited capacity, and external interference were observed to hinder effective M&E and coordination severely. Some specifics that the field data reflected include;

1. Fragmented Planning and Silo Operations: Departments often developed work plans in isolation, leading to duplication and inefficient resource use, with poor integration of sector plans into overall district development plans.

2. Limited M&E Capacity and Logistics: Many teams lacked the technical skills, personnel, vehicles, fuel, and tools for robust monitoring and impact assessments, resulting in irregular efforts and delayed reporting.

3. Persistent Data Challenges: Obtaining timely and quality data from districts was a constant problem, marked by delayed APR submissions and inadequate data management systems. An overemphasis on monitoring with little focus on actual evaluation was also noted.

4. Weak Information Sharing & Feedback: Information flow among departments was limited, and mechanisms for feedback to improve implementation were poorly developed.

5. Interference in M&E: Donor direct engagement with field staff without informing regional departments led to reporting and accountability gaps.

6. Decentralisation Gaps: Key decentralised departments (e.g., health, education) were not fully decentralised, making access to their data difficult due to their central ties.

10.7.7. Functionality of the District Assembly System and Citizen Engagement

The functionality of the district assembly system is significantly undermined by pervasive governance issues, particularly political interference and limited citizen engagement.

Table 10. 2 Issues with Functionality of the District Assembly System and Citizen Engagement

Issue	Manifestations
Political Interference	• Party chairmen influencing steering committees (Bono East) • MPs directing fertiliser distribution (Upper West) • Overriding technical advice in project selection and beneficiary targeting.
Marginalised Group Exclusion	• Persons with Disabilities (PWDs) are underrepresented (Ahafo) • Women are often absent from decision-making platforms (Savannah) • Inclusion in planning processes is often tokenistic.
Weak Citizen Engagement	• Low attendance at town hall meetings • Limited understanding of the decentralisation concept (North East) • Public hearings are rarely held due to resource constraints.
Under-resourcing & Weak Integration	RPCU/DPCU structures, while functional, are often under-resourced and poorly integrated.
Weak Sub-Structures	Capacity constraints, funding gaps, poor coordination, and low citizen participation hamper functionality.
Centralised Sector Data	Access to data from key sectors like education and health remained tied to their mother departments, hindering local planning and coordination.

10.7.8. Regional Priorities for Reform

Based on this analysis, key reform areas specific to some particular regions include:

1. **Bono East:** Strengthen IGF generation and curb political influence in fund allocation.
2. **Northern:** Standardise programme definitions and link planning, budgeting, and procurement systems.
3. **Ashanti:** Integrate environmental degradation (e.g., galamsey pollution) into MTDPs with targeted strategies.
4. Upper West: Formalise and consistently implement joint planning forums.
5. Ahafo: Improve the quality and timeliness of district data reporting systems.
6. Savannah: Build robust local ownership mechanisms for sustained programme benefits.
7. North East: Advocate for a dedicated DACF percentage allocation to fund sub-structures operations.

10.7.9. Recommendations

To genuinely enhance the effectiveness of future policy frameworks and realise Ghana's development aspirations through strengthened decentralised governance, it is crucial to:

- Tie DACF disbursements to strict MTDP compliance metrics. This will enforce adherence to planned priorities and introduce a critical accountability mechanism.
- Legally insulate District Planning Coordinating Units (DPCUs) from political pressure. Empowering technocrats to execute plans based on technical merit and community needs is paramount for effective implementation.
- Mandate a minimum percentage of IGF investment in critical M&E logistics and capacity building. This will address the widespread resource deficits at regional and district levels, enabling robust oversight.
- Adopt and scale successful local ownership models nationally: Leveraging proven strategies like Ahafo's WASH co-ownership framework can significantly reduce donor dependency and foster long-term sustainability of development initiatives.

10.7.10. Conclusion

The **"Agenda for Jobs II"** framework, while successful at enabling MTDP coherence across regions, largely failed as an implementation accelerator. This is due to a profound decentralisation inefficiency characterised by:

1. Resource Fragmentation: Instability in DACF and IGF contributions consistently led to project delays and incomplete initiatives across all regions.
2. Administrative Hijacking: Political actors frequently overrode technocratic plans, redirecting resources for politically motivated projects and influencing beneficiary selection, thereby undermining technical efficacy.
3. Systemic Siloes: Key decentralised departments (e.g., Health and Education) remained largely centralised in their reporting and funding lines across most regions, significantly hindering integrated local development.
4. Accountability Vacuum: A lack of clear accountability mechanisms allowed for fund misalignment and inconsistent adherence to planned priorities without significant repercussions, fostering a culture of non-compliance.

10.8. Governance of Implementation at the District Level

10.8.1. Policy Relevance & Effectiveness

The policy's relevance has been affirmed by most District Planning Coordinating Units (DPCUs), which confirmed its alignment with local development priorities. Assemblies such as Ashaiman and Techiman North demonstrated high alignment, evidenced by job creation, market infrastructure, and agricultural support, while places like Efutu and West Gonja reported weak localisation of national strategies, reducing overall policy effectiveness.

Key service delivery impacts include:

- **Education:** Significant increases in secondary school enrolment due to Free SHS and School Feeding programmes.
- **Health:** NHIS expansion has improved access, although quality gaps remain (e.g., drug shortages).
- **Poverty reduction:** LEAP and LIPW programmes have reached many vulnerable households, although urban cost pressures (e.g., Ashaiman) reduce impact.

10.8.2. Policy Coherence & Comprehensiveness

The Agenda for Jobs II framework has been largely coherent, addressing economic, social, and governance dimensions while aligning with international commitments such as the SDGs and AU Agenda 2063. However, the key gaps below were observed:

- Limited climate adaptation mainstreaming (e.g., Berekum East).
- Inflexibility in addressing emergent crises such as COVID-19 or localised flooding.
- Poor integration of key sectors like health and education in decentralised planning processes.

10.8.3. Resource Allocation & Sufficiency

Resource constraints continue to undermine implementation across most assemblies:

- **Financial Shortfalls:** Low Internally Generated Funds (e.g., Nadowli-Kaleo at 2%, Ayawaso North at 22.6%) and delayed District Assemblies Common Fund (DACF) releases disrupt planning cycles.
- **Logistical Constraints:** Inadequate office space, transport, and monitoring equipment restrict field activities.
- **Human Resource Gaps:** Staffing shortages in key technical departments (e.g., Physical Planning in Ashaiman) hinder operational efficiency.

Further, the politicisation of funds often distorts development priorities. Budget allocations are frequently skewed toward visible infrastructure rather than strategic MTDP objectives (e.g., Tema West, Berekum East).

10.8.4. Achievements & Impact

Despite challenges, significant localised impacts were recorded under the following;

- **Economic Development:** Notable job creation through NEIP and GEA were documented in Sunyani West, whilst agricultural productivity was mentioned to have improved in the Techiman North Municipality.
- **Vocational Training:** Youth and Persons with Disabilities in Tema West and Ashaiman benefited from employability programmes.
- **Climate Resilience:** The Ashaiman's Gbemi Basin dredging and Upper West's climate-smart farming practices improved resilience, though initiatives remain fragmented and threatened by illegal mining activities.

10.8.5. Sustainability Strategies

MMADs where data was collected recounted that they have piloted sustainability approaches such as:

- **Skills Transfer:** Defect liability and mentoring arrangements with consultants (e.g., Tema West).
- **Community Ownership:** WASH committees and cooperatives (Berekum East) fostered local responsibility.
- **Donor Dependency:** While many rural districts heavily depend on donor funding, Ayawaso North has demonstrated reduced reliance (only 22.6% of funds sourced from donors), thanks to improved IGF systems.

10.8.6. Coordination & Monitoring Challenges

Persistent challenges that affect the performance of DPCUs have been clustered as follows:

- Coordination Gaps: Many departments (e.g., Ejisu, Berekum East) operate in silos, undermining integrated planning.
- Weaknesses in M&E: Manual data systems and inadequate logistics hamper real-time monitoring (e.g., Ahafo Ano South East).
- Political Interference: Project selection and staff appointments are often politicised, reducing technical integrity (Greater Accra and Savannah Regions).

10.8.7. Functionality of the District Assembly System and Citizen Engagement

While technically functional, many DPCUs remain under-resourced and vulnerable to political manipulation. Notable governance issues include:

- **Citizen Engagement:** Low public participation in planning forums is driven by mistrust, apathy, and a lack of feedback loops. Marginalised groups, especially women, youth, and PWDs, are often symbolically included with minimal influence (e.g., Tema West).
- **Political Influence:** Project selection and resource allocation are frequently influenced by electoral considerations (Ejisu), compromising long-term development goals.

10.8.8. Cross-Cutting Challenges

A number of challenges that are considered cross-cutting are listed below;

- **Funding-Policy Mismatch:** Ambitious policy goals lack matching financial resources.
- **Climate Vulnerability:** Adaptation remains reactive and isolated rather than systemic.
- **Data Deficiencies:** Weak M&E systems hinder outcome tracking, especially for employment and health impacts.
- **Decentralisation Gaps:** Centralised control over sectors like education and health limits local planning effectiveness.

10.8.9. Recommendations

Some generic recommendations to be considered are;

1. Improve Resource Mobilisation: Roll out digital IGF systems and ensure predictable and timely DACF flows.
2. Mainstream Climate Adaptation: Integrate resilient practices into all MTDPs with dedicated climate financing.
3. Strengthen Governance Mechanisms
4. Legally insulate DPCUs from political interference by amending Act, 2016, (Act 936) and Act, 1994 (Act 480)
5. Mandate joint interdepartmental planning frameworks within the MMDAs
6. Enhance Citizen Participation through the use of social audits, local radio, and community scorecards (as done in Nadowli-Kaleo) to foster civic engagement.
7. Upgrade Data System by investing in digital M&E platforms to enable timely, evidence-based decision-making. A case in point is supporting the full rollout and operationalisation of the DDDP.

10.8.10. Conclusion

The implementation of MTDPs under the Agenda for Jobs II framework has demonstrated commendable potential in aligning national objectives with local development goals. While positive outcomes in employment, infrastructure, and service delivery are evident, systemic issues, especially around resource adequacy, political interference, and weak monitoring systems, continue to hamper full realisation. Addressing these challenges through localised financing, participatory governance, and institutional reforms will be critical to advancing inclusive and sustainable development outcomes in Ghana.

CHAPTER ELEVEN: CONCLUSION AND RECOMMENDATIONS

11. Summary of Findings

The evaluation of the Medium-Term National Development Policy Framework (MTNDPF), 'An Agenda for Jobs II' (2022–2025), reveals a central paradox: while the policy framework is robust and well-conceived, its implementation has been significantly hampered by systemic and operational challenges. Despite formidable global and domestic shocks, progress was recorded in critical sectors, such as an increase in enrolment due to the Free Senior High School (SHS) program and marginal improvements in key health indicators.

However, these gains are often constrained by deep-seated issues that the framework has not adequately addressed.

Highlights of some of the specific examples of these failures are below:

- The Livelihood Empowerment Against Poverty (LEAP) programme's effectiveness was weakened by outdated beneficiary registers, targeting errors, and delays in cash disbursements.
- The National Health Insurance Scheme (NHIS) continues to face challenges related to financial sustainability and delays in provider payments. Operational implementation of automatic NHIS enrolment for LEAP beneficiaries remains inconsistent at the district level, and there are frequent stockouts of essential medicines at the CHPS level.
- While access to education has improved, the quality has been compromised by inadequate infrastructure, teacher shortages, ineffective inspection and supervision, particularly at the district level.
- These issues are symptomatic of broader systemic weaknesses, including political interference (Administrative Hijacking) where political actors redirect resources for politically motivated projects, which remains pervasive due a critical shortage of vehicles and fuel for monitoring and field operations.

11.1. Lessons Learned

The implementation of **"An Agenda for Jobs II"** has yielded crucial lessons that must inform the successor framework. The most significant lesson is the critical disconnect between strong national policy formulation and weak operational execution.

This evaluation confirms that:

- Sectoral policies are often developed and implemented in isolation, leading to a lack of synergy. For example, the lack of an integrated system means that despite a national directive, the automatic enrollment of LEAP beneficiaries into the NHIS is not consistently operationalized on the ground.

- True decentralization has not been achieved, and thus remains largely a Theoretical Construct. District Assemblies do not the financial and human capital to effectively implement and oversee national policies. Crucial decisions, such as beneficiary selection for social programmes, remain centralized, undermining local governance. This is further exacerbated by the fact that key decentralized departments remain largely centralized in their reporting and funding lines.

- There are **"Overly Ambitious Projects".** Projects like the Nation Builders Corps (NABCO) and **"Agenda 111"** are examples of initiatives that were undermined by an unrealistic scope and a clear pipeline of resources, leading to under-resourced and unsustainable outcomes.

These lessons underscore the need to move beyond a focus on policy documents to a more practical emphasis on institutional strengthening, robust financing mechanisms, and genuine sub-national empowerment.

11.2. Conclusion

In conclusion, **'An Agenda for Jobs II'** has served as a resilient policy framework that has guided Ghana through significant economic and social headwinds. It has achieved some tangible results, particularly in increasing access to social services. The evaluation also highlights an important qualitative outcome: the improved social inclusion and dignity of marginalized groups who received benefits, which helped to change community perceptions.

However, the evaluation clearly indicates that to achieve its medium-term goals and set a strong foundation for the future, the successor framework must address the deep-seated institutional and operational challenges identified in this report.

The path forward requires a shift from the creation of new programmes to a commitment to strengthening the foundations of existing ones; completing stalled and abandoned projects (legacy projects) before commissioning new ones.

11.3. Recommendations

Based on the findings and lessons learned, the following recommendations are put forth to guide the development and implementation of the successor framework:

1. Strengthen Institutional and Human Capital

    - Provide targeted training to district and sub-district staff in planning, financial management, and monitoring & evaluation. Address specific technical skills gaps in M&E identified in regions like Bono East and Northern.

    - Ensure functional and empowered sub-national departments with clear mandates and adequate resources to manage programs, specifically in health, education, and social welfare.

2. Reform Regulatory and Legal Frameworks

    - The NDPC, MOF, Administrator of the District Assemblies Common Fund (DACF) must ensure there is a tie-in of disbursements to compliance with Medium-Term Development Plans (MTDPs) and specific performance metrics.

    - The NDPC, LUSPA, MOF and the MLGCRA must enforce joint planning, interoperable data systems, and standardized referral pathways across key sectors to eliminate redundancies and improve coordination. Protect technocratic planning from political interference.

3. Ensure Predictable and Adequate Financing

    - The MOF must guarantee the timely disbursement of the DACF and key capitation grants.

    - The MOF must mandate ring-fenced allocations for critical recurrent costs such as maintenance, drugs, and social protection payments to ensure that core services are not compromised by fiscal pressures.

4. Establish a Coordinated and Data-Driven Implementation Architecture

    - The NDPC should lead a coordination mechanism to establish mandatory inter-agency coordination mechanisms at both national and sub-national levels to break down silos and ensure a unified approach to development. The Cross Sectoral Planning Groups at the national level is a unique example to approach this recommendation.

    - The NDPC and the MLGDRA in consultation with MDAs, Civil Society, and think tanks working through the decentralized planning system fully rollout the District Development Database Platform (DDDP) as an integrated, real-time, interoperable digital Monitoring and Evaluation ecosystem. This system is capable of tracking both financial and programmatic outcomes to provide a clear, evidence-based picture of progress and challenges, enabling a move away from anecdotal evidence to data-driven decision-making.

LIST OF ANNEXES

ANNEX 1 LIST OF DISTRICTS AND REGIONS

Region	Districts
Ahafo	Asunafo North, Asutifi South
Ashanti	Ahafo Ano South East, Asokore Mampong, Ejisu, Asante Akim Central
Bono	Sunyani West, Berekum East
Bono East	Techiman Municipal, Techiman North, Nkoranza South
Central	Awutu Senya East, Effutu, Ekumfi
Eastern	Akuapim South, Atiwa East, New Juaben, Fanteakwa
Greater Accra	Ashaiman Municipal, Ayawaso North, Ayawaso West, Ga Central, Tema West
North East	Bunkpurugu-Nakpanduri, East Mamprusi
Northern	Savelugu, Tolon District
Oti	Guan
Savannah	Central Gonja, North Gonja, West Gonja
Upper East	Bongo, Kassena Nankana East
Upper West	Nadowli-Kaleo, Wa
Volta	Adaklu, South Dayi
Western	Sekondi Takoradi Metro, Effia-Kwesimintsim, Shama
Western North	Sefwi-wiawso, Bibiani-Anhwiaso-Bekwai

ANNEX 2 LIST OF TOOLS

TOOL	URL
1. NMTDPF_ Community Level Engagements	https://surveyor.mwater.co/#/responses/new?title=NMTDPF_COMMUNITY%20LEVEL%20ENGAGEMENTS&formId=19bbd6b43a624c1e9037a02dcbe3f687&entityType=&entityId=&assetSystemId=&assetType=&assetId=
2. NMTDPF_ Ministries, Departments & Agencies (Combined)	https://surveyor.mwater.co/#/responses/new?title=NMTDPF_MINISTRIES%2C%20DEPARTMENTS%20%26%20AGENCIES%20(COMBINED)&formId=74f6902305ed45eebd5fdd6e49af1ed1&entityType=&entityId=&assetSystemId=&assetType=&assetId=
3. NMTDPF_RPCUs/ DPCUs FGDs	https://surveyor.mwater.co/#/responses/new?title=NMTDPF_RPCUs%2FDPCUs%20FGDs&formId=592dc76d5d954f359ca34f66028da787&entityType=&entityId=&assetSystemId=&assetType=&assetId=
4. NMTDPF_ Regional Level Engagements	https://surveyor.mwater.co/#/responses/new?title=NMTDPF_REGIONAL%20LEVEL%20ENGAGEMENTS&formId=2bae921942dd4471a09b63b160b04047&entityType=&entityId=&assetSystemId=&assetType=&assetId=
5. NMTDPF_ District Level Engagements	https://surveyor.mwater.co/#/responses/new?title=NMTDPF_DISTRICT%20LEVEL%20ENGAGEMENTS&formId=e32b667c92e94bf5b1ce265c4a6badf4&entityType=&entityId=&assetSystemId=&assetType=&assetId=

ANNEX 3 EVALUATION WORK PLAN

S#	Date	Activity	Location	Deliverables/Strategy	Responsibility	Status
	26th November, 2024 to September, 2025	Update Meetings	NDPC Conference Hall/Virtual	Regular bi-weekly update meetings with core team, TWG and Reference Team	Core Team	Ongoing
	19th December, 2024	Finalize Evaluation Terms of Reference (ToR)	Virtual	Finalized ToRs	Core Team/UNICEF NDPC	Completed
	6th – 10th January, 2025	Constitute a TWG and Reference Team GIMPA, GMEF, SEND, private sector, DP, former MES	NDPC Conference Hall/Virtual	List of TWG and Reference Team completed	Core Team/UNICEF NDPC	Completed
	6th – 15th January, 2025	Develop ToR for the TWG and Reference Team	NDPC Conference Hall/Virtual	Develop ToRs for the TWG and Reference Team to guide operations	Core Team/UNICEF NDPC	Completed

S#	Date	Activity	Location	Deliverables/Strategy	Responsibility	Status
	13th – 17th January, 2025	Internal TWG (NDPC, UNICEF) Organize External TWG (3 experts) and Reference Team (Prof, GMEF, SEND, PVT, DP) meetings Lead in both groups	NDPC Conference Hall/Virtual ToR for both groups	Hold 3 virtual and 2 in-person meetings for TWG and Reference Team to Discuss emerging issues	Core Team/UNICEF NDPC	Completed
	13th – 17th January, 2025	Inception meeting to kickstart the evaluation & Pre-Launch of the Evaluation	NDPC Conference Hall/Virtual hybrid	Inception meeting notes, finalized work plan	Core Team/NDPC	Completed
	13th – 24th January, 2025	Review of existing Literature in progress	NDPC Conference Hall/Virtual	Use a systematic review methodology to review of existing Literature to identify gaps and shape primary data collection	Core Team/NDPC	Completed
	13th – 24th January, 2025	Finalize evaluation framework and tools, team meetings	Hill Palace	Finalized tools, logistics setup (DSA, venue, stationery)	Evaluation Team/ NDPC	Completed

S#	Date	Activity	Location	Deliverables/Strategy	Responsibility	Status
	30th January, 2025	Launch of the Evaluation	NDPC Conference Hall/Virtual	Public event to publicize Evaluation	Evaluation Team/ NDPC	Completed
	21st to 31st March, 2025	Digitization of Data collection tools	NDPC Conference Hall/Virtual	Digitize Data collection tools into Solstice/mWater Application	Evaluation Team/ NDPC	Completed
	6th – 12th April, 2025	Enumerator training for Pre-test and pilot data collection	Hill Palace	Training materials, conference package, completed training	Training Consultants	Completed
	13th – 19th April, 2025	Field Pre-test and pilot data collection	Selected Krachi East Municipality in Oti Region	Pre-test and pilot data collection Instruments in Oti Region	Evaluation Team/ NDPC	Completed
	7th – 10th May, 2025	Review of pilot data and finalization of toolkits	Hill Palace	Data Preview, dummy analysis and development of Structure of report, ToR – inception report Finalization of data collection tools, preparation for Enumerator's training and communication to RCCs & MMDAs	Evaluation Team/ NDPC	Completed
	19th – 27th May, 2025	Field data collection (Regional and district levels, 16 RCCs)	16 RCC Conference Halls/Community Engagements/ District Conference Halls	Field visit data, meeting notes (3 days per region)	Evaluation Team	Completed

S#	Date	Activity	Location	Deliverables/Strategy	Responsibility	Status
	28th – 30th May, 2025	National-Level Data Collection (Consultations with MDAs, NGOs, CSOs, stats agencies, CSPG Meetings)	NDPC Conference Hall/Visits	Consultation reports, stakeholder engagement notes	NDPC/Evaluation Manager	Completed
	1st – 7th June, 2025	Synthesis of information from consultation meetings	Hill Palace	Draft data from collated from consultation meetings generated along development dimensions	Evaluation Team	Completed
	8th – 14th June, 2025	Data cleaning and synthesis	Hill Palace	Cleaned dataset, initial analysis results	Data Analysts	Completed
	15th – 21st June, 2025	Begin data analysis (quantitative and qualitative)	Hill Palace	Analysis report, synthesis of preliminary findings	Data Analysts	Completed
	22nd – 28th June, 2025	Write-shop to draft report	Hill Palace	Draft interim report, stay-in conference package	Evaluation Team	Completed
	2nd – 5th July, 2025	Review of draft report by Evaluation Reference Group	NDPC Conference Hall/ Hill Palace/ Various (virtual/in-person)	Feedback on draft report	Evaluation Reference Group/ Stakeholders	Completed
	13th – 19th July, 2025	Revise draft report	Hill Palace	Edited and proofread interim report	Editing Team	Completed

S#	Date	Activity	Location	Deliverables/Strategy	Responsibility	Status
	22nd July, 2025	Share draft report for stakeholder feedback	NDPC, stakeholders	Feedback collection notes	Evaluation Team/ Stakeholders	Completed
	30th – 31st July, 2025	Conduct stakeholder validation workshop	Various (virtual/in-person)	Engage at National and Regional level to validate and obtain feedback on evaluation report	Evaluation Team	Completed
	4th – 8th August, 2025	Organize workshop to finalize evaluation report	Hill Palace	Completed draft report	Evaluation Team	Completed
	11th – 15th August, 2025	Editing of evaluation report	N/A	Type setting and design of report	Evaluation Reference Group/ Evaluation Team/ NDPC Editorial Team	Completed
	11th – 15th August, 2025	Printing of evaluation report	N/A	2000 Copies evaluation report printed for dissemination	NDPC Editorial Team	Completed
	17th to 30th August, 2025	Disseminate final report (national launch, regional forums, media editor's forum)	NDPC Conference Hall/ Hill Palace/ Various virtual/in-person)	Dissemination follow-up reports	Evaluation Team	Rolled over into Q4 2025 and Q1 2026

ANNEX 4: PICTURE GALLERY

























SHOE MAKERS
ASSOCIATION

SHOE MAKERS















N3SMA/AB11/FF7/18
N3SMA/AB11/FF7



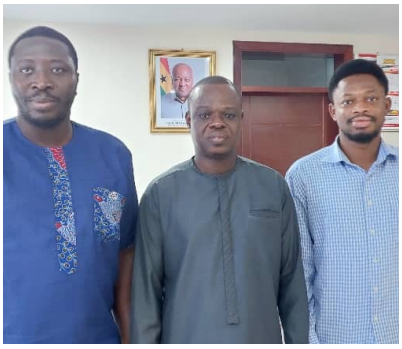


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