

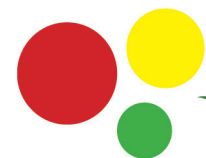
RAPID ASSESSMENT ON CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT; WATER, SANITATION AND HYGIENE; AND YOUTH EMPLOYMENT AND JOB CREATION



A Complementary Report on
Ghana's Voluntary National Review
on Sustainable Development Goals



JUNE 2022





RAPID ASSESSMENT ON CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT; WATER, SANITATION AND HYGIENE AND YOUTH EMPLOYMENT AND JOB CREATION

Published by:

National Development Planning Commission,
No.13 Switchback Road, Cantonments,
Accra.

© National Development Planning Commission
All rights reserved.

Material in this publication may be freely quoted or reprinted, subject to acknowledgement .

This report is available on the NDPC website: www.ndpc.gov.gh





TABLE OF CONTENTS

TABLE OF CONTENTS	i
LIST OF FIGURES AND TABLES	iv
LIST OF BOXES	v
LIST OF ACRONYMS	vi
INTRODUCTION	1
1.0 Background	1
1.1 Approach and Purpose	1
1.2 Evaluation Objectives	1
1.3 Rationale for the Priority Areas	1
METHODOLOGY	3
2.0 Introduction	3
2.1 Data Collection, Sampling Technique and Quality Assurance	3
2.2 Data Analysis.....	4
2.3 Evaluation Framework.....	4
2.4 Ethical Consideration.....	7
2.5 Coordination and Management of the Assessment.....	7
ASSESSMENT OF CHILDREN AND YOUNG PEOPLE’S DEVELOPMENT	8
3.0 Introduction	8
3.1 Menstrual Hygiene in Schools	8
3.1.1 Access to sanitary wear and menstrual hygienic environment.....	8
3.1.2 Source of menstrual education.....	9
3.1.3 Menstruation challenges faced by girls.....	9
3.1.4 Informal structures (cultural, norms, and traditions) and menstrual hygiene.....	10
3.1.5 Suggested services to address menstrual challenges	11
3.2 Inclusion of Children and Young People with Disabilities.....	11
3.2.1 Participation of PWDs in local governance.....	11
3.2.2 Social inclusion of PWDs in societies	12
3.2.3 Barriers to local participation and societal inclusion of PWDs.....	12
3.2.4 Disability advocacy and improvements in public perceptions.....	13
3.2.5 Treatment of PWDs in communities.....	13
3.2.6 Integrating PWDs into skills and jobs system	14
3.2.7 Services and support for PWDs.....	15
3.2.8 Physical accessibility challenges facing PWDs.....	16
3.2.9 Suggested actions to safeguard the inclusion of children and young people with disabilities	16
3.3 Streetism	17
3.3.1 Drivers of streetism	17
3.3.2 Effects of streetism.....	19





3.3.3 COVID-19 and street children..... 20

3.3.4 Suggestions to curb streetism 20

ASSESSMENT OF WATER AND SANITATION 22

4.0 Introduction 22

4.1 Hygiene 22

4.2 Drinking Water 23

4.3 Sanitation Services 24

4.4 Disability and WASH 25

4.5 Challenges of WASH..... 25

4.6 Efforts to Improve WASH 26

4.7 Suggestions to Improve WASH 27

ASSESSMENT OF EMPLOYMENT AND JOB CREATION – AGRICULTURE 28

5.0 Introduction 28

5.1 COVID-19 Pandemic Effects on Agriculture Production, Storage, Transportation (Distribution), and Marketing 28

5.1.2 Storage 30

5.1.3 Transportation and distribution 30

5.1.4 Marketing 31

5.2 Impact of the COVID-19 Pandemic on Agricultural Livelihoods 31

5.2.1 Economic impacts..... 32

5.2.2 Social Impacts 32

5.3 Coping Strategies 32

5.4 Agricultural Support Services 33

5.5 Planned Support by District Agriculture Directorate 34

5.5.1 Planned support to the poultry industry (other livestock) 35

5.5.2 Planned support to crop production..... 35

5.6 Farmers Preferred Support 35

ASSESSMENT OF PARTNERSHIP AND IMPLEMENTATION ARRANGEMENTS..... 37

6.0 Introduction 37

6.1 Process Evaluation: Partnership and Implementation Arrangements at the Regional Level 37

6.1.1 Alignment of SDGs to development priorities..... 37

6.1.2 Sub-national performance results 37

6.1.3 Implementation challenges associated with the SDGs..... 38

6.1.4 Capacity support (technical and financial) 39

6.1.5 Sustainability and ownership of SDGs related results..... 39

6.1.6 Suggested recommendations to address implementation challenges 40

6.2 Process Evaluation: Partnership and Implementation Arrangements at the District Level 40

6.2.1 Collaborations amongst stakeholders for implementation of the SDGs at the district level..... 40



6.2.2 Extent of SDGs implementation at the district level.....41
6.2.3 Support received and required for SDGs implementation at the district level 42
6.2.4 Challenges associated with SDGs implementation in the district 42
6.2.5 Strategies for addressing implementation challenges 42
6.2.6 Failed interventions.....43

CONCLUSION AND RECOMMENDATIONS.....44

7.1 Conclusion 44
7.2 Recommendations 44
7.2.1 Children and young people’s development 44
7.2.2 Recommendations for Water, Sanitation, and Hygiene 44
7.3.3 Recommendations for Partnership and implementation arrangements at the local level 44

REFERENCES.....46

ANNEXES 47

Annex 1: Indicators Tracking Table.....47
Annex 2: Work Schedule 48
Annex 3: Data Collection Tools for Children and Young People’s Development..... 50
Annex 4: Data Collection Tools for Water and Sanitation..... 54
Annex 5: Data Collection Tools for Employment & Job Creation (COVID-19 Impact on Farmers)55
Annex 6: Data Collection Tools for Partnership and implementation arrangements ..57
Annex 7: List of Indicators for the Assessment.....59
Annex 8: Picture Gallery.....61



LIST OF FIGURES AND TABLES

List of Figures

Figure 1: Thematic network of causal factors of streetism	20
Figure 2: Thematic network of social effects of streetism	22
Figure 3: Frequency of handwashing between various groups.....	25
Figure 4: Perceived state of SDGs implementation at district level.....	43
Figure 5: Sustainability of SDGs implementation at the local level, KIIs.....	46

List of Tables

Table 1: Priority areas for the rapid assessment	2
Table 2: Coverage of interviews by Region	3
Table 3: List of sampled Districts and Regions	3
Table 4: The evaluation framework for the Rapid Assessment.....	5
Table 5: Cost of items for fetching water pre-COVID-19 and post-COVID-19 major restrictions.....	4
Table 6: District efforts to enhance WASH	26
Table 7: Perceived challenges with SDGs implementation.....	38
Table 8: Sample of failed Interventions across the assessment communities and districts, 2022.....	43

List of Figures

Figure 1: Thematic network of causal factors of streetism	18
Figure 2: Thematic network of social effects of streetism	20
Figure 3: Frequency of handwashing between various groups.....	23
Figure 4: Perceived state of SDGs implementation at district leve	23
Figure 5: Sustainability of SDGs implementation at the local level, KIIs	40



LIST OF BOXES

List of Boxes

Box 1: Access to sanitary wear for girls	8
Box 2: The state of toilet facilities during the pandemic	10
Box 3: Education and social inclusion	11
Box 4: Barriers to social inclusion	13
Box 5: Advocacy increases social acceptance	13
Box 6: Stakeholder sensitisation improving PWDs treatment in communities	14
Box 7: Education determines treatments given to PWDs	14
Box 8: District Assemblies employment support for PWDs	14
Box 9: Limited employment opportunities for PWDs.....	15
Box 10: PWDs Employment challenges	15
Box 11: PWDs and education challenges	15
Box 12: PWDs and accessibility infrastructural challenges.....	16
Box 13: Rural-urban migration	17
Box 14: Reasons for delinquency.....	19
Box 15: Child labour.....	19
Box 16: Handwashing among Men	22
Box 17: Cost of water.....	23
Box 18: The sanitation situation at MMDAs.....	24
Box 19: Impact of Toilet price increases	25
Box 20: Access to WASH facilities – PWDs.....	25
Box 21: Increased cost of farm implements.....	28
Box 22: Increased cost of fertilizer	29
Box 23: COVID-19 restrictions affect farmer community mobilisation	29
Box 24: Impact on poultry production.....	29
Box 25: Effect of storage on agricultural production	30
Box 26: Effect of poor transportation and distribution systems.....	31
Box 27: Marketing challenges during the COVID-19 restrictions.....	31
Box 28: Economic impact of COVID-19	32
Box 29: Coping strategy for farmers	32
Box 30: Access to credit for farmers.....	33
Box 31: Financial support to farmers.....	33
Box 32: Support from Farmer Groups	33
Box 33: Support interventions.....	34
Box 34: Alignment of CSOs efforts with Development Priorities	37
Box 35: Implementation challenges with SDGs at the local level.....	39
Box 36: Community engagements	41
Box 37: Partnerships at the local level	41





LIST OF ACRONYMS

AU	African Union
BECE	Basic Education Certification Examination
CALID	Centre for Active Learning and Integrated Development
COVID-19	Coronavirus Disease
CRI	Crop Research Institute
CRPD	Convention on the Rights of Persons with Disabilities
CRS	Catholic Relief Services
CSF-Ghana	Counselling and Support Foundation - Ghana
CSO	Civil Society Organisation
CTVET	Commission for Technical and Vocational Education and Training
CWSA	Community Water and Sanitation Agency
DACF	District Assembly Common Fund
DANIDA	Danish International Development Agency
DOVVSU	Domestic Violence and Victim Support Unit
DP	Development Partner
DPCU	District Planning Coordinating Unit
DSWCD	Department of Social Welfare and Community Development
ESRF	Emergency Support to Rural Livelihoods and Food systems
EU	European Union
FAO	Food and Agriculture Organisation
FBO	Faith Based Organisation
FGD	Focus Group Discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
GWCL	Ghana Water Company Limited
HLMC	High-level Ministerial Committee
HLPF	High-Level Political Forum
ICC	Implementation Coordinating Committee
ISSER	Institute of Statistical, Social and Economic Research
JHS	Junior high school
KII	Key Informant Interview
LEAP	Livelihood Empowerment Against Poverty
LNOB	Leave no one behind
M&E	Monitoring and Evaluation
MDCP	Multi-Dimensional Child Poverty
MDGs	Millennium Development Goals



MMDA	Metropolitan, Municipal and District Assemblies
MP	Member of Parliament
MSC	Most Significant Change
MSWR	Ministry of Sanitation and Water Resources
MTDP	Medium-Term Development Plan
MTNDPF	Medium-Term National Development Policy Framework
NDPC	National Development Planning Commission
NGO	Non-Governmental Organisation
NVTI	National Vocational Training Institute
OD	Open defecation
OECD	Organisation for Economic Co-operation and Development
OFSP	Orange Fleshed Sweet Potato
PERD	Planting for Export and Rural Development
PFJ	Planting for Food and Jobs
PHC	Population and Housing Census
PPP	Public-Private Partnership
PWD	Persons with Disability
RCC	Regional Coordinating Council
RFJ	Rearing for Food and Jobs
SDGs	Sustainable Development Goals
SGSC	Second Generational Street Children
SHS	Senior high school
SIP	Savanna Investment Programme
T-roll	Toilet roll
TV	Television
TVET	Technical and Vocational Education and Training
UN	United Nations
UNFPA	United Nation Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VNR	Voluntary National Review
WASH	Water, Sanitation and Hygiene
WC	Water closet
WFP	World Food Programme
WHO	World Health Organisation
WIAD	Women in Agricultural Development



INTRODUCTION

1.0 Background

As part of the roadmap toward the preparation and presentation of Ghana's 2022 Voluntary National Review (VNR), a Rapid Assessment was commissioned to complement the quantitative data from surveys, administrative sources, and the 2021 Population and Housing Census used for the report. The assessment was conducted in 2-tiers to reflect the multi-sectoral nature of the Sustainable Development Goals (SDGs). The first tier was a performance evaluation of selected priority areas - children and young people's development; water, sanitation and hygiene; and youth employment and job creation - and how key principles such as multi-stakeholder partnership, 'leave no one behind' and synergies across the goals and targets have been reflected in the country's developmental progress and process. The second tier focused on a process evaluation of the institutional arrangement and policy environment toward the attainment of the SDGs.

1.1 Approach and Purpose

The review process relied on lessons learnt from the preparation of Ghana's maiden VNR in 2019 and evidence from the evaluation of institutional arrangement and selected flagship projects geared towards implementing Agenda 2030 and Agenda 2063. The assessment of the institutional arrangement examined the outcome of the integration of the SDGs into national planning and budgeting processes, policy coherence, and the integration of the four pillars of sustainable development over time. In addition, the strengths and weaknesses of these systems were assessed to inform decisions for the implementation of the SDGs. A programmatic assessment of selected priority areas and their impacts was also conducted. The results from these assessments provide catalytic programmatic solutions to sustain or accelerate the implementation of Agenda 2063.

Due to time and resource constraints, an

innovative, evidence-based, and inclusive process called the Most Significant Change (MSC) approach was adopted for the assessment. MSC is an approach to monitoring and evaluating change – it is participatory, in that those who have been involved in an innovative process can tell their story in their own words, and also because they are involved in the analysis and sense-making process. The purpose of the rapid assessment was, therefore, to assess outcomes and impacts of selected priority areas towards achieving the SDGs.

1.2 Evaluation Objectives

The assessment sought to address the following specific objectives:

1. Determine the effect of the implementation of priority area interventions on outcomes of the beneficiaries especially children and other vulnerable people (girls, young people, and persons with disabilities);
2. Analyse the effect of the COVID-19 pandemic on the local and national economy, and household coping strategies for the economic shock and sustainable development outcomes; and
3. Assess partnership and implementation arrangements for achieving the SDGs at the sub-national level.

1.3 Rationale for the Priority Areas

The priority areas are aligned with the focus areas of the Medium-Term National Development Policy Frameworks (MTNDPF), 2018-2021 and 2022-2025 as well as the pillars of the Ghana @ 100 (Long-Term Development Framework). Table 1 provides the rationale for the selected priority areas.



Table 1: Priority areas for the rapid assessment

Priority Areas	Rationale
Children and young people's development	Children and young people are key pillars of sustainable development. The closure of schools mostly affected children during the COVID-19 outbreak and related restrictions. Available data including the Multi-Dimensional Child Poverty (MDCP) report and the COVID-19 tracker surveys served as a baseline to assess vulnerability.
Water, and Sanitation	Water and sanitation are essential for sustainable development, and fundamental human rights and are critical for poverty reduction, economic growth, and environmental sustainability. In 2021, the Ministry of Sanitation and Water Resources (MSWR), in collaboration with UNICEF, conducted a Sustainability Check on water and sanitation facilities at the community and district levels. Water and sanitation are core to the prevention and elimination of COVID-19 transmission.
Youth Employment and Job creation	While the youth account for a significant share of the population, they however suffer higher labour underutilization-unemployment and underemployment. This has been heavily impacted by the COVID-19 pandemic. Job creation is key to building forward better including improvement in household livelihood.



METHODOLOGY

2.0 Introduction

This chapter discusses the methodology used for the assessment. It highlights the coverage of assessment, data collection and sampling technique and data analysis. It also entails the evaluation framework detailing the research questions, interview methods and the target population, field management, as well as ethical considerations.

one urban district. This was to capture diverse views due to heterogeneity within and across the rural-urban divide. Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and observations were the methods used for data collection. A total of 91 engagements (46 KIIs and 45 FGDs) were conducted (Table 2). A total of 24 Interviewers were trained and deployed for the data collection (Table 3). A live daily update of interview transcripts was uploaded onto the mobile app platform for quality check and review.

2.1 Data Collection, Sampling Technique and Quality Assurance

Purposive sampling was used to select 16 districts in eight (8) regions. Data collection was carried out in at least one rural and

Table 2: Coverage of interviews by Region

Region	Number of Interviews		
	KIIs	FGDs	Total
Ahafo	5	5	10
Bono East	6	6	12
Eastern	7	6	13
Greater Accra	7	5	12
Northern	5	7	12
Oti	7	5	12
Upper East	3	5	8
Western North	6	6	12
Total	46	45	91

Table 3: List of sampled Districts and Regions

S/N	District	Region
1.	Asutifi South District Assembly	Ahafo
2.	Asunafo South District Assembly	
3.	Techiman Municipal Assembly	Bono East
4.	Nkoranza North District Assembly	Bono East

S/N	District	Region
5.	Ayensuano District Assembly	Eastern
6.	Fanteakwa North District Assembly	Eastern
7.	Ga North Municipal Assembly	Greater Accra
8.	Adentan Municipal Assembly	Greater Accra
9.	Savelugu Municipal Assembly	Northern
10.	Zabzugu District Assembly	Northern
11.	Krachi Nchumuru District Assembly	Oti
12.	Nkwanta South Municipal Assembly	Oti
13.	Bolgatanga Municipal Assembly	Upper East
14.	Binduri District Assembly	Upper East
15.	Aowin Municipal Assembly	Western North
16.	Suaman District Assembly	Western North

2.2 Data Analysis

Prior to the analysis the data were transcribed, screened, and edited. The assessment employed an online application for easy transmission, aggregation, and storage. Kobo Toolbox, Atlas TI, and Microsoft Excel were the main tools used to analyse the field data after data cleaning. The five stages of thematic data analysis in the qualitative framework approach¹ was used. This includes familiarization, identifying a thematic framework, indexing to form the organizing themes, sub-themes, etc., charting by rearranging and mapping, and interpretation according to the research questions. The analysis was supported by secondary data from publications and other related reports on similar studies.

2.3 Evaluation Framework

The Evaluation Framework was developed to guide the assessment. A desk review coupled with mapping of existing evaluation and evidence to curtail the possibility of duplication of efforts was carried out to firm up the evidence gap under each of the areas. The process saw the review of 33 research and evaluation reports to first tease out findings for the VNR report and identify evidence gaps to inform the rapid evaluation. The Research Questions, data collection tools, source of secondary data, and the target group to be interviewed are shown in Table 4.

¹ Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *BMJ (Clinical research ed.)*, 320(7227), 114–116. <https://doi.org/10.1136/bmj.320.7227.114>



Table 4: The evaluation framework for the Rapid Assessment

S/N	Priority areas	Firm up Priority Areas	Evaluation Question(s)	Data collection method	Target Respondents
1	Children and young people's development	Menstrual hygiene in schools	How has the absence of WASH in schools affected girls' access to sanitary pads, and a clean hygienic environment before and during the pandemic (restriction and no restriction)?	FGDs and KIIs specific to urban/rural and Upper Primary/SHS/JHS Sampled Survey Desk review (GSS Tracker Surveys, ISSER COVID-19 Survey)	School children especially girls and teachers
2		Inclusion of Children and young people with disabilities	What is the extent of the condition of children and people living with disabilities before and with the pandemic in education, social life, nutrition, health, e-learning, protection, care, water, sanitation, housing, and information?	FGDs Sampled Survey Desk review (GSS Tracker Surveys, ISSER COVID-19 Survey)	Children and young people living with disabilities
3		Streetism	What is the impact of the pandemic and associated restrictions on streetism?	FGDs and KIIs	Street children and Social Welfare Officer
4	Water, Sanitation and Hygiene	Hygiene (Handwashing facilities in preschool system and public places)	Has there been a sustained change in handwashing behaviour with the inception of COVID-19 WASH protocols?	FGDs and KIIs	Community members, Persons with Disabilities executives, heads of households
5		Drinking-Water and Sanitation Services	What are the enablers of the increase in drinking water and sanitation service coverage?	Sample Survey Desk review (GSS Tracker Surveys) ISSER COVID-19 Survey)/ FGDs and KIIs	Community members, Assembly Members, Persons with Disabilities executives, heads of households
6		Disability and WASH	How do Persons with Disability in the community have access to WASH facilities?	FGDs and KIIs	Community members, Assembly Members, Persons with Disabilities executives, heads of households



S/N	Priority areas	Firm up Priority Areas	Evaluation Question(s)	Data collection method	Target Respondents
7	Employment and Job creation	Income reduction	How has the pandemic impacted household incomes and earnings?	Sample Survey Desk review (GSS Tracker Surveys, ISSER COVID-19 Survey)	Households
			How has the impact of COVID-19 on economic status/income generation influenced the delivery of skills/employability education within TVET in the education sector?	Sampled surveys, Desk Reviews, TVET reform document reviews, etc.	National level TVET admin. level (CTVET), TVET institutions
8	Employment and Job creation	Business closure/ staff layoffs	How has the change in household income as a result of business closure/staff layoffs due to the pandemic impacted other aspects of the household (food, health, childcare, /work, violence, etc.)?	Sample Survey Desk review (GSS Tracker Surveys, ISSER COVID-19 Survey)	Businesses
9		Agriculture	How has the pandemic impacted farming activities and farmers' income? What have been farmers coping strategies in response to the pandemic? How successful have these strategies been?	FGDs and KIIs	Farmers – male & female (Poultry, crop) District Agric Director/Officer
10	Process Evaluation ²	Partnership and implementation arrangements	To what extent are SDGs being implemented at the district level? What are the challenges with the current implementation arrangements? How effective is the current model for ensuring sustainable mainstreaming of SDGs into local District plans?	Desk review FGDs and KIIs	Businesses District stakeholders including CSOs Regional stakeholders

² The process evaluation was being guided by literature reviews to know what is going on and then draft the questions based on the gaps. Based on the outcome of the literature review, key stakeholders were interviewed at the district and regional levels.



2.4 Ethical Consideration

The design of the assessment considered ethical issues. All participants consented and participated voluntarily in the assessment. Participants were given the option to withdraw from the discussions without giving reasons. For the case of the school girls, permission was obtained from the District Education Directorate and heads of schools. Similarly, permissions were obtained from the District Assemblies and Regional Coordinating Councils. Under the Data Protection Act, 2021 (Act 843), participants were assured of anonymity of data/information, privacy,

and confidentiality. Due to the femininity of the question on menstrual hygiene, as far as practicable, female data collectors were assigned to undertake the FGDs.

2.5 Coordination and Management of the Assessment

The assessment was led by the National Development Planning Commission (NDPC) with support from the UN Country Team including UNICEF and WFP. The team also benefitted from technical assistance from the SDGs Implementation Coordinating Committee (ICC).

ASSESSMENT OF CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT

3.0 Introduction

This section discusses the key findings on children and young people's development about menstrual hygiene in schools, access to children and young people with disabilities, and streetism among children and young people. Children and young people are key pillars of sustainable development. The closure of schools mostly affected children during the COVID-19 outbreak and related restrictions. Available data including the MDCP report and the COVID-19 tracker surveys served as a baseline to assess vulnerability.

3.1 Menstrual Hygiene in Schools

The World Health Organization (WHO) defines adolescence as persons from 10-19 years of age. Adolescence is a crucial period that comes with identity formation as well as the transformation from childhood to adulthood. Adolescence in females is usually marked with the onset of menses and this is seen as an important stage in their lives that requires special attention. A study by Water Aid³ in 2017 in Ghana showed that awareness of menstruation among school children was high (84%), and 87.6 percent of menstruating girls engaged attended school when they were in their menstrual periods. A good environment at school is motivating to girls especially those in their menstrual period. The availability of clear and clean hygienic processes for girls who have their menses, change, and clean themselves during this critical period is essential for realizing this goal. Many a time, the challenges are the access to sanitary wear, availability of water, and cleaned washrooms or changing rooms. Lack of sanitation facilities, especially for school girls, makes them vulnerable to emotional and physical challenges during their menstrual days. These are affected by the institutional supportive environment created at the school and home coupled with traditional and informal structures in addition to the emergence of the

COVID-19 pandemic.

3.1.1 Access to sanitary wear and menstrual hygienic environment

According to the Terminology Action Group of the Global Menstrual Collective, menstrual health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, with the menstrual cycle but also includes appropriate information such as their preferences, hygiene, comfort, privacy, and safety. Various types of menstrual materials are used to manage and contain menstrual blood. These can include single-use and reusable materials, as well as purchased and non-purchased materials. The use and type of menstrual materials have implications for WASH service needs, such as water and soap to wash hands; hygiene condition of reusable materials; and a safe place to dispose of single-use materials.

The assessment looked at the access to and use of effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation, and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.

Box 1: Access to sanitary wear for girls

With the pandemic, we did not struggle to access sanitary pads as shops were available for us to buy from so, we did not have any challenges accessing them. However, there is a school club called the Girls Leading Our World that used to provide girls with four pads each but with the pandemic they stopped especially when the lockdown was imposed but now, they are back and still providing for girls who are part of the club. The free water during the covid-19 was very helpful as that enable us to keep our washrooms and environments clean.

FGD Participant

Apart from the increasing cost, the assessment revealed that the availability of sanitary wear before, during, and after the major restrictions resulting from the pandemic is not a challenge. The

³ The study was on Menstrual Hygiene Management behaviour and practices in schools across multiple levels and how they impact WASH implementation in Ghana. It was carried out in 2 selected schools in 8 communities in 8 selected districts across the country.



availability is mainly due to increasing awareness of sanitary wear and menstrual towels. Before the pandemic restrictions, girls were using sanitary pads, cloths, toilet rolls, and pampers (for heavy flow) which have not changed. In respect of sanitary pads, it was revealed that girls accessed them mainly from their parents (mothers). However, there was evidence of past students, NGOs, head teachers, and other teachers being the source of menstrual wear during menstruations, particularly in emergencies. At other times, the girls buy the sanitary wear from savings made from their feeding monies or borrow from friends when their mothers are not around and pay later after they have the monies from their mothers. Access to sanitary wear was not the same for girls from urban and rural communities. The girls from rural areas had limited access to sanitary wear, especially during the closure of schools. In some cases, where access was a challenge, the girls reported having to use rags and T-roll as alternatives.

Unlike the availability of sanitary wear, the FGD with the girls revealed a challenging hygienic environment for all schools visited. Some schools have no changing rooms but used toilets and washrooms which are not in good condition. In most schools visited, the washrooms have no water either inside or outside making it difficult for girls to change. Some of the girls who live close to the schools go home purposively to change, which ultimately affects their contact hours in school. Those who live a distance from school have to use nose masks doubled with their handkerchiefs to block the stench from the toilets. As one of the girls from the FGD put it *“For the menstrual towels, we do not struggle to get them, we usually use rags in the house that we do not use again for menstruation. Similarly, changing rooms and washrooms at school are not hygienic at all. Most of the time there is no water in the changing rooms unless we go with our water. Again, there are always used tissues all over the changing room since there are no dustbins. Used pads, as well as tissues stained with blood, are usually dispersed on the floor. It is always difficult washing our hands after using the washroom since there is usually no water available. We usually dispose of our used pads in the water closet and flush it since we do not have any dustbin to dispose of them”*.

3.1.2 Source of menstrual education

Parents and guardians (particularly mothers) were found to be the primary sources of information on menstrual hygiene for girls. That notwithstanding, some teachers (particularly physical education, science, and social studies teachers) provide menstrual education based on the educational curriculum and periodic education. Peer discussions were identified to provide information on menstrual hygiene as well as experiences, with a few resorting to the internet and adverts on TV for information on menstrual hygiene. Clubs such as the “Chastity and Adolescent Clubs” in JHS and SHS also provide periodic information on menstrual hygiene even though the information is usually not enough.

3.1.3 Menstruation challenges faced by girls

It is estimated that about 200 million women and girls from developing countries including Ghana struggle on daily basis during their menstrual period to get access to clean water for washing, as well as convenient places for changing their pads⁴. One major challenge identified was the absence of a sick bay or rest area to help girls rest during painful menstrual cramps. Only two out of seven schools observed by data collectors had direct access to water inside or around the washrooms; although some schools have *veronica* buckets conveniently situated outside and around the washrooms. Others have *veronica buckets*⁵ placed closer to the classrooms. The washrooms are not disability friendly and pose a challenge to PWDs. Financially, some of the girls in the FGD indicated that they were not able to afford sanitary wear partly due to the unclear roles and unwillingness of some parents in the provision of these materials. This generally resulted in them using pieces of cloth or rags as alternatives. Others mentioned the need to sometimes bath several times a day during their menses and that an absence of water poses a major challenge. Girls who accidentally stain themselves sometimes suffer stigmatization, particularly from boys.

4 Crofts, T., & Fisher, J. (2012). Menstrual hygiene in Ugandan schools: an investigation of low-cost sanitary pads. *Journal of water, sanitation and hygiene for development*, 2(1), 50-58.

5 A mechanized plastic container used for hand washing which originated from Ghana.

Box 2: The state of toilet facilities during the pandemic

Before the COVID-19 pandemic, the school used to have polytanks for harvesting rainwater for use in the toilet facility. However, the continuous pressure of community members for use of the facility largely contributes to shortage of water which adversely affects menstrual hygiene.

KII, Head teacher,

Menstrual pain was also identified as a problem generally faced by girls. Some of the girls misconceived that, the likely cause of pain is the eating of sweets and peanuts, while others were of the view that taking in milk will cease the flow. Convenient places to dispose of used pads were largely not available and most of the time, girls will have to wrap them in polybags and keep them in their school bags; most dispose of them in their homes after school. A girl shared her experience: *"I usually feel pains, irritations, and sometimes have mood swings. There is inadequate access to water both in school and in the community. There are sometimes inadequate funds for my parents to purchase sanitary pads. Our girl's urinal in school is very unclean and is not hygienic for us"*.

Menstruation is a major cause of school absenteeism and dropout among girls in rural areas. This negates the achievement of quality education (Sustainable Development Goal 4) among that age group. Responses on the state of availability of water in schools before and during COVID-19 major restrictions were mixed. While one school indicated that the water situation has improved compared to pre-COVID-19, one other school reported that the situation is the same, and five painted a worsened picture. The school that reported improvement was tasked earlier to have tippy-taps and veronica buckets for handwashing. This has made it possible for the school to always have water. The general situation for water in some schools has lapsed due to financial constraints to repair dysfunctional poly tanks which were supplied to them during the COVID-19 restriction period. Further, during the major restrictions, water was free, but the current state is worse due to the disconnection of water flow coupled with the schools' inability to pay water bills.

There are currently limited planned mechanisms for supporting girls in school for menstrual hygiene management.

However, the school from time to time educates the girls through its Menstrual Hygiene Day/Forum. There also have been instances where on menstrual hygiene days, the girls are thought (with demonstration) how to use menstrual pads when having their flows. The fora are used to educate the girls on how to dispose of pads, practice personal hygiene during menses, and eat appropriately during those periods.

3.1.4 Informal structures (cultural, norms, and traditions) and menstrual hygiene

Traditions and socio-cultural restrictions on menstruating girls such as going to the stream, crossing the river, not being allowed to visit the shrine and palace, staying indoors, and not going to pray at the mosque, among others, were mentioned as a hindrance to their rights. These restrictions do not allow girls to fully enjoy their rights and exercise their responsibilities when they are in their menstrual periods. For instance, some girls are unable to access water to keep themselves clean due to restrictions from going to the stream/river.

As a norm, a session of boys in schools and communities have a habit of ridiculing girls when they soil their dresses. This has instilled shyness that makes it difficult for girls to freely discuss their challenges with other people, especially the opposite sex.

Also, some practices do not allow girls to cook when they are in their menses. Girls who are not allowed to cook could be psychologically affected considering they have to think that the whole process of menstruation reduces their worthiness and makes them unclean. This partly explains the reasons some do not freely communicate with their mothers or guardians on issues of menstrual hygiene. As one of the girls highlighted the effect; *"In my village when you are menstruating, you are not allowed to cook. I remember my mother telling me not to go near her okra farm citing that it will adversely affect the produce. If you are giving me all these restrictions, I will find it difficult to come to you when I need any assistance"*.

Finally, boys are overexcited when menstrual and reproductive issues of girls are discussed, and this does not make girls feel comfortable at all. The teasing

makes them sometimes feel that it would have been better if there was nothing like menses.

3.1.5 Suggested services to address menstrual challenges

Participants shared their views on how an enabling environment could be created at home and school to ensure a less painful and stress-free menstrual period, as suggested below:

- Adequate, safe, and disability-friendly washrooms, and changing rooms should be provided in all schools.
- Provision of a dedicated area to help girls rest during painful cramps.
- Provide and ensure regular flow of water in the washrooms and toilets.
- The need for collaboration between the government and other stakeholders including civil society and development partners to provide free sanitary wear in schools for the girls (especially the needy).
- The cost of sanitary wear should be subsidized.
- Intensify public education among parents, guardians, girls, and boys, particularly in rural areas where misconceptions and superstition about menstruation are predominant.

3.2 Inclusion of Children and Young People with Disabilities

The World Bank estimates that 1 billion people, representing 15 percent of the global population suffer from various forms and degrees of disability⁶. According to the 2021 Population and Housing Census (PHC), 7.8 percent of Ghanaians aged 5 years and older have some form of disability. This group is often not directly involved in planning and decision-making that affect their well-being. Generally, some children and young people with disabilities in Ghana are mostly discriminated against and marginalised in society. The social stigma is sometimes extended to the whole family which leaves

them even abandoned by their families. A few of them have an opportunity to live a decent life with the necessary support and education. To help address the disability problems in the country, Ghana passed the Persons with Disabilities Act, 2006 (Act 715) to provide a legal framework and protection for PWDs. Despite successes, it is still acknowledged that there are extant challenges that constrain the inclusion of children and young people with disability in the overall development process. Therefore, the assessment aimed to assess the factors that have contributed to the progress achieved while gaining an understanding of the underpinning factors that hampered the inclusion of children and young people with disability in all facets of Ghanaian society.

Box 3: Education and social inclusion


It largely depends on you. If you are an educated person and responsible, they recognize and involve you in activities, but they do not involve you if you are uneducated and irresponsible. Mostly, as a teacher, I am involved in my family activities.

FGD Participant

3.2.1 Participation of PWDs in local governance

The Persons with Disabilities Act, 2006 (Act 715) makes provision for inclusive participation for PWDs in Ghana's development and reinforces their participation at the local level. The following problems militate against the achievement of the above desires: low representation of children and persons with disability in governance; low capacity of the PWDs' legal frameworks on local governance, disability, inclusion and human rights that inhibit them from taking up roles and positions in governance; societal stereotypes attached to some positions; difficulty in accessing and inadequate transparency around the disbursement of the disability funds; and weak sensitization and awareness on PWDs⁷. Thus, there is a general call for the needs, priorities and opinions of children and young people with disability to be attended to, therefore ensuring that they benefit equally from social change and economic growth, and inequalities are eliminated.

⁶ <https://www.worldbank.org/en/topic/disability>. Accessed on 19th April 2022
⁷ Open Ghana Partnership (2021). Enhancing participation of women and persons with disability in governance



The assessment revealed similar but mild contrasting scenarios across districts. While some expressed in an FGD that they are not involved in local governance, others shared they are engaged by the assembly. Even so, their level of involvement was limited. For instance, the preparation of the medium-term development plan by-law should be predicated on widespread consultation by taking cognizance and prioritising the development needs of the people. However, it was mentioned that such consultations are mostly not extended to children and young people with disability.

"I am not aware of the preparation of the district's medium-term development plan. Sometimes they select some people, or our leaders are called, but they do not provide feedback. The assembly does not hold public fora to discuss our issues. But rather invite a few of our leaders to the assembly" (FGD Participant).

"The last time a Zonal Council engaged us was about 4 years ago to discuss with the communities' developmental plans and intentions for the municipality. Since then, their functions have gone down so there is not much engagement" (FGD Participant).

PWDs are poorly represented in national and local politics and governance. Similar findings⁸ have cited that PWDs rarely attain political positions in Ghana. An FGD participant espoused that *"positions are not given to PWDs even if he or she is qualified"*. While the assemblies try to reach out to them through their executives, such interactions are not frequent; and sometimes, there is a limited flow of information from the executives to them about the deliberations. Also, communication is not frequent as there is no medium such as a signpost to indicate works or interventions that are been done by the District Assembly which limits their access to information.

3.3.2 Social inclusion of PWDs in societies

Ghana has several legal and constitutional provisions that are meant to protect socially disadvantaged people. The country signed the UN Convention on the Rights of People with Disabilities in 2007 and ratified it in 2012 as a sign of the country's commitment to protecting the rights of disabled people and empowering them for full social

8 Sackey, E. (2015). Disability and political participation in Ghana: an alternative perspective. *Scandinavian Journal of Disability Research*, 17(4), 366-381.

9 Price, R. (2018). Strengthening participation of people with disabilities in leadership roles in developing countries.

participation. The assessment showed family and community engagements with most PWDs in the social and economic activities have generally improved. At the family level, PWDs are involved in social activities including funerals, marriage, and naming ceremonies, among others. An FGD participant reckoned that *"in the past, your family members did not want to associate with you but it's not more like that these days"*. Regarding their social life, the involvement of PWDs in sports and other activities in society such as public consultations and festivals boosts their confidence.

Even though there has been progress towards community acceptance and social inclusion of PWDs, there are still traces of discrimination. Focus Group Discussion participants expressed instances where they have been discriminated against in situations of marriages and getting handshakes at ceremonies. *"This kind of behaviour of people towards PWDs discourages them from going to social gatherings"* according to a participant. Even though several anti-discriminatory laws are meant to protect the rights of PWDs and facilitate their participation in mainstream social, political, and economic activities, the promulgation of Act 715 has completely not minimised the issue of discrimination.

It emerged strongly from the assessment that, the level of education and economic status of PWDs influence their level of acceptance in society. An FGD participant articulated that "if families know a PWD can make a financial contribution to the organisation of a family event, then there is a deliberate attempt to include them".

3.2.3 Barriers to local participation and societal inclusion of PWDs

The social model of disability emphasises the identification and removal of barriers to the inclusion of persons with disabilities in mainstream society. Hence, conscious efforts must be made to create an environment that will cushion PWDs to explore their potential. The assessment confirms social and environmental barriers faced by PWDs which limit their participation and inclusion in society⁹. Study participants through FGDs identified barriers including attitudinal,

institutional, architectural, transportation, and information as impediments to their participation and inclusion in society and suggested methods to eradicate them to foster inclusion. A participant disclosed in an FGD that *“the communication about what is being done is not frequent... There are also no avenues to share information on works or interventions that are carried out by the district assembly.”* Another participant disclosed that PWDs are typically discriminated against during district elections; with the indication that even persons with no form of disability are struggling with the management of affairs. At the same time, it was expressed that it was equally important to change certain attitudes of PWDs about the ignorance of the available resources, opportunities and potential, low levels of self-confidence, and negative reactions to societal attitudes which contribute to their exclusion from society.

Box 4: Barriers to social inclusion

Most PWDs of school going age have access to education, however, there is limited tailored curriculum or style of teaching. Educational facilities are largely not disability friendly. Autistic patients are not enrolled in schools mainly due to mockery from other children. Children with visual impairment have to travel from Bolgatanga to Wa to access education.

FGD Participant

Persons with Disabilities could attain greater heights and contribute meaningfully to national development if provided with a conducive environment. It was mentioned in an FGD that *“at some assembly meetings where all persons are invited, there are no interpreters for the hearing impaired. This makes their involvement less efficient.”* Participants expressed that the current education system is a hindrance to achieving their full potential adding that *“if the environment is friendly, we can participate fully and show our potential”*.

3.2.4 Disability advocacy and improvements in public perceptions

The assessment identified that children and young people with disabilities have often been excluded from playing an active part in local governance and leadership roles in political and social life. There are gaps in the strategies for increasing and promoting their participation in all facets of development. Information gaps

on how to promote inclusive leadership for children and young persons with disabilities remain a challenge. Despite the challenges, PWDs associations have stepped up efforts to intensify public campaigns aimed at removing the negative narratives and stigma. This has contributed to more embracing societies that recognise the need to socially accept and support PWDs while promoting their participation at the local level. It was disclosed in an FGD that *“associations of PWDs engage traditional rulers who grant them an audience to listen to their concerns. The traditional leaders have in many instances joined in the advocacy for the timely release of the share of District Assembly Common Fund to PWDs”*.

Box 5: Advocacy increases social acceptance

Associations of PWDs are able to organise durbars in the market to sensitise people on the need to accept and engage them in societal activities and encourage parents to send children with disabilities to school instead of keeping them home.

FGD Participant

3.2.5 Treatment of PWDs in communities

The perceived recognition and inclusion of PWDs in communities manifest in how they are treated by the public. Recognising their unique situation which necessitates special attention and care, several efforts to improve public discourse surrounding the treatment of PWDs have been occasioned by various actors, including the civil society. Changing the narrative on the treatment meted out to PWDs requires multifaceted action since it takes many forms. The assessment results identified a broad spectrum of factors spanning from the cultural perspective and what is known to be a social convention of their acceptance in communities.

Regarding social acceptance in communities, PWDs are widely accepted by their families due to intensified education on how to embrace and support such people though there are traces of unsolicited treatment by a few. A child expressed during an FGD that *“the concern by teachers and peers of PWDs make them feel loved and accepted at school”*. Another youth with a disability also shared his experience saying *“I have a problem with my leg, and I find people most willing to help me to move around usually in schools and hospitals. I am well treated*

in most cases. If there is any form of communal activity, I can contribute my ideas". However, treatment of PWDs in some instances is still undesirable. A person with a disability shared her experience in an FGD citing that "when I attend programmes with family members, they are comfortable with me but when I meet other people, they discriminate against me. The difficulty is so much when it comes to the public. When I eat in public no one wants to use the plates and cups that I use. So, the discrimination is severe in public". Nonetheless, others shared contrasting stories of how they are treated by the public. A participant espoused that "previously, if you are disabled, there is no abled man or woman who would want to marry you but now things are changing and also, we did not use to sell things because people will not buy it but now things are slowly changing."

Box 6: Stakeholder sensitisation improving PWDs treatment in communities

Initially people with disability were viewed differently in the society but with the help of CALID and other CSOs, sensitization and awareness programmes, knowledge of non-discrimination and inclusion has increased. Many more people in society know that PWDs can also make an impact in the society.

PWDs have received support from CALID to organize radio discussion programmes to sensitize people on the fundamental rights of PWDs and citizens of the larger community

FGD Participant

The assessment revealed that the treatment of PWDs is also influenced by the level of one's educational status and economic strength. In instances where a PWD had attained an appreciable level of education, they received a good reception compared to those who did not. Again, those who are economically empowered and can contribute financially to the family and communal activities received better treatment. Regarding the cultural dimension to PWDs treatment, PWDs who are sellers are sometimes discriminated against. A market woman with a disability shared that people discriminate against her in marketplaces. According to her, people do not normally buy from her because of her disability and consider her as being cursed and unclean. Another narrated an ordeal where efforts are made to kill infants with disabilities who they believe and perceive to be spirits and not human. Also, families within some communities prevent any member of their family to marry any PWDs due to cultural reasons.

Box 7: Education determines treatments given to PWDs

Education plays a role in how PWDs are treated in our communities. If you are uneducated, you are typically not respected. For instance, they respect me a lot because I am educated.

FGD, PWD

3.2.6 Integrating PWDs into skills and jobs system

In Ghana, there have been calls for firms to change their attitudes toward hiring PWDs. Efforts have been made to break the myth about the complexities of employing PWDs. District Assemblies continue to support PWDs by integrating them into the skill/jobs systems, though palpable challenges persist. For instance, in the Bolgatanga Municipality, the Department of Social Welfare and Community Development (DSWCD) has established rehabilitation training centres for skills training. The assessment results showed district assemblies have provided some of the PWDs with sewing machines whereas others have been supported to engage in trading activities. Due to the increased social inclusion in communities, PWDs are taken in as apprentices to learn vocational and technical skills.

Box 8: District Assemblies employment support for PWDs

I have applied to the PWD fund before. I was given GH¢2,400 for my business but the issue is that they could not give me what I wanted. I wanted GH¢5000. I have reapplied and they are considering it.

FGD, PWD

However, in some cases, PWDs are usually not given employment opportunities because certain categories of jobs are deemed disability unfriendly by society. Some PWDs disagreed with this assertion by expressing their displeasure with the misconception that certain jobs which are mainly labour intensive are not disability friendly. In an FGD, a person with a disability shared that "a colleague was allowed to have his first in-studio session in Nkoranza and now is a successful radio presenter due to the way he proved himself worthy of the position despite his blindness."

Box 9: Limited employment opportunities for PWDs

I go to school with my able colleagues. We score and pass just as them but when it comes to employment we are rarely considered. I know a friend of mine who has applied many times and he has not been successful. They do not have a quota for PWDs.

FGD, PWD

Mobility plays a central role in PWDs' employment acquisition. *"Mobility is difficult with PWDs, so employers look at our conditions and think you are going to waste their time. Especially when they look at the buildings and structures that they have which are not PWD friendly."* Another barrier stressed is what PWDs consider the unfair competition they face with the other groups in the job acquisition. They cited that the lack of a quota for PWDs limits their chances with other groups. Information accessibility for job openings is also a challenge that many PWDs have. Again, resource constraints pose a barrier to their inclusion into the job system. A person with a disability on the NVTI programme shared; *"As a person with a disability who has finished my training as part of the NVTI programme, my only problem is that I do not have the sewing machine/startup capital to be able to start my work"*. It was also disclosed that skills training remains a challenge, because the various facilities, logistics, and infrastructure required to develop the skills of PWDs are not sufficiently developed. The peak of the COVID-19 pandemic likewise affected some categories of PWDs. A participant trader narrated in a focus group discussion that she travels to Kumasi to buy canes for weaving so during the lockdown she could not travel. She bemoaned *"I stayed at home and spent almost half of my capital"*.

Box 10: PWDs Employment challenges

As a PWD, if you are going to school just do something professional like teaching so that when you finish, they will post you. But if you go to the university, competing with others is difficult.

FGD, PWD

3.2.7 Services and support for PWDs

As part of efforts toward enhancing PWDs' participation in socio-economic activities, access to services and improvement in their welfare, the government launched the Ghana Accessibility Standards

for the Built Environment to provide specifications to ensure non-discriminatory accessibility to buildings and structures for all persons. Furthermore, social protection interventions, notably the Livelihood Empowerment Against Poverty (LEAP), have been adopted to help provide cash transfers for the elderly, vulnerable and persons with severe disabilities.

Family members also provide physical support to PWDs to enable them to move around easily and participate in family and social life activities. Besides, the Metropolitan, Municipal and District Assemblies (MMDAs) are by law required to allocate three percent of the District Assembly Common Fund (i.e., the Disability Fund) to support and empower persons with such difficulties as a social protection measure. The District Assemblies through the DSWCD render support services for PWDs in their districts. A student with a disability shared his story; *"for education, they do not joke about it. If you apply to the disability fund, they will give you at least 70% of the fees."* However, it emerged that during the peak of the COVID-19 pandemic, the disability funds were upheld so beneficiaries could not access them. This affected PWDs who are at the tertiary level and had applied for support to pay their fees.

Those in the Northern regions (especially the visually impaired) engaged the assemblies for support to access education. However, most of the PWDs are in specialised schools (secondary) outside their districts and regions. Children with visual impairment have to travel from Savelugu to Wa to access education. Many times, they engage the DSWCD to help them with transportation and other learning materials.

Box 11: PWDs and education challenges

What can be done in terms of education for PWDs especially for the blind and deaf children is that because our schools are far from us people from far villages are not able to send their children with disabilities to school.

FGD, PWD

3.2.8 Physical accessibility challenges facing PWDs

The Persons with Disabilities Act, 2006 (Act 715) was in fulfilment of a constitutional

obligation of enacting laws to protect and promote the rights of PWDs. The Act proposed that by 2016, PWDs would have the same access to various services as persons without disabilities. Specifically, the Act outlined the rights of PWDs to proper housing, equal employment and educational opportunities, access to public spaces and transportation, adequate medical care, and protection against abuse. Overall, the passing of the Act was a meaningful step in the removal of barriers to the social inclusion of PWDs within Ghana¹⁰. The Act has been critiqued in the years since its implementation. One of the longest-standing issues is that of building architecture. Despite the Act's call for equal access to public spaces, inaccessible public buildings are consistently pointed out as a continued form of discrimination against PWDs.

Box 12: PWDs and accessibility infrastructural challenges

When I was in school, I had a lot of challenges. Bathrooms are smoothly tiled without consideration of PWDs, and it becomes difficult for you. I have slipped about 3 times already.

FGD, PWD

This is supported by a claim shared by a person with a disability in an FGD: “when I completed BECE, I went to SHS. I had issues with the school authorities because the structures were not PWD-friendly. I remember during exams I was separated from writing with my colleagues in the same hall because the exam centre was on the upper floor. I insisted I write with my friends in the same exam hall, and I faced a lot of challenges. They were just pulling me, but I insisted I write with them in the same hall”. Further, some participants in a focus group discussion revealed that health professionals are usually unable to provide the needed support to PWDs when they visit health facilities due to their unfriendliness to PWDs.

A unique take on the reasons behind this inaccessibility is offered by other findings, which note that public perception of PWDs suggests they are incapable of making a meaningful contribution to society¹¹. As a result, PWDs are physically excluded from meaningful spaces. In addition to barriers in the built environment, the general lack of enforcement of the provisions of

the Persons with Disability Act is also a common theme.

3.2.9 Suggested actions to safeguard the inclusion of children and young people with disabilities

The interactions with participants led to suggested actions that could safeguard, protect, and sustain the gains made to include young children and PWDs in national and local politics and governance. These are listed below:

- Continuous education of community members to better appreciate disability issues and support PWDs.
- Timely release of common funds by the central government to the assemblies to facilitate timely access to the disability allocated fund to PWDs.
- Government should give a quota to people with disability for employment. In addition, the government should enforce the Persons with Disability Act, 2006 (Act 715) regarding employment opportunities for persons with disabilities.
- There must be transparency in the disclosure of the disability share of the common fund allocated to the municipalities and districts.
- There should be much education to sensitize members of the families to help their members with disabilities and build disability-friendly housing units.
- School buildings and other public facilities should be disability-friendly to improve access to them.
- There should be targeted vocational skills training of choice for PWDs.
- There should be the provision of funding to support the expansion of existing businesses of PWDs.
- There should be an initiative by the government to fully engage educated PWDs in government agencies.
- There should be more medical specialists to help with issues of disabilities. In addition, there should be access to assistive equipment for

10 Mfoafo-M'Carthy, M., Grischow, J. D., & Stocco, N. (2020). Cloak of invisibility: A literature review of physical disability in Ghana. SAGE Open, 10(1), 2158244019900567.

11 Gavu, E. K., Tudzi, E. P., & Shani, A. S. (2015, April). The level of accessibility of tertiary educational facilities in Ghana after the passage of the Persons with Disability Act 2006, Act 715. In American Real Estate Society Conference, Sanibel Harbour Marriott Fort Myers, Florida.



PWDs.

- There is a need to have mentorship programmes for PWDs to showcase where some PWDs have risen in society to motivate young PWDs.
- Establishing a school for the blind in the Northern region.
- Establish training centres for PWDs.

3.3 Streetism

Globally, it is estimated that around 120 million children live on the streets (30 million in Africa, 30 million in Asia, and 60 million in South America). According to CSF-Ghana as cited in Alenoma (2012), a count of street children in Ghana’s capital in 2012 revealed that there were 21,140 street children, which reduced to 16,000 in 2018¹². In Ghana, many street children can be found in Accra Central, Kwame Nkrumah Circle, Kumasi, Tamale, and other major town centres. The largest number of street children was estimated to come from the Northern Region of Ghana, forming 28.53 percent of children found on the streets of Accra (Lawrence, 2016).

In Ghana, nearly one in every six children (16%) aged 0 – 17 do not live with either biological parent. Of these, 81 percent have both biological parents alive, and another 14 percent have one. Only 5 percent of children do not have a surviving biological parent. Ironically, street children are the most “invisible”, considering that they are the most difficult groups to reach with the provisions of vital services such as education and healthcare, and thus the hardest to protect. Once on the streets, aside from being exposed to the mercy of the weather, they are vulnerable to all forms of exploitation and abuse - a life far removed from the childhood envisioned in the United Nations Convention on the

Rights of the child.

3.3.1 Drivers of streetism

Rural-Urban Migration

The street is partly a result of rural-urban migration, often due to the difficult socio-economic circumstances rural dwellers face. Some children are on the streets of Accra because they feel their freedom is constrained at home and believe there is no limit to freedom on the streets; while others are less privileged children who move to the streets in search of work and money. Most street children tend to be homeless as a result of the effects of broken homes, the death of one or both parents, and lack of parental care. The assessment confirmed that rural-urban migration is a major cause of streetism with most of these children migrating from the rural areas in the northern part to urban centres in the southern part of the country.

Box 13: Rural-urban migration

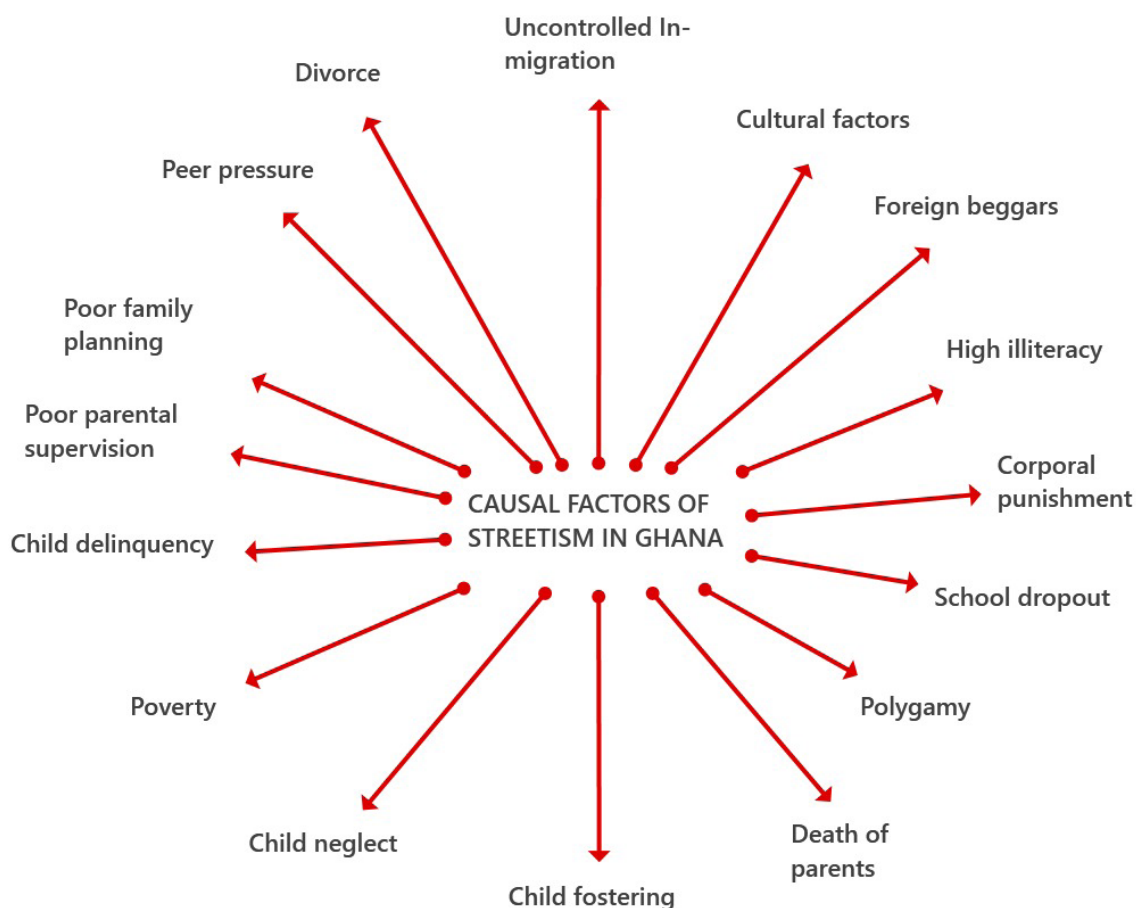
Most of the street girls migrate from the rural areas in the north. They are normally found working in “chop bars” and shops within the municipality but they are not as many as the boys’ population.

FGD Participant

Most street children in Ghana are seen on the streets of major cities like Kumasi, Accra, and Tamale – with Accra alone housing over 50,000 street-children¹³. Since these children who are from rural areas have no strong family ties in the cities, they end up forming alliances with other street children and becoming residents of the streets. The thematic networks of the causal factors of streetism which is rooted in the community, child development, and cultural and social life are depicted in Figure 1

¹² as reported by Department of Social welfare, Ghana
¹³ Amekkedzi G. L, 2016. Addressing Child Streetism in the La-Nkwantanang Madina Municipality: The Role of Stakeholders

Figure 1: Thematic network of causal factors of streetism



Source: NDPC, 2022

Poverty

Children found on the streets are mostly to be from poor homes. Most of these children have parents or guardians who have many children beyond their capacity to cater to their needs and take proper care of them. Due to financial challenges, some parents neglect their older kids to focus on the younger ones, which pushes the older ones onto the street where they struggle for survival. This situation is akin to the findings from the assessment where participants indicated that most street children were from poor homes. A participant in FGDs indicated *“my parents divorced, and I was living with my father. He was very poor and had difficulties taking care of me. Hence my reason for being here is working to support him back at home”*.

Second Generational Street Children (SGSC)

Another cause of streetism in Ghana and elsewhere is what is termed Second Generational Street Children (SGSC). Some children are born to parents who are also on the streets. This automatically makes the street their home; since they have nowhere else to call home other than the street.

Conflicts in a polygamous marriage

In many cases, conflicts in polygamous marriages are part of the causes of streetism. Children living in such conflicted homes tend to find peace outside the confines of their homes. The assessment showed children born out of polygamous marriages in which parents are not gainfully employed sometimes resort to the streets to fend for themselves. This was echoed by a child who indicated that his father had many wives and children, and therefore could not adequately take care of them. This pushed him to

fend for himself through the “okada”¹⁴ business as a source of income.

Delinquency

Delinquent acts or truancy have also been a factor in streetism in Ghana. Some children like to be on the streets rather than in any other place. Although this might be the result of maltreatment in their homes or schools, it may not necessarily be due to financial constraints or predicaments. Surprisingly, there are special cases wherein some children from rich families due to their desire for the street lifestyle in general are motivated to form alliances with others and engage in social vices, where they often end up on the streets.

Box 14: Reasons for delinquency

There have been instances where children themselves leave home to be on the street without necessarily being pushed from home

KII, Social Welfare Officer

Generally, every child will need to survive when on the street; and so, they end up engaging in multiple activities which are very dangerous and can affect their health or lives. Some of these activities include pushing wheelbarrows, joining work at construction sites, washing cars or buses, carrying loads, and acting as bus conductors, among others. The assessment further shows that streetism is an occasional occurrence in some communities. However, child labour is predominant because of some economic activities such as cocoa-growing and “galamsey” activities. The emergence of “okada” business has also taken a lot of boys from the streets in some communities within the selected districts of the assessment.

Box 15: Child labour

Child labour is common in rural communities such as Adjakaa, Sewum, Enchi Kwahu and Nyankamum. Poverty and broken homes are the major causes of child labour. The children are used as farm hands especially by the settler farmers. Some of the children in the farms are trafficked from outside the district

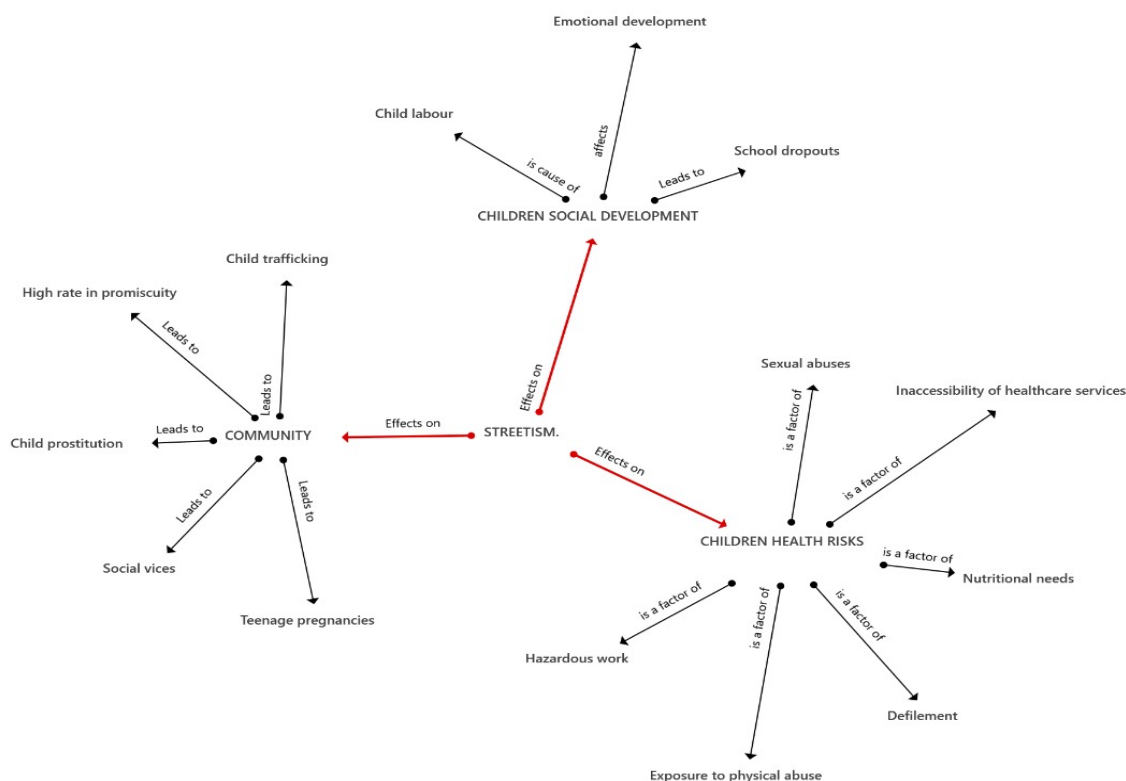
KII, Social Welfare Officer

3.3.2 Effects of streetism

Streetism has detrimental effects on families, communities, and the nation at large. Health hazards and abuse are major problems for street children in Ghana. Diseases that are common among street children include malaria, fever, colds, rashes, cholera, headaches, and infections. In a discussion with some of the participants of the assessment, they noted that the risk of accidents, body aches, headaches and cholera among others were some of the health conditions they were exposed to while living on the streets. The assessment revealed that children on the streets have very little or no security and are easily prone to falling prey to criminals. As a result, they are at greater risk than other children of being physically and sexually abused by strangers. This sometimes results in unwanted pregnancy which further exposes them to health hazards, and sometimes death.

The assessment also revealed that streetism poses a great societal threat. Most crimes like armed robbery, prostitution, kidnapping, and drug abuse can be related to streetism. Since most children who find themselves on the streets are unable to access formal education or learn a trade, they engage in such vices to make ends meet. The assessment has also shown that most street children have interrupted education, little or no education and in the cases where they are enrolled in school, they have poor outputs and eventually drop out as shown in thematic networks in Figure 2.

Figure 2: Thematic network of social effects of streetism



Source: NDPC, 2022

3.3.3 COVID-19 and street children

The assessment revealed that during the COVID-19 lockdown, there was a decline in incomes for street children which affected their ability to support themselves. For some, it led to the situation of motor owners taking back their motor vehicles. In addition, it was revealed that PWDs who often beg on the streets could not cater for their expenses because of a stall of their regular income sources. During this period female street children were very vulnerable, thereby forcing them to engage in illicit acts such as child prostitution for their survival. However, there were other areas where the COVID-19 restrictions did not affect the street children. Also, child labour activities increased due to the closure of schools. Some children engaged in hazardous works in “galamsey” (illegal mining) activities and on cocoa farms. Some of them made money from such dangerous activities to the detriment of their health and as a result, were not ready to return to school after the pandemic restrictions.

3.3.4 Suggestions to curb streetism

Participants made the under-listed suggestions to curb the menace of streetism:

1. Establish a dedicated fund to address issues of streetism, which could provide opportunities for children to go back to school.
2. There should be improved coordination among organisations that work to enhance the welfare of street children.
3. Social workers should offer more counselling services on behavioural and child psychology to families, to reduce the level of violence and abuse in homes.
4. Improve access to basic and social amenities such as running water, roads, hospitals, schools, libraries, and community centres to support and improve the lives of residents.
5. Measures should be taken to improve the bonds that families



share as part of efforts to prevent kids from ending up on the streets.

6. Improve public awareness of the consequences of streetism and its

effects on national development.

7. There should be a rehabilitation programme for reintegrating street children into a proper family system.

ASSESSMENT OF WATER AND SANITATION

4.0 Introduction

Generally, sanitation has not received the priority it deserves. The 2021 Population and Housing Census shows that only nine of Ghana's sixteen (16) regions have at least 90 percent of households with access to improved sources of drinking water. More than half (59.3%) of the population have access to toilet facilities. This section discusses the findings from the assessment of water and sanitation before and during the COVID-19 pandemic.

4.1 Hygiene

The proportion of the global population with access to basic hygiene services increased from 67 percent in 2015 to 71 percent in 2020; that of sub-Saharan Africa increased from 25 percent in 2015 to 26 percent in 2020. In Ghana, coverage of basic hygiene services increased from 41 percent in 2015 to 42 percent in 2020. This was higher than the average for sub-Saharan Africa. However, coverage for limited services (without water and soap) and no facility remained the same at 37 percent and 22 percent respectively. The urban population has better access to basic hygiene services compared to the rural.

The Household and Jobs Tracker (Wave 1) in June 2020 revealed a change in behaviour patterns due to the COVID-19 pandemic, with 97.5 percent reporting more frequent handwashing in the seven days prior to the survey. This trend is corroborated by the findings of the assessment where many participants in the KIIs and FGDs indicated that during the peak of the pandemic there was an improvement in handwashing activities. This was facilitated by the free water policy, the need to prevent contracting the coronavirus and other sicknesses, the provision of veronica buckets and tippy taps, and other WASH facilities. The improvement was reinforced by the government's directive on regular

washing of hands as well as the frequent community visits by local authorities to inspect handwashing facilities. The assessment however indicates that after the easing of restrictions there has been a reduction in handwashing activities. This is largely attributed to the perceived availability of vaccines and the discontinuation of the free water policy. There is however continuous handwashing and use of hand sanitisers in some formal institutions such as hospitals, schools, and commercial facilities.

The assessment indicates that handwashing has become a lifestyle, especially for women. Most KIIs (6 out of 11) were of the view that handwashing was highest amongst women than men (Figure 3). A similar view was noted from the FGDs. This was attributed to the domestic roles of women and the nurturing of children which often require the washing of hands. In addition, some of the women are nursing mothers and as such are very careful not to have filth on the body of their children, particularly the mouth. Also, women still practice hand washing because they are encouraged to do so every time they visit health centres or hospitals. Men and youth were the worst culprits in terms of hand washing behaviour. This was attributed partly to the reluctance to adhere to frequent washing of hands, among others.

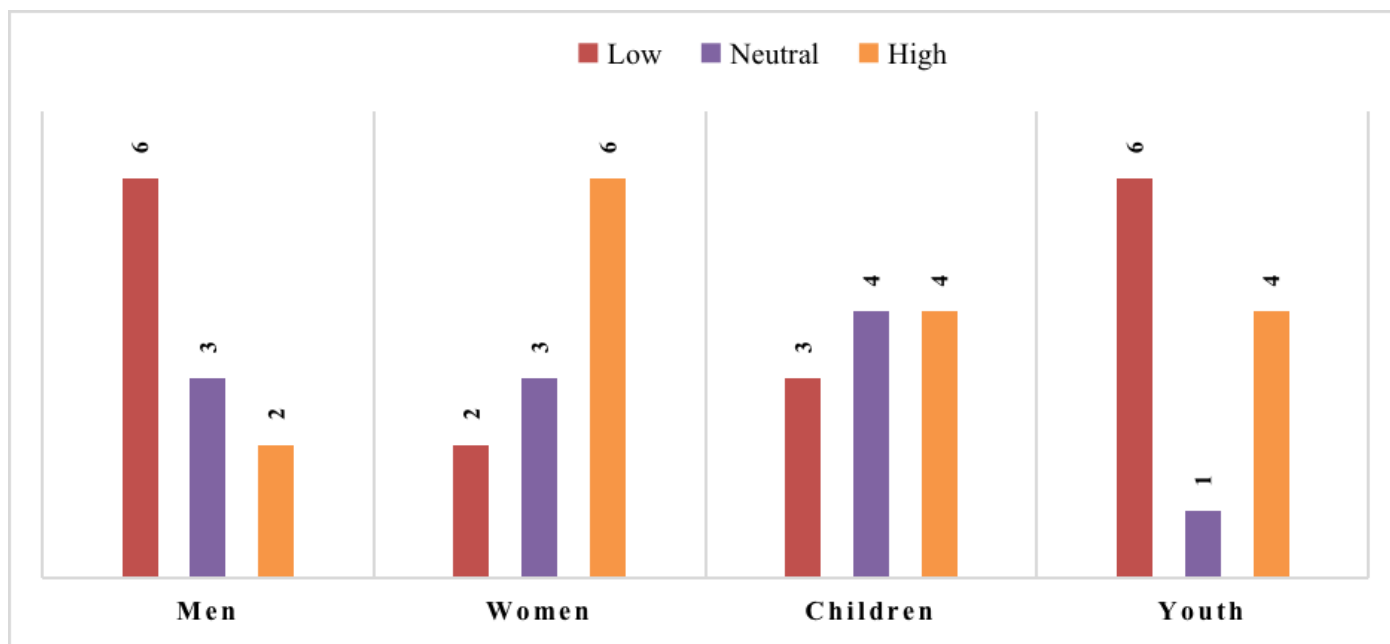
Box 16: Handwashing among Men

Men only wash their hands before and after eating and after using the toilet. Before the pandemic, just a few men washed their hands before eating. This is because most of the indigenes are farmers, and they do not typically wash their hands before eating. In their individual households, most of them usually say that; "African stomach does not fear germs".

FGD, Community Member



Figure 3: Frequency of handwashing between various groups



Source: Field Data, KII, 2022

4.2 Drinking Water

The 2021 PHC indicates that 87.7 percent of the population has access to basic drinking water services. This is higher in the urban (96.4%) than in rural areas (74.4%). The census data further showed that nationally, 9 in 10 households (92%) have access to improved sources of drinking water¹⁵ with urban areas (97.8%) higher than rural (83.0%). There however exists regional and district disparities. The assessment revealed that 7 out of the 11 KIIs indicated that there had been no increase in coverage of water services. Similar observations were made during the FGDs. The major reasons adduced for the lack of increase in coverage included population expansion and development of new sites, limited capacity of the Community Water and Sanitation Agency (CWSA) to drill more boreholes, and non-functioning water systems. Of those that indicated that there had been some increase, it was attributed to water expansion projects. Regarding sanitation around the facilities, the majority of KIIs and FGDs respondents opined that the water facilities in their communities were mostly kept clean especially due to the existence of caretakers. Privately managed water facilities are generally cleaner than public ones.

The 2021 PHC indicates that the main source of drinking water is sachet water,

followed by pipe-borne, and boreholes/tube well. In urban areas, more than half of households use sachet water, and over a third use pipe-borne water. The rural households mainly sourced water from boreholes/tube well, followed by pipe-borne water, sachet water, and surface water. Similar drinking water sources were observed during the assessment. The majority of KIIs and FGDs indicated that they sourced water from boreholes, pipe-borne, and surface water (rivers/streams/dams).

Box 17: Cost of water

Savelugu has a peculiar water situation because the Water Board (WATSAN) in the Municipality buys water from Ghana water and re-sells to the community; unlike other communities where residents get water directly from GWCL. Water is thus expensive and since the cessation of the free water, shops and other public spaces no longer have water points people can use.

KII, Respondent

The assessment showed that the cost of water had increased after the COVID-19 free water intervention for some groups but had remained the same for other groups. For those that the cost had increased, it varied between 10 pesewas to 50 pesewas for an 18-litre bucket; 20 pesewas to 40 pesewas for a 20-litre basin; and GH¢6 to GH¢12 for a 218-litre drum (Table 5). The change was

¹⁵ This refers to water source that is likely to be protected from outside contamination such as pipe-borne water, borehole, tube well, protected well, rain water, protected spring, bottled water, and sachet water.

attributed in most part to an increase in fuel prices, electricity tariffs, maintenance costs, effects of the dry season on water availability, and over-reliance on private vendors for water supply.

Results from the assessment indicated that the rise in the cost of water had caused an increase in household expenditure, thus negatively impacting household nutrition and eating times, educational

expenses, clothing allocations, unexpected expenses, and in the most extreme cases resulting in fights in typical compound houses during the sharing of bills. Some households have resorted to decreasing the quantity of water fetched as a means of reducing the cost - "An average household of 5 members used to buy about 12 buckets of water but now buys about 9 or 10 buckets".

Table 5: Cost of items for fetching water pre-COVID-19 and post-COVID-19 major restrictions

Region	Items	Pre-COVID-19	Post-COVID-19 major restrictions
Eastern Greater-Accra	Size 34 Bucket (18litres)	10p	20p
Eastern	Basin (20 litres)	20p	40p
Oti		10p	25p
Northern	Drum (218 litres)	GHS6	GHS12
Oti	Tricycles ¹⁶	GHS10	GHS15

Source: Field Data, 2022

4.3 Sanitation Services

The 2021 PHC shows that 59.3 percent of the population has access to improved toilet facilities while 23.0 percent depend on the public toilet. In urban areas, 65.9 percent have access to improved toilet facilities compared to 49.1 percent in rural areas. Also, 55.4 percent of households in the urban areas share improved household toilet facilities compared with 54.8 percent in rural areas. The 2021 PHC further indicates that public toilets are more predominant in urban (25.2%) than rural areas (19.7%). The proportion of households that use water closets (WC) in urban areas (28.6%) is about 7 times what pertains to rural areas (4.5%). It is further estimated that 17.7 percent of the population are practicing open defecation, with the challenge more prevalent in the rural (31.3%) than urban areas (8.9%).

From the assessment, 8 out of 11 KIIs indicated that there had been no increase in the coverage of sanitation (toilet) facilities. Similar observations were made during the FGDs. The major reasons given for the low coverage were lack of

public and household toilets; population expansion and development of new sites; and the prevalence of open defecation.

Box 18: The sanitation situation at MMDAs

Except for the building of new homes which sometimes add toilet facilities, most people in the community do not have toilet facilities in their homes. Thus, the people are used to practicing open defecation (OD) in the community.

FGD, Community member,

The assessment further revealed that, of those that indicated that there had been an increase, it was attributed to individual initiatives and support from local authorities and civil society organisations. The majority of KIIs and FGDs opined that the public toilet facilities in their communities were mostly unclean with bushy surroundings; and lacked water and soap, and bins and toilet rolls. This was prevalent in public toilets managed by public entities. The public toilets managed by private entities on the other hand were usually well maintained - with good hygienic conditions. Household toilets on the other hand were indicated

¹⁶ These are used to fetch water and supply to various customers in dire need of water

to be generally clean with soap and water available. This situation was ascribed to effective monitoring by public health officers.

<i>Reasons for non-increase in sanitation coverage (toilets)</i>	<i>Frequency</i>
<i>Lack of public toilets</i>	<i>7</i>
<i>Population expansion and development of new sites</i>	<i>3</i>
<i>Lack of household toilets</i>	<i>3</i>
<i>Prevalence of open defecation</i>	<i>3</i>

The assessment further showed that the cost of assessing public toilet facilities had increased since the onset of the COVID-19 pandemic. In the Eastern Region, for example, the cost had risen from 20 pesewas to 50 pesewas. In the Upper East Region, the charges for solid waste collection had increased by about 50 percent. This has negatively affected household expenditure and has also led to some persons resorting to open defecation. The increment has resulted in the cut down on other household expenditures such as food, clothing, and education, among others.

Box 19: Impact of Toilet price increases

We pay for the public toilet we use, and the charge has increased. So, if I have a stomach upset, I have to pay anytime I go there. So, if I do not have money, I use the free-range. So, sometimes it is not our making

FGD, Community member

4.4 Disability and WASH

Access to clean drinking Water, Sanitation, and Hygiene (WASH) is a human right, further reinforced by the United Nations Convention on the Rights of Persons with Disabilities (CRPD)¹⁷. With over 884 million people lacking access to safe drinking water, and over 1 billion people without sanitation, making WASH more accessible for all by applying universal design principles benefits everyone in the community, including people with disability. It is estimated that as of 2018, fewer than 50 percent of schools worldwide had toilets accessible to students with limited mobility (UNICEF and WHO 2018).

The findings from the assessment indicate that there is generally a lack of access to

WASH facilities (water points and toilet facilities) by PWDs. All KIIs indicated that PWDs did not have good access to WASH facilities. This is buttressed by 6 out of 8 focus groups indicating that access was difficult for PWDs. This was attributable to the locations of the facilities and the disability unfriendliness of WASH facilities. It was revealed that there have been some interventions in the past through development partners, associations of persons with disabilities, and MPs. However, currently, there are limited initiatives/provisions to address the issue. This has resulted in some PWDs resorting to open defecation and practising indiscriminate dumping. In some cases, PWDs were unable to attend church services due to their inability to use the veronica buckets for handwashing due to its positioning, particularly during the period restrictions. The assessment further revealed that some PWDs depend on family members, attendants, and caregivers to access the WASH facilities.

Box 20: Access to WASH facilities – PWDs

I am a blind man and there have been instances where I visit the toilet without any guide and the toilet is not in a good condition - I end up stepping into people's faeces. Other colleagues who are crippled have complained about having to put their hands on stained toilet floors to be able to use the public toilet facility. We usually plead with the Assembly to help in building disability-friendly toilet facilities but it has yielded no result.

I sometimes pay for someone to fetch water from outside for me. This is the situation with all PWDs without water connected to their homes unless they have a child of their own to help them fetch water from a distant water source.

KII, PWD

4.5 Challenges of WASH

The FGDs and KIIs revealed that there are militating problems that hinder the enhancement and improvement of WASH at the local level. These include:

1. Poverty;
2. Political affiliations of caretakers of public toilets inhibiting the proper and sustainable maintenance of toilet facilities;
3. The sale of designated lands for WASH facilities by Traditional Authorities;
4. The unwillingness of communities

to release land for the construction of WASH facilities;

5. The inability of some community members to afford WASH facilities due to the loss of jobs because of the pandemic; and
6. Activities of Galamsey and Fulani herdsmen.

4.6 Efforts to Improve WASH

According to the assessment, there have been different attempts by local authorities to improve the WASH situation in their respective districts. These included the following as depicted in Table 6.

Table 6: District efforts to enhance WASH

Region	Action
Eastern – Ayensuano	<ul style="list-style-type: none"> □ The district has made it a policy to construct 10 boreholes every year in various communities.
Upper East - Bolgatanga	<ul style="list-style-type: none"> □ Ghana First Toilet Project is a PPP arrangement to construct a toilet for communities but due to financial constraints, they have been halted. The Assembly has been encouraged to support their completion. We have about 18 of the facilities at various stages of completion. □ UNICEF, through the District Assembly, supported households to construct toilet facilities using local materials and supported them financially. □ The Assembly is enforcing laws through permits for building houses. No approvals are being given to building plans that do not have toilets. Those who go-ahead to build without permits are penalized if the Inspectorate directorate finds out through their monitoring activities.
Western North – Aowin	<ul style="list-style-type: none"> □ The Assembly is enforcing the building permit requirements for the provision of toilet facilities in every house built. Also, at the onset of the pandemic, people became conscious of the need to have places of convenience in the houses they rent. This compelled landlords to make provisions for toilet facilities in the houses they build. □ The digni-loo and Community-Led Total Sanitation Programme have been implemented in communities thereby providing toilet facilities for people in the communities. □ There is provision for water and sanitation in the budget of the Assembly that is helping to rehabilitate standpipes and expand water to other places in the township.



4.7 Suggestions to Improve WASH

The COVID-19 pandemic has posed detrimental impacts on the quality, equity, and sustainability of services. Mitigating its negative impacts and using positive effects as leverage can increase the WASH sector's resilience to future shocks. For improved and sustained WASH, the under-listed items were suggested;

1. Provide support for the construction of more household toilets;
2. Ensure the enforcement of WASH facility designs that are disability-friendly;
3. Enhance the quality of the water supply;
4. Construct more boreholes and expand existing water supply systems;
5. Create more dumping sites and increase the number of skip containers;
6. Construct public toilets and make them easily accessible to reduce open defecation; and
7. Provide ramps at water sources to improve physical access for PWDs.

ASSESSMENT OF EMPLOYMENT AND JOB CREATION – AGRICULTURE

5.0 Introduction

The COVID-19 pandemic continues to batter various sectors of the economy, not sparing the agriculture sector, which happens to be the backbone of Ghana's economy. Agriculture is linked to food security and is one of the most important sectors in human development¹⁸. There is sufficient evidence to conclude that the pandemic has had a significant impact on agriculture and the food supply chain, primarily affecting food demand and, as a result, food security, with a disproportionate impact on most farmers in Ghana¹⁹. Thus, the pandemic has brought the hardships faced by the agriculture sector and farmers into sharp focus, particularly for agrarian economies. The rapid evaluation assessed the effects of COVID-19-related events on agriculture.

This section discusses the impact of the pandemic on employment and job creation, with a focus on agriculture. The results are presented under thematic sub-themes that reflect on the responses gathered in line with the thematic objectives.

5.1 COVID-19 Pandemic Effects on Agriculture Production, Storage, Transportation (Distribution), and Marketing

The COVID-19 pandemic is affecting agriculture in two significant aspects: the supply and demand for food²⁰. The food supply chain is a network that connects an agricultural system (the farm) with the consumer's table, including processes such as production, storage, transportation (distribution), and marketing. Initially, the announcements of social isolation made people go to the supply centres or majorly markets which generated a shortage of some products. Currently, the food supply chain has stabilised because it is one of the systems that must be maintained to ensure food

security. The ensuing subsections provide assessment results on how the pandemic affected these intertwined elements and the repercussions exerted on the Ghanaian farmer.

5.1.1 Production

The assessment results showed that there were initial disruptions to production in terms of farmers' access to inputs. Farmers experienced difficulties in acquiring farm inputs and even when available, accessibility was a challenge due to price hikes.

Box 21: Increased cost of farm implements

For maize farming, it is very difficult acquire a tractor to plough your land. Even when a tractor comes to town, it is very expensive access due to high demand. Sometimes you even get the tractor when the season for planting is over. To add to our woes, rapid increase in fuel has influence the tractors to stop coming.

FGD, Farmers

An agriculture director indicated in an interview that poultry farmers were affected due to the high cost of inputs and their inability to import day-old chicks from abroad during the period. *"The price of feed (for poultry production) is doubled as compared to the pre COVID-19 era"*.

Inputs	Table 9: Cost of inputs (GH¢)	
	Pre COVID -19	COVID-19
Pesticides	35	70
NPK Fertilizer	160	500
Uria Fertilizer	200	500
Subsidised fertilizer	120	250
Weedicides	20	60

Crop farmers also faced similar challenges which affected their productivity. A crop farmer in the Oti region shared an insight *"...the fertilizers, weedicides, pesticides we use also experienced an increase in price during the pandemic. Weedicides used to cost GH¢20 before*

¹⁸ Abdelhedi, I. T., & Zouari, S. Z. (2020). Agriculture and food security in North Africa: A theoretical and empirical approach. *Journal of the Knowledge Economy*, 11(1), 193-210.

¹⁹ Aduhene, D. T., & Osei-Assibey, E. (2021). Socio-economic impact of COVID-19 on Ghana's economy: challenges and prospects. *International Journal of Social Economics*.

²⁰ Q&A, F. A. O. (2020). COVID-19 Pandemic-Impact on Food and Agriculture Q1: Will COVID-19 Have Negative Impacts on Global Food Security. *FAO: Rome, Italy*.

the pandemic, but it is now sold at GH¢60. In 2019, the price of pesticides was around GH¢35, but it is currently sold for GH¢70 which is equivalent to 10 bowls of Gari for one". Three issues emerged in the area of fertilizer: prices are high; there are bad brands that affect crops; and farmers sometimes do not get it at the right time.

These narrations were firmed up by KIIs with district agriculture directors and officers. In the Ahafo Region, it was disclosed that the cost of inputs – seeds, fertilizers, and feeds, among others – had increased and were even scarce during the restrictions and at the peak of the pandemic. For instance, in 2019, the price of fertilizer was GH¢160, but it is currently GH¢500 Ghana cedis on the market.

Box 22: Increased cost of fertilizer

The cost of fertilizers has been rapidly increasing. For instance, the cost of NPK fertilizer increased from GH¢160 to GH¢400, and Uria fertilizer increased from GH¢200 to GH¢500. The Government should evaluate the supply chain of these subsidized fertilizers. Some of the farmers mostly buy more than they need and later resell it to us at higher prices. Last year, when subsidized fertilizer was sold at GH¢120, we were buying it around GH¢250.

FGD, Farmers

The restrictions on social gathering affected agricultural production in areas where the main source of labour is community mobilisation. Also, the assessment showed that the non-availability of migrant labourers in Ghanaian border towns led to disruptions in production as farmers significantly reduced the number of farmlands cultivated. In a focus group discussion in the Oti Region, a farmer indicated that *"most of the labourers we acquire their services to work on our farms are from Togo and could not come during the lockdown period. This affected our farming."*

Box 23: COVID-19 restrictions affect farmer community mobilisation

In 2020, when covid struck and social gathering of large numbers was banned, it had an impact on agriculture particularly crops. This is because over here, farmers rely heavily on community people ("kpaaribi" which means coming together to help), where a group of about 10 to 20 people support its members in turns on their farms. But due to the ban on large gatherings, households, relied on the nuclear or extended family for labour hence affecting the number of hectares they could cultivate. Labour is critical in farming here and so the inability of farmers to maximize the "kpaaribi" for weeding, application of fertilizer and pesticides and harvesting due to the COVID-19 affected how many hectares a farmer could cultivate.

FGD, Farmers

A contrasting scenario was observed in the Northern region which signalled a positive effect of the COVID-19 pandemic. The lockdown imposition in the cities plausibly facilitated increased agricultural productivity. *"The COVID-19 pandemic contributed to increasing productivity. Farmers, for fear of being infected by COVID-19, preferred to stay longer on their farms than in the communities which meant that they cultivated larger portions of land and increased labour hours. This has improved crop performance in the fourth quarter of 2020 than it was in 2021 (when the COVID-19 situation normalised)"* (KII, District Agriculture Director).

Farmers generally reported that COVID-19 impacted poultry and crop production. In this regard, an agriculture director indicated that *"when we look at poultry, Ghana has a deficit, adding to it was the pandemic. Due to food insecurity, yellow maize which was used to feed poultry is now short and now consumed by humans."* This assertion was widespread across regions.

Box 24: Impact on poultry production

Before COVID-19, Poultry production in Nkwanta South was poor but since the implementation of the Savanna Investment Programme (SIP) project, poultry production has been booming. The SIP project supported 50 farmers and the farmers who received support are all doing well now.

KII, District Agriculture Director

It was however noted that minimal disruptions occurred in the production chain, but this did not radically change the structure of the value chain. As mentioned in an interview by a district agriculture director, *"yield from poultry and*

crop reduced drastically but it is catching up. The support we received from the government like planting for food and jobs and rearing for food and jobs increased the rate of production.” It is worth mentioning that the disruptions in production were not solely due to the effects of the pandemic. The results revealed that other factors beyond COVID-19 including climate change were contributing factors. In respect of poultry farming, a farmer in Bolgatanga indicated “the transportation of vaccines affects us. They do not store them under the required temperature when they are transporting them from Accra. So, they do not work effectively on our animals. I had about 95 fowls but now when you come you will not see even 5”.

5.1.2 Storage

Infrastructural development improves agricultural productivity by inducing agricultural growth, particularly in rural communities²¹. Significant deficits in terms of warehousing space for storage were identified in all regions. A participant in a focus group discussion indicated “we are pleading with the assembly to develop a warehouse for us. This will help us stock our produce in case we do not find buyers to buy at the right price without losing our produce.” This assertion was widely reported in most FGDs. Substantial capital is needed to make the required investments in appropriate storage and distribution infrastructure in the short to medium term. There has been a new drive within the last couple of years to expand and formalize the buffer stock system that provides a platform for managing food stocks (especially grains and legumes – maize, rice) efficiently even before the COVID-19 era. The inadequate storage infrastructure questions Ghana’s preparedness for emergencies and pandemics that are prolonged. This exposes the country’s potential vulnerability to food availability, access, and stability. However, given the short imposition of the lockdown and mobility restrictions, the impact of the inadequate infrastructure appeared marginal.

Box 25: Effect of storage on agricultural production

The harvesting season clashed with the period where the effects of the COVID-19 pandemic had intensified. Buyers were unable to travel to buy harvests due to the restrictions imposed on Kumasi and Accra. The perishable ones went bad because we do not have storage facilities. At the time the COVID-19 pandemic restrictions normalized; we were in the dry season.

FGD, Farmers

5.1.3 Transportation and distribution

The findings from the assessment showed that inefficiency in distribution and supply chain systems particularly heightened during the COVID-19 pandemic. Bottlenecks in transport and logistics disrupted the movement of products along supply chains²². This is because most distribution channels rely on informal sources and personal arrangements which remain largely inefficient. Private transport constitutes the main distribution channel that conveys both passengers and food commodities. During the lockdown, market women were initially hesitant to travel to farming communities to buy their products due to the fear of contracting the coronavirus and lockdown imposition in Accra and Kumasi.

A crop farmer in the Oti Region disclosed in a focus group discussion that “traders who usually come from Accra and other places to buy from us also could not come to buy our farm produce.” This was supported by revelations from the other regions. A vegetable farmer in the Upper East region in a focus group discussion indicated “transportation costs, due to constant increases in fuel prices, are affecting us. People travelled from the south to buy the onions and cabbages to resell. They are not coming because of the transportation cost. Now we rather send it to the south and the transport prices are high. Those who buy them here and transport them also buy them on credit and transport them.” This did not however significantly affect supply as most wholesalers already had enough stock to supply during the 2-week lockdown²³.

21 Llanto, G. M. (2012). The impact of infrastructure on agricultural productivity (No. 2012-12). PIDS Discussion Paper Series.

22 Organisation for Economic Co-operation and Development. (2020). Food supply chains and COVID-19: impacts and policy lessons. OECD Publishing.

23 Ankrah, D. A., Agyei-Holmes, A., & Boakye, A. A. (2021). Ghana’s rice value chain resilience in the context of COVID-19. *Social Sciences & Humanities Open*, 4(1), 100210.

Box 26: Effect of poor transportation and distribution systems

Other cash crops like Yam were left to rot as there were no markets or means to transport them to the major trading markets in Kumasi, Tamale and Accra. In my community, I can count over 40 yam farmers that I know whose yams got rotten due to delay in sending them to the market.

FGD Participant

5.1.4 Marketing

The restrictions on movement and the partial lockdown of Kumasi and Accra hindered marketing thereby affecting the sale of farm produce. As many shared through focus group discussions, a lot of farm produce ended up perishing causing the farmers to run at a loss. A crop farmer in the Upper East Region narrated that; “the pandemic clashed with the time we had cultivated our produce and they were ready for the market. Those who come to buy our products are from the south, predominantly Kumasi. They could not come to buy because they were locked down.” Another discussant added “low prices of our products are affecting us. A bag of fertilizer is GH¢500 and we sell a bag of onion for GH¢200. A bag of cabbage is also GH¢60. Because we do not have storage facilities we are forced to sell at reduced prices or risk losing everything. Sometimes, we feed our animals with our products because we do not get value for produce when we sell them at low prices.” Likewise, those in livestock and poultry production were not spared due to a similar marketing challenge as the case of crop farmers. A poultry farmer in the FGD in the Bono East region indicated that “*The poultry market is becoming very poor. As I am speaking, I have close to one thousand chickens, but the patronage is very low*”.

Box 27: Marketing challenges during the COVID-19 restrictions

Trading between farmers and consumers reduced due to the limited movement. This forced some to end up consuming part of their own produce which was originally meant for selling

KII, District Agriculture Director

On the contrary, a rice farmer in the Oti region indicated that during that period, there was an increase in the sale of farm products due to the high demand for food “*during the lockdown, there was high demand for rice among other farm produce*”. Similar studies elucidated this finding and revealed that the COVID-19 pandemic presented opportunities for the local rice market²⁴. This was against the backdrop of the rise in philanthropic activities for the vulnerable where rice remained the main cereal donated to poor urban dwellers. During the lockdown, Accra and Kumasi particularly recorded a surge in rice purchases due to panic buying. The post-lockdown period witnessed a reverse of the normal situation²⁵.

These differing narratives meant that although the lockdown negatively affected the prices of certain food items, it caused price hikes in other food items concurrently. Notwithstanding, farmers had limited bargaining power in the pricing of their products; hence they did not maximize benefits in comparison to other actors. In an interview, a district agriculture director espoused that “*due to unavailable markets to sell farm produce, buyers rather dictate prices to farmers*.” Thus, the middlemen, retailers, and market women benefited immensely from the final retail pricing of agricultural products.

5.2 Impact of the COVID-19 Pandemic on Agricultural Livelihoods

The COVID-19 pandemic affected all segments of the population. Early evidence indicates that the economic and social impacts of the pandemic are being borne disproportionately by various players in the economy²⁶. For example, farmers were adversely affected because of the disruption the pandemic caused in the agriculture system.

5.2.1 Economic impacts

The assessment showed that farmers lost much of their income as the pandemic disrupted local agricultural production. In Ghana, where millions of smallholder

²⁴ Ankrah, D. A., Agyei-Holmes, A., & Boakye, A. A. (2021). Ghana's rice value chain resilience in the context of COVID-19. *Social Sciences & Humanities Open*, 4(1), 100210.

²⁵ Ankrah, D. A., Agyei-Holmes, A., & Boakye, A. A. (2021). Ghana's rice value chain resilience in the context of COVID-19. *Social Sciences & Humanities Open*, 4(1), 100210.

²⁶ UN (2022). *Everyone Included: Social Impact of COVID-19*. Available at: <https://www.un.org/development/desa/dspd/everyone-included-COVID-19.html>

farmers engage in agricultural productions that are consumed locally and exported, the closure of land, sea and air borders around the world impacted the supply chain directly affecting farmers. "There was low patronage due to the closure of borders. Some of the customers of farmers are from Togo and other countries." (FGD Participant). A focused group discussant in the Greater Accra region recounted she lost everything to the point where she had to go for a loan. Another respondent recounted that she had to reinvest the little money saved over the years into the poultry business and even with that she still run at a loss. This assertion was widely reported in most focus group discussions conducted across the selected areas of the country. A farmer in the Ahafo region disclosed that "the low sales and associated rising cost of inputs badly affected earnings from farming; these adversely affected incomes to support the family". A poultry farm owner indicated he had to negotiate with his workers to reduce their salaries by half. Farmers largely did not have alternative sources of income to support their livelihoods. Some farmers somewhat minimized the impact by using their own 'susu' savings. In some instances, farmers had to diversify their business capital to sustain their households.

Box 28: Economic impact of COVID-19

While the cost of poultry inputs has increased, prices of our produced have remained nearly unchanged. If not for the government's free SHS, most of our children will not be in school now. This shows how frustrated we are from the effect of COVID-19.

FGD Participant

5.2.2 Social Impacts

The COVID-19 pandemic has had a disruptive effect on food systems and rural livelihood. Similar to other evidence²⁷, findings from the assessment suggest that the shock of the pandemic has resulted in an income-nutrition-livelihood crisis rather than in food production. The results however showed farmers were not affected equally. While some farmers alluded that their livelihoods were not heavily affected because there were buffers from their business which

they relied on, others recounted severe adverse impacts on their livelihoods and could not afford a balanced diet. Some farmer households had to reduce meat intake, while there were days, they did not consume at all. The reduction in food consumption including that of children was to allow for the sustenance of the households. A poultry farmer stated "during that period my child was ill causing me to sell all my broilers and layers. This caused me to run out of business." Another participant also indicated "...it affected my household income. We are paying fees, and light bills. Because of that, you cannot eat well, and our nutrition is affected." To some farmers, the reduction in their incomes prevented them from participating in social mobilisation events such as funerals, weddings, religious programmes, and naming ceremonies.

5.3 Coping Strategies

Farmers have responded with several strategies to the various impacts caused by the pandemic. Some of these strategies were short-term responses, while others are for the long-term and likely to persist beyond the pandemic. The coping strategies varied across the farmers. Through negotiations, farmers were able to reduce the earnings of their workers. One farmer cited reducing the salary of his worker by 50 percent. Most of them also changed businesses as a means of diversifying their income generation. One farmer indicated that "I was having over 1,000 yams which got rotten, so now I have to venture into retailing and trading". Another focus group discussant added, "...I went into soybeans farming instead of the maize because there were no inputs for maize. Fertilizers and weedicides were not accessible, and I have not regretted it". "To cope, farmers had to reduce expenditure on food, and clothing (including those for funerals) and cut down on travels that were considered less important. Some had to even minimize going for funerals that require travelling costs" (FGD Participant).

Box 29: Coping strategy for farmers

We had to minimize expenditure. Some of us had to harvest our cassava prior to the maturity period to make money to cater for the family. We had to resort to self-medication to evade the cost of healthcare for ourselves and our children. We also had to resort to food substitutes. Instead of meat and fish, we used herbs for cooking our meals.

FGD, Oti Region

Another coping strategy used was mixed farming. One farmer indicated that *“as farmers, we venture into other areas so if one area is affected, we benefit from other areas of farming. Now a small container of onion is sold at GH¢60 with fowl prices going up - one sells for GH¢100”* (FGD Participant). Others also borrowed to sustain their households. A farmer shared: *“We are forced to borrow from neighbours with a limited timeframe to pay off. This had an impact on our farm produce prices because our lenders dictate how much they will buy them when they mature. This conditionality is not favourable since in many cases price of farm produce may increase but the borrower will not adjust the price to suit current reality”* (FGD Participant).

5.4 Agricultural Support Services

Agriculture support services were rendered to farmers by the government, corporate businesses, Development Partners (DPs), Non-Governmental Organisations (NGOs), and family and friends. Development Partners and NGOs provided financial support in the form of cash transfers and loans at low-interest rates to farmers.

Farmers found it difficult to access loans from banks. A focused group discussant recounted *“even during the COVID-19 when we go to the bank for a loan and you mention you are a farmer, you do not get the loan.”*

Box 30: Access to credit for farmers

Another issue we face as farmers is access to loans. I have travelled across big cities in Ghana, and I have come across loan for teachers, government works, nurses, etc. but I have personally never come across well-structured loan facility for farmers. How do they expect us to go into modernise farming without these loans? And looking at the way the cost of input in the agriculture sector is increasing, it is going to be more difficult for farmers to cope.

FGD, Farmers

Smallholder farmers and households in selected rural communities in the country received COVID-19 relief support worth US\$1.5 million from the government and the World Food Programme (WFP). This was through the Emergency Support to Rural Livelihoods and Food systems (ESRF), a COVID-19-related intervention targeted at rural livelihoods and farmers in rural communities²⁸.

²⁸ WFP (2020). WFP supports 75,000 food insecure people in Ghana to recover from socio-economic effects of coronavirus. Available at: <https://www.wfp.org/news/wfp-supports-75000-food-insecure-people-ghana-recover-socio-economic-effects-coronavirus>

²⁹ Asante, B. O., Afarindash, V., & Sarpong, D. B. (2011). Determinants of small-scale farmers decision to join farmer-based organizations in Ghana. African Journal of Agricultural Research, 6(10), 2273-2279.

Box 31: Financial support to farmers

There was ESRF-World Food Programme COVID-19 relief intervention to households where financial support was given to over 230 farmers through their mobile money account numbers. The first tranche of disbursement was GH¢300, while 2nd tranche was GH¢700 totalling GH¢1000 for each beneficiary.

KII, District Agriculture Director

Farmers also shared that they received support from their families and friends. As a focused group discussant mentioned *“... we get support from our family members. The women organize meetings (social groups), and they support those who are in need, and they later payback. They support themselves to buy fertilizers for the cultivation of crops.”* (FGD Participant). Another farmer shared that he had some form of help. *“I received advice from family/friends to continue with the farming. I also had help in terms of acquiring family land during that period for farming”*. Farmer Based Groups were able to extend support to members who needed assistance. In recent times, the government has been promoting the formation and development of Farmer-Based Organizations (FBOs) as one of the keys to more rapid diffusion and cost-effective extension delivery to farmers. This is premised on the assumption that small-scale farmers can have easy access to market information, credit and input for their production, processing, and marketing activities by joining FBOs²⁹.

Box 32: Support from Farmer Groups

Some of us also received help in the form of social support from the groups we belonged to (poultry farming group). We also had deliberation on issues relating to poultry farming and sought possible solutions for them”.

FGD, Poultry Farmer, Oti Region

Box 33: Support interventions

Before COVID-19, Poultry production in Nkwanta South was poor but since the implementation of the Savanna Investment Programme (SIP) project, poultry production has been booming. The SIP project supported 50 farmers (beneficiaries) and the farmers who received support are all doing well now. From the people supported by the SIP, 35 poultry farmers received birds along with the cages and 15 of them are yet to receive the birds. In a day, some poultry farmers get three crates of eggs (90 eggs) from their poultry produce. Other poultry farmers get two and half crates of eggs from their produce. Beyond our initial support, some poultry farmers ordered for their own cages which were later fixed for them by us. I will say that there is the need to empower the women to venture into this business. There is also a SIP Sheep intervention. This intervention has helped 25 beneficiaries in the community. Each one of these people got 25 sheep in total. After every two years, two sheep are taken from a beneficiary farmer and given to other farmers who are yet to receive. There is a SIP WhatsApp group platform created where issues are discussed with regards to the SIP Sheep programme.

KII, District Agriculture Director

Vast of the support farmers received came from the government through its flagship programmes – Planting for Food and Jobs (PFJ), Rearing for Food and Jobs (RFJ), Planting for Export and Rural Development (PERD). Some of the support came in the form of extension services and education on good farming and poultry production practices. In an interview with a district agriculture director, it emerged that for the crop farmers, the government's flagship programme; PFJ, helped because seeds were readily available for use. The government also subsidised fertilizer prices due to the economic hardships farmers experienced during that period. However, farmers espoused structural challenges that constrained access. *“... we are usually supported to buy fertilizers at subsidized prices but not everyone gets some. This is due to the activities of farmers and the officers sharing these fertilizers. In a period when I need the fertilizers, I find it difficult acquiring them, so I have to use other means to get them”* (FGD Participant).

Other forms of support offered to farmers included:

- Registration of farmers to help them get access to hybrid seeds and benefit from government programmes.
- Women in Agricultural Development

(WIAD) – these women are being specifically trained in food processing e.g., using plantain for bread, soya for kebabs etc.

- Teaching farmers about record keeping and rotating seasonal crops to fit into the climate changes while sustaining their livelihoods.
- Provide a value chain support that links the farmers to their buyers directly.
- Collaborated with Crop Research Institute (CRI) to introduce Orange Fleshed Sweet Potato (OFSP) and facilitated marketing with “Casa de Ropa” for processing.
- Training on beans and groundnut production.

Despite the support services provided to farmers, some challenges constrained these services at full scale. A district agriculture director narrated: “at the severity of COVID-19, we could not embark on the usual activities as we wanted to. Before the first case of COVID-19 in Ghana, the Agriculture unit held training programmes for farmers to guide them in proper farming methods which protect the land and maximize yield. But it got to time participation reduced drastically because of fear of infection. This placed a barrier to our work, and we could not also visit their farms to perform the regular checks to ensure that right is being done. So, last year for instance, despite the huge amount of rainfall, it did not translate into yield because the farmers were not doing the right thing”.

5.5 Planned Support by District Agriculture Directorate

District Agriculture Directors indicated the support planned to be given to the farmers by the departments. *“... we plan to enhance our stakeholder sensitization. Because, I believe educating the farmers on plant agronomics and other relevant issues, will improve the yield of the district in terms of crop and poultry production”* (KII, District Agriculture Director).

5.5.1 Planned support to the poultry industry (other livestock)

- Supplementary feeding – most poultry farmers are now feeding



their poultry with pig feed as this is relatively cheaper and available.

- Vaccination – Farmers need to vaccinate their livestock to prevent the contracting and spreading of diseases.
- Records keeping – education on how farmers can properly keep records of their profits and losses.
- Change the mind set – orienting farmers on the need to move from subsistence level and rearing for self-satisfaction to a commercial perspective where they could increase their earning opportunities.
- Link to marketers – this will help increase production and farmers' income.
- Provision of improved crockery to breed with the local hens yielding large eggs, chicks, and large fowls.
- Provide additional premix points to assist fish farming.
- Support the construction of cages for farming along Volta Lake.
- Introduce innovative farm dairy such as goat milk.
- Institute measures to collect data on fish farming.
- Facilitate the establishment of a veterinary clinic for farmers to take care of livestock.
- Build a slaughterhouse to guarantee the safety of meat produced in the district.

5.5.2 Planned support to crop production

- Training on climate-smart crop varieties.
- Conservational agriculture – teaching farmers to rotate seasonal crops to suit climate changes.
- Group business dynamics – teaching townfolk to turn leisure farming into a business and earn profit.
- Extend the sale of subsidised fertilizer to the dry season since most farmers are engaged in dry season farming by which time PFJ fertilizers are out of the market.
- Crop processing – train farmers to process certain crops to add value and increase earnings.
- Educate farmers to be united so that they do not have varied prices for their goods.
- Collaboration with research


institutions for good yield inputs (seeds, Breed etc.).

- Support the production of processed foods like honey production, soy-gari, coconut gari, sweet potato-gari etc.
- Institute measures to help farmers to preserve produce.
- Encourage the formation of Farmer Based Organizations (FBOs) to benefit from out-growers and to enable them to access credit.
- Encourage farmers through behaviour change communication models to house their animals to benefit from mixed agriculture (crop production and animal husbandry). Crop residue can be used to feed animals while the animal droppings can be used as manure.
- Advise farmers to use composting or organic fertilizers instead of over-reliance on chemical fertilizers considering global developments in Russia and Ukraine.

5.6 Farmers Preferred Support

Participants in the various focus group discussions and interview sessions made suggestions that could improve productivity in agriculture.

- Establish adequate warehouse infrastructure to aid the storage and pricing of agricultural products as well as reduce losses.
- Provide training for farmers on modern farming practices and technologies.
- Development of a processing facility to enable value addition to agricultural products.
- Establish veterinary clinics to cater for poultry and livestock and minimise losses.
- Provide subsidies for crop and poultry farmers.
- Enhance collaborations with various research institutions.
- Government should set up District agrochemical shops to ensure price control and availability of chemicals.
- Develop ready markets for farmers including leveraging information technology channels.
- Improve access to credit for farmers.
- Leverage local production for government interventions such as



Ghana School Feeding Programme
(GSFP).

- Enhance the ratio of veterinary to the population of farmers.

ASSESSMENT OF PARTNERSHIP AND IMPLEMENTATION ARRANGEMENTS

6.0 Introduction

Partnerships remain critical for the achievement of the SDGs. Ghana has established a three-tier architecture that covers all levels (National, Regional and District) and stakeholders (Government, Private Sector, Civil Society, Media, Youth Groups, PWDs, among others) to implement the SDGs. This section discusses the findings from the assessment on partnership and implementation arrangements for the SDGs.

6.1 Process Evaluation: Partnership and Implementation Arrangements at the Regional Level

Countries are required to take actions to accelerate socio-economic growth while protecting the environment as part of efforts to achieve the SDGs. Ghana has an implementation arrangement that promotes cross-sectoral collaboration and multi-stakeholder partnership at all levels. The assessment was to ascertain the effective implementation arrangements at the sub-national level.

6.1.1 Alignment of SDGs to development priorities

The implementation arrangement for SDGs in Ghana has the High-level Ministerial Committee (HLMC) as the apex body that provides strategic oversight. It emerged during the discussions that the Medium-Term Development Plans (MTDP) at the national and sub-national levels have included programmes and projects aligned to the Agenda 2030 and AU Agenda 2063. The Non-state actors including CSOs, development partners, and NGOs support the implementation of SDGs through their activities. Mostly, the non-state actors implement interventions that contribute to goals 1, 2, 3, 4, 6, and 13. These partners generate significant amounts of data on the SDGs that can be leveraged during reporting. However, participants from the KIIs stated that it was not clear, the extent to which these

data are being reflected in the national progress report on the SDGs. To them, reporting on the SDGs without data inputs from the CSOs and other non-state actors may not reflect the true picture of the status of the SDG indicators.

The assessment revealed a strong collaboration between the government and other partners in the implementation of SDG-related activities at the sub-national. The non-state actors besides the direct implementation in support of districts and regional plans provide technical and in some cases, financial support to SDG activities. The districts as part of their implementation engage in advocacy and dissemination of information related to SDG implementation as well as monitoring as captured in the plans.

Box 34: Alignment of CSOs efforts with Development Priorities

When it comes to cases of children, we work in collaboration with the social welfare department of the districts. There are a lot of teenage pregnancy issues, and we monitor around to find those cases that need reporting to DOVVSU (Domestic Violence and Victim Support Unit). One surprising thing is that most of the people are not aware of the existence of this unit.

KII, CSO

6.1.2 Sub-national performance results

Ghana has implemented and reported on the SDGs at the global, regional, and national level over the years. The strategies for global and regional commitments are aligned, adopted, and adapted within the national implementation, monitoring, and evaluation arrangements. The participants at the regional and district levels were asked through FGDs and KIIs about the overall performance of SDGs at the subnational levels. The results show that most districts that participated in the assessment had exceeded their targets on SDGs 1, 2, 3, 4, and 6. While some challenges remain, there have been general improvements in both the coverage and facilities across all the districts. Progress made by the country has been affected by the emergence of the

Table 7: Perceived challenges with SDGs implementation

SDG	Issues
Goal 3	Inadequate interventions are being carried out in preventive healthcare.
Goal 7	A major source of energy is fuelwood because the populace in the districts is unable to afford the cost of using clean energy sources such as gas for cooking. This is depleting the forest cover of the region.
Goal 8	There is an exponential increase in the youth population whereas the employment rate seems to be at a standstill. This is forcing the youth to go into the illegal cutting down of trees and in some areas, going into “galamsey” and even to an extent, resorting to crime.
Goal 9	The regions/districts have limited control over infrastructure development. More infrastructural development is handled at the national level. Road network for example is in a deplorable state, especially with the major corridors.
Goal 15	Life on land; largely, deforestation and pockets of “galamsey” impact negatively; nevertheless, there have been many afforestation interventions by the Forestry Commission to reverse the situation.
Goal 16	To ensure that institutions are strong within the region, we will need people with strong educational backgrounds. But in our case, there are a lot of people already in these institutions now trying to complete their first diploma.
Goal 17	There is a weak collaboration between the implementing agencies.

6.1.3 Implementation challenges associated with the SDGs

SDG is a blueprint for participatory and inclusive development perspective to be achieved in the long run and this portrays the need for almost all emerging and hard-core poverty-stricken developing countries to double up and maximize the benefits.

Like many countries in Africa, Ghana's arrangement for the execution of SDGs cannot be without any challenges. The assessment reveals that there are loopholes in implementation arrangements mainly due to limited partnerships amongst various agencies. Currently, there are no effective cooperation and collaboration among the government agencies, the private sector, and other social organisations (including CSOs, NGOs, FBOs, etc.), particularly at the local level. This affects project continuity and proper exit plans to ensure ownership and sustainability. In other instances, the project ceases to exist the moment development partners complete the expected years.

Communal conflict/dispute in some places was reported to have halted development projects. Funds meant for economic projects are therefore used for peace-keeping exercises which thwarted development efforts. Many of the infrastructure development efforts require land acquisition before execution. It is difficult and most cases, time-consuming to acquire land for development purposes. The inadequate funding to implement development plans appropriately or satisfactorily is another challenge. This affects implementation, monitoring, and evaluation, making fiscal decentralisation ineffective.

Another challenging area is the need for human capital that appreciates and understands composite planning and budgeting processes and mainstreaming SDGs into development planning. This is lacking except for the planning and budget units at both the regional and district levels. The Regional Coordinating Councils (RCCs) are to review districts' reports and

provide comments as part of planning, implementation, and budgeting to assess performance. This allows the districts to address wastage, transparency, and accountability of the limited resources. Monitoring and Evaluation (M&E) of the SDGs is another challenge. Inadequate advocacy and education on SDGs remain a challenge. Most citizens have no clue and do not understand the SDGs. There is not enough awareness of SDGs 17, 16, 15, 14, 12, 11, 9, 8, and 7.

Box 35: Implementation challenges with SDGs at the local level

The awareness among women on their rights is low. They do not know about patient charter to help them know what to expect at the hospital. They accept “go and do what they are told without asking questions”. The people do not even know their rights for quality healthcare. Everything is left for the service providers to do in terms of sensitisation.

KII, Regional Stakeholder

6.1.4 Capacity support (technical and financial)

The DPs play a critical role in the implementation of the SDGs at the national and sub-national levels. The KIIs revealed that DPs continue to support districts and regions in implementing the SDGs related interventions. This ranges from technical, financial, and logistical which complements the support MMDAs receive from the national level. Partners mentioned include WFP, UNICEF, GIZ, European Union, Plan Ghana, Ghana Anti-corruption Coalition, USAID, World Bank, Bill and Melinda Gates, 4-H Council, and Global Affairs Canada. It further emerged that the support has facilitated the implementation of their plans and helped in the fulfilment of their mandate in monitoring and technical backstopping.

6.1.5 Sustainability and ownership of SDGs related results

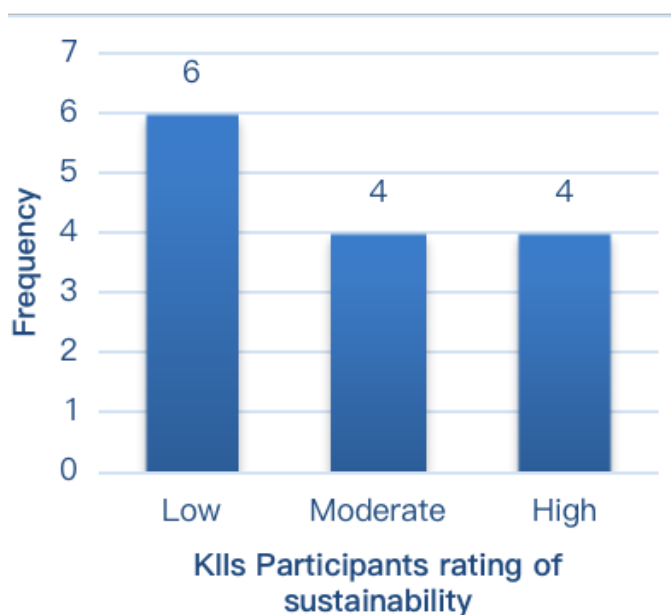
Sustainability of interventions is achieved when there are mechanisms to ensure the continuous implementation and maintenance of interventions after projects end. Therefore, the mainstreaming of sustainability plans into project design and implementation increases the

likelihood of project success. Ownership is a key pillar in project sustainability and involves multi-stakeholder participation at all stages of the project. The results of the assessments show that despite SDGs having been fully aligned to the planning and budgeting processes, more than half of the participants in the KII rated that there is a low chance of sustainability of interventions.

Among the CSOs, new programmes are initiated without any linkages to underlying problems. As a result, some of these projects that have been completed are fading out. Lack of funding is one issue that is worrying for the assembly to sustain their activities. The delay in the release of the DACF leads to the rollover of development plans which further exacerbates the plight of the beneficiaries. The COVID-19 pandemic has further worsened the fiscal gap making it difficult for Government and development partners to raise funds for critical development interventions.

The participants of the KII, therefore, suggested the need to advocate for more collaborations while leveraging existing partnerships between the government and the private sector. This, according to them, will accelerate Ghana's progress toward achieving the SDGs by enhancing funding streams and promoting the synergy of development projects. Also, there is the need to accelerate the awareness of SDGs by involving all stakeholders (children, women, and youth) in the capacity-building process, to ensure that each stakeholder is cognizant of the SDGs as well as their contributory roles. Consequently, citizens' concerns will be addressed in the implementation of SDGs at the local level. *“There have been instances where the youth fail to attend meetings to discuss job creation opportunities and related which require the presence. You will rather find the old men and women coming for such meetings to contribute their quota and this is very sad”* (KII Participant).

Figure 5: Sustainability of SDGs implementation at the local level, KIIs



6.1.6 Suggested recommendations to address implementation challenges

Participants proposed the following suggestions to address some of the challenges of SDGs implementation at the local level:

1. Local authorities are advised to implement projects that will give them a higher rate of return rather than investing in areas where there are no immediate returns.
2. Promote local content and ownership by building the capacity of local contractors to bid for contracts.
3. Beyond the alignment in the district plans, SDGs should be localised at the sub-national level to enable them to track the related indicators. This will increase data generation on the SDGs to inform decisions making while streamlining resource utilisation (improve fiscal decentralisation and accountability) at the local level. The NDPC could further simplify the MTDP guidelines to enable the DPCUs to link and localise the SDGs to them. This should then be accompanied by localized indicator development and measurement.
4. There should be involvement of all stakeholders in project design, implementation, monitoring, closure, and evaluation.

5. There is a need to build capacity in M&E, especially in reporting or conducting evaluations on key areas of the plan.

6. Planning and budgeting are seen as two separate concepts and departments. This gap needs to be bridged.

7. The late release of funds is a big challenge as it delays the timely implementation of the plans which are scheduled for a particular period to be completed.

8. The MMDAs should be supported to conduct surveys to generate data and assess the progress of implementation of the SDGs.

6.2 Process Evaluation: Partnership and Implementation Arrangements at the District Level

The implementation of the SDGs is predicated on the principle of leaving no one behind (LNOB). In line with this principle, the SDGs recognise implementation at the local level and the critical roles stakeholders are required to play in the achievement of Goal 17 and its targets.

6.2.1 Collaborations amongst stakeholders for implementation of the SDGs at the district level

Though Ghana made some significant development progress, the MDGs recognised that progress was hampered by weak inter-and intra-sectoral coordination, as well as ineffective collaboration among stakeholders. Thus, lessons were drawn to inform the implementation arrangements of the SDGs. The implementation leveraged the decentralised planning system and encouraged collaboration and consultations among stakeholders – government, CSOs, traditional authorities, PWDs, development partners, academic and research institutions, and other interest groups.

The assessment revealed that there is a synergetic relationship between the Assemblies and other stakeholders (Traditional Authorities, Religious Leaders, Businesses, CSOs and others). This helps in the delivery of interventions in the district.



For example, in an FGD, a representative from a traditional unit indicated that *“the building of a hall has required the support of the Christian Council. The Council is leading the process of mobilising resources at the churches to support developmental projects”*. Again, *“Development is something that is on the heart of a lot of people in the municipality. It is the work of the traditional authority to ensure that developmental works are done in the community. We have deliberation on what should be done to bring development to the municipality. We give out lands to the municipal assembly and other organisations for development projects to be situated to help the people in the municipality”*. In addition, the assessment revealed that the assembly engages community members to own community developments. This is done through meetings, advocacy, education, and sensitisation. There is also the involvement of groups including the youth at the beginning of projects to receive their input while encouraging ownership and support from them. It was further highlighted: *“The chief, a representative from CSOs and other stakeholders are all invited to DPCU meetings to discuss issues of development. There is a platform that invites other stakeholders like the police, and fire services which are not necessarily part of the DPCU but included to ensure inclusion in decision making in the district.”*

Box 36: Community engagements

I must say that there is limited involvement of all community members. One thing that is done is sensitising community members on the need to be involved in community activities with the aim of owing them. This has helped in a way. There have been instances when a project requires a quota of money to be paid by the community for its completion. They also provide manpower to help with these projects.

FGD ParticipantKII, Regional Stakeholder

However, in some respects, there is low involvement of community members in the development, as most construction contracts are awarded at the centre (mainly those outside the district) without recourse to the assembly. This does not allow for proper monitoring and ensuring value for money by the Assemblies. It does not also encourage rural development and local participation. Nevertheless, the assessment revealed that there is clarity in the roles of all stakeholders. There are generally limited issues with the collaborations. A representative of CSOs in one of the FGDs indicated that *“CSOs are provided representation at District Assembly meetings”* but further highlighted

that *“there is the need to improve the transparency in the allocation and disbursement of the disability funds”*.

6.2.2 Extent of SDGs implementation at the district level

The implementation of the SDGs is anchored on the MTDPs at the national, regional and district levels. Over the years, SDGs have been implemented with varied successes. Gender parity has been achieved in primary schools; maternal mortality and overweight have declined; access to water has increased, and we are close to achieving universal access to electricity. Notwithstanding these achievements, many areas need urgent attention. Close to one-fourth of children do not have the minimum proficiency in mathematics and reading; most of the population lack access to basic sanitation services; access to decent jobs remains a challenge; income inequality is generally on the rise, and the menace of illegal mining is destroying large tracts of forest and water bodies.

Participants observed in focused group discussions that progress had been made in some areas of Goals 2, 4, 6, 16 and 17, (i.e., education infrastructure, food availability, access to potable water, and accountability and partnerships). They however underscored the need to improve sanitation, road networks, hospital infrastructure, gender equality, and clean energy. A focused group discussant indicated that *“Busunya being the district capital is not linked with its neighbouring communities with proper roads. Most people from these communities prefer to travel to Nkoranza and Techiman for business which is even farther. This has hindered the development of the district capital which transcends the development of the whole district”*.

Box 37: Partnerships at the local level

Truth be told, I will vouch for the assembly’s effort in involving key stakeholders of the community in decision making and development of the district. I will say we are number 1 in inclusive decision making and open forum. I sometimes get fed up, but I know all these processes is required to develop our community further.

FGD Participant

6.2.3 Support received and required for SDGs implementation at the district level

The SDGs implementation structure recognises the importance of partnerships in the achievement of the goals. Ghana's Country Financing Roadmap for SDGs in 2021 recognised DPs as a critical source of financing the SDGs through loans and grants and estimates their contribution to be about 9 percent of the required funding.

The assessment revealed that DPs provide technical and financial support to the implementation of the SDGs at the local level. The technical support is mostly in the areas of capacity building, infrastructure development, education, WASH, and COVID-19-related matters. Key partners highlighted include World Vision, UNFPA, CRS, EU, Master Card Foundation, UNICEF, GIZ, USAID, DANIDA, World Bank, and Proline.

The assessment however revealed that there was a need for further financial and technical support if the SDGs were to be fully achieved. The support is suggested to focus on areas such as sanitation, education, health, electricity and telecommunication, and capacity building. In addition, support is required to enhance stakeholder engagements and sensitisation. Furthermore, Venture capital should be decentralised to provide funds for start-ups.

6.2.4 Challenges associated with SDGs implementation in the district

There is a myriad of challenges militating against the implementation of the SDGs at the local level. There is the effect of climate change and deforestation which affect production levels. In terms of planning, there is a challenge of stakeholder involvement. A participant in the FGD indicated: "most of the time, the planning unit captures most development issues but not all. Some of the critical areas that require attention are not factored in the plans developed by the assembly. For example, after the presentation was done on needs assessment in the municipality,

some communities needed more help but because of political interferences, these communities did not get that." Further, financial challenges also affect the implementation of interventions toward the attainment of the SDGs. The districts rely heavily on central government transfers and other sources including CSOs resulting from low Internally Generated Funds (IGF). Monitoring of interventions is done in concert by the assembly and community members, yet there are issues of capacity. An FGD participant shared that "I will say monitoring is being done but because of the lack of technical know-how of the community members, they cannot examine the nature of the quality of work". The challenge of maintenance culture by the assembly and the community surfaced, as a participant observed; "although there is limited infrastructure, the ones available are not properly maintained unless they are being managed by private entities".

6.2.5 Strategies for addressing implementation challenges

The implementation of the SDGs is recognised as being challenged by a plethora of issues. To address it, respondents proposed the following solutions:

- There should be a timely release of funds, especially the DACF. This is critical because it forms a substantial part of the funds used by the Assemblies for development;
- Government should assist Assemblies to undertake proper valuations of properties in their jurisdiction as a way of boosting funding to the consolidated fund and ultimately aid in the quick release of resources for district development;
- There should be an enhancement in sanitation and electrification efforts, especially in villages to help reduce the health and economic impacts; and
- Government should strengthen employment opportunities for the youth and assist businesses to employ more people.



6.2.6 Failed interventions

Table 8: Sample of failed Interventions across the assessment communities and districts, 2022

District	Failed Intervention
Eastern - Fanteakwa North	<ul style="list-style-type: none"> ☐ The Fulani and Farmer's (Cattle issue) – Traditional Authorities and the Assembly have for years tried to resolve it but it persists. ☐ SHS at Domenase – The former DCE directed for establishment of the SHS. However, the location was deemed to be remote and as such was not utilised ☐ Rock Paradise (Tourist site) – There have been some investments by the Assembly but to no avail. It is currently not in use.
Northern - Zabzugu	<ul style="list-style-type: none"> ☐ Closing of ghettos – There was a low collaboration between the traditional leaders and the District Assembly.
Western North - Suaman	<ul style="list-style-type: none"> ☐ No intervention ever failed.
Greater-Accra – Adentan	<ul style="list-style-type: none"> ☐ One intervention that failed was the development of good drainage systems. People tend to build houses where water is meant to pass hence causing flooding whenever it rains.
Bono East – Nkoranza North	<ul style="list-style-type: none"> ☐ The only project our NGO failed to operationalize is the sanitation project. We started to organize people to sensitize people on sanitation, but we lacked funding.
Oti – Nkwanta South	<ul style="list-style-type: none"> ☐ Market area underpass and another at Brenyase – They indicated that there was a technical challenge with the project and that it was not planned well. ☐ Uncompleted buildings in the community (Nkwasec) – This is due to the government's inability to complete the project.

CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

Considerable potential exists for Ghana to achieve the SDGs, and effective implementation, coordination, monitoring, and evaluation structures have been put in place, particularly at the national and sub-national levels. While there is a positive assessment of progress toward the goals and objectives, there are critical issues that require immediate attention. There are major challenges affecting basic rural sanitation delivery. This includes weaknesses in the planning and coordination of interventions aimed at improving sanitation. The integration of children and adolescents with disabilities into Ghana's development process has been supported by legal and social interventions. Yet, challenges relating to access to WASH facilities (water points and toilet facilities) by PWDs persist. Besides the unhygienic conditions of WASH facilities, the increasing cost of sanitary wear limits girls' accessibility and constrains menstrual hygiene in schools. The key contributory factors militating the achievement of the SDGs targets are financial and technical challenges for plan implementation. This requires stakeholders to work in concert toward the effective implementation of interventions to achieve the SDGs.

7.2 Recommendations

7.2.1 Children and young people's development

1. Education on menstrual hygiene should be intensified by teachers, mentors, and parents. This should include boys to get them to support menstruating girls and reduce stigma.
2. All washrooms, latrines, and handwashing facilities supplied in schools should be subjected to routine inspections by the educational authority to enhance access and long-term use by students.
3. The Ghana Education Service could consider providing free sanitary pads as education material to all girls in school. This has been piloted in many

regions by Development Partners such as the Campaign for Female Education (Camfed Ghana) and has proven to be an effective tool for retaining girls in school.

4. The Livelihood Empowerment Against Poverty (LEAP) programme should be reviewed to reflect the changing economic conditions of beneficiaries. The LEAP register should be regularly updated to include more vulnerable groups.
5. The Ministry of Gender, Children and Social Welfare and stakeholders that work for the welfare of street children should coordinate their activities by pooling resources together to address the challenges faced by children who are homeless.

7.2.2 Recommendations for Water, Sanitation, and Hygiene

1. The government as part of measures to enhance sanitation should expand the support for households to develop their toilet facilities. In addition, there should be the creation of more dumping sites and an increase in skip containers.
2. There should be strict enforcement of building codes at the local level especially relating to WASH facilities.
3. Government should ensure strict adherence to the Disability Act, 2006 (Act 715) to ensure that WASH facilities are accessible to PWDs.
4. Government should leverage existing partnerships with DPs and Civil Society to enhance access to quality water supply, especially in rural areas.

7.3.3 Recommendations for Partnership and implementation arrangements at the local level

1. The delays in the release of funds to the districts should be addressed.
2. Ghana's Country Financing Roadmap for SDGs should be fully operationalised with all stakeholders including DPs and



the government playing their key roles.

3. Government staff at all levels should be capacitated to play their roles in the implementation of the SDGs.

REFERENCES

- Abdelhedi, I. T., & Zouari, S. Z. (2020). Agriculture and food security in North Africa: A theoretical and empirical approach. *Journal of the Knowledge Economy*, 11(1), 193-210.
- Aduhene, D. T., & Osei-Assibey, E. (2021). Socio-economic impact of COVID-19 on Ghana's economy: challenges and prospects. *International Journal of Social Economics*.
- Ankrah, D. A., Agyei-Holmes, A., & Boakye, A. A. (2021). Ghana's rice value chain resilience in
- Amekudzi G.L, (2016). Addressing Child Streetism in the La-Nkwantanang Madina Municipality: The Role of Stakeholders
- Asante, B. O., Afarindash, V., & Sarpong, D. B. (2011). Determinants of small-scale farmers' decision to join farmer-based organizations in Ghana. *African Journal of Agricultural Research*, 6(10), 2273-2279.
- Gavu, E. K., Tudzi, E. P., & Shani, A. S. (2015, April). The level of accessibility of tertiary educational facilities in Ghana after the passage of the Persons with Disability Act 2006, Act 715. In *American Real Estate Society Conference*, Sanibel Harbour Marriott Fort Myers, Florida.
- GSS (2022). 2021 Population and Housing Census of Ghana.
- Hodey, L., & Dzanku, F. (2021). A Multi-Phase Assessment of the Effects of COVID-19 on Food Systems and Rural Livelihoods in Ghana.
- International Disability Alliance, 2021. Resource Page on Disability-Inclusive WASH. Available at: <https://www.internationaldisabilityalliance.org/DisabilityInclusiveWASH>. Accessed at (Accessed on 23rd April 2022).
- Llanto, G. M. (2012). The impact of infrastructure on agricultural productivity (No. 2012-12). PIDS Discussion Paper Series.
- Mfoafo-M'Carthy, M., Grischow, J. D., & Stocco, N. (2020). Cloak of invisibility: A literature review of physical disability in Ghana. *SAGE Open*, 10(1), 2158244019900567.
- Ocran, J. (2019). Exposing the protected: Ghana's disability laws and the rights of disabled people. *Disability & Society*, 34(4), 663-668.
- OpenGhanaPartnership(2021).Enhancing participation of women and persons with disability in governance.
- Organisation for Economic Co-operation and Development. (2020). Food supply chains and COVID-19: impacts and policy lessons. OECD Publishing.
- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *BMJ (Clinical research ed.)*, 320(7227), 114-116. <https://doi.org/10.1136/bmj.320.7227.114>
- Price,R.(2018).Strengtheningparticipation of people with disabilities in leadership roles in developing countries.
- Q&A, F. A. O. (2020). COVID-19 Pandemic-Impact on Food and Agriculture Q1: Will Covid-19 Have Negative Impacts on Global Food Security. FAO: Rome, Italy.
- Sackey, E. (2015). Disability and political participation in Ghana: an alternative perspective. *Scandinavian Journal of Disability Research*, 17(4), 366-381.
- UN (2022). Everyone Included: Social Impact of COVID-19. Available at: <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html> (Accessed on 23rd April 2022).
- UPSA (2018). Institutional Failure Responsible for Streetism. Available at: <https://upsa.edu.gh/institutional-failure-responsible-for-streetism-survey/>. (Accessed on 23rd April 2022).
- Water and Sanitation Program (2012) Economic impacts of poor sanitation in Africa.
- WFP (2020). WFP supports 75,000 food insecure people in Ghana to recover from socio-economic effects of coronavirus. <https://www.wfp.org/news/wfp-supports-75000-food-insecure-people-ghana-recover-socio-economic-effects-coronavirus>. (Accessed on 23rd



ANNEXES

Annex 1: Indicators Tracking Table

S/N	Indicator	Baseline		Current		Percent change
		Year	Value	Year	Value	
1	Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months			2018	92.1	
2	Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months			2018	19.0	
	Urban			2018	20.0	
	Rural			2018	18.9	
3	Proportion of schools offering basic services, by type of service					
	Toilet	2016	72	2019	27.5	
	Urinal	2016	72.5	2019	26.0	
	Water	2016	56	2019	33.0	



Annex 2: Work Schedule

S/N	Activities	February				March					Apr	Amount GHS	
		Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk1		
1.	Technical team meeting												
2.	Literature review/ Mapping of existing evaluations relating to SDGs (2016-2021)												
3.	Firm upon where rapid evaluative activities should be undertaken to address the gaps												
4.	Drafting of data collection tools												
5.	Review of data collection tool by ICC												
6.	Piloting and Finalization of the data collection tools												
7.	Analytical review of secondary data												
8.	Data collection												
9.	Analysis and preliminary findings												
10.	Presentation preliminary findings												
11.	Validations of the findings with stakeholders												



S/N	Activities	February				March					Apr	Amount GHS	
		Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk1		
12.	Finalization of the rapid assessment report												
	Total												

Annex 3: Data Collection Tools for Children and Young People's Development

EVALUATION QUESTIONS

CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT

1. How has the absence of WASH in schools affected girls' access to sanitary pads, a cleaned hygienic environment before and during the pandemic (restriction and no restriction)?
2. What is the extent of the condition of children and young people living with disabilities before and with the pandemic in education, social life, nutrition, health, e-learning, protection, care, water, sanitation, housing, and information (Children; Youth; discrimination; geography; vulnerability to shocks; governance; and socio-economic status.)?
3. What is the impact of the pandemic and associated restrictions on streetism?

Menstrual Hygiene in Schools

FGDs-Girls

In all questions probe for before and during the pandemic (restriction and no restriction)?

1. Before the pandemic restrictions, describe your access to
 - a. sanitary pads
 - b. cleaned hygienic environment
2. After the pandemic, describe your access to
 - a. sanitary pads
 - b. cleaned hygienic environment
3. Describe your source of sanitary pads? Probe for the type of sources, who, frequency, adequacy etc.?
4. What are your main sources of information on menstrual hygiene?

Probe for the type of sources, who, frequency, adequacy etc.?

5. What are the challenges faced by girls during the menses? Probe for water, access to sanitary pads, sanitation, financial, hygiene, etc?
6. How do you manage any of the challenges mentioned above during your menses?
7. What are the responses of school management and teachers to sanitation and hygiene challenges facing girls?
8. What are the responses of parents or guardians to sanitation and hygiene challenges facing girls?
9. What kind of services in your enabling environment do you suggest can help you and other girls address menstrual challenges? (home or school)
10. Are there discriminations against PWDs on their access to reproductive health services including Family planning, probing whether PWDs are protected and how society protects them?
11. What are some of the things (cultural, norms, and traditional) that informed how women, men, girls, and boys' treatment in this community violate children's rights, especially girls? What are some of the harmful cultural practices that are common in this community?

KIs-Head Teacher /Representative

In all questions probe for before and during the pandemic (restriction and no restriction)

1. Is water available in the girls' toilet cubicles for menstrual hygiene management, how is the current state of water compared to pre-COVID-19 (observe to confirm)?
2. Are there covered bins for disposal of menstrual hygiene materials in girls' toilets? what is the current state of it (observe to confirm)?



3. Are there disposal mechanisms for menstrual hygiene waste in your school, what is the current state of it (observe to confirm)?
4. Does your school keep sanitary wear for emergencies i.e pants, pads, cotton, short skirts etc to support schoolgirls? Who provides it and how adequate are they?
5. How do you provide support to school girls to overcome the challenges of menstrual hygiene at school (probe for kind of support)?
6. Are there any known strategies to support School girls to access sanitary towels/pads?

Streetism

KII-Social Welfare officer

1. Are there challenges with streetism in your community?
2. What are the key factors that lead to streetism
 - a. Probe along with rural-urban migration, culture, poverty, delinquency, polygamy, etc.)
 - b. Do you think it affects the development of children?
3. Suggest any policy directives for reducing streetism
 - a. Innovative solutions
 - b. Outside the existing laws
4. What are the experiences during the emergence of the Pandemic especially on children, females, Persons with disability etc?
5. Did the absence of paid sick leave at work and/or unpaid care policies in the country have impacted family caring practices during the pandemic?

Probe whether anything has changed and if so what are the specific changes (considering the increase or decrease in numbers)
6. Child trafficking, child labour and other related are common in many communities here in Ghana, what is the situation here in your community?

- a. some specific examples on
 - i. Child trafficking
 - ii. Prostitution
 - iii. Child Labour
- b. What has the trend been like since 2016 to date?

FGDs-Street children

1. What are the circumstances that lead you to live or work on the street?
 - a. Probe along with rural-urban migration, poverty, culture, delinquency, family background, born in the street, polygamy, etc.)
 - b. How is your being on the street affect your education and or skill acquisition?
2. What were your experiences during the restrictions (including the lockdown) and post restrictions? Probe for more details on children, females, kayayees, PWDs etc. Probe whether anything has changed and if so what are the specific changes
3. What kind of suggestion do you have for reducing the tendency to live and work on the street?
 - a. Innovative solutions
 - b. Beyond the current laws on children
4. How do you provide for your daily living/maintenance? Probe food, water, sanitation, hygiene etc

Inclusion of Children and young people with disabilities

FGD Guiding questions (This will require the consent of State Agencies-Social Welfare)

Social Life

1. Have you heard of public hearing sessions being carried out in your district?
2. Have are you been involved in a Public Hearing Session organized by your District Assembly?

3. How do people see persons with disabilities?
4. What are the impacts on them and their families?
5. As a person with disability or as a caregiver of a person with a disability have you succeeded in being integrated into the skilling/jobs systems? What have been the main barriers you faced against the inclusion in the skilling/jobs systems
6. How are persons with disabilities included in social activities such as sports, funerals, festivals, marriage and naming ceremonies in your community? Probe for the type of sources, who, frequency, adequacy etc.?
7. How are you involved in family life and activities? Probe whether it is
 - a. difficult
 - b. not too difficult,
 - c. somewhat

difficult.

Education, nutrition, health, e-learning, protection, care, water, sanitation, housing, and information

8. How are persons with disabilities access to the above in your communities?
 - a. Ask for children [girls and boys]
 - b. Ask for youth
 - c. Ask for Adolescent
 - d. Friendliness of facilities/materials
 - e. Physical accessibility
9. Has the situation improved, worsened, or stayed the same for persons with a disability before the pandemic in the following areas in your community?

No.	Area	improved	stay same	worsened
1.	Social Life			
2.	Nutrition			
3.	Education			
4.	Health			
5.	Water			
6.	Sanitation			
7.	Housing			
8.	Information			
9.	Violation of rights including SGBV stimulation			
10.	Jobs and skilling			

Has the situation improved, worsened, or stayed the same for persons with a disability with post-pandemic in the following areas in your community?

No.	Area	improved	stay same	worsened
1.	Social Life			
2.	Nutrition			
3.	Education			
4.	Health			
5.	Water			



-
6. Sanitation

 7. Housing

 8. Information

 9. Violation of rights including SGBV stimulation

 10. Jobs and skilling

What do you suggest to be done to improve the living condition of persons with disabilities in the above area in their families, schools, and communities?

Annex 4: Data Collection Tools for Water and Sanitation

EVALUATION QUESTIONS

Water and Sanitation

1. Has there been a sustained change in handwashing behavior with the inception of COVID-19 WASH protocols?
2. What are the enablers of the increase in drinking water and sanitation service coverage?
3. How do Persons with Disability in the community have access to WASH facilities?

FGD – Community members (especially women, children, persons with disabilities, Parents Association)

1. Have handwashing activities become a habit/lifestyle?

o Rate the level of its prevalence (from 1-5) among (a) men; (b) women and (c) children, youth

2. Are handwashing facilities still in place in public places including schools, markets, malls, churches, mosques, lorry parks, etc?

o Probe whether sanitizers are used as alternatives

3. Has drinking water and sanitation (toilet facilities) coverage increased in your vicinity?

o Probe for the contributing factors (NB: whether positive or negative)

o Probe for sanitary conditions around water facilities/points (clean environment) and toilet facilities (water, soap, etc.)

4. Has there been a change in the cost of (a) water (b) sanitation services?

o Probe for the impact on household expenditure

5. What is the number of persons with disabilities in the community?

6. Do they have easy access to WASH facilities?

o Probe whether any special attention has been given to this issue (If No)

o Probe whether it is due to human intervention or facilities being disability-friendly (If Yes)

7. In the absence of the above, how are they coping?

KII – Assembly Members, persons with disabilities executives, heads of households

1. Have handwashing activities become a habit/lifestyle?

a. Rate the level of its prevalence (from 1-5) among (a) men; (b) women and (c) children

2. Has drinking water and sanitation (toilet facilities) coverage increased in your vicinity?

a. Probe for the contributing factors (NB: whether positive or negative)

b. Probe for sanitary conditions around water facilities/points (clean environment) and toilet facilities (water, soap, etc.)

3. Has there been a change in the cost of (a) water (b) sanitation services?

a. Probe for the impact on household expenditure

4. What is the number of persons with disabilities in the community?

5. Do they have easy access to WASH facilities?

a. Probe whether any special attention has been given to this issue (If No)

b. Probe whether it is due to human intervention or facilities being disability-friendly (If Yes)

6. In the absence of the above, how are they coping?



Annex 5: Data Collection Tools for Employment & Job Creation (COVID-19 Impact on Farmers)

EVALUATION QUESTIONS

Employment & Job Creation (Covid Impact on Farmers)

1. How has the impact of COVID-19 on economic status/income generation influenced the delivery of skills/employability education within TVET in the education sector?
2. How has the pandemic impacted farming activities and farmers' and other producers' welfare?
3. What have been farmers coping strategies in response to the pandemic? How successful have these strategies been?

Farmers


1. How were your farming activities affected by the pandemic (including sales, storage, farm inputs, etc.)?
2. What kind of support did you receive?
 - Government?
 - NGOs and Farmer Based Organisations, Faith-Based Organisations?
 - family/friends to sustain farming activities?
3. Provide succinct details of the kind of support received and the level of sufficiency.
4. What other support would you have preferred to receive (alternative support)?
5. How was your household income affected?
6. What were the alternative sources of income?
7. How did the change in your income impact other aspects of your household (food, health, childcare, work, violence, leisure, etc.)?
8. What kind of coping strategies does your company put in place to address

employment needs (remote working, paid leave, etc)

9. What other coping strategies did you adopt to deal with the impact of the pandemic?
10. To what extent has your household income recovered to pre-COVID-19 levels? (NB: not close to recovery, close to recovery, have just recovered, have more than recovered)

MSMEs

1. were your business activities affected by the? If so how? (eg sales, staff management storage, farm inputs, etc.)
2. What kind of support did you receive?
 - Government?
 - NGOs, Cooperative Organisations, Faith-Based Organisations?
 - family/friends to sustain farming activities or family/friends (including from the diaspora) to sustain economically (remittances)?
3. Provide succinct details of the kind of support received and the level of sufficiency.
4. What other support would you have preferred to receive (alternative support)?
5. How was your household income affected?
6. What were the alternative sources of income?
7. How did the change in your income impact other aspects of your household (food, health, childcare/work, violence, leisure, etc.)?
8. What other coping strategies did you adopt to deal with the impact of the pandemic?
9. To what extent has your household income recovered to pre-COVID-19 levels? (NB: not close to recovery, close



to recovery, have just recovered, have more than recovered)

District Agric Director/Officer

1. How has COVID-19 impacted agriculture in the district in general?
2. How has it affected the poultry industry and crop farming?
3. What has been the level of support

offered to farmers (poultry and crop) to keep the wheel of production running?

4. How have poultry and crop production levels changed (pre-covid & during covid)?
5. What will you attribute to the change in production levels?

What are the plans of the department to support poultry and crop production in the district?



Annex 6: Data Collection Tools for Partnership and implementation arrangements

EVALUATION QUESTIONS

Process Evaluation: Partnership and implementation arrangements

- a. To what extent are SDGs being implemented at the district level?
- b. What are the challenges with the current implementation arrangements?
- c. How effective is the current model for ensuring sustainable mainstreaming of SDGs into local District plans?

Focus Group Discussions Questions for Businesses and District Stakeholders Including CSOs, Traditional and Religious Leaders

1. How do you work together to implement intervention for the development of the district? What are the individual roles of all the stakeholders present? Probe each stakeholder to indicate their role and responsibility?
2. What of the SDGs interest you the most and why?
 - a. Give a detailed account of what it entails
 - b. What kind of impact does it have on your beneficiaries?
 - c. What are some of the results you seek to achieve in the short/long term?
3. Who do you collaborate with in the district?
 - a. What are you doing to ensure your collaboration yields the desired results for all parties involved?
 - b. What are the challenges with the collaboration and how can they be addressed?
4. Which Goal(s) can you confidently say your region or district has exceeded its target? Which ones are you lagging?
5. What did you think accounted for this?
6. What are the challenges with the current implementation arrangements, composite budgeting, decentralization of departments of assemblies, alignment with DMTPs and PBBs?
7. What kind of support (technical or financial) do you receive from development partners in your region?
8. How does that help your department or organization to contribute to the achievement of better developmental outcomes for your beneficiaries?
9. Do you think funds should have been directed to a different intervention than what you are currently pursuing?
10. What kind of collaborative mechanism or system exists for joint actions in the district?
 - a. Do you have a structure in place where you all meet periodically? What is this structure like?
 - b. What are some identified challenges of the joint action?
 - c. What do you think accounts for some of these challenges (if not detailed in the response above)
11. Share some of your success stories
12. How are you engaging community members to own community development?
13. What are some of your interventions that failed? What accounts for that?
14. What kind of support do you need to better facilitate the implementation process?



Key Informant Interviews for Regional Stakeholders (REPOs AND CSOs)

1. What do you think districts or regions or Civil Society Organizations doing to support the implementation of the SDGs? Probe for institutional setup, interventions, budgetary allocation, etc.

a. To what extent are SDGs being implemented at the district level?

b. Describe the contribution of each stakeholder towards the SDGs in your district/region

2. Which Goal(s) can you confidently say your region or district has exceeded its target? Which one are you lagging?

a. What did you think accounted for this?

3. What are the challenges with the current implementation arrangements, composite budgeting, alignment with DMTPs and PBBs?

a. Challenges associated with working with other CSOs or departments in the district or region

b. Working with Private sector operators

c. Associated with working/engaging government

d. How do you think these challenges can be addressed?

e. What kind of support do you require to better the situation?

4. What kind of support (technical or financial) do you receive from development partners in your region?

5. How does that help your department or organization to contribute to the achievement of better development outcomes for your beneficiaries?

6. Do you think funds should have been directed to a different intervention than what you are currently pursuing?

7. How will you describe sustainability and ownership of SDGs related results in your district or region? Explain your answer.

8. What strategies are you using for the implementation of the SDGs?

9. What relationships exist between you and stakeholders such as; (a) media, (b) private sector, (c) traditional authorities, and (d) academia.

In your opinion, how can Ghana accelerate progress towards achieving the SDGs?



Annex 7: List of Indicators for the Assessment

No.	Related Indicators
Water and Sanitation	
1	Proportion of population using safely managed sanitation services
	Urban
	Rural
2	Proportion of population using a hand-washing facility with soap and water
3	Proportion of schools offering basic services, by type of service
Toilet	
	Public
	Private
Urinal	
	Public
	Private
Water	
	Public
	Private
Electricity	
	Public
	Private
4	Proportion of population using safely managed drinking water services
	Urban
	Rural
5	Number of PWDs in the community
6	Number of ongoing WASH interventions for PWDs
Children and young people	
7	Indicator 10.3.1: Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on a ground of discrimination prohibited under international human rights law
8	Indicator 8.6.1: Proportion of youth (aged 15–24 years) not in education, employment, or training
9	[Indicator 4.6.1: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
10	Indicator 4.2.1: Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex
11	Indicator 4.1.2 Completion rate (primary education, lower secondary education, upper secondary education)



12	Indicator 4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
13	Indicator 8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
14	Indicator 16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
15	Indicator 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
16	Number of street children, Male/female
Youth employment and job creation	
17	[Indicator 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill]
18	Indicator 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
19	Indicator 8.5.2 Unemployment rate, by sex, age and persons with disabilities
20	Indicator 8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training
21	Indicator 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18



Annex 8: Picture Gallery



The team with the DCE and DCD, AyDA



Community members during FGD



Dr. Audrey Smock-Amoah, REPO, Eastern Region



Mr Appiah, Founder, 4H during a KII



Participants during a FGD



School Female urinal, Coaltar SHTS



FGD with girl students in AyDA



FGD with PWD, Coaltar, Ayensuano District





Fanteakwa North's Fortified Gari
Crispy Fried Cassava flakes

Sweet Potato Gari
Produced by Unity Is Strength Cassava Processors Association

For Bulk Purchase
034 229 3150
024 434 4680

Taste the rural goodness

NUTRITION VALUE
Carbohydrates
Vitamin A, B6, C
Protein
Fibre
Potassium
Manganese
Copper
Fat

INGREDIENTS
Fresh Cassava
sweet potato

Exp: 5 months

1kg

MARKETED & DISTRIBUTED BY
Department of Agriculture (Wild Unit)
Storage: Store in a cool dry place.



