POWER TO YOUTH COMPLEMENTARY BASELINE ASSESSMENT REPORT

PRESENTED BY: CENTRE FOR ENTREPRENEURSHIP AND EVALUATION DEVELOPMENT (CEED)

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LIST OF ABBREVIATIONS AND ACRONY

AHTU Anti-Human Trafficking Unit
CDCP Centre for Disease Control and Prevention
CEDAW Committee for the Elimination of Discrimination against Women
CSEC Commercial Sexual Exploitation of Children
CSO Civil Society Organization
DEVAW Declaration on the Elimination of Violence against Women
DOVVSU Domestic Violence and Victims Support Unit
FGDs Focus group discussion(s)
FGM Female Genital Mutilation
GEI Gender Equity Index
GRB Gender-Responsive Budgeting
HPs Harmful Traditional Practice
ILO International Labor Organization
ISSER Institute of Statistical, Social and Economic Research
MDAs Ministries, Department and Agencies
MMDAs Metropolitan Municipal and District Assemblies
MoGCSP Ministry of Gender, Children and Social Protection
MoH Ministry of Health
MTDPF Medium-Term Development Planning Framework
NYA National Youth Authority
PBB Programme Based Budget
SGBV Sexual and Gender-Based Violence
SGDs Sustainable Development Goals
SRH Sexual, Reproductive Health
SRHR Sexual and Reproductive Health and Rights
ToR Terms of Reference
<table>
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<tr>
<th>Acronym</th>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children Emergency Fund</td>
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<tr>
<td>VAWG</td>
<td>Violence Against Women and Girls</td>
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<td>WHO</td>
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EXECUTIVE SUMMARY

Power to You(th) is a new five-year programme (2021-2025) that aims to ensure that young people (aged under 35) are meaningfully included in discussions and decisions, particularly those related to the sexual and reproductive health and rights (SRHR) of adolescent girls and young women. By increasing the participation of young people from a range of backgrounds and groups in political and civic space, the programme aims to improve youth-led and focused advocacy and accountability in relation to unintended pregnancy (UP), sexual and gender-based violence (SGBV), and harmful practices such as child marriage (CM) and female genital mutilation/cutting (FGM/C) in the seven target countries: Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal, and Uganda. As part of the baseline assessments for the Power to Youth programme, this baseline studies will provide input on pathways 4 into the KIT baseline to inform the Programme and its theory of change in each country.

This complementary baseline focuses on Pathways 2 and 4. Pathway 2 looks at CSOs amplifying young people’s voices to claim, protect and expand civic space in response to the following indicators:

✓ Description of effective use of accountability mechanisms by citizens/communities and CSOs towards SRHR of all people
✓ Number of communities, CSOs and advocacy networks with increased lobbying, advocating and research capabilities
✓ Number of CSOs who have advanced on using a Gender and Social Inclusion lens during all phases of the programming cycle with specific attention to youth

Pathway 4 on the other hand looks at state actors improving policy making and implementation on key issues in addressing the following indicators:

✓ Number of (inter) national laws, policies, norms, and practices implemented to decrease barriers to SRHR and prevent harmful practices, and SGBV
✓ Number and type of (inter)national laws and policies blocked, adopted, maintained, improved including the number of detrimental policies which are prevented or blocked from adoption or development to decrease barriers to SRHR and prevent harmful practices and SGBV
The study was designed to establish an indication of baseline issues against which to monitor and assess the PtY programme progress from an input-based approach to an output-based approach; set baseline values where needed i.e., as indicated in the country result frameworks; and perform a situation analysis to inform future programming. In Ghana, PowertoYou(th) is implemented by Norsaac in partnership with Youth Advocates Ghana (YAG), Ghana Alliance for Young People (Gh-Alliance) and Songtaba.

Findings from this study will enable the Consortium partners to set up indicators and targets that will be used to track and measure progress of implementation. It will also identify best practices that can be shared with developing network partners or identify gaps during implementation for the development of additional progress indicators. Subsequently, the anticipated post-implementation review will compare progress against the findings from the baseline study. Thus, knowledge, expertise and financial support are mobilised to create a more just and equitable world in a sustainable environment, where gender equality prevails and where the rights of women and girls are respected.

The participants in the study are in 10 Metropolitan Municipal and District Assemblies (MMDAs) in the Northern, Savannah, Upper East, and North-East Regions. The combined population of the four regions per the provisional results of the 2021 Population and Housing Census is 4,920,694: Savannah (649,627), North-East (658,903), Upper East (1,301,221), and Northern (2,310,943) in order of lowest to highest. Other important population characteristics for the regions include the literacy rates which are 50.3% for the Northern, Savannah, and North-East regions (which was one region then) being the lowest and 56% for the Upper East region, both of which fall below the national average of 79.4% (Multiple Indicator Cluster Survey Six, 2017-2018). Current disaggregated data by sex and district are not available.

Additional data regarding the study regions include data on early marriage. According to the Multiple Indicator Cluster Survey Six (MICS 2017-2018), percentages of marriage before age 15 for men and women are 2.7% and 8.3% for men and women respectively for the Northern regions (Northern, North-East and Savannah) and 1.5% and 10.7% for men and
women respectively for the Upper East. Percentage of women who had any form of FGM is 2.8% for the Northern regions and 13% for the Upper East; percentage of daughters who had any form of FGM is 0.4% and 0% for Northern regions and Upper East respectively; percentage of women who have heard of FGM is 56.3% for the Northern regions and 88% for the Upper East; The percentage distribution of women who believe FGM should be discontinued was 94.4% and 95.4% for the Northern regions and Upper East respectively. All these point to the imperativeness of the project in the selected regions and districts.

A mixed methods design was employed. Quantitative data were collected using surveys that were self-administered, and qualitative methods include semi structured interviews (SSIs), focus group discussions (FGDs), and key informant interviews (KIs) as well as desk document review. The —sources of data included the following elements: 241 beneficiaries mainly youth and adolescent girls and boys; 35 Key informants; Semi-Structure interview respondents; 21 mothers and caregivers; 18 fathers and male caregivers; and 50 community and traditional leaders interviewed who were mostly chiefs and queen mothers, assembly men, opinion leaders; representatives civil society groups working in the districts.

The Data was thoroughly cleaned after entry to avoid omission, incompleteness, and duplications. However, the major form of the data was qualitative (i.e., data from key informants, focus group discussions, and beneficiaries). The data were analyzed using Excel Pivot Tables, an advanced data analysis tool within MS Excel. Specific quantitative data in each category of respondents (actors, partners, beneficiaries) were analyzed using IBM SPSS Statistics 20, excel and stata version 15. Interviews and FGDs were digitally recorded and transcribed for coding. Content analysis of the transcripts was conducted using a comprehensive thematic matrix. This facilitated identification of similarities, differences, trends, and gaps, influencing comparisons, ranking and prioritization of the issues. Narratives were written based on the outcome of each thematic area.

The analyzed data is presented in the form of tables, graphs, charts, and figures where appropriate. For ease of understanding, important sections and/or elements of the analyzed data is explained in brief narratives. The processed information was triangulated with
information gathered through desk reviews and project information to create the complementary baseline report.

Main Findings:
In Ghana, on average one out of five girls is married before their 18th birthday, which amounts to approximately 256,780 girls (Child Marriage Resource Guide by Ministry of Gender, Children and Social Protection (MoGCSP) and UNICEF Ghana 2000). Boys are far less the victims of child marriage, with 2% of men aged between 20 and 24 that were married before the age of 18.

Child Marriage:

✔ There was an indication of prevalence of child marriage in the districts with 58.5% of adolescents believing that the phenomenon was on the increase.

✔ 60% of adolescents interviewed believed that fathers are the main decision makers regarding child marriage.

✔ Factors driving child marriages include poverty (29%), peer pressure (22%), forced by parents (30%) and no idea (19%).

Unintended pregnancies:

✔ At least 82% of SSI respondents believe that unintended pregnancies are on the increase.

✔ 65% respondents associate unintended pregnancies to volunteer migration of young girls. These unintended pregnancies occur because when the young girls move to the cities they are forced to put up with men because they do not have places to sleep and some of the get raped in the process.

Sexual and gender-based violence (SGBV)

✔ 80% of adolescents interviewed affirmed that they had experienced or know someone who has experienced rape, beatings, insults, and other abuses and indicated that these are the visible abuses they know in the communities. However, the Domestic Violence Act (2007) has a more general definition of domestic violence which include:
(a) an act under the Criminal Code 1960 (Act 29) which constitutes a threat or harm to a person under that Act; (b) specific acts, threats to commit, or acts likely to result in (i) physical abuse, namely physical assault or use of physical force against another person including the forcible confinement or detention of another person and the deprivation of another person of access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment; (ii) sexual abuse, namely the forceful engagement of another person in a sexual contact which includes sexual conduct that abuses, humiliates or degrades the other person or otherwise violates another person’s sexual integrity or a sexual contact by a person aware of being infected with human immunodeficiency virus (HIV) or any other sexually transmitted disease with another person without that other person being given prior information of the infection; (iii) economic abuse, namely the deprivation or threatened deprivation of economic or financial resources which a person is entitled to by law, the disposition or threatened disposition of moveable or immovable property in which another person has a material interest and hiding or hindering the use of property or damaging or destroying property in which another person has a material interest; and (iv) emotional, verbal or psychological abuse namely any conduct that makes another person feel constantly unhappy, miserable, humiliated, ridiculed, afraid, jittery or depressed or to feel inadequate or worthless; (c) harassment including sexual harassment and intimidation by inducing fear in another person; and (d) behavior or conduct that in any way (i) harms or may harm another person, (ii) endangers the safety, health or well-being of another person, (iii) undermines another person’s privacy, integrity or security, or (iv) detracts or is likely to detract from another person’s dignity and worth as a human being.

✔ The existing literature on domestic violence has found evidence for strong correlations between the incidence of domestic violence and a wide range of individual socio-economic factors, such as age, education, and marital status (Aizer, 2011; García-Moreno et al., 2005; Jewkes et al., 2002; La Mattina, 2012). In line
with the baseline study theme, evidence shows that these individual determinants of domestic violence interact with factors that play out at the level of families (notably, differences in intra-household gender dynamics), as well as wider community and societal levels – in particular, the prevalence of patriarchal norms, perceptions of masculinity and exposure to other forms of violence. At least 69% of adolescent respondents associate SGBV with these determinants including economic hardship, drug abuse, low illiteracy rate, voluntary migration, and trafficking.

✔ Generally, the prevalence of SGBV is acknowledged but the social and economic barriers to curbing it include fear of being victimized for reporting a family and community member; religious beliefs requiring them to resort to religious leaders for help; familial relations between victims and perpetrators; access to police stations due to long distances; poverty; and the likelihood of not receiving the expected services from DOVVSU.

**Harmful traditional practices (HTPs)**

✔ The most prevalent HTPs in the study districts include FGM which is practiced among Brifo in Sawla, Kotokoli in Chereponi and Nanumba South districts; marriage through exchange\(^1\) among the Bimoba in Yunyoo; widowhood rites (hot water bath) in Bulsa South and Kassena-Nankana West; and the ‘spirit child’ phenomena in the Kassena-Nkankana West.

\(^1\)Marriage through exchange therefore is by far the most common way to start a family life these days. When a man wants to take a girl or a woman as his wife, he usually has to offer one of his sisters to the brother of his future wife in return. In very few cases, if for example he does not happen to have a sister, he can also use one of his daughters or another girl from his closer kin group to replace the sister of his in-law.

Widowhood rites refer to the rituals and customs that are performed for a woman when her husband dies. The widowhood rites are performed with the belief that it would prevent the ghost (spirit) of the dead husband from haunting the living spouse. The rituals are performed to end the relationship between the living spouse and the dead spouse. It is believed that the spirits of the dead hung around their surviving spouses refusing to enter the other world. This ritual would, therefore, is supposed to prevent this from happening.

A spirit child in Ghana is a **disabled child who is believed to possess magical powers to cause misfortune**. Disability in Ghana is greatly stigmatized, and the only way considered acceptable to deal with the problem is to kill them via advice of a witchdoctor. A child whose birth coincides with family tragedy such death of the mother or father or both or close family members is also considered a ‘spirit child’ i.e., a child with bad omen.
✓ Little knowledge on laws: Most community members have little knowledge about the protective laws against SGBV and Harmful Traditional Practices (HTPs).

CSOs amplifying young people’s voices to claim, protect and expand civic space

✓ Twelve (12) Civil Society Organizations (CSOs) out of the 13 interviewed have programmes in the districts of the baseline study that are helping to amplify young people’s voices in the civic space. At the community level, 80% of youth FGDs respondents stated that chiefs, elders, and religious leaders, women and youth-led groups have been leading community activism to demanding services from duty bearers to perform their roles as part of the community accountability efforts. The non-state actors (CSOs) include Afrikids, Girls Alliance, ActionAid, Rise Ghana, World Vision, CRS, Camfed, RAINS etc.

✓ The study results showed that 78% of state actors (government agencies) do advocacy in the thematic areas in the districts. Whereas 22% respondents reported they do not do advocacy in the thematic areas. These State actors include the Gender Department, Children’s Department, Department of Social Welfare, Department of Community Development, National Youth Authority, DOVVSU, etc.

✓ On type of advocacy, 52% actors (state and non-state) mentioned public advocacy as being the type they are engaged in i.e., presenting matters of SGBV to the general public for change through community dialogues, public fora, and radio programs.

✓ Factors that stifle social accountability and other initiatives that amplify young people’s voices in the community include political affiliations (partisanship) or open display of support for a political party.

Number of CSOs using a gender and social inclusion lens during all phases of the programming cycle with specific attention to youth

✓ Twelve (12) CSOs interviewed indicated that they do gender lens and social inclusion programming in their operational districts.
Even though gender lens programming is skewed towards women and girls, the explanation is that women and girls are the most affected by the issues of SGBV and discrimination.²

State actors improve policy making, budgeting and implementation on harmful practices, SGBV and unintended pregnancies.

Ghana Governments’ efforts at promoting the issues of gender are evident in the enactment of national laws and commitments to international treaties. These laws and treaties are implemented through policies, programmes and structures to safeguard rights of women, men, boys and girls. For example, DOVVSU was established to enforce the 2007 Domestic Violence Act (Act 732) and has served as entry point into the justice system and other services for many victims of domestic violence. DOVVSU is a unit under the Ghana Police Service, tasked to handle cases of domestic violence by providing psycho-social counseling, legal advice, and shelter to victims of domestic violence who report to the unit.

Ghana began discussions on GRB between the Ministries of Finance and Women and Children and a memorandum was sent to Cabinet in 2006 and got approved in 2007. The Ministry of Finance was then instructed to implement it. Guidelines for the preparation of the Government Economic Policy and Budget statement in 2007 indicated that GRB will be implemented in three selected ministries including ministries of agriculture, women and children’s and education. Training was organized for key staff of the Ministry of Finance, National Development Planning Commission (NDPC) and the three implementing Ministries MDAs.

As part of the effort, the 2008 – 2010 Budget Guidelines clearly stated that all ministries should start gathering sex disaggregated data as part of preparation towards the subsequent roll out of GRB. Three selected ministries were requested to implement gender responsive budgeting on the basis that they have been implementing some form of the GRB through their various interventions like women in agriculture and girl-child education etc.
However, in the 2015 National Gender Policy, the government acknowledged the slow rate of implementation of GRB due to competing priorities and low political will. According to the Food and Agricultural Organization (FAO) and ECOWAS Commission in 2018, most MDAs are not prioritizing gender mainstreaming in their operations. Since the initial launch of GRB in 2007, the Government of Ghana through the president, the Parliament, and the Ministry of Finance has not shown strong leadership in implementing it.

Some challenges said to be impeding the implementation of Gender Responsive Budgeting (GRB) in Ghana include capacity constraints as many Ministries, Department and Agencies (MDAs) do not have gender desks, lack of sex disaggregated data for planning, lack of understanding of the basic gender concepts, and inadequate funding.

Conclusion

The study demonstrates that child marriage, unintended pregnancies and SGBV are prevalent in the Northern region. All issues were mutually reinforcing, but unintended and pregnancies were more common and a key driver of child marriage. Limited future perspectives, poverty, migration, low levels and the quality of education, gender inequality, cultural customs, social norms, low utilization of contraceptives, and peer pressure were identified as contributing factors to child marriage and unintended and teenage pregnancies and major contributors to SGBV in addition to FGM and HTPs. Furthermore, legal norms have characterized some of the feats achieved in young people’s sexual and reproductive health. For example, legislative and constitutional instruments such as the 1992 Constitution of Ghana outline certain provisions that protect the well-being of adolescents.
1.0 BACKGROUND TO THE STUDY

Child marriage often occurs in the shadows of poverty and gender inequality impeding efforts to empower girls and achieve long-term sustainable development. It is both a symptom and a cause of ongoing development challenges especially in northern Ghana. The practice further contributes to economic hardships and human rights violations against girls who are deceived and brought from their villages to cities to stay with relatives. About 25 percent of young women (between the ages of 20-24) are married and about 6 percent of young women have a child by the time they are 19-years of age. It is believed that Ghana’s national rate of child marriage is about 27 percent — thus putting the country among the worst 30 countries in the world with bad record in child marriage.

The Population Reference Bureau’s (2012) Status Report on adolescents and young people in Sub-Saharan Africa shows that Ghana’s youth (between the ages 15 to 24) represent about 20 percent of its population. Out of the number, about 42 per cent, who are males, do not complete Junior High School (JHS). Similarly, 60 percent of the figures, who are females, also did not complete JHS. This means that a large portion of Ghanaian youth possess limited education and basic literacy and numeracy. Only about 39 percent of the youth are seeking employment or are employed.

According to the United Nations Population Fund (UNFPA), between 2011 and 2020, more than 140 million girls will become child brides globally. Furthermore, of the 140 million girls who will marry before the age of 18, 50 million will be under the age of 15. If nothing is done, according to Girls Not Brides, an estimated 15.4 million girls will marry each year by 2030.

Child trafficking is also making it difficult for girls to complete school. Internal trafficking is gaining grounds in most of our major cities. For instance, rural girls especially orphans are cajoled in the name of securing jobs for them in cities to become nannies.

Many girls in northern Ghana do not complete upper primary because they are either given out to marriage or ran out from early marriage to engage in Kayayei to take care of themselves in cities in southern Ghana. This is all done in the name of culture where many
northern tribes still hold to the deep-rooted socio-cultural practices where marriages are arranged between families or on an exchanged basis.

It must be mentioned that many girls have been given out for marriage against their will especially through the exchange system\(^3\). At times, it is done without the will of the parent(s). But because the parents are beneficiaries of the exchange system, they simply look on and have no control.

Most of the girls who are married at tender ages turn to become head porters known popularly as “Kayayei”\(^4\) in major towns and cities of the country, particularly in southern Ghana. Because the practice of child marriage is high in most communities in northern Ghana, most of the female “Kayayei” in southern Ghana are people who have migrated from northern Ghana; with some of them escaping from threats and/or as victims of the practice of child marriage. Despite the global community’s pledge to end child marriage by 2030 as part of the SDGs, progress remains slow. The pandemic has increased poverty levels and hunger, and decreased access to education, the risk of girls becoming child brides is also increasing.\(^5\)

Indeed, child marriage has tremendous implications for the development of girls and for societies. Its effects are multidimensional, driving girls into a cycle of poverty, poor health, illiteracy, and powerlessness. Child marriage undermines nearly every Sustainable Development Goal; it is an obstacle to reducing poverty, achieving universal primary education, promoting gender equality, improving maternal and child health, and reducing

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\(^3\) Marriage through exchange therefore is by far the most common way to start a family life these days. When a man wants to take a girl or a woman as his wife, he usually has to offer one of his sisters to the brother of his future wife in return. In very few cases, if for example he does not happen to have a sister, he can also use one of his daughters or another girl from his closer kin group to replace the sister of his in-law.

\(^4\) Kayayei is made up of two words; the Hausa word ‘Kaya’, which means load, luggage, goods or burden, and the Ga word ‘yei’ which means women or females. Kayayei is a term used to describe women and girls who have migrated from northern Ghana to urban areas to earn money by carrying loads on their heads in lorry parks and markets. These Kayayei represent a highly marginalized and vulnerable group of girls and women in Ghana.

HIV and AIDS. In short, child marriage is an infringement on the right of the girls to their dignity and freedom.

Many aspects of life are still regulated by discriminatory customary law, like e.g., the land tenure system and customary marriage. In addition, the various government policies and laws are inadequately implemented and enforced due to limited financial resources and capacity of government and judicial institutions. For example, the Ministry of Gender, Children and Social Protection has been allocated less than 1% of the national budget to undertake its activities. The Domestic Violence Victims Support Unit of the police lacks sufficient resources to effectively investigate crimes. Child protection system is too weak to prevent, report, and handle cases. In addition, effective implementation of policies is hampered by bureaucracy, weak coordination between the various government actors coupled with limited awareness and understanding of relevant laws and policies.

Relationships between the government and CSOs are also not constructive, as was revealed by a 2013 assessment of the state of Civil Society in Ghana. Key problems included that there is a high level of mistrust between the government and CSOs and that CSOs hardly cooperate, do not speak with one voice, and do not articulate clear demands towards the government. Many CSOs are more focused on upward accountability towards their donors.

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6 The customary land act holds that chief, tendanas, clan heads, family heads or any authority in charge of management of stool or skin, clan, or family lands as accountable fiduciaries. As fiduciaries, these “managers” must be transparent, open, fair, and impartial in making decisions that affect the land(s) they manage. They are also subject to disciplinary sanctions if they fail to comply with their fiduciary duties. Second, the Act creates a Customary Land Secretariat. It imposes an obligation on stools, skins, clans, or families to establish a Customary Land Secretariat for the management of their respective lands. The Land Act sets out guiding provisions that detail the structure, functions, staffing, powers, and source of funds of these Customary Land Secretariats. A notable function is the duty to keep and maintain accurate and current records of land transactions within their respective areas of operation. The Land Act, however, does not provide any punitive measures for failure to adhere to this provision.

7 Kayayei is made up of two words; the Hausa word 'Kaya', which means load, luggage, goods or burden, and the Ga word 'yei' which means women or females. Kayayei is a term used to describe women and girls who have migrated from northern Ghana to urban areas to earn money by carrying loads on their heads in lorry parks and markets. These Kayayei represent a highly marginalized and vulnerable group of girls and women in Ghana.

than on downward accountability and CSOs perceive each other as competitors instead of collaborators to complement each other’s efforts for greater impactful outcomes.

**1.1 Prevalence of SGBV issues**

**1.1.2 Child Marriage**

✔ In Ghana, on average one out of five girls is married before their 18th birthday, which amounts to approximately 256,780 girls (Child Marriage Resource Guide by Ministry of Gender, Children and Social Protection (MoGCSP) and UNICEF Ghana 2000). Boys are far less the victims of child marriage, with 2% of men aged between 20 and 24 that were married before the age of 18. There is a considerable difference in the prevalence of child marriage per region (UNICEF 2013 Child Marriage Report). It is lowest in Greater Accra (18.5% of women, between 20-49, were married by age 18), and highest in the Northern (39.6%), and Upper East (36.1%) regions (2020 UNICEF and UNFPA renew multi-country initiative to protect millions of girls from child marriage) In addition, the child marriage rate is higher in rural areas, among the poorest population and among uneducated women. Out the 241 beneficiaries interviewed, 29% of respondents mentioned poverty, 22% peer pressure, 30% forced by parents and 19% had no idea. For example, while the share of women in Ghana with at least a secondary level of education (45.2%) is a lot higher than in most countries in Sub-Saharan Africa (22.1% is the average), it is still significantly lower than the share of their male counterparts (64.7%). In addition, while women’s participation in the labour force is increasing, women still mainly work in the informal sector and in low-skilled jobs.

Although child marriage practices vary greatly by region, ethnicity, and religion; this harmful practice is negatively affecting girls and being challenged at the community and social level. Key positive drivers include increased dialogue by traditional leaders to end child marriage using their leadership roles and governance structures. Traditional Chiefs and Queen Mothers are the guardians of cultural practices and could take the lead in advocating and intervening against child marriages.
In Districts in the Northern regions, Queen Mothers and Traditional Chiefs are campaigning to end child marriage while in the upper East Region there has been an increase of community discussions especially among girl’s groups by Queen Mothers to promote and protect the girls right to education and keeping girls in school.

Another positive drive is the increasing media attention to fighting against child marriage in these communities is to create platforms and engage children and parents to watch movies such as the one by Omoni Oboli, created as an advocacy tool entitled, “Wives on Strike” where a group of market women stand up against their husbands to protect a young girl from getting married. The film also promotes women’s rights and decision making at the individual and family level.

1.1.3 Commercial Sexual Exploitation of Children (CSEC)

There is no data available about the number of children that are sexually exploited in Ghana on a commercial basis. According to the government’s 2016 Child Protection Baseline Research Report, 18.1% of a total of 542 adult and child survey respondents stated that CSEC occurred in their community ‘all the time’ or ‘sometimes’. It is, furthermore, reported to happen more frequently in urban (24.4% of child respondents) than in rural areas (13.9% of child respondents) and specifically in the Nanumba south, Kpandai, Chereponi and Central Gonja (60% of adult respondents; versus less than 30% of respondents for the other districts). According to the “Trafficking in Persons report 2015”, there is an increase in the number of Ghanaian girls and young women from the northern region who work as head porters in greater Accra and who are at risk for sex trafficking, which was validated during the baseline assessment, 95% of respondents representing eight districts confirmed attempted to be trafficked while working as head potters (kayayei). A 2019 study on CSEC in Accra, undertaken by the Ark Foundation, furthermore, found that CSEC occurs especially in the urban communities of Greater Accra region and that there are two forms of CSEC practiced: 1) adults that engage children in CSEC and 2) children that engage younger children in CSEC. Finally, the 2015 ECPAT study on sexual exploitation of children in the travel and tourism sectors of Ghana revealed that CSEC in tourism destinations is medium to high. Key hotspots include beach resorts and hotels, and perpetrators include domestic
and international tourists and migrant workers in fishing, construction, entertainment, mining, and oil sectors.

1.1.4 Unintended pregnancies
An unintended pregnancy has been defined as the kind of pregnancy that is reported to be either unwanted or mistimed (CDCP, 2015). Globally, it is estimated that about 85 million pregnancies, representing 40% of all pregnancies, were unintended in 2012, of which 50% ended in abortion, 13 percent ended in miscarriage, and 38 percent resulted in an unplanned birth (Sedgh, Singh & Hussain, 2012). Even though the incidence of unintended pregnancy has declined globally in the past decade, the rate of unintended pregnancy remains high, particularly in developing regions such as sub-Saharan Africa (Singh, Sedgh & Hussain, 2010).

In Ghana, it has been estimated that about 37% of all pregnancies are unintended, comprising 23% mistimed and 14% unwanted pregnancies (GSS, GHS & MI, 2007). Thus, thousands of pregnancies are aborted while more than 300,000 infants are born each year because of unintended pregnancies in Ghana (Sedgh, 2010). It is believed that poverty, stigmatization of unmarried mothers, a cultural preference for sons, competing demands on women's time, and poor access to family planning services among many others are the underlying causes of unintended pregnancy (Singh et al, 2010).

Unintended pregnancy has been found to have severe implications for both the child and the mother. For instance, unintended pregnancy is found to have negative effects on prenatal visits and care, physical health status, labour experience, pain during labour, and psychological status in the early postpartum period (Karaçam, Onel &Gerçek, 2011). It is also found to have negative effects on various aspects of maternal and child health and behavior (Gipson, Koenig & Hindin, 2008), as well as increased risks of maternal depression and parenting stress. Unintended pregnancies are also known to impose huge direct and indirect financial costs on individuals and couples as well as governments (Montouchet & Trussell, 2013)
1.2 About Programme

The Power to Youth Programme connects Ghana to six other implementing countries with strong focus on southern leadership and a principle of co-creation. In co-creating the programme at country level, varied strategies are being used to scope the context and map out key stakeholders who could support the programme at different levels in line with Consortium partners’ initiatives, aim at raising awareness on the effects of harmful practices (child marriage, “kayayei” FGM, unintended pregnancy and sexual and gender-based violence (SGBV) in the Northern part of Ghana and the country as whole.

The Programme objective is to contribute to more adolescent girls and young women from underserved communities to be meaningfully included in decision-making regarding harmful practices, SGBV and unintended pregnancies in two pathways (Pathway 2: CSOs amplify young people’s voices to claim, protect and expand civic and Pathway 4: State actors improve policy making and implementation on key issues space). This complementary baseline assessment will provide a position for measuring the contribution of the Power to Youth (pty) programme in future and will inform programme design and strategy.

It is the anticipation that the result of the baseline will inform the implementation of Consortium members in ensuring that Adolescent Girls and Young Women (AGYW) from these underserved communities, have adequate information and platforms to make informed choices, enjoy their sexuality, and are free from harmful practices in gender-equitable and violence-free societies.

This baseline assessment is therefore to ascertain the status of the Consortium partners programming relative to youth awareness, safe space, and amplified voices to articulate and echo the issues affecting their full holistic development especially in relation to SGBV, early marriages and unintended pregnancies in triggering the needed change. This assessment used a sample of developing and developed stakeholder networks and drew on existing data from Consortium partners previous and ongoing initiatives and other sources.

1.3 Objectives

The baseline entailed analyzing both the overall and specific contexts of the Programme in the targeted regions across the country to establish the accuracy of the indicators formulated and to carry out an
initial data collection. The assessment has made it possible to create the starting point of the various indicators per the context for the implementation relating Pathway 2.

✓ Description of effective use of accountability mechanisms by citizens/communities and CSOs towards SRHR of all people
✓ Number of communities, CSOs and advocacy networks with increased lobbying, advocating and research capabilities
✓ Number of CSOs who have advanced on using a Gender and Social Inclusion lens during all phases of the programming cycle with specific attention to youth.

1.3.1 The objective of Pathway 4:
✓ Number of (inter) national laws, policies, norms, and practices implemented to decrease barriers to SRHR and prevent harmful practices, and SGBV
✓ Number and type of (inter)national laws and policies blocked, adopted, maintained, improved including the number of detrimental policies which are prevented or blocked from adoption or development to decrease barriers to SRHR and prevent harmful practices and SGBV.

1.3.2 The objectives support the aim of the baseline:
● To establish an indication baseline issues against which to monitor and assess the PtY programme progress from an input-based approach to an output-based approach.
● Setting baseline values where needed i.e., as indicated in the country result frameworks
● Situation analysis to inform future programming.
2.0 METHODOLOGY

The study entails a mixed methods design which included a quantitative and qualitative component that focused on child marriage, unintended pregnancies, SGBV and HTPs, their causes and effects, and related interventions. The survey was administered among adolescent young women and men (10-14 years) and (15-24 years) in targeted areas. Focus group discussions (FGDs), Semi-Structured Interview (SSIs), self-administered questionnaires (SAQs) and key informant interviews (KII) with various stakeholders were held in the intervention areas, covering the above-mentioned issues more in-depth. The participants in the study are in 10 Metroplan, Municipal and District Assemblies (MMDAs) in the Northern, Savannah, Upper East, and North-East Regions.

Figure 1: Map of Ghana showing the study regions with thick red marking
2.1 The study regions and districts

The combined population of the four regions per the provisional results of the 2021 Population and Housing Census is 4,920,694: Savannah (649,627), North-East (658,903), Upper East (1,301,221), and Northern (2,310,943) in order of lowest to highest. Other important population characteristics for the regions include the literacy rates which are 50.3% for the Northern region, Savannah, and North-East regions (which was one region then) being the lowest and 56% for the Upper East region, both of which fall below the national average of 79.4% (Multiple Indicator Cluster Survey Six, 2017-2018). Current disaggregated data by sex and district are not available.

Additional data regarding the study regions include data on early marriage. According to the Multiple Indicator Cluster Survey Six (MICS 2017-2018), percentages of marriage before age 15 for men and women are 2.7% and 8.3% for men and women respectively for Northern regions (Northern, North-East and Savannah) and 1.5% and 10.7% for men and women respectively for the Upper East. Percentage of women who had any form of FGM 2.8% for Northern regions and 13% for the Upper East; percentage of daughters who had any form of FGM is 04% and 0% for Northern regions and Upper East respectively; percentage of women who have heard of FGM is 56.3% for the Northern regions and 88% for the Upper East; percentage distribution of women who believe FGM should be discontinued was 94.4% and 95.4% for Northern regions and Upper East respectively. All these point to the imperativeness of the project in the selected regions and districts.

2.2 The sampling strategy

The study is mainly exploratory and intended to know the current situation in the study areas regarding four main thematic areas i.e., child marriage, unintended pregnancies, SGBV, and harmful traditional practices. Participants for the FGDs and KIIs were recruited using purposive sampling technique, a non-probability sampling technique widely used in qualitative research to identify and select information-rich cases that are related to the phenomenon of interest (Bryman, 2012) (Cresswell & Plano Clark, 2011). In all districts, participants were identified through key contacts in various organizations among the Consortium members (Norsaac, Youth Advocates Ghana (YAG), Ghana Alliance for Young People (Gh-Alliance) and Songtaba). The lead consultant contacted the key contacts in the districts and discussed the purpose of the study, the target population, as well as period of the study with them. In addition, other details including mobilization of participants, logistics, transportation, and community entry were also discussed with the key contacts. Once feasibility was established, the key contacts identified community volunteers to mobilize eligible participants. The
volunteers and key contacts sought audience with the traditional and local authorities approximately one week prior to data collection to inform them of the purpose of the study, target groups and key persons as well as seek their permission to conduct the research in their respective communities.

2.3 Data sources
The sources of data included the following elements:
- 241 beneficiaries mainly youth and adolescent girls and boys
- 35 Key informants (teachers, health works, polices, personnel of the Children’s Department, Gender Department and Ministry of Youth and Sports and National Youth Authority
- 21 mothers and caregivers (semi structures interviews respondent and participant of FGDs)
- 18 fathers and male caregivers (semi structures interviews respondent and participant of FGDs)
- 50 leaders interviewed were mostly chiefs and queen mothers, assemblymen, and opinion leaders
- 13 partners Organizations

2.4 Data collection methods used
Semi-Structured Interview (SSIs) was used to collect data from adolescent girls and boys, women, men, state policy implementers and CSOs executing projects in the study districts. Semi-structured interview (SSI) is an open and flexible way of eliciting ideas from target respondents. It is exploratory in nature and helps to understand an issue with different stakeholders. It was employed because it is quicker to implement, and time was of the essence in this study.

The community participants were selected based on their age, relationship to the issues being explored, willingness to participate and the fact that they hail from the pre-selected study communities. The actors (state and non-state) were selected based on their mandate in relation to the issues. The state actors included the Police Service, Department of Social Welfare (DSW), Department of Community Development, Community health Nurses etc. and the non-state are NGOs/CSOs operating in the areas. The following categories of respondents were interviewed using semi-structured interviews:

1. **State and non-state actors:** State actors are individuals or organizations who act on behalf of the state whereas non-state actors are civil society groups and their personnel. The study engaged with representatives from governmental organizations (state actors) and CSO/NGO representatives, and advocates (non-state actors) working in the focused districts. A target of
eight governmental agencies and CSOs/NGOs in each district was expected to be reached i.e., total of 80 in all districts but only 50 were reached which is 63% of the target. This is because some actors (agencies/NGOs) are not present in some of the operational districts. The state actors (government agencies) are five, which include the Police Service/DOVVSU, Department of Community Development, Department of Social Welfare, National Youth Authority (NYA) and Youth Employment Authority (YEA). The non-state actors (CSOs/NGOs) include Afrikids, Camfed, Global Fight against FGM and Fistula, World Vision International, Girls Advocacy Alliance, RAINS and Friends’ Clinic.

2. **Beneficiary group:** these include adolescent girls and boys aged 10-14 years; adolescent girls and young women (15-24 years); and adolescent boys and young men (15-24 years). six each was to be interviewed in a community i.e., a total of about 320 beneficiaries. However, 241 respondents representing 76% of the target was reached.

3. **Key Informant Interviews (KII):** Key informant interviews (KII) were used to elicit ideas from key informants. KII are qualitative in-depth interviews with people who know what goes on in the community. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, and local actors. The target here included:
   - Mothers and female caregivers.
   - Father and male caregivers.
   - Teachers; health workers.
   - Role models/community Champions/youth activists

4. **Focus Group Discussions (FGDs):** A focus group is a small-group discussion guided by a trained leader. It is used to learn about opinions on a designated topic and to guide future action. FGDs help to explore a topic in depth through group discussion with project beneficiaries and relevant stakeholders on their experiences relating to issues of interest. A maximum of 24 were planned to be held in mixed groups. However, experience in the field dictated that separate ones should be held with females and males respectively. Each FGD had a minimum of 8 and maximum of 12 participants.
   - Mothers and female caregivers of adolescents and youth
- Father and male caregivers of adolescents and youth
- Mixed group – Selected from each age group (15-19) both boys and girls and (20-24) both male & female

5. **Desk reviews:** Relevant literature on SGBV, harmful practices and unintended pregnancies were reviewed. Documents reviewed included international/national laws, policies, studies, and news bulletins on SGBV in Ghana.

2.5 **Data Analysis**

During data collection, daily review meetings were held to crosscheck completeness and consistencies. Data was thoroughly cleaned after entry to avoid omission, incompleteness, and duplications. However, the major form of the data was qualitative (i.e., data from key informants, focus group discussions and beneficiaries). The data were analyzed using Excel Pivot Tables, an advanced data analysis tool within MS Excel. Specific quantitative data in each category of respondents (actors, partners, beneficiaries) were analysed using IBM SPSS Statistics 20, excel and stata version 15. Interviews and FGDs were digitally recorded and transcribed for coding. Content analysis of the transcripts were conducted using a comprehensive thematic matrix. This facilitated identification of similarities, differences, trends, and gaps, influencing comparisons, ranking and prioritization of the issues.

The analyzed data was presented in the form of tables, graphs, charts, and figures where appropriate. For ease of understanding, important sections and/or elements of the analyzed data were explained in brief narratives. The processed information was triangulated with information gathered through desk reviews and project information to craft the baseline report.

2.6 **Limitation of the study**

The qualitative study conducted in selected districts in the Northern and Upper East regions; hence, the results cannot be generalized for the whole country. However, these findings give some indications of and reflect the issues surrounding SGBV, child marriage and unintended pregnancies in these areas. These findings might not be very different from what is experienced in other parts of the country.
3.0 SUMMARY OF THE MAIN FINDINGS ON THEMATIC AREAS

In terms of thematic areas, the study focused on child marriage, unintended pregnancies, SGBV and HTPs in the study districts.

3.1 CSOs amplifying young people’s voices to claim, protect and expand civic space

The goal of social accountability is to engage and empower citizens to hold government or service providers accountable. Social accountability involves the flow and interactions among three components: information, civil society i.e., citizen action, and government (state) response. The World Bank (2004) therefore defined social accountability as a broad range of actions and mechanisms that citizens, communities, independent media, and civil society organizations can use to hold public officials and public servants accountable. In Ghana, PowertoYou(th) will be implemented by Norsaac in partnership with Youth Advocates Ghana (YAG), Ghana Alliance for Young People (Gh-Alliance) and Songtaba.

In relation to this objective, the study sought CSOs in the field that are supporting social accountability initiatives in the study districts. Apart from UNICEF and UNFPA who are supporting activities in the study districts, about 10 CSOs with field presence in the study districts have been identified. From the table 8, it can be seen that the CSOs focus on education, gender issues, child rights advocacy, citizens’ participation in governance, and skills development using advocacy and social accountability to increase citizens, especially young people’s, participation in the civic space.

Table 1: CSOs implying young people’s voices in the civic space in the study districts/regions

<table>
<thead>
<tr>
<th>No.</th>
<th>CSO Involved</th>
<th>District</th>
<th>Focus areas</th>
<th>Social accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Children Believe</td>
<td>Bongo</td>
<td>Children and gender issues (education, skills development, reproduction health)</td>
<td>Using child advocates to deepen children’s voices</td>
</tr>
<tr>
<td>2</td>
<td>Afrikids</td>
<td>Bulsa South, Kassena-Nankana West</td>
<td>Children issues and advocacy</td>
<td>Using community volunteer networks to respond to child protection issues</td>
</tr>
<tr>
<td>3</td>
<td>Youth Harvest</td>
<td>Kassena-Nankana West</td>
<td>Education, sexual and reproductive health rights information and services, human rights and justice, skills development,</td>
<td>Formation of youth ambassadors to champion youth causes</td>
</tr>
<tr>
<td>4</td>
<td>Rise Ghana</td>
<td>Bulsa South, Kassena-</td>
<td>Human rights, local governance, advocacy,</td>
<td>Organises community durbars on citizens’</td>
</tr>
<tr>
<td>No.</td>
<td>Organization</td>
<td>Region</td>
<td>Activities</td>
<td>Outcomes</td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td>--------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>5</td>
<td>World Vision</td>
<td>Bulsa South, Kassena-Nankana West</td>
<td>Education, child rights advocacy, child sponsorship</td>
<td>Using the platform of Youth parliament to demand accountability from duty-bearers</td>
</tr>
<tr>
<td>6</td>
<td>Camfed</td>
<td>Northern, Upper East, Savannah</td>
<td>Education</td>
<td>Using the platform of CAMFED Champions to actively champion and support the advancement of girls and young women in their communities</td>
</tr>
<tr>
<td>7</td>
<td>RAINS</td>
<td>Northern,</td>
<td>Education</td>
<td>Using District Education Oversight Committees (DEOCs), District Education for all teams (DEFATs), School Management Committees (SMCs) and district level CSO platforms in education to engage effectively with district service providers</td>
</tr>
<tr>
<td>9</td>
<td>Girls Advocacy Alliance</td>
<td>Upper East</td>
<td>GBVs, girls’ rights advocacy</td>
<td>Mobilize CSO platforms, girls and women’s networks, and community change agents to demand responsiveness from state and non-state actors on equal rights for girls</td>
</tr>
<tr>
<td>10</td>
<td>Friends Maternity Home and Clinic</td>
<td>Sawla</td>
<td>Counsel services to teenage mothers and adolescent girls and boys reproductive and sexual health education Community advocacy against SGBVs Skills development</td>
<td>Uses community networks (women’s groups and traditional leaders) to demand reproductive and sexual health rights for teenage mothers and adolescents</td>
</tr>
<tr>
<td>11</td>
<td>ActionAid Ghana</td>
<td>Upper East</td>
<td>Women’s empowerment</td>
<td>Using women’s networks in agriculture to demand access to services and inputs for women</td>
</tr>
</tbody>
</table>
In the past, most of these CSOs were accused of doing similar things in the same communities without coordination of their efforts and thereby wasting resources. This was attributed to their Paternalistic approach which limits opportunities for collaboration with other CSOs. In one of the key informant interviews with a Regional Head of the Children’s Department, she explained that the situation regarding duplication of efforts by CSOs was a concern but there is now an improvement in coordination of CSOs activities in the region. She explained:

“Now we have a Regional Child Protection Committee which is chaired by the Regional Coordinating Director with members from the Gender and Children’s Departments and representatives of the CSOs and the same structure is replicated at the district levels. This committee meets to discuss implementation of child rights and gender issues and part of its focus is to see how support from CSOs can be coordinated to achieve maximum benefits. In this way, we are able to reduce if not eliminate waste through duplication of efforts in the field”.

The study sought the views of government agencies and CSOs/NGOs (state and non-state actors) in the field on how advocacy and social accountability can be supported. All respondents, 50 (100%) indicated that the chiefs and elders of the community should lead these initiatives with the support of queen mothers, religious leaders, assembly members, teachers, and youth leaders.

From the FGDs, 19 (80%) of the groups indicated that the chiefs, elders, and religious leaders and youth-led groups have been leading the accountability effort but do not get support from parents, while 20% of the groups indicated that political affiliations (partisanship) or open display of support to a political party stifles one’s ability to champion some advocacy activities.

The FGDs by consensus suggested the formation of girls and boys or youth clubs to champion advocacy and sensitization among peers. Community elders like chiefs and queen mothers should lead community sensitization and engagement. They also suggest information from communities should inform Programme design and community members should be active in monitoring of the programmes. These suggestions were made against the background that community-led advocacy and social accountability are not visible in the current context.
3.2 Number of CSOs and advocacy networks with increased lobbying, advocating, thematic areas

On level of advocacy carried out in the field, a total of 39 (78%) government agencies and CSOs/NGOs state and non-state actors reported that they do some advocacy in the thematic areas, whereas 11 (22%) respondents reported, they do not do advocacy in the thematic areas. On type of advocacy as indicated in Table 9, 26 (52%) of actors mentioned public advocacy being the type they are engaged in.

At least the 12 CSOs/NGOs claimed to be doing advocacy include Afrikids, Girls Alliance, UNICEF, UNFPA, ActionAid, Rise Ghana, World Vision, Friends Maternity Home and Clinic, Camfed, RAINS etc. They do this through networks they have created which include youth parliament, youth ambassadors, adolescent corners, champions of education, and women groups.

Table 2: Types of advocacies

<table>
<thead>
<tr>
<th>Type of advocacy</th>
<th>No. of respondents</th>
<th>Respondents' definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-advocacy</td>
<td>3</td>
<td>Victims are to speak out for themselves especially when they are abused</td>
</tr>
<tr>
<td>Public advocacy</td>
<td>26</td>
<td>Deliberate actions taken to influence the community on some of the harmful practices in order promote the interest of the women and girls in the community</td>
</tr>
<tr>
<td>Policy advocacy</td>
<td>2</td>
<td>Influence policy and decision makers such as chiefs, imams, and Christian leaders on some of the HPs to support. Promulgation of byelaws on defilement and lobbying for gazette by District Assemblies</td>
</tr>
<tr>
<td>Peer-to-peer advocacy</td>
<td>6</td>
<td>Victims/actors engage peers on the dangers of teenage pregnancy, child marriage</td>
</tr>
<tr>
<td>Public health advocacy</td>
<td>2</td>
<td>Education on issues such domestic violence, family planning and teenage pregnancy</td>
</tr>
</tbody>
</table>

*Source: Baseline survey, September 2021*

It was clear that most advocacy is largely supported by CSOs/NGOs. Therefore, at the FGDs all the groups unanimously agreed that the chiefs and elders of the community should lead advocacy initiatives with the support of queen mothers, religious leaders, assembly members, teachers, and youth leaders. In this, the community will take ownership of the SGBV programmes, and this will engender sustainability.
3.3 Number of CSOs using a gender and social inclusion lens during all phases of the programming cycle with specific attention to youth.

Gender lens in programming is the situation where women, men, girls, boys, and other marginalized members of society have equal rights and access to resources, opportunities, and protections. Social inclusion is the systematic process and efforts used to ensure gender lens by leaving no one behind in terms of improving and ensuring equal rights and access to resources, services, opportunities, self-respect and dignity for individuals and groups to enhance their full participation in social, economic culture and political life, meaningful participation in decision-making processes and enjoy a dignified life. This study shows that, apart from the state actors whose mandate requires them to use gender lenses, the main non-state actors that also use gender lenses in their programming include:

1) Afrikids – Child Champion Communities informed and empowered to protect children’s rights
2) World Vison International – Championing children’s rights
3) Camfed – Working to improve access and quality of education to girls
4) Girls Advocacy Alliance – Advocating for equal rights for girls
5) Global Fight against FGM and Fistula
6) Rise Ghana – citizens participant in local governance and human rights and justice
7) RAINS – improving education outcomes
8) Girls Advocacy Alliance – promoting equal opportunities for girls
9) Friends Maternity Home and Clinic – sexual and reproductive health education for women
10) World Vision – Child protection and sponsorship
11) ActionAid Ghana – Women empowerment through access to productive resources such as access to land and capital

Though most of gender lens and social inclusion programming seem to be in favor of women, a staff of one the CSOs (Afrikids) in the Bulsa South explained as follows:

“Even though we understand that gender is not about only women, the reality on the ground is that most of the issues the CSOs are working to solve, women are the most negatively affected. If you look at child marriage, it is girls who are affected, access to economic resources like land, women are the most deprived, and widowhood rites affect only women. However, where there is evidence that in some areas men or boys are affected, attention is
paid to their plight. But for now, more attention needs to be given to the females because of their peculiar problem”.

3.3.1 Challenges faced by CSOs

CSOs working to promote SRHRs, prevent harmful practices and SGBV face some challenges in the execution of their mandate. The table below outlines some of the challenges.

Table 3: Challenges in the promotion of SRHRs, preventing SGBV, HPs & unintended pregnancies

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad road network affect accessibility to victims in hard-to-reach communities</td>
<td></td>
</tr>
<tr>
<td>Traditional and political interference/Influences</td>
<td>Entrenched harmful cultural practices are difficult to break.</td>
</tr>
<tr>
<td>Financial to support victims in a case of any abuse relative to SGBVs and also carry out trainings with expert’s support</td>
<td></td>
</tr>
<tr>
<td>Lack of treatment and case management centers and no psycho-social support structures</td>
<td></td>
</tr>
<tr>
<td>Limited participation of critical stakeholders in nationwide outreach</td>
<td></td>
</tr>
<tr>
<td>Under reporting of cases, especially SGBV creates data inaccuracy</td>
<td></td>
</tr>
<tr>
<td>Bad road network affect accessibility to victims in hard-to-reach communities</td>
<td></td>
</tr>
<tr>
<td>Capacity gaps to deliver adequate education on all the thematic areas</td>
<td></td>
</tr>
<tr>
<td>Inadequate resources - financial and human</td>
<td></td>
</tr>
</tbody>
</table>

Source: Baseline survey, September 2021

3.4. State actors improve policy making and implementation on key issues (# and type of (inter)national laws and policies implemented to decrease barriers to SRHR and prevent HPs and SGBV)

Although, the issue of SGBV can be said to have existed since creation of humanity, it only received specific concern in 1980 when the United Nations through the World Conference of the Decade for Women: Equality, Development and Peace, held in Copenhagen, adopted the resolution on "Battered women and violence in the family". This was followed by the Nairobi Forward-looking Strategies for the Advancement of Women in 1985 which called for specific actions to deal with violence against women. Subsequently, the United Nations followed up with many other meetings of experts on violence against women and has taken steps to bring the issue to the attention of governments. For the purpose of this study, 21 international agreements or treaties have been identified below: From the survey data, it is revealed that community members have no knowledge of the existence of these treaties.
1) The Universal Declaration of Human Rights, 1948: The International human rights law is a set of international rules that reinforce the rights and dignity of all human beings – women, men, and children – without discrimination.

2) The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) 1979:


5) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted Dec. 10, 1984, aims to prevent torture and other cruel, inhuman, or degrading treatment or punishment around the world.

6) The United Nations World Conference on Human Rights in Vienna in 1993: The convention was on democracy, development, and respect for human and fundamental freedoms of everyone.

7) The United Nations Special Rapporteur on Violence Against Women was established in 1994:

8) The Beijing Declaration and Platform for Action, 1995: The Beijing Platform tackled global issues that are still pressing today and examined how they impact women and girls.

9) The Millennium Development Goals (MDGs), 2000: The MDGs were eight and all had a bearing on the welfare of women and were meant to promote gender equality and empower women and eliminate gender disparity in primary and secondary education.

10) The Convention on the Rights of the Child (CRC), 1989/1990: It is legally binding agreement setting out the civil, political, economic, social, and cultural rights of every regardless of race, religion, or abilities.


12) UN Declaration on the Elimination of Violence against Women (DEVAW) 1993


16) Sustainable Development Goals (SGDs): The UN General Assembly Resolution Transforming Our World:

17) International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 2003:


3.5.1 National laws – 15

These international treaties have informed the promulgation of anti-SGBV laws in Ghana which include the following.

Table 4: International treaties on anti-SGBVs in Ghana

<table>
<thead>
<tr>
<th>NO</th>
<th>LAW</th>
<th>TEXT GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The 1992 Constitution of Ghana (Article 17) - Prohibits discrimination of persons on the basis of gender and promotes the protection of the human rights of the</td>
<td>Article 16 of the Constitution and amended in 1996, included the following provisions on violence against women and children: (1) No person shall be held in slavery or servitude. (2) No person shall be required to perform forced labour.</td>
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Gaps

In a review article Dowuona-Hammond, Atuguba and Tuokku (2020), pointed out that this law, including the Constitution and 1960 Criminal Code, were insufficient to protect the human rights of Ghanaians including women and children. This was based on the
citizenry, including women. The fact that in spite of the prohibitive provisions in the laws of Ghana, harmful practices such as FGM and banishing widows as witches are still practiced and tolerated. They concluded that something more than the creation of largely unenforced laws and the signing of aspirational treaties is required to ensure the rights of women and children.

The gap here is simply about the lack of enforcing the laws which is partly blamed on inadequate resources and other reasons

<table>
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<tr>
<th>Number</th>
<th>Law/Act</th>
<th>Description</th>
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<tr>
<td>2</td>
<td>Criminal Code Amendment Act, 1998 (Act 554)</td>
<td>The Parliament of Ghana enacted the Criminal Code (Amendment) Act, 1998, (Act 554) and criminalized all customary practices of servitude and ritual enslavement such as Trokosi and FGM making it an offence punishable by a minimum of three (3) years in jail. Gaps: The UN’s Universal Periodic Review (UPR) in 2017 revealed that gaps in the implementation of the Code include inadequate Programme intervention such as inadequate services for victims of violence and even non-existent in most parts of the country. State agencies like DOVVSU and Dept of Social Welfare (DSW) are supposed to provide such services but do not have sufficient budget to fulfil their mandate. Also, weak child protection systems in the communities as well as lack of coordination between the formal and informal systems.</td>
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<td>3</td>
<td>The Domestic Violence Act, 2007 (Act 732)</td>
<td>The Domestic Violence Act 732, adopted by Parliament in 2007, outlines a comprehensive legal framework for the prevention of and protection against domestic violence and criminalizes various acts of physical and sexual violence, economic and psychological abuse, and intimidation in domestic relations. Act 732 criminalizes all forms of violence and further establishes the Domestic Violence and Victims Support Unit (DOVVSU) to speedily respond to situations of violence against women. Gaps: The Act creates a fund to compensate victims of violence, develop shelters, train family members of victims of violence, and train the staff of shelters. But The DV Fund has lacked resources severely. After some €50,000 was put in it as seed money some 12 years ago, several reports suggest there has been no allocation to the Fund (Myjoyonline.com 12 September 2021). Ghana has designed the National Policy and Plan of Action on Domestic Violence (2009-2019) to effectively implement the Domestic Violence Act, 2007 (Act 732). This will be done through communication, awareness-raising, and a comparative study on gender-based violence (Women Enabled International).</td>
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</table>
The Ministry of Gender, Children and Social Protection (MoGSCP) has set up a Secretariat for the DV Management Board and a Fund to support victims as mandated.

A Legislative Instrument (LI) to the DV Act, 2007 (Act 732), was passed in 2016 after a long delay.

In addition to inadequate resources, a study by the Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016) attributed the ineffective implementation of Act 732 to:

1. Victims not seeking help due distrust of, and poor experiences with, state authorities and public services because of the way such cases are handled.
2. Costs of the services including medical examination of victims
3. Lengthy or ineffective delays in the handling of cases, and corruption.
4. Limited logistical support for the proper functioning of DOVVSU
5. Police personnel had not received adequate specialized training to provide specific help to the victims of violence.

Apparently, the Domestic Violence and Victims Support Unit has an ultra-modern treatment center in Accra with a shelter, juvenile cell, medical support including DNA testing facilities. It was built with the support of the Australian High Commission, UNICEF, The church of Latter-Day Saints. The facility is completed but it is yet to be commissioned. (Myjoyonline.com, 12 September 2021).

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<th>Human Trafficking Act, 2006 (Act 694)</th>
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<td>The Act addresses trafficking in persons. The Act also sets up the Human Trafficking Management Board (HTMB) which provides technical advice to the Ministry of Gender and Social Protection to effectively respond to trafficking in persons cases. The composition of the Act was mainly guided by the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol)</td>
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**Gaps:**
The Legislative Instrument for this Act was only adopted in 2015, nine years after passing the Act.

According to Sertich and Heemskerk (2010/11), the Act’s definition of human trafficking is unclear, most notably due to the use of the conjunctive “or” in Section 1(1). They explained that the lack of definitional clarity causes confusion about what behavior constitutes human trafficking and makes it difficult to investigate and prosecute human trafficking if such confusion exists.
Some advocates are also concerned that the Act is not comprehensive enough to cover all types of trafficking or appropriately address the most prevalent types of trafficking occurring in Ghana. This is different from other countries whose laws articulate and criminalize many distinct forms of trafficking e.g., Nigeria has nine distinct forms of trafficking based on the types of exploitation whereas the Act mentions about seven with the conjunction ‘or’.

Lack of resources as the Fund lacks seed money.

| 5 | Repeal of Section 42(g) of the Criminal Offenses Act, 1960 (Act 29) which had permitted nonconsensual sex within marriage. | The revised section 42(g) allows revocation of consent with no exemption; this change means that a spouse can revoke consent to sex in marriage, and should a husband force himself on his wife, a marital rape case can be brought before the courts.

Gaps:
According to Archampong (2011), the interpretation of consent in marital rape cases is likely to meet challenges due to Ghanaian society’s acceptance of women presumed and perpetual consent to sex in marriage.

No reported case is as yet available on marital rape in Ghana. However, it is likely that the treatment of consent, should marital rape cases arise, is likely to reflect a possible indirect impact of the practice of dowry on how both society and the courts view consent to sex. Lingering doubts remain about whether survivors of marital rape would take advantage of these laws (Morhe, Assan Jnr & Morhe, 2015)

The Ghanaian attitude to some laws in relation to our culture means that more public education is needed for the appreciation of the law.

A report by the Crown Prosecution Service (CPS); Violence Against Women and Girls Ghana report (VAWG 2019) revealed that Intimate partner violence (IPV) and violence by family members are the most common forms of violence experienced by women in Ghana. Four out of ten Ghanaian women surveyed who were in a current relationship experienced IPV, and one out of two women living with natal or marital families, experienced family violence (FV) in the last 12 months.

| 6 | The Intestate Succession Law of 1985 and amended in 1991 | This law provides a uniform intestate law applicable throughout the country especially when a spouse dies intestate.

Gaps:
It is mostly believed that there is minimal compliance with Ghana’s Intestate Succession Act, 1985, (PNDC Law 111) especially by...
communities in rural areas whose lives are governed generally by customary law (Hammond 2019). This is because there is no reconciliation between contemporary and customary legal systems in Ghana. Most Ghanaians are ignorant of laws including this law until an issue brings them into contact with the law.

| 7 | The Labour Act, 2003 (Act 651) | The Labour law is gender neutral even though Part 6 addresses women related issues in the areas of:
- employment:
- pregnancy
- overtime work
- seeking redress in the event of violation transfer
- Maternity leave, cash benefits breastfeeding and protection of employment.

**Gaps:**
However, there is no specific law on ways of handling cases of sexual harassment at the workplace in the Labour Law, even though it ensures that organizations must address sexual harassment at the workplace (Gender Centre for Empowering Development, 2019).

There are legal provisions designed to address sexual harassment at the workplace which include the DV Act, of 2007 mandating the DOVVSU to address cases of sexual violence at work, the National Labour Commission (NLC) and the Commission on Human Rights & Administrative Justice are also mechanisms established to seek redress.

| 10 | The Children’s Act, 1998 and the Criminal Code, 1960.” (Section 100). Section 109 goes on to criminalize the act of forcing someone into marriage where someone found guilty of that offence will be charged with a misdemeanor (Criminal Code, 1960). | The Children’s Act provides for legislative protections against forced and child marriage by defining a child as someone under the age of 18 (section) and setting the minimum age that one can be married also at 18 (section 14).

Article 14 also goes on to state that no one can force a child to be betrothed, be the subject of a dowry transaction or to be married (Children’s Act, 1998). The Criminal Code 1960 also prohibits compulsion in marriage by making void, a marriage that is the result of “a female [being] compelled to marry another person by duress.

**Gaps:**

In 2014, the Ministry of Gender, Children, and Social Protection created an Ending Child Marriage Unit that with the support of civil society and NGOs would directly intervene in communities. Under the purview of the Ministry, an Advisory Committee on Ending Child Marriage was established to provide technical expertise and guidance on appropriate interventions to the Unit (National Framework, 2016).
Despite these legislative protections, there are still reports that girls and boys as young as 16 have been married with the consent of their parents (Girls Not Brides, 2017). The 2014 CEDAW Shadow Report mentions the customary practice of “marriage of elopement” that occurs in the northern parts of Ghana where women are forced to marry their abductors.

| 1 | FGM: Act 484 to amend the Criminal Code. Section 69A of Ghana’s Criminal Code, 1960) and Act, 2007, (Act 741) also widens the scope of who can be held accountable for the practice of FGM. And monitoring and enforcement in the case of FGM cases. | Section 69 A (1) Whoever excises, infibulates, or otherwise mutilates the whole or any part of the labia minora, labia majora and the clitoris of another person commits an offence and shall be guilty of a second-degree felony and liable on conviction to imprisonment of not less than three years. (2) For the purposes of this section 'excise' means to remove the prepuce, the clitoris and all or part of the labia minora; 'infibulate' includes excision and the additional removal of the labia majora. Act, 2007, (Act 741) also widens the scope of who can be held accountable for the practice of FGM by including participators (CEDAW Country Report, 2012). Therefore, medical practitioners, parents, other practitioners, and participators of FGM can be held accountable and the law supersedes any customary, traditional, or religious laws (CEDAW Country Report, 2012).

**Gaps:**
According to CEDAW Country Report (2012), Ghana has seen a decline in the number of FGM cases and, when compared to other African countries, has some of the lowest cases of FGM.

A 2016 UNICEF country profile on Ghana found that a 93% of Ghanaian women and girls believe that FGM practices should stop (UNICEF, 2016). Besides being mentioned as an educational and awareness priority in the National Gender Policy, there is no stand-alone national action plan or policy to specifically address FGM. The current wording in the law does not allow for victims and survivors of FGM to receive compensation.

A study by Sakeah et al. BMC Women's Health (2018) revealed that among 830 women respondents (age 15 -49) in Bawku and Pusiga, 61% reported having undergone FGM, 66% indicated their mothers influenced it, and 75% think that FGM could be stopped through health education.

| 13 | Act 29, section 58 of the Criminal code of 1960, amended by PNDCL 102 of 1985. | Abortion In 1985, Ghana’s Criminal Code was amended to legalize abortion by a registered medical practitioner in certain circumstances. These include instances where the pregnancy is a result of rape or incest; where the mother’s life is at risk or her physical and mental health may be compromised and finally, where upon birth, there is a substantial chance that the child’s physical and
mental health may be severely compromised (Criminal Code, 1960).

Gaps
In a review by CEDAW (2014), it found out that in instances where the abortion is considered legal, high costs and distance to close health facilities renders access more difficult for many women in Ghana. The CEDAW report also noted concerns about stigma and high costs attached to abortion in Ghana and the lack of awareness around the legal circumstances of having an abortion. The Committee urged the government to provide safe, legal, and affordable abortion options for women.


In spite of the Persons with Disability Act, 2006 (*Act 715*), violence against persons with disability does not seem to be receiving much attention. In report to the UN’s Human Rights Committee in 2016, Women Enabled International stated:

“There is a dearth of statistics on violence against women with disabilities in particular. Ghana’s report also fails to include information on the availability of shelters for victims of gender-based violence and the extent to which these shelters are accessible to women and girls with disabilities. There is no information on any efforts to train social service providers, medical providers, and law enforcement officers on how to recognize and respond to violence against women with disabilities. The report also neglects to address the legislative barriers that effectively exclude women and girls with certain disabilities, such as deaf women, from testifying in the legal system as to their experiences of gender-based violence”.

The Persons with Disability Act, 2006 (*Act 715*) has 8 main sections. Section one throws light on the rights of PWDs. It gives PWDs the right to live with their families or participate in any gathering open to the public. It frowns on subjecting PWDs to differential treatment in a residence. It says no person or employer shall exploit or discriminate against a PWD. Where a PWD is to appear in court, such court shall provide the necessary facilities to enable contribute effectively to proceedings. This section also states that all buildings or services to which the public has access should be made accessible to PWDs. The section ends with penalty for non-compliance of the provisions above. Section two highlights’ issues of employment of PWDs. It states that the state shall establish public employment centres to assist PWDs in securing a job.

Gaps
In 2016, the Ghana Federation of the Disabled expressed concerns on the fact that the country’s Disability Act has no provisions for
children and women with a disability, humanitarian services and political participation among a host of other gaps.

| 15 | The adoption of the Millennium Development Goals (MDGs) as part of Ghana’s Medium to long-term Development Policy Framework (GPRS I & II). | Targets on halving extreme poverty, halving proportion of people without access to safe drinking water, universal primary education and gender parity in primary school achieved. Substantial but slow progress on productive employment, equal share of women in non-agricultural wage employment, etc. |

3.6 Funding policies for SGBV implementation (Budgeting)

It is not only laws and treaties that are critical to anti-SGBV implementation. Funding is as critical, and it is normally determined in the government’s budget for the year. Since 2010, Ghana has been practicing Programme Based Budgeting (PBB) for some MDAs. Programme-based budgets (PBBs) organize the budget around objectives rather than inputs. A PBB presents a set of programmes and subprograms with clear policy objectives. Each program has a set of indicators, which measure whether objectives are being achieved, and time-bound targets, which are related to each indicator and measure progress toward achieving these objectives.

Though PBB has its advantages, it is believed that the most appropriate approach in tackling SGBV is gender-responsive budgeting (GRB). With GRB, the aim is to mainstream the gender dimensions into all stages of the budget cycle. The approach involves analysis of the differential impacts of public expenditure as well as revenue policy on women and girls, and men and boys, respectively. In addition to the impact analysis, gender-responsive budgeting makes proposals for a reprioritization of expenditures and revenues which considers the different needs and priorities of women and men, girls, and boys.

In 2005, after the Commonwealth Finance ministers meeting, the issue of Gender Budgeting became a topical one in many countries including Ghana. Ghana began discussions on GRB between the Ministries of Finance and Women and Children and a memorandum was sent to Cabinet in 2006 and got approved in 2007. The Ministry of Finance was then instructed to implement it. Guidelines for the preparation of the Government Economic Policy and Budget statement in 2007 indicated that GRB will be implemented in three selected ministries including ministries of agriculture, women and
children’s and education. Training was organized for key staff of the Ministry of Finance, National Development Planning Commission (NDPC) and the three implementing Ministries MDAs.

As part of the effort, the 2008 – 2010 Budget Guidelines clearly stated that all ministries should start gathering sex disaggregated data as part of preparation towards the subsequent roll out of GRB. Three selected ministries were requested to implement gender responsive budgeting on the basis that they have been implementing some form of the GRB through their various interventions like women in agriculture and girl-child education etc.

However, In the 2015 National Gender Policy, the government acknowledged the slow rate of implementation of GRB due to competing priorities and low political will. According to the Food and Agricultural Organization (FAO) and ECOWAS Commission in 2018, most MDAs are not prioritizing gender mainstreaming in their operations. Since the initial launch of GRB in 2007, the Government of Ghana through the president, the Parliament, and the Ministry of Finance has not shown strong leadership in implementing it.

Some challenges attributed to implementing GRB in Ghana include capacity constraints as many MDAs do not have gender desks, lack of sex disaggregated data for planning, lack of understanding of the basic gender concepts, inadequate funding etc.

3.6.2 Effect of inadequate GRB in Ghana

UNICEF (2020) cited cases related to DOVVSU and Anti-Human Trafficking Unit (AHTU) to emphasize some of the problems of lack of GRB implementation in Ghana:

✔ The current Programme Based Budget estimate of the Ministry of Interior does not link the contribution of DOVVSU and Anti-Human Trafficking Unit (AHTU) to any of the Medium-Term Development Planning Framework (MTDPF).

✔ As of 2020, the PBB estimates revealed the contribution of DOVVSU and ATHU is hidden under the Sub-programme named Maintaining Law, Order and Crime Prevention. The specific objectives and programme description for this sub-programme do not mention DOVVSU and ATHU and their contribution towards MTDPF.

✔ The subsequent budget allocation in the PBB estimates for sub-programme for these two units is also not visible. It is part of the overall budget of the Criminal Investigation Department (CID).
Further, the Maintaining Law, Order and Crime Prevention sub-programme results statement does not reflect the cases being managed by DOVVSU and ATHU related to violence against women, children, and human trafficking.

Based on the above and without having specific budget codes for the DOVVSU and ATHU, the budget does not show how much funding is being allocated to address violence against women and children and human trafficking from the ministry.

Furthermore, having no clear budget codes for these units mean that their expenditures can't be tracked and linked to their contribution towards specific SDG targets.

3.7. Analysis of DOVVSU funding and associated expenses on victims of SGBV
Ghana Governments’ efforts at promoting the issues of gender are evident in the enactment of national laws and commitments to international treaties. These laws and treaties are implemented through policies, programmes and structures to safeguard rights of women, men, boys and girls. For example, DOVVSU was established to enforce the 2007 Domestic Violence Act (Act 732) and has been serving as an entry point into the justice system and other services for many victims of domestic violence. DOVVSU is a unit under the Ghana Police Service tasked to handle cases of domestic violence by providing psycho-social counseling, legal advice, and shelter to victims of domestic violence who report to the unit.

However, as pointed out in a Voluntary Service Organisation (VSO) study in 2011, victims who arrive at DOVVSU with expectations to receive immediate access to these services were left dissatisfied because the expectations were not met. The study also revealed that DOVVSU’s annual reports and its strategic document show that all of these functions are severely hindered by the lack of resources and logistical support. Although the DOVVSU Act provides for the setting up of a Support Fund for the provision of basic material needs of victims of domestic violence; rehabilitation and reintegration of victims of domestic violence; shelters for victims of domestic violence in regions and districts; training and capacity building of persons connected with the provision of shelter etc., though the Fund is yet to be established.

In March 2017, the human rights division of Ghana’s high court ordered the government to establish the Domestic Violence Support Fund to help victims of domestic violence. The fund is the central pillar of a domestic violence law that was passed in 2007, but it was never set up and never funded (The New Humanitarian, 2017). Despite the court’s order, the Government of Ghana is yet to meet its statutory obligation to operationalize the fund and advocates on GBV are still
calling on government to meet its obligations. It is believed that the lack of funding for DOVVSU is due to the lack of having a dedicated budgetary allocation from the central government towards issues of GBV.

The Gender Centre for Empowering Development (GenCED) in 2020 did a scorecard on Ghana’s performance on the Maputo-Protocol and indicated that since the enactment of the domestic violence Act, only two rehab centers were established, both in the national capital and none in the other regions of Ghana. The study revealed that even these two were inadequately resourced due to lack of prioritizing and non-operationalization of the domestic violence fund for tackling of GBV in country.

As a result, UNICEF in 2021 asked that the Ministry of Interior which oversees the police service to consider creating a sub-Programme under its Programme Based Budgeting (PBB) for DOVVSU and ATHU with specific objectives that are linked to Medium-Term Development Policy Framework (MTDPF) objectives related to prevention and response to violence against children and women including human trafficking. They advocated that subsequent budgets estimates should have dedicated and specific codes for DOVVSU and ATHU that show precise allocations (UNICEF’s 2020 Budget Brief: Ending Human Trafficking & Violence against Women and Children).

Another demonstration of the lack of prioritization of GBV issues was cited in the UNICEF’s 2020 budget brief using the budget for child protection. The report indicated that child protection remains a relatively low priority for the Government of Ghana as child protection’s share of GDP only increased marginally from 0.03% in 2016 to 0.06% in 2020 and similarly, as a proportion of the total national budget, the share of child protection was just 0.1% in 2016 and 0.26% in 2020.

In the face of these funding challenges, DOVVSU performs its functions by passing costs to victims of domestic violence where it can. In a study by Merino et al (2019) on the health and economic costs of violence against women and girls (VAWG) on survivors, their families, and communities in Ghana, it was found out that, on the average, almost 11% of women experiencing intimate partner violence (IPV) incurred costs of GH¢ 275.62 due to IPV. The study also revealed that among women experiencing any form of violence, 11% of them reported out of pocket expenditures equivalent to US$ 53 in the last 12 months of the study including on health-related
expenditures, filing police reports, etc. This amount was said to be equivalent to 10% of the annual per capita expenditure on non-food consumption in Ghana.

Access to justice by victims of domestic violence has been attributed to many factors including the cost of medical reports and treatments and the availability of shelters to house victims of domestic violence. A UNICEF brief on the Ghana Government 2021 budget - “Funding services for children and women survivors of sexual and gender-based violence” - analysed the cost of medical report for victims of violence and revealed that:

“SGBV against children and women deepens household poverty as Ghanaian child and women survivors who access medico-legal services have to incur expenses of at least GHS 900 on average per case. In many cases, this is equivalent to 10 per cent of household annual per capita expenditure. This calculation is based on an analysis of over an interview and discussion with 100 boys and girl survivors of sexual violence between Sept and Dec 2020 in Accra and Kumasi Metropolitan areas.

UNICEF and partners provided all the support, including coverage of all expenses required to access different services. Through this exercise, we estimated the average cost paid by a child survivor of sexual and gender-based violence to be at least GH¢ 900. This includes direct costs incurred on services such as medical examination and treatment, procurement of the police medical form, and transport to court for themselves and at times for other service providers, and oftentimes even the accused. In cases that require age assessments, DNA tests and counselling and safe shelter, the cost can be as high as GH¢ 5,000 for a survivor. This forces many families to stop following cases through the formal criminal justice system and can have a knock-on effect on the heightened societal perceptions of impunity connected with sexual violence against children”.

What is the effect of this on victim’s access to justice? Taking, for example, the cost of medical report, the 2011 VSO study revealed that the cost of the medical report constitutes a barrier to GBV victims’ access to justice. In fact, victims who report cases to DOVVSU are unlikely to return because of the issue of medical report cost. The study revealed that for 50% cases, this was the major reason for not returning to DOVVSU and from DOVVSU official records, 70% of cases that needed a medical report did not return.
To emphasise the need for a dedicated source of funding for GBV issue, other studies have calculated the cost of GBV on the victims, the household, and the economy as a whole. A study by Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana on the economic and social costs of VAWG in Ghana in 2019 reached the following conclusions:

i. On the economy – “The scale of VAWG-related losses to the economy is significant. The national loss in productivity in Ghana through missing work and/or being less productive at work due to VAWG was approximately 65 million days annually, equivalent to 4.5% of employed women in effect not working. Considering only the time missed in paid work, households across Ghana lost nearly US $286 million annually in income due to VAWG in the last year (2018)”.

ii. On Intergenerational impact: “It is estimated that 300,000 school days were missed by children per year in Ghana due to their mothers’ experiencing violence. This missed schooling has long-term impacts on capabilities and future earnings of the children of women who experience violence”.

iii. On household poverty: “VAWG can deepen household poverty. Many women who experience VAWG bear increased costs due to violence, for example on medical care. In this survey, Ghanaian women who accessed services and reported incurring expenses spent US $53 annually on average, or equivalent to 10% of their annual per capita expenditure on non-food consumption”.

iv. On work and productivity impacts on women: “In Ghana, economically active IPV survivors were absent from work or less productive for 12 days in the last year. Additionally, women survivors experienced an impact on their care work – 15% of IPV survivors in Ghana stopped care work for the equivalent of 23 days in the last year (2018)”.

3.8. Deficiencies in some national laws

Through treaties and initiatives, international bodies like the UN and African Union have given attention to reducing, if not eradicating sexual and gender-based violence (SGBV), especially against the marginalized in society including adolescent girls and boys, LGBTQ+ and persons with disability. That attention has made progress manifested by the number of countries passing national laws to curb SGBVs. However, some laws have been criticized because of their deficiencies and lack of funding for their implementation. Sourcing from a study by the European Parliament (2020), some laws and
societal norms, which ignore or even encourage SGBV include the following: examples sourced from Ghanaian laws.

**Deficient SGBV laws:** In many countries, existing laws on SGBVs are deficient: either they fail to include specific provisions for investigation, prosecution, and punishment of the perpetrators, fail to provide protection and support services for victims and survivors, do not address physical, sexual, psychological, and economic violence, etc. In Ghana, DOVVSU’s inability to provide services like shelters and psychological support for victims and survivors is often cited as a deficiency in the operation of the law (Act 732).

**Marital rape:** Even though some laws are not explicitly discriminatory, in many countries customary or traditional practices jeopardize women’s rights in practice. For example, in the case of marital rape in Ghana, the law has failed to explicitly prohibit marital rape. Consent to marriage is the equivalent of consent to sex in Ghanaian custom and law (**Stafford, 2008**)

- **Treatment of juvenile offenders under the law:** Many studies including one by Nyantakyi (2014), have indicated that though Ghana has shown commitment to protect the rights of juveniles by ratifying the CRC and other relevant international instruments related to juveniles, they have not met the standards of these instruments which provide for special treatment of the juvenile to ensure rehabilitation and reintegration, in some cases juvenile offenders are put in the same detention centers with adults.

- **Women’s inheritance rights:** As regards women’s inheritance rights, only 44 countries grant women and men the same rights in law and practice. Discriminatory legal inheritance rights are most common in countries in Africa and Asia. Disinheriting of the surviving spouse is still commonplace in almost 100 countries where there are contradictory and/or non-uniform legal regimes governing inheritance rights, including statutory, customary, and religious laws allowing simultaneous applications of different legal systems. An example is Ghana’s PNDC Law 111 under which women can claim their inheritance but often do not because of significant social pressure exerted on them to resolve the cases domestically instead of using the formal legal recourse (**Gedzi, 2012**).
Disharmony between age of sexual consent and age of marriage: The Criminal Offences Act, 1960 (Act 29) pegs the age of sexual consent at 16 years old. The Children’s Act 1998 (Act 560) provides in section 14(2) that the minimum age for marriage is 18. It also provides that the child has a right to refuse betrothal and marriage under section 14(1). Accordingly, the Children’s Act prohibits marriage involving boys and girls below the age of 18. This applies to both boys and girls. The combined effect of the above-mentioned provisions in the law and in practice, is that while it is illegal to marry a person below the age of 18 years old, it is completely legal for persons above the age of 16 years old to have sex consensually. And so, while a 16-year-old boy is too young to get married, he is not too young to consent to sex. And similarly, a 17-year-old girl cannot be married, she can have sex (Ministry of Gender Children and Social Protection, 2018). The proposal is that the age of consent and marriage should be harmonized as a single to avoid the contradictory effect of the two laws.

3.9 Analysis of National Laws Against Teenage Pregnancies
Ghana has made efforts to tackle teenage pregnancy through policies, legislative instruments and programs that broadly address the well-being of adolescents and young women. The Government of Ghana through the National Population Council (NPC), in response to the International Conference on Population and Development (ICPD) in 1994, Cairo, developed the Reproductive Health Service Policy and Standards in 1996. Although this policy provided a framework to address the reproductive health needs of women, it subtly ignored the unique needs of adolescents. Consequently, the Adolescent Reproductive Health Policy was developed in 2000. This policy provided broad guidelines and frameworks for policymakers and adolescent reproductive health implementers on the provision of sexual and reproductive health services to adolescents and young people in Ghana. However, there is a dearth of information about the implementation, monitoring and, most importantly, the evaluation of interventions aimed at improving the sexual and reproductive health of Ghanaian youth (Awusabo-asare & Abane, 2004).

The National Youth Policy (2010) provides broad and holistic policies for adolescents and their well-being. It recognizes the major challenges facing youth such as health, teenage pregnancy, early marriage, and access to education among others. The policy has the objective of promoting a healthy environment and policy framework within which young people can
obtain information and services on reproductive health and exercise their reproductive rights. However, there has been government restrictions on standardization of the Reproductive Health Education (RHE) curriculum. These restrictions have largely been because of socio-cultural resistance on the use of SRHR education to propagate LGBTQI+ in schools. As CSOs continue to push for the standardization of RHE in schools and the capacity building of teachers on practical approaches to knowledge sharing on RHE, this current environment will require programme advocacy for the RHE to be brought back on the education agenda. It also seeks to address these issues by empowering young people through collaborative efforts at developing programs tailored to meet their needs. Furthermore, legal norms have characterized some of the feats achieved in young people’s sexual and reproductive health. For example, legislative and constitutional instruments such as the 1992 Constitution of Ghana outline certain provisions that protect the well-being of adolescents (see Panel 2).

Table 5: Constitutional provision on protecting children’s health

<table>
<thead>
<tr>
<th>The 1992 constitution of Ghana</th>
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<tbody>
<tr>
<td>❖ No child shall be deprived by any other person of medical treatment, education or any other social or economic benefit by reason of religious or other belief</td>
</tr>
<tr>
<td>❖ A child shall not be subjected to torture or other cruel, inhumane, or degrading treatment or punishment</td>
</tr>
<tr>
<td>❖ Every child has the right to be protected from engaging in work that constitutes a threat to his/her health, education, or development</td>
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*Note: In Ghana, the Constitution defines a child as a person below the age of 18 years*

It can be inferred that these clauses exist to protect adolescents from all forms of social injustices that could mar their well-being including health and transition to adulthood. Even though these legislations do not directly deal with teenage pregnancy, they provide a broader avenue through which Government and other related agencies and institutions can work to provide specific frameworks and interventions to address teenage pregnancy and motherhood.
FINDINGS ON THE THEMATIC AREAS

3.10 Child Marriage

Child marriage, also referred to as early marriage, is defined as a marriage occurring when one of the spouses is younger than 18 years at the time of marriage or official union. According to the 1992 Constitution, any person under the age of 18 is a child and can therefore not marry or be married off. This is underscored by the 1998 Children’s Act, which sets the legal age of marriage at 18 for both boys and girls.

Out of 241 adolescents interviewed, majority of them (67%) believe that child marriage was pervasive, 30% indicated there was no child or force marriage in their community, 3% said they had no idea about the theme at all. Table 1 below details the responses on child marriage.

Table 6: Prevalence of Child/Forced Marriage

<table>
<thead>
<tr>
<th>Child Marriage</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Idea</td>
<td>7</td>
<td>2.9</td>
</tr>
<tr>
<td>No Child/Force Marriage</td>
<td>72</td>
<td>29.9</td>
</tr>
<tr>
<td>Child/Forced Marriage</td>
<td>162</td>
<td>67.2</td>
</tr>
<tr>
<td>Total</td>
<td>241</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Baseline survey, September 2021

The discussions in the FGDs with adolescents revealed the pervasiveness of child marriages in the study areas. When asked the question: Do you know of girls/boys that married before the age of 15? Before the age of 18? Most answered in the affirmative and gave examples and reasons for the occurrence.

- “Yes. It happens and for most of them, their parents can’t cater for them any longer. Some would like to avoid the girl bringing shame to the family, so if the girl gets pregnant, she is married off” Female FGD, Kpandai

- “Yes, there are many cases. It is caused by irresponsible parenting. The parents fear that the girl will end up being pregnant, so they will give her out for marriage before that happens to avoid some shame to the family”. Tamale Metro FGD

- “Before 15, no. But before 18, yes. Reasons include religious beliefs; poverty and the fear of the girl being impregnated before marriage which will bring shame to the family”. Central Gonja FGD
“Yes, it is common. Most of them happen because of poverty. Some girls enjoy it, so they willingly give themselves to boys and men. It’s not good”. Tamale Metro FGD.

“Yes, one got married at 16. Her parents were not taking care of her because they are poor. These girls, it’s their boyfriends who take care of them, so they end up marrying them. It's not good because they haven't reached their full age”. Sawla FGD

Both sources believed the prevalence of child marriage is due to the following factors: poverty 29%, peer pressure 22%, forced by parents 30% and 19% no idea. Teenage pregnancy quickens the decision of parents to marry off their daughters. Families in the quest to guard their dignity or avoid shame will release their teens for marriage if they get pregnant. And in majority of the female FGDs, there was a suggestion that girls who refuse to go to school are likely to be forced to marry. This is how it was put:

“Girls who refuse to go to school are sent off to marry early. This reduces financial burdens on the family and likelihood of the girl coming home with pregnancy”. (Female adults FGD, Mion District)

The study also looked at the current trend of child marriage in the study communities. Out of 241 adolescents interviewed, 57.7% indicated that child marriages are increasing, whilst 23.7% suggested a decrease. Table 2 gives the details of responses on the trend in child marriages.

<table>
<thead>
<tr>
<th>Condition of Child Marriage</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase</td>
<td>139</td>
<td>57.7</td>
</tr>
<tr>
<td>Decrease</td>
<td>57</td>
<td>23.7</td>
</tr>
<tr>
<td>No Idea</td>
<td>33</td>
<td>13.7</td>
</tr>
<tr>
<td>No Answer</td>
<td>12</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>241</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Baseline survey, September 2021

In all the districts, the general view was that child marriage was prevalent. Table 3 shows the prevalence by district with Central Gonja, Chereponi, Kpandai, Mion, Nanumba South, Tamale Metro, and Yunyoo all indicating an increase in prevalence of child marriages.
Table 8: Reported prevalence of child marriage

<table>
<thead>
<tr>
<th>District</th>
<th>Increase</th>
<th>Decrease</th>
<th>No idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Builsa South</td>
<td>7</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Central Gonja</td>
<td>26</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Chereponi</td>
<td>8</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Kasena-Nankana</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Kpandai</td>
<td>21</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Mion</td>
<td>13</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Nanumba South</td>
<td>14</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Sawla</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Tamale Metro</td>
<td>18</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Yunyoo</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>121</strong></td>
<td><strong>49</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

*Source: Baseline survey, September 2021*

Confirming the growing trend of child marriages, a key informant, Chief of Nkanchina in the Kpandai District, stated: “Child marriages have been our main concerns here and would be glad if the situation can be addressed by the PTY project”.

3.11 Influencers of child marriages

For targeting purposes, the study wanted to know in a family who takes the decision to marry the child off. Out of 241 respondents engaged, 60% reported that fathers are those who take decisions if the child should be married off in their communities, while 24% indicated mothers are those who influence it. The details of the responses are indicated in Figure 4.

*Figure 2: Influencers of Child Marriage*

(Source: Baseline survey, September 2021)
The issue of child marriages is real and as indicated in the 2010 population and housing census, girls as young as 12 years of age could be given out for marriage. This is driven by families acting to preserve their so-called honour as pregnancies outside of marriages attract stigma to the affected girl and her family.

3.12 Unintended pregnancies

Unintended pregnancies have been defined as pregnancies that are either unwanted or mistimed. In Ghana, it is estimated that about 37 percent of all pregnancies are unintended. Unintended pregnancies which happen in, and outside marriages may lead to unsafe abortion, delayed prenatal care, and poor maternal mental health etc.

Discussions from the female adult FGDs indicate that unintended pregnancies occur in most households in the communities. However, they observe that if it occurs in a marriage, it is believed to be an act of God and therefore a blessing. It was suggested by the female FGDs that women in marriage do not consider any pregnancy as unintended but in reality, some pregnancies come at the time when women are still breastfeeding. Five out of eight of the adult FGDs also observed that teenage girls who get pregnant before marriage can be categorized as unintended pregnancies. One participant related some of the concerns of health workers when they get pregnant while breastfeeding:

- “At the clinic, the nurses always tell us that our children are too small for us to be pregnant again. We know that and it is a situation that always stresses us – FGD with adult females, Chereponi.
- “We understand why the nurses are concerned about our health. And most of us become pregnant at moments that we wished it should not have happened but it is a blessing from God since others are searching for it with plenty of money and yet they can’t get it.” FGD with adult females, Bulsa South

However, some women fail to see the concerns of the nurses.

“There are many barren women in our community who are in search of just a child and cannot even get pregnant. How can a woman say her pregnancy is unintended? Because you are not the one who determines when it will come” – FGD with adult females, Yunyoo
In the adolescent FGDs, seven out of nine in responding to the question about the direct effect of unintended pregnancy mentioned that they had knowledge of some of their peers who got pregnant whilst in school and had to stop schooling in order to give birth. In finding out whether it was their intention to get pregnant, the consensus was that those pregnancies were unintended.

“If a girl should get pregnant and had to stop her education because of the pregnancy or forcibly given off for marriage, it suggests that she did not intend to get herself in such a mess”
– FGD with adolescent females, Kasena-Nankana West

**Figure 3: Prevalence of teenage pregnancy**

![Graph showing prevalence of teenage pregnancy](image)

*Source: Baseline survey, September 2021*

In relation to unintended pregnancies, the issue of teenage pregnancies came up too. Out of the 132 female adolescent respondents in the SSI, 82.6% mentioned that teenage pregnancy is on the increase. The prevalence of teenage pregnancies is indicated in figure 3. As discussed earlier, teenage pregnancies especially by those unmarried and are in school, drives up the prevalence of child marriages.

When 241 adolescent respondents were asked if pregnancy in the teen ages was the appropriate, all (132 females, 109 males) mentioned that it was not appropriate because of the dire consequences in terms of health, social, and psychological effects. They particularly mentioned that a teenager getting
pregnant will be forced to marry, she will face stigmatization and labelled a spoilt child and definitely will drop out of school.

3.12.1 Causes of Unintended pregnancies

In the context of this study, some unintended and teenage pregnancies were linked to voluntary migration and child trafficking. Young girls migrate or are trafficked to the big cities to do menials jobs. They end up sleeping on the streets because they do not have decent accommodation and in the process get raped or forced to stay with men who take advantage of them. It came out that a lot of girls from the study districts are affected by this phenomenon. Reasons for this can be seen in Table 4, they include poverty and lack of jobs in their home districts. From the table poverty and lack of jobs account for 146 (60.5%) as the main reasons for migration.

Table 9: Reasons for migration

<table>
<thead>
<tr>
<th>Reason for migration</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>75</td>
<td>31.1</td>
</tr>
<tr>
<td>Poor Parenting</td>
<td>40</td>
<td>16.6</td>
</tr>
<tr>
<td>Illiteracy</td>
<td>29</td>
<td>12.0</td>
</tr>
<tr>
<td>Peer Pressure</td>
<td>10</td>
<td>4.1</td>
</tr>
<tr>
<td>Materialism</td>
<td>16</td>
<td>6.6</td>
</tr>
<tr>
<td>Lack of Jobs</td>
<td>71</td>
<td>29.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>241</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Baseline Survey, September 2021*

Asked about the main risks associated with migration, 65% respondents mentioned unwanted/teenage pregnancy. It was explained that teenage girls who migrate to the cities end up on the streets or are forced to stay with men who end up impregnating them. The second risk was streetism i.e (the phenomenon of children living and working on the streets) accounting for 20%; 8.3% stated sexual exploitation and 6.6% mentioned drug addiction. In discussing the issue of migration in relations to unintended pregnancies, a female FGD in Kpandai said:

“*Migrated girls who go to engage in Kayayei (head portage), most often do not have proper shelter; this exposes them to risks of rape and coaxed by men. Girls return home with pregnancies and babies without fathers*”.

Out of 241 interviewed, 183 (76%) respondents indicated that the majority of those who migrate fall between the ages of 14–20 years. It is considered voluntary migration because 64.7% of the adolescent girls interviewed indicated their willingness to migrate to the big cities for economic reasons.
Like voluntary migration, trafficking was also seen to be prevalent in the study districts. The majority of adolescents interviewed (63.9%) affirmed that the prevalence of trafficking has increased in the last 5 years, while 29.5% of the respondents indicated a decrease.

Table 5 below shows the prevalence by district. All 10 districts have reported an increase in prevalence of trafficking as displayed in the table below.

**Table 10: Reported prevalence of trafficking**

<table>
<thead>
<tr>
<th>District</th>
<th>Increase</th>
<th>Decrease</th>
<th>No idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Builsa South</td>
<td>17</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Central Gonja</td>
<td>22</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Chereponi</td>
<td>19</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Kasena-Nankana</td>
<td>17</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Kpandai</td>
<td>18</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Mion</td>
<td>14</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Nanumba South</td>
<td>14</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Sawla</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tamale Metro</td>
<td>18</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Yunyoo</td>
<td>12</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>154</strong></td>
<td><strong>71</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

*Source: Baseline survey, September 2021*

Again, as with migration, poverty, and lack of jobs in the home districts of victims were cited for the prevalence of trafficking. A key informant, an assemblyman, was interviewed and this is what he said:

“Lack of jobs make these teenagers, especially girls, very vulnerable and easily fall prey to traffickers and recruiters. Individual migration brokers come into the neighborhood to lure girls and their parents with frivolous gifts and promises of better life. Since conditions are appalling, they yield to these deceits. The illegal brokers do their jobs in a clandestine manner. They convince both the girls and their parents of securing good working conditions for them, make some payments, arrange travel days and sneak into the community in the night to pick the girls away”.

This view was concurred by most of the FGDs, and this was succinctly stated at one of the female FGDs in Chereponi:

“Poverty makes the girls vulnerable, easily lured by men and getting them pregnant. These pregnancies are definitely unintended”.
From the study, it is clear that the issue of unintended pregnancies is related to both voluntary migration and trafficking. Therefore, one of the routes to tackling the phenomenon of unintended pregnancies must be through reducing if not eliminating the activities of traffickers and migration brokers. There may be the need to research more into what makes girls and women prone to voluntary migration that exposes them to unintended pregnancies.

3.13. Sexual and gender-based violence (SGBV)

SGBVs in this study is considered any act of violence that results in, or is likely to result in, physical, sexual, emotional, or psychological harm or suffering to girls, boys, women, and men, including threats of such acts, on the basis of a specific gender, whether occurring in private or public life (UNFPA & UNICEF, 2018). DOVVSU in 2020 estimated that 31.9% of Ghanaian women have faced at least one form of domestic violence - physical, economic, psychological, social, or sexual. Two forms of SGBVs, child marriage and unintended pregnancies, have already been discussed. Other forms of the SGBVs identified as part of the study review include pregnancy or abortion, forced prostitution, sexual harassment verbal or emotional abuse, humiliation, discrimination, confinement, denial of opportunities or access to services, economic violence: denial of access to money within the household, female genital mutilation, harm to men’s genitals, intimate partner violence involving any single type, or a combination of the types of violence outlined above.

Therefore, as part of the broader discussion of SGBVs, the study asked adolescents about their knowledge of SGBVs issues. They were particularly concerned about unsafe happenings in the communities. Asked about experiences of unsafe happenings in their communities, they mentioned rape, beatings, drug use (marijuana). As can be seen in Table 6, 80% respondents answered in the affirmative when asked if they had experienced or know someone who has experienced such unsafe experiences.

<table>
<thead>
<tr>
<th>District</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Builsa South</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Central Gonja</td>
<td>30</td>
<td>7</td>
</tr>
<tr>
<td>Chereponi</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Kasena-Nankana</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Kpandai</td>
<td>31</td>
<td>7</td>
</tr>
</tbody>
</table>
Out of the total of 241, 69.7% of respondents mentioned the activities of rapists, drug abusers (Marijuana), and trafficking as the unsafe happenings, 21.1% mentioned armed robbery and stealing and 9.1% reported activities of scammers as happenings that threaten the communities. These, they allude, have a correlation to the level and type of GBVs against people, especially women and girls.

Discussions of SGBVs at the FGDs brought some perspectives of occurrence in marriages. At one of the female adult FGDs in Kpandai District the view was unanimous that:

“Polygamous marriages expose the women to various forms of abuse, especially emotional abuse. There is always competition for the man’s attention and this manifests itself in the women trying to present themselves as the most helpful to the man and less dependent. The husbands therefore shirk their responsibilities of providing for the children to the mothers. Mothers stay and endure the marriages for the sake of the children. (Female adults FGD Kpandai)”

Another view from Yunyoo District was the threat of divorce being used as a weapon by men to dominate their wives.

“Divorce is used to blackmail women to endure abuse in the marriage. Due to the complexities of marriage procedure, it is difficult to divorce. And because of that the men will always use it against women who are assertive and demand that men live to their responsibility. The man will see you as disrespectful, lacking effort or lacking the qualities of a good wife, a bad influence on other women and will threaten to divorce you”.

The complexities involved in divorce make women do anything including enduring violence in order to stay in the marriage. In Sawla for example, a key informant explained the complexities involved in divorce as follows:
“If a woman decides to quit a marriage, the husband retrieves all the items given to the woman’s family as bride price. This is usually not available for retrieval; hence the woman is sent back to the husband’s house to endure and continue with the marriage no matter the circumstances”.

Some tolerance of SGBVs is due to religious beliefs. According to a key informant and vocational skills trainer in the Central Gonja District:

“The Islamic religion frowns on reporting spouses to the police, so elders and Imams are the most effective in resolving such issues”.

A chief as a key informant in Tamale had a different reason for the presence of GBVs in communities and families which for him is caused by the behavior of women:

“The females usually irritate their husbands, and this calls for the abuse”.

Generally, the prevalence of SGBV is acknowledged but there are social barriers to curbing it. Though some claim knowledge of DOVVSU which they still refer to as WAJU (women and juvenal’s unit), they endure SGBV because of the consequences of reporting to the police. These barriers which are of social and economic nature include: fear of the victim being victimized for reporting the family and community; religious beliefs requiring them to sort to religious leaders for help; familial relations between victims and perpetrators i.e., mostly victims are related to the perpetrators; difficulty in accessing police stations i.e., long distances between communities and police stations; and poverty i.e., money to pay for trial processes and medical tests etc. In essence, the sense of community and family makes reporting abuses untenable.

3.13.1. Victims’ attitudes towards SGBV

In most studies on SGBV, one approach often recommended is punitive action against perpetrators to ensure deterrence but identifying the perpetrator can be challenging without the cooperation of victims and witnesses. In this regard, one questions the study asked at the FGDs was: Do girls/ young women look for help when they experience sexual violence/ harassment? Do they tell anyone (e.g., family members, other women, police/ someone else)? If yes, do they get help? If no, why do you think they do not tell? Some of the responses are insightful.
“Some do but not always. We are friends so when we get to know, we just advice each other and keep to it ourselves. We do not say it because not much is done. and you know the girls also take money from the boys” Adolescent Girls FGD, Yunyoo

“We discuss among ourselves, sometime with the family, but who can you tell when it’s the man that taking care of you” Kpandai FGD.

“Some do, others don't. We discuss it within our girls’ groups and friends. We do not get help even if we report it. It is your boyfriend who takes care of you, so even when he forces you how can you tell somebody? My boyfriend takes care of me”. I can't report him to anyone” Adolescent Girls’ FGD, Chereponi.

“No. There’s the fear that she will be stigmatized, so she will rather not tell anyone”. Adolescent Girls’ FGD, Nanumba South.
“No, they see it as an embarrassment. They shield culprits because of close knitted family”. Female FGD, Tamale Metro

As to why victims of violence leave cases unreported, they cited poverty as in the FGD responses above, lack of trust in the social and legal systems, familial relationship with perpetrators, and lack of support services from mandated institutions like DOVVSU.

When asked about DOVVSU only few could relate it to the Police Service but did not know much about the work of DOVVSU. This is understandable since some of the districts do not have DOVVSU units. They only have a few staff assigned as desk officers at the police stations in some districts. Therefore, they are not fully staffed to do outreach programmes in the communities. For example, Bulsa South does not even have a DOVVSU desk officer at the police station, so cases are sent to Navrongo, a distance of about 72km.

Table 12: DOVVSU presence in some of the study districts

<table>
<thead>
<tr>
<th>District Police Headquarters</th>
<th>Total # of Police Personnel</th>
<th>DOVVSU Desk Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sawla District</td>
<td>56</td>
<td>2</td>
</tr>
<tr>
<td>Central Gonja District</td>
<td>86</td>
<td>6</td>
</tr>
<tr>
<td>Tamale Metro</td>
<td>Not provided</td>
<td>15</td>
</tr>
<tr>
<td>Kpandai District</td>
<td>40</td>
<td>2</td>
</tr>
<tr>
<td>Nanumba South</td>
<td>35</td>
<td>3</td>
</tr>
</tbody>
</table>
From Table 7, it is evident that DOVVSU is poorly staffed at the districts. Apart from DOVVSU, there is a general lack of support services for victims of GBVs, either by families, communities or CSOs. Out of 241 respondents in figure 3, 200 (83%) reported that there are no support networks to help women and girls who experience sexual violence/abuse in the community but 41 (17%) reported that there exist support networks for victims of sexual abuse. They cited CAMFED, World Vision, Afrikids, as some CSOs that offer some level of support, albeit insufficiently.

**Support Networks**

*Figure 4: Existence of support network for sexual abuse*

(Source: Baseline survey, September 2021)

### 3.4.2 Current attempts at managing the SGBV issues

The prevailing prevention approaches by both state and non-state actors are public education, awareness creation, provision of sexual, reproductive, and maternal health services, and supporting FGM victims. Out of 50 government agencies and CSO/NGOs (state and non-state actors) who
responded to the interviews, 920 (40%) respondents focus on education, awareness creation and sensitization on the thematic areas, 11 (22%) of them keenly focus in the area of maternal and child health, reproductive healthcare, supporting FGM victims, sexual abuse and domestic violence health issues and four (8%) each of the actor focus on women empowerment, social welfare and community development and child protection through employable skills development and cash transfers.

On impact of these services on the SGBV issues, 70% of them indicated that there was no data to determined progress, 12 % explained that by observation there was a decrease in the number of cases because of the interventions by the state and non-state actors. However, 8% estimated an increase due to high illiteracy rate in the communities especially in the rural areas and poverty levels.

A critical issue worth noting is the fact that Domestic Violence Victims Support Unit (DOVVSU) lacks sufficient resources to effectively investigate crimes and also has limited reach in other parts of the country, especially the rural areas. It was evident that the police also lack adequate facilities to offer women seeking protection and support.

3.14. Harmful traditional practices (HTPs)

Harmful traditional practices are practices that are justified on grounds of religion or culture but violate international human rights norms. In Ghana, such practices include widowhood rites, female genital mutilation/cutting (FGM/C), spirit-child phenomenon, widow inheritance, female ritual bondage (trokosi). In the context of HTPs, this study focused on the HTPs that are practiced in the study districts.

3.15. Female Genital Mutilation (FGM)

Female Genital Mutilation/Cutting (FGM/C), also known as female circumcision or female genital cutting, is defined as the partial or total removal of external female genitalia and injury to the female organs for cultural or other nontherapeutic reasons. The 1994 amendment to Ghana’s Criminal Code, 1960 prohibits the practice FGM in Ghana (20 May 2006). More specifically, Section 69A states that FGM is illegal and carries a minimum sentence of three years imprisonment (Ghana 12 Jan. 1961, Sec. 69A. The practice of FGM is on the decline in Northern Ghana, (Afrikids, not dated). This position has been confirmed by most of the FGDs conducted in the districts.

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9State actor is individuals or organizations who act on behalf of a governmental body or the ruling government of a state or country whereas non-state actors are the influential organizations or individuals having the potential to influence the actions of state actors, but not allied to a state and are not affiliated with, directed by, or funded through the government.
Out of 10 FGDs held with mothers and caregivers, eight of them indicated that FGM/C is an abandoned practice and no longer exist overtly in their communities. However, four of the FGDs reported that where the practice exists, it is among minority tribes such as Mossi, Fulani, Kotokoli. Two of the FGDs reported that though FGM is on the decline, it is still practiced in some localities in Sawla and Chereponi districts.

Giving reasons for the continued practice of FGM, a participant with the concurrence of other participants of the FGDs with mothers and caregivers stated that: 10

- “There was a spiritual belief of a disease in the clitoris which prevented the baby from coming out during childbirth. Another reason was that girls who underwent FGM were less likely to be promiscuous, so parents made their girls have it. Yet another reason was that children born by uncircumcised women were likely to be bothersome and would not amount to any good in adult life. Though in these modern days most people don’t hold to these beliefs again, some still do”.

Explaining the declining practice of FGM, a key informant and a religious leader in Sawla, observed that:

“The Brifo ethnic group in the Sawla District have practiced FGM widely until the 1990s when there were strong oppositions and advocacy by CSOs and the district assembly. However, the practice is very secretive and rare in recent times. Due to the illegality in performing the act in the area, individuals cross the border to neighboring Ivory Coast to undergo FGM”.

It is obvious that there are traces of this belief that banning FGM has increased promiscuity among the youth. A traditional leader holding unto this position stated:

“The ban of and advocacy against FGM leading to the decline in the practice has contributed to the increased levels of promiscuity amongst the youth we are seeing now. This is affecting the girl child education to higher levels because they get pregnant and drop out of school’.

10Trokosi is a traditional system where virgin girls, some as young as six years old, are sent into Troxovi shrines (shrines for gods) as slaves to make amends for wrongs committed by a member of the virgin girl’s family. This means that the family will pay reparation, of one girl, forever.
And to the question: *Who takes the decision in the family and community for girls to be cut?* The response was:

- “*For a girl to be cut, the decision is taken at the family or community level. Seven FGDs out of 10 reported that it is the parents (mother & father) who mostly decide, three stated that the decision to cut a girl in a community is self-imposed by culture beyond individuals’ rights.*”

About what actions should be taken to eliminate FGM, the suggestions were that cases of violence should be reported for punitive action on perpetrators to serve as deterrent to other potential perpetrators; communities should not use family resolutions or arbitrations to resolve violence against women and young girls but should be handed over to the security and legal systems to handle; and that political leaders should stop meddling into gender-based violence cases and allow the law to be applied appropriately to avoid injustice.

This clearly shows that there should be a combination of legal, public education and cultural/religious orientation towards tackling the issue of FGM.

**3.16. Other forms of SGBV**

*Table 13: Summary of HTPs that came up in the districts*

<table>
<thead>
<tr>
<th>No.</th>
<th>District</th>
<th>HTPs still in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chereponi, Nanumba South, Sawla</td>
<td>FGM practiced among Brifo and Kotokoli</td>
</tr>
<tr>
<td>2</td>
<td>Yunyoo</td>
<td>Marriage through exchange among the Bimoba. An exchanged marriage comes about when two men exchange girls. The exchange girls may be sisters or daughters.</td>
</tr>
<tr>
<td>3</td>
<td>Bulsa South and KNW</td>
<td>Widowhood rites – hot water bath ritual.</td>
</tr>
<tr>
<td>4</td>
<td>Kassna-Nankana West</td>
<td>‘Spirit child’ phenomenon which involves killing children born with deformities or if their birth coincides with the death of the mother or relation; in that case they are said to be bad spirits brought to the family or clan and must therefore be eliminated. Men will deny the existence of the practice, but women claim it existed but now on the decline.</td>
</tr>
<tr>
<td>5</td>
<td>Sawla, Yunyoo</td>
<td>Elopement: This is a practice where men capture ladies/girls out of the community and settles with them. This in certain cases can be at the will of the girl or in most cases forcefully done against her will. In Yunyoo, the family of the eloped girl may be paid back with a girl from the man who eloped with the girl i.e., girls used to pay ‘debts’ created by elopement.</td>
</tr>
</tbody>
</table>
The above summarizes some forms of SGBV in the districts. These include widowhood rites, spirit child phenomenon, elopement, marriage through exchange, etc.

**Figure 5: Positive and Negative drivers of SGBVs**

(Source: Baseline survey, September 2021)
4.0 SUMMARY OF CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion
Based on the findings, the following conclusions can be made on the various themes:

4.1.1 CSOs amplifying young people’s voices to claim, protect and expand civic space

1) Twelve (12) CSOs out of the 13 interviewed had field presence in the study districts and were identified as helping to amplify young people’s voices in the civic space. These CSOs focus on education, gender issues, child rights advocacy, citizens’ participation in governance, and skills development using advocacy and social accountability to increase citizens, especially young people’s, participation in the civic space.

2) At the community level, 80% of the FGDs believe that chiefs, elders, and religious leaders, women and youth-led groups have been leading the accountability effort but need the support from parents.

3) Factors that stifle social accountability and other initiatives that amplify young people’s voices in the community include political affiliations (partisanship) or open display of support for a political party.

4.1.2 Number of CSOs and advocacy networks with increased lobbying, advocating, thematic areas

1) On the level of advocacy carried out in the field, 78% state actors (individual or agencies acting on behalf of government), and non-state actors (CSOs/NGOs) indicated that they do some advocacy in the thematic areas. However, with regard to CSOs, 12 including Afrikids, Girls Alliance, ActionAid, Rise Ghana, World Vision, CRS, Camfed, RAINS etc. are championing the advocacy efforts in the study districts.

4.1.3 Number of CSOs using a gender and social inclusion lens during all phases of the programming cycle with specific attention to youth

1) Twelve (12) CSOs interviewed indicated they have been associated with gender lens and social inclusion programming in some of the study districts. Even though programming is skewed towards women and girls, the explanation is that women and girls are the most affected by issues of SGBVs and discrimination in terms.
2) Some challenges said to be impeding the implementation of GRB and in Ghana which include capacity constraints as many MDAs do not have gender desks, lack of sex disaggregated data for planning, lack of understanding of the basic gender concepts, and inadequate funding.

4.1.4 Child Marriage
1) Child marriage is prevalent in the study districts with 57.7% of adolescents indicating that the phenomenon is on the increase. The areas where the issue is common include Central Gonja, Chereponi, Kpandai, Mion, Nanumba South, Tamale Metro and Yunyoo.

2) According to 60% of adolescents interviewed, fathers are the main decision makers regarding child marriage in their communities, followed by mothers, extended family members and peers.

3) Factors driving child marriages include poverty, lack of parental care, peer pressure and religious reasons. A teenage girl who gets pregnant is more likely to be married off to avoid bringing shame to the family.

4) Poverty, stigma, family honor: Victims of child marriage and other harmful abuses become helpless and leave such abuses unreported because of poverty, stigma, family honour and lack of trust in the legal and social systems.

4.1.5 Unintended pregnancies
1) At least 82% of SSI respondents believe that unintended pregnancies are on the increase. It was revealed that women in marriage do not consider any pregnancy as unintended but in reality, some pregnancies come at the time when women are still breastfeeding.

2) All adolescents interviewed indicated that getting pregnant in the teen ages was not appropriate because of the dire consequences involved in terms of health risks, social and psychological effects. They particularly mentioned that a teenager who gets pregnant would be forced to get married, stigmatized and labelled a spoilt child and forced to drop out of school.

3) Some unintended and teenage pregnancies were associated migration (voluntary and trafficking) come with a high risk of unintended pregnancies.

4) These phenomena were prevalent in all the study districts and were attributed to poverty and lack of jobs in the home districts of the victims.
4.1.6 Sexual and gender-based violence (SGBV)
1) 80% of adolescent interviewed affirmed that they had experienced or know someone who has experienced rape, beatings, insults, and other abuses. At least 69% of adolescent associate SGBVs with drug abuse, voluntary migration, and trafficking.
2) Women in polygamous marriages are exposed to various forms of abuse, especially emotional abuse. Women in such marriages compete for the man’s attention and this manifests itself in the women trying to present themselves as the most helpful to the man and therefore less demanding. The husbands therefore shirk their responsibilities of providing for the children.
3) Divorce is used to blackmail women to endure abuse in the marriage. Due to the complexities of marriage procedure, it is difficult to divorce. And because of that the men will always use it against women who are assertive and demand that men live to their responsibility. The man will see you as disrespectful, lacking
4) Generally, the prevalence of SGBV is acknowledged but social and economic barriers to curbing it which include fear of being victimized for reporting a family and community member; religious beliefs requiring them to sort to religious leaders for help; familial relations between victims and perpetrators; access to police stations due to long distances; and poverty.
5) DOVVSU has the responsibility of handling SGBV issues, but it is inadequately resourced to perform its functions. DOVVSU lacks sufficient resources to effectively investigate crimes and also has limited reach in other parts of the country, especially the rural areas. Some districts do not have DOVVSU offices.
6) There is also a lack of professionalism when handling SGBV cases by DOVVSU, e.g., juvenile’s offenders are treated in the same way as adult offenders

4.1.7 Harmful traditional practices (HTPs)
The most prevalent HTPs in the study include FGM practiced among Brifo in Sawla, Kotokoli in Chereponi and Nanumba South; marriage through exchange among the Bimoba in Yunyoo; widowhood rites (hot water bath) in Bulsa South and Kassena-Nankan West; the ‘spirit child’ phenomenon in Kassena Nankan which involves killing children born with deformities or who birth coincides with a family tragedy; elopement i.e., the practice of marrying girls through capture in Sawla.

1) Interference in criminal issues: Many community members believe political polarization, interference in law enforcement, and lack of support services cause mistrust in the application of the law to curb SGBV and Harmful Traditional Practices (HTPs).
2) **Little knowledge on laws:** Most community members have little knowledge about the protective laws against SGBV and Harmful Traditional Practices (HTPs)

**4.2 Recommendations**

Based on the objectives of the study and its findings, it is the anticipation that the Consortium partners led by NORSAAC would consider the following recommendation for implementation:

1) Increase awareness-raising about SGBV as a social issue in order to eliminate traditional/cultural norms, values, and attitudes inimical to the safety of boys, girls, women, and men.

2) Facilitate increased community participation, consultation, and ownership of GBVs programmes through the formation of community networks for advocacy and social accountability.

3) Foster legal and policy literacy for women and girls in relation to GBVs in order for them to appreciate the law and its application. This will see an upswing in the number of women, men, girls, and boys reporting violent acts to the parents, community leaders and police for redress.

4) Empower girls and victims of SGBV with employable skills (economic empowerment) to reduce their vulnerability which makes them an easy prey for abuse.

5) Increase advocacy efforts for the resourcing of service delivery institutions like DOVVSU, Dept of Social Welfare and Department of Community Development in order to improve service delivery to victims/survivors of GBV.

6) Equip personnel of DOVVSU with the necessary skills in standard operating procedures and guidelines so that they can professionally respond to cases of human trafficking, domestic violence or sexual assault/rape in a manner that complies with international standards.

7) Embark on intense advocacy to improve implementation of laws and policies on SGBV and information dissemination to community members targeting state actors like DOVVSU.

8) Document knowledge about the cases of GBV and the characteristics of perpetrators and survivors of SGBV in the study areas for public education purposes and evidence-based advocacy.
9) Embark on targeted public education to shift the attitudes of traditional and religious leaders and community members about the patriarchal norms that perpetuate violence

10) Increase the capacity for coordinated response between community structures and state agencies of joint engagements by stakeholders by facilitating joint programme reviews among community members, CSOs and state actors.

11) Creation of a solidarity network of referents in SRHR comprising of female leaders, Nurses, and teachers to disseminate the rights and access to SRH service.

12) Civil Society should increase advocacy with government to provide DOVVSU with the needed resources especially the operationalization of the DOVVSU support Fund to enable DOVVSU meet its obligations under the Act e.g., providing medical services, shelter and physio-social counseling services for victims and survivors.
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19) Institute of Statistical, Social and Economic Research (ISSER), 2019: The economic and social costs of VAWG in Ghana


26) Ngomi, B.C. (2008). Utilization of sexual and reproductive health services by secondary school adolescents in


33) UNFPA-UNICEF, 2020: Global Programme to End Child Marriage


36) UNICEF, 202: brief on the Ghana Government 2021 budget

37) UNICEF’s 2020 budget brief using the budget for child protection.


Laws and treaties

1) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted Dec. 10, 1984,


5) Criminal Code Amendment Act, 1998 (Act 554)
6) Criminal Offences Act, 1960 (Act 29)
8) FGM: Act 484 to amend the Criminal Code. Section 69A of Ghana’s Criminal Code, 1960) and Act, 2007, (Act 741) also widens the scope of who can be held accountable for the practice of FGM. And monitoring and enforcement in the case of FGM cases.
10) International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 2003:
11) Optional Protocol to the Convention on the Rights of Persons with Disabilities:
14) Persons with Disability Act (Act 715), 2006
15) Population and Housing Census 2021
17) Sustainable Development Goals (SGDs): The UN General Assembly Resolution Transforming Our World:
19) The Beijing Declaration and Platform for Action, 1995:
21) The Children’s Act, 1998 and the Criminal Code, 1960.” (Section 100). Section 109 goes on to criminalize the act of forcing someone into a marriage where someone found guilty of that offence will be charged with a misdemeanor (Criminal Code, 1960


24) the Domestic Violence Act (2007)


26) The Gender Centre for Empowering Development (GenCED) in 2020

27) The Labour Act, 2003 (Act 651)

28) The Millennium Development Goals (MDGs) as part of Ghana’s Medium to long-term Development Policy Framework (GPRS I & II).

29) The Millennium Development Goals (MDGs), 2000:


32) The United Nations Special Rapporteur on Violence Against Women was established in 1994:

33) The United Nations World Conference on Human Rights in Vienna in 1993:

34) The Universal Declaration of Human Rights, 1948:

35) Trafficking in Persons report 2015

36) UN Declaration on the Elimination of Violence against Women (DEVAW) 1993
# Check List for Field Work

<table>
<thead>
<tr>
<th>Method</th>
<th>Participants</th>
<th>Number of participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary interviews</strong></td>
<td>Adolescent girls and boys 10-14 years old</td>
<td>8</td>
<td>32-38</td>
</tr>
<tr>
<td></td>
<td>Adolescent girls and young women (15-24 years)</td>
<td>12-15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent boys and young men (15-24 years)</td>
<td>12-15</td>
<td></td>
</tr>
<tr>
<td><strong>Focus group discussions</strong></td>
<td>Mothers and female caregivers of adolescents and youth</td>
<td>6-8 (1 group)</td>
<td>18-24 (3 focus groups)</td>
</tr>
<tr>
<td></td>
<td>Father and male caregivers of adolescents and youth</td>
<td>6-8 (1 group)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mixed group – Select e from each age group (15-19) both boys and girls and (20-24) both male &amp; female</td>
<td>6-8 (1 group)</td>
<td></td>
</tr>
<tr>
<td><strong>Semi-structured interviews</strong></td>
<td>Mothers and female caregivers</td>
<td>2</td>
<td>8-14</td>
</tr>
<tr>
<td>(Social actors)</td>
<td>Father and male caregivers</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teachers</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health workers</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religions and traditional leaders</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opinion leaders</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role models/community Champions/youth activists</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td><strong>Semi-structured key informant interviews</strong></td>
<td>Local authorities</td>
<td>1-2</td>
<td>4-6</td>
</tr>
<tr>
<td></td>
<td>Policy maker</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lawmaker or implementer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Official</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td>Representitive of national governmental body</td>
<td>1</td>
<td>4-8</td>
</tr>
<tr>
<td>(state actors, CSOs and NGOS)</td>
<td>CSO/NGO representatives</td>
<td>2-5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advocates</td>
<td>1-2</td>
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</tbody>
</table>
Beneficiary Interview

Introduction

This tool has been created to interview Consortium partners led by Norsaac’s partner organizations working on the Power to Youth Program in Ghana to support Consortium partners in tracking the success of the program’s objectives, while giving an opportunity for beneficiaries to share their input and feedback on how the initiative have impacted them.

This tool aims to:

- Obtain information on key indicators (SGBVs, SRHR and HPs) for the PtY
- Establish a baseline for the assessment of impact of key activities conducted against the expected results and targets of the PtY
- Obtain yearly data to complete monitoring and evaluation frameworks

1.1 Participants: This process is completely voluntary and is to be conducted one on one or in a focus group discussion (FGD). All participants must complete a consent form. If a participant is under 18 years of age, a guardian must complete the consent form on their behalf.

1.2 Materials and skills: Have a copy of the discussion guide and ability to take notes either on computer or by hand, etc.

1.3 Procedures: The questionnaire was designed to guide discussions with direct beneficiaries of key development partner organization’s programmatic areas and volunteer support. To do this, an enumerator trained in the use of this tool will lead either a focus group discussion with beneficiaries, capturing all participant information, especially diverging opinions OR conduct one-on-one interviews. In a case of FGD, there should two people: facilitator and note taker

Steps

1. Familiarize yourself with the tool, read through it slowly.
2. Make sure you have prepared and saved in your computer, one clean version of the questionnaire/guide for each beneficiary you will be interviewing or each focus group you will be conducting
3. Your next step is to go through this questionnaire; share the questionnaire with the partner organization and ask them to support to organize 1:1 interview and/or FGDs with their direct beneficiaries.
4. Conduct the focus group discussion or the interviews. At the beginning of the process, you must make it clear to the beneficiaries that this is voluntary, that they need to be extremely honest and make sure they understand that any negative responses are welcomed and will not be held against them. The purpose is really to better understand their experience with the work being conducted with partner organizations and volunteers to continue improving our support to organizations and to them in the future.

### COMPLEMENTING BASELINE DATA: GENERAL QUESTIONS

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Indicator</th>
<th>Response</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Main Question</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>What is it like to live here as a girl?</td>
<td>(Insert answers here – please be as detailed as possible)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What is it like to live here as a boy?</td>
<td>(Insert answers here – ask interviewees/FGD members to provide 3 specific things)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What are typical things for girls / boys to do/play? Probe for both domestic chores and recreational things</td>
<td>(Insert answers here – ask interviewees/FGD members to provide 3 specific things)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>What are your favourite ways to spend your free time?</td>
<td></td>
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<tr>
<td>5</td>
<td>What are your least favourite ways to spend time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are you in school? In what grade?</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Do you know girls who do not attend school? What are some of the reasons girls would or do not go to school?</td>
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</tr>
<tr>
<td>8</td>
<td>What would make a girl stop going to school?</td>
<td></td>
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<tr>
<td>9</td>
<td>What kind of opportunities/benefit do you get for going or not going to school</td>
<td></td>
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<tr>
<td>10</td>
<td>What kind of challenges/problems do girls who don’t go to school have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>What kind of challenges/problems do girls who go to school face?</td>
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## COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT CHILD MARRIAGE

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<tbody>
<tr>
<td>#</td>
<td>Main Question</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>a) Have you thought about getting married yourself? If so, at what age do you think you will marry? &lt;br&gt;b) Do you want to get married? If yes, why and if no, why? &lt;br&gt;c) At what age do you think you will probably marry? &lt;br&gt;d) At what age should a girl get married? Why?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Do you know of girls that had to marry against their will? Who influences this, father or mother or other family members? What do you think could be done about this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Do you know whether there is an increase/decrease in the number of girls/boys who are getting married at a young age (before 15/16)? What are the reasons for this (positive and negative drivers?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>What do people in your community think about girls and women going to school? Who decides whether a girl/woman will go to school/work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>What do people in your community think about women that work and their ability to care for the family? Who makes decisions in the family about these things?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT – GBV/CSEC

<table>
<thead>
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<th>Pathway</th>
<th>Indicator</th>
<th>Response</th>
<th>Additional Information /Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Main Question</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Have you seen/experienced/heard of something that happened in your community that was not safe/secure? If yes, what was it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>What are the circumstances or difficulties that make life unsafe specifically for girls and women in your community?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Has something been done, that you know of, to improve the security and safety of women and girls? If yes, what are these? Who has been influential in making this possible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Have you heard of sexual actions happening against the will of girls? Without mentioning names or indicating anyone, do you know of girls/ young women who are forced to have sex/ sexual actions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Do you know what rape/is (rape or may be very sensitive term please check with partners what terms to use)? Where do these things happen? How do you know about them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Do you know whether ‘protectors’ (social activist, security service) are active in this area? If yes, who are they and how do they operate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>What has been done here to improve the safety of young women and girls? Do support networks exist to help girls/ young women who have experienced such sexual violence/ abuse? Mention them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>What social and legal services e.g., health, police, legal counselling, social counselling exist to help address problems associated with violence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Which main actors are trying to address this issue and how (family, schoolteachers, police, justice office, community, CBOs)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>What do you think needs to happen to change the situation? What would be your advice to (other) children/ adolescents? And to adults? And other stakeholders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>How can and how should this community protect girls and women? And who should do what? (Check for CBOs, religious institutions, government, police etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Are you aware of existing referral mechanism/ reporting procedures for GBV?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT – TRAFFICKING

<table>
<thead>
<tr>
<th>Pathway Indicator</th>
<th>Response</th>
<th>Additional Information /Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Question</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Do you know girls that have migrated to other places in this country/or abroad for work (e.g., to become a domestic servant)? What are the main reasons for doing this?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Could you tell us their story (why did they leave (e.g., poverty, orphan, etc.), how old were they, do you know whether (illegal) brokers have helped them to leave, what kind of work they do, whether they are doing fine or not, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Would you ever consider migrating to another place (within the country or abroad - discuss these separately) to do e.g. domestic work? If yes/no, why/why not? What do you think are the key advantages/benefits of doing this? Any risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Do you know how to get in touch with brokers who could help you to find work etc? If yes, please explain. Do you know whether illegal brokers are active in this area? If yes, do you know how they operate? If yes, please explain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Do you know whether there is an increase/decrease in the number of girls who get trafficked/migrate to other places for work with their help? If there is a change, do you know what has caused this change?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Before we finish, I would like to hear what you think should be done to end violence against women and girls in?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT – FGM

<table>
<thead>
<tr>
<th>Pathway Indicator</th>
<th>Response</th>
<th>Additional Information /Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Question</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Do you think it is necessary/important to be cut? (Why? (Religious belief, peer pressure, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Have you been cut? What type of cut did you have?</td>
<td></td>
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<tr>
<td>35. Were you cut on your wedding night? What age were you when you were cut? If not, do you expect to be cut in the future? Who decides if girls should be cut father or mother or community leaders?</td>
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<tr>
<td></td>
<td>Question</td>
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<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Who carried out your cutting?</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Did you have any complications soon after you were cut?</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>What kind of complications did you have? Did you ask anyone for help?</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Have you had any long-term complications because of being cut?</td>
<td></td>
</tr>
</tbody>
</table>

**Key Informant Interviews**

**IMPLEMENTING BASELINE DATA: KEY INFORMANT INTERVIEWS**

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Indicator</th>
<th>Response</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td><strong>Main Question</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Does the FGM and other HPs take place in your community?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What is the most recent data that is available about the prevalence of the selected themes (e.g Child marriage, FGM etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is there any information available about the number of cases prosecuted and cases convicted for Child Marriage, FGM, Sexual Abuse, Trafficking, Commercial sexual exploitation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>What are the main causes of the selected themes? (Discuss the causes and try to establish their relative importance, i.e., one specific cause may be most significant, followed by other causes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>What are other significant causes contributing to the problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Check and verify the negative drivers mentioned in the context analysis and discuss their relative importance (by ranking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Are there any developments (e.g., specific laws, programmes, policies, or activities implemented etc.) that have positively contributed to addressing the problem? If yes, which ones and how have they addressed the problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Check and verify the positive drivers mentioned in the context analysis and discuss their relative importance (by ranking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If government worker, what is your job in relation to the subject matter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>If a health worker, where do you work? Provide information on the most reported cases to their facilities if they are such reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Note Take Responses</td>
<td>Additional Details</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>11</td>
<td>Do girls ever come to you as a teacher for advice or support on female genital cutting? If yes, what advice are you able to offer? Have they received training to support or advise girls on FGM?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>During school days/period when girls are cut, do you take any action to protect girls? How does this affect girls in school: dropout, absent for a period etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Are you involved in any activities against female genital cutting in your community? If yes, what kind of activity? And any training received to carry out such activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Would you like to be involved in activities against female genital cutting in the future? If yes, what skills and knowledge do you need to you’re your effective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>What problems does cutting WITH Stitches cause among girls and women?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>What problems does cutting WITHOUT Stitches cause among girls and women?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Do you have any additional comments you would like to share?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Focal Group Discussion- FGD**

**COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT – FGM**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Note Take Responses</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you think it is necessary/important to be cut? (Why? (Religious belief, peer pressure, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Have you heard about girls being cut?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you know that girls can be cut in different ways?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Can you explain the different types?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIFIC QUESTIONS ABOUT – TRAFFICKING**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Note Take Responses</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>What do you think that needs to happen to change the situation? What would be your advice to (other) children/ adolescents? And to adults? And other stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>How can and how should this community protect girls and women? And who should do what? (Check for CBOs, religious institutions, government, police etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIFIC QUESTIONS ABOUT – GBV/CSEC**
7. How do you think it would be best to help these girls? What do you think would be the best ways to prevent girls from experiencing violence?

8. Do girls/young women look for help when they experience sexual violence/harassment? Do they tell anyone (e.g., family members, other women, police/someone else)? If yes, do they get help? If no, why do you think they don’t tell?

9. a) Have you ever thought about how your wedding will be like?
   b) What do you expect from marriage?
   c) What will you do after you get married?
   d) Where will you live after marriage?
   e) What will be different for you after marriage?

10. Do you know of girls/boys that married before the age of 15? Before the age of 18? Do you know why they got married at this young age? What do you think of this?

---

**Focal Group Discussion- FGD**

((Mothers and female caregivers of adolescents & youth; Fathers and male caregivers of adolescents & youth)

**Focal Group Discussion- FGD**

((Mothers and female caregivers of adolescents & youth)

(Fathers and male caregivers of adolescents & youth)

(I group each)

---

**COMPLEMENTING BASELINE DATA: SPECIFIC QUESTIONS ABOUT – FGM**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Note Take Responses</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the selected theme a common practice in your community?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What drives the community into this practice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Who takes the decision in the family and community for girls to be cut?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>What effects does the selected theme have on girls in the community?</td>
<td></td>
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</tbody>
</table>

**SPECIFIC QUESTIONS ABOUT – TRAFFICKING**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Do girls and boys migrate from this community to elsewhere? How common/rare is the situation?</td>
</tr>
<tr>
<td>6</td>
<td>What causes the migration from the community?</td>
</tr>
<tr>
<td>7</td>
<td>Who assist girls/boys to migrate from the community?</td>
</tr>
<tr>
<td>8</td>
<td>Which main actors are trying to address this issue (family, schoolteachers, police, justice office, community, CBOs)? What are they doing, what is their</td>
</tr>
</tbody>
</table>
capacity, and are they effective? What are the key obstacles they face when addressing this issue?

9 What should be done at the community level to change the situation?

10 What initiative can the community take to protect girls and boys in the community? Who should take the responsibility of the initiatives?

**SPECIFIC QUESTIONS ABOUT – GBV/CSEC**

11 How safe/secure do you feel in your community?

12 What are the things that happen to girls/women, boys/men, which make them feel unsafe?

13 What are the specific forms of violence against women and girls in your community?

14 What do you think should be done to prevent violence against women?
   What can be done to make the community safe?

---

**Partner Interview**

**Introduction**

This tool has been created for the consortium partners lead by Norsaas, focusing on the Power to Youth program to support Norsaac and its partners in tracking the attainment of the program's objectives.

This tool aims to:

- Obtain information on key indicators (SGBsV, FGM and HPs) for the Power to Youth program;
- Establish a baseline for the assessment of impact of key activities conducted against the expected results and targets of the PtY Programe
- Obtain local stakeholders’ contribution to the definition and identification of program success indicators to measure impact.
- Assess the participation of local people, agencies, and decision makers in the program, including the design and implementation assessment and the analysis of the findings to complete monitoring and evaluation frameworks

1.1 **Participants:** This interview form should be completed by each partner organization and can be completed by any member of the organization who has information or can gather the information to respond to all sections accordingly. It is important to get permission from a Senior Manager and/or Authorization Manager to conduct the interviews and for them to nominate a staff member(s) to complete the interview.
1.2 **Materials and skills:** The discussion guide, ability to take notes either on computer or by hand, etc.

1.3 **Procedures:** The questionnaire was designed to guide discussions around key areas of organizational and programmatic capacity. To do this, the enumerator trained in the use of this tool will lead the discussion with the local partner. However, the local partner should receive this document in advance to ensure they are prepared to respond to all questions as required.

**Steps**

1. Familiarize yourself with the tool, read through it slowly. Note that there are comments that describe the format for some of the responses (e.g., whole numbers)
2. Make sure you have prepared and save in your computer and or printed, one clean version of this interview for each partner you will be meeting with
3. Your next step is to go through this questionnaire; share the questionnaire with the partner organization and ensure that you have scheduled a date and time to meet with the individual(s) within the partner organization to complete it
4. Conduct the interviews. At the beginning of the process, you must make it clear to partners that they need to be extremely honest and make sure they know that this will not negatively impact our partnership, but it will allow us to report to the donors and ensure that we can provide additional support to them in the future. Please have partners provide as much detail as possible.
<table>
<thead>
<tr>
<th>District:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Partner Organization:</td>
<td></td>
</tr>
<tr>
<td>Type of Partner (circle one):</td>
<td>Local/International Women’s NGO</td>
</tr>
<tr>
<td></td>
<td>Local Youth Organization</td>
</tr>
<tr>
<td></td>
<td>Government Agency/Ministry</td>
</tr>
<tr>
<td></td>
<td>Government Security Agency /Ministry</td>
</tr>
<tr>
<td>Location (town or village):</td>
<td></td>
</tr>
<tr>
<td>Number of employees</td>
<td></td>
</tr>
<tr>
<td>Key Areas of Focus/Work (please list)</td>
<td></td>
</tr>
</tbody>
</table>
### Expected Outcome

**COMPLEMENTING BASELINE DATA: CSOS AMPLIFY YOUNG PEOPLE’S VOICES TO CLAIM, PROTECT AND EXPAND CIVIC SPACE**

# of CSOs and advocacy networks with increased lobbying, advocating, thematic (MYP and GTA) and/or research & PME capabilities

<table>
<thead>
<tr>
<th>Pathway 2:</th>
<th>Indicator</th>
<th>Response</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Main Question</td>
<td></td>
<td>Direct</td>
</tr>
<tr>
<td>1</td>
<td>What is the most recent data available about the prevalence of the selected themes: Child marriage, FGM, S&amp;GBV, Child Trafficking etc. (check this for the national level and for the regions/districts/local areas where the programme is focusing upon)?</td>
<td>Total # of adult women (24+)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total # of young men (15-24)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # of young women (15-24)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # of boys (0-14 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # of girls (0-14 years)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Based on the information provided in question 1. Please disaggregated the total directly affected by vulnerable groups</td>
<td>Persons living with a disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LGBTQ2I persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Displaced persons, migrants, or refugees</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persons living in remote or rural areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persons belonging to marginalized minorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other – specify (i.e., HIV+ persons, persons affected by conflict, child soldiers, survivors of gender-based violence, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there any information available about the number of cases prosecuted and cases convicted for Child Marriage, FGM, Sexual Abuse, Trafficking, Commercial sexual exploitation? If yes, can we get access to this information?</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td>If yes, and the data is readily available, discuss the data whether the prevalence has increased/decreased in the past five years, and the reasons for this change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>If there is no recent data available ask their estimation (if feasible) and ask them whether they think the prevalence has changed (increased/decreased) and if so what the reasons for this change are.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What are the main causes of the selected themes? (Discuss the causes and try to establish their relative importance, i.e., one specific cause may be most significant, followed by other causes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What other significant causes are contributing to the problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Check and verify the negative drivers mentioned in the context analysis and discuss their relative importance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Are there any developments (e.g., specific laws, programmes, policies, or activities implemented etc.) that have positively contributed to addressing the problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>If yes, which ones and how have they addressed the problem? Check and verify the positive drivers mentioned in the context analysis and discuss their relative importance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 11 | a. Does your organization work to help prevent, respond to and/or end SGBV, including child and early and forced marriage, and/or FGM?  
   b. What ways would be helpful for you to look into activities and advocacy campaigns if any. |
| 12 | If yes, how many beneficiaries have you supported in the last 5 years? |
| 13 | Does your organisation support saviours (persons who have suffered and or still suffering from any or all forms of SGBVs) and victims of SGBVs?  
   If yes, in what ways? |
<table>
<thead>
<tr>
<th>Pathway 2</th>
<th>Indicator</th>
<th>Disaggregation/ Sub-Questions</th>
<th>Response</th>
<th>Additional /Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>If no or unsure, is this an area that you will be working on or are interested in implementing in the next 5 years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>On a scale of 0 to 4 what has been your observed impact of current policies initiatives on targeted beneficiary groups?</td>
<td>0= deterioration or no improvement 1= slight improvement 2= moderate improvement 3= significant improvement 4= highly significant improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>What level of improvements would you like to achieve by the end of the power to youth programme intervention</td>
<td>0= deterioration or no improvement 1= slight improvement 2= moderate improvement 3= significant improvement 4= highly significant improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Does your organization conduct advocacy work in the respective areas? (Select the one that applies for each area)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>What challenges do you face in your work regarding promotion of SRHRs, preventing HPs and SBGVs?</td>
<td></td>
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</tbody>
</table>
Actors Interview

Introduction

This tool has been created for Consortium partners led by Norsaac, focusing on the Power to Youth program to support Norsaac and its partners in tracking the attainment of the program’s objectives. This tool aims to:

- Obtain information on key indicators (SGBVs, SRHR and HPs) for the Power to Youth program;
- Provide a baseline for the assessment of impact of key activities conducted against the expected results and targets of the PtY program
- Obtain local stakeholders’ contribution to the definition of program success and identification of indicators to measure impact.
- Assess the participation of local people, agencies, and decision makers in the program, including the design and implementation assessment and the analysis of the findings to complete monitoring and evaluation frameworks.

1.4 Participants: This interview form should be completed by the head of each partner organization or any authorised member of the organization who has information or can gather the information to respond to all sections accordingly.

1.5 Materials and skills needed: The discussion guide, ability to take notes either on computer or by hand, etc.

1.6 Procedures: The questionnaire was designed to guide and engage in discussions around key areas of organizational and programmatic capacity. To do this, the enumerator trained in the use of this tool will lead the discussion with the local partner. However, the local partner should receive this document in advance to ensure they are prepared to respond to all questions as required.

Steps

5. Familiarize yourself with the tool, read through it slowly. Note that there are comments that describe the format for some of the responses (e.g., whole numbers)

6. Make sure you have prepared and saved in your computer and or printed, one clean version of this interview guide for each partner you will be meeting.
7. The next step is to go through this questionnaire; share the questionnaire with the partner organization and ensure that you have scheduled a date and time to meet the individual(s) within the partner organization to complete it.

8. Conducting the interviews: At the beginning of the process, you must make it clear to partners that they need to be extremely honest and make sure they know that this will not negatively impact our partnership, but it will allow us to report to the donors and ensure that we can provide additional support to them in the future. Please have partners provide as much detail as possible.

<table>
<thead>
<tr>
<th>District:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Interviewee:</td>
<td></td>
</tr>
<tr>
<td>Location (town or village):</td>
<td></td>
</tr>
<tr>
<td>Key Areas of the organisation Focus/Work (please list)</td>
<td></td>
</tr>
</tbody>
</table>
## Expected Outcome

Complementing baseline data: State actors improve policy making and implementation on key issue

<table>
<thead>
<tr>
<th>Pathway 4</th>
<th>Indicator(s)</th>
<th>Disaggregation/Questions</th>
<th>Sub-Questions</th>
<th>Response</th>
<th>Additional Information/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>If no or unsure, is this an area that you will be working on or are interested in implementing in the next 5 years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>What current policy initiatives exist to promote SRHR and prevent HPs and SGBV in favour of the target beneficiary groups?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2         | On a scale of 0 to 4 what has been your observed impact of current policy initiatives on targeted beneficiary groups? |                          | 0= deterioration or no improvement  
1= slight improvement  
2= moderate improvement  
3= significant improvement  
4= highly significant improvement |          |                                |
| 3         | a. What level of improvements would you like to achieve by the end of the Power to Youth programme intervention?  
b. Can you describe the nature, such as area and scope of the improvement? |                          | 0= no improvement  
1= slight improvement  
2= moderate improvement  
3= significant improvement  
4= highly significant improvement |          |                                |
| 4         | Do you do advocacy in relation to the respective areas? If yes, what type of advocacy does your organization conduct in the respective areas? (Select the one that applies for each area) |                          |                                                                                  |          |                                |
## Expected Outcome

Complementing baseline Data: State actors improve policy making and implementation on key issues

**# and type of (inter) national laws and polices implemented to decrease barriers to SRHR and present HPs and SGBV and**

<table>
<thead>
<tr>
<th>Pathway 4</th>
<th>Indicator(s)</th>
<th>Disaggregation/ Sub-Questions</th>
<th>Response</th>
<th>Mention the specific for each if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Main Question</td>
<td>SGBVs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicate whether there has been a new policy/laws or initiatives in the last five years, in each of the respective thematic areas</td>
<td>Child Marriage</td>
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<td></td>
<td>Then on a scale of 0-4, indicate the impact of existing policies on the thematic areas:</td>
<td>FGM</td>
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<td></td>
<td>Scale: 0= deterioration or no improvement/no policy 1= slight improvement 2= moderate improvement 3= significant improvement 4=highlight significant improvement</td>
<td>Child Trafficking</td>
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<td>Commercial sexual exploitation</td>
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<td>6</td>
<td>Who are the most important actors in addressing these selected themes (5 above)?</td>
<td>SGBVs</td>
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<td>Child Marriage</td>
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<td>Child Trafficking</td>
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<td>9</td>
<td>Concerning those actors that are effective, what</td>
<td>SGBVs</td>
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<td>Child Marriage</td>
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<td>Commercial sexual exploitation</td>
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<td>Question</td>
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<td>10</td>
<td>Concerning those actors that try to address the problem, what do they do (e.g., activities, programmes, policies, etc.)?</td>
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<td>11</td>
<td>How effective are they (any evidence of concrete results achieved?)</td>
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<td>12</td>
<td>What are the key obstacles faced by these actors when it comes to addressing this issue?</td>
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<td>13</td>
<td>Identify the total # of policies you are aware that have been developed in last five (5) years for each of the themes</td>
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<td>14</td>
<td>Identify the top 3 policies based on reach or effectiveness?</td>
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<td>15</td>
<td>Which policies/laws need to change if any and why?</td>
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