



CAPTURING THE VOICE OF CSOS ON GHANA'S PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) 3, 5 AND 16

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SUSTAINABLE DEVELOPMENT GOALS (SDGs) 3, 5 and 16**



Ghana Integrity Initiative (GII)/TI Ghana

By



Unlocking Possibilities Delivering Excellence

**FD-Universal Consults
(FUC)**

Email: fdconsultuniversal@gmail.com

Website: <https://fduniversal.com/>

Executive Summary

This report highlights progress, gaps, and emerging priorities regarding SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 16 (Peace, Justice, and Strong Institutions). Collectively, these goals represent the backbone of sustainable human development, ensuring healthy lives, advancing equality, and promoting just, inclusive, and accountable societies.

SDG 3 – Good Health and Well-being

Significant efforts have been made through *national policies such as the National Health Policy, the Universal Health Coverage (UHC) Roadmap, and international commitments like the Abuja Declaration*. Ghana Government has promoted participatory policy-making - involving civil society and key stakeholders in policy dialogues. However, health systems remain *underfunded and overstretched*, with uneven access to quality services, particularly in rural and peri-urban areas. Data gaps and limited financing constrain full UHC realization.

SDG 5 – Gender Equality

Progress is evident through *policy frameworks and stakeholder engagement*, with initiatives targeting women's empowerment and gender mainstreaming in governance. The establishment of structures to engage CSOs, NGOs, and development partners has improved coordination. Yet, persistent challenges remain: *insufficient funding for gender initiatives, weak data systems for gender-disaggregated information, and barriers in women's economic and political participation*. There is an urgent need for a *national SDG 5 platform* to harmonize interventions, strengthen accountability, and consolidate gender-related reporting.

SDG 16 – Peace, Justice, and Strong Institutions

Governance and justice institutions face *limited domestic funding*, undermining sustainability and efficiency. Vulnerable populations still experience *barriers to accessing justice*, including high legal costs and limited availability of legal aid. Public awareness of SDGs, particularly SDG 16, remains low, limiting citizen participation in governance and accountability initiatives. Additionally, while laws exist, many are outdated or weakly enforced, creating gaps in justice delivery. *Traditional and religious leaders remain an underutilized resource* in peace-building and grassroots justice promotion.

Cross-cutting Implications

Findings from the SDGs 3, 5, and 16 revealed interconnected challenges. *Weak financing mechanisms, limited stakeholder coordination, inadequate data systems, and gaps in inclusivity* are recurring barriers. Addressing these requires an integrated approach; linking health equity, gender empowerment, and justice reforms under a shared vision of resilience and sustainable development.

Key priorities moving forward:

- Increase **domestic financing mechanisms** to reduce over reliance on donor funding.
- Strengthen **multi-stakeholder coordination platforms** for gender, health, and governance.
- Invest in **gender- and equity-sensitive data systems** to guide interventions.
- Remove structural barriers that limit **access to justice and healthcare** for vulnerable groups.
- Enhance **public awareness and participation**, leveraging schools, media, and community leaders.

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LIST OF ACRONYMS

SDGs.....Sustainable Development Goals

CSOsCivil Society Organizations

VNRsVoluntary National Reviews

CSCCommunity Score Card

CDD..... community-driven development

AFAWIAlliance for African Women Initiative

YBFYouth Bridge Foundation

WACSIWest Africa Civil Society Institute

WIDO.....Women’s Integrated Development Organization

WANEPWest Africa Network for Peace Building

GPPACGhana Political Participation Centre

PMTCT.....Prevention-of-mother-to-child transmission

NCD.....Non-communicable diseases

IHRInternational Health Regulations

DVLA.....Driver and Vehicle Licensing Authority

NHIS.....National Health Insurance Scheme

WASH.....Water, sanitation, and hygiene

FGM.....Female genital mutilation

NGOsNon-governmental organizations

GSS.....Ghana Statistical Service

MASLOCMicrofinance and Small Loans Centre

CHRAJCommission on Human Rights and Administrative Justice

NCCE.....National Commission for Civic Education

NPC.....National Peace Council

MoGCSPMinistry of Gender, Children and Social Protection

DOVVSU.....Domestic Violence and Victims Support Unit

ADR.....Alternative Dispute Resolution

RTIRight to Information

GIFMIS.....Ghana Integrated Financial Management Information System

PFM.....Public Financial Management

OSP.....Office of the Special Prosecutor

NDPC..... National Development Planning Commission
PFM.....Public Financial Management
VNRVoluntary National Review
UHC.....Universal Health Coverage
GFF.....Global Financing Facility
GHS.....Ghana Health Service
MMDAsMetropolitan, Municipal, and District Assemblies
CODEO.....Coalition of Domestic Election Observers

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I. Introduction

Ghana context:

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, represent a universal call for action to end poverty, protect the planet, and ensure peace and prosperity for all by 2030 (United Nations, 2015). The SDGs are built on, and emphasize the spirit of partnerships across government, the entire world and among Civil Society Organizations (CSOs). Ghana, one of the earliest African countries to embrace the SDGs, has made considerable efforts to integrate these goals into its national development frameworks. The progress towards the development agenda 2030 has been guided by its Coordinated Programme of Economic and Social Development Policies (2017–2024) (Government of Ghana, 2018).

According to the Ghana Statistical Service (2022), the country has witnessed a steady decline in extreme poverty and an increase in primary school enrolment, amid persistence disparities across regions. Ghana's Voluntary National Reviews (VNRs) submitted to the UN in 2019 and 2022 further reflect progress in the SDGs implementation. These VNR reports highlight persistent development and sustainability challenges, including youth unemployment, climate vulnerability, and spatial inequality (Government of Ghana, 2019; 2022). Although Ghana's progress in the context of the implementation has been documented in governmental reports and development agencies, the perspectives/voices of Civil Society Organizations (CSOs), an ample body in the countries efforts towards the realization of the SDGs have barely been documented.

However, the viewpoints from Civil Society Organizations (CSOs) with regards to the state of Ghana's progress particularly, the successes and challenges in pursuit of the SDGs can further understanding of the state of Ghana's progress towards the realization of the SDGs. This is particularly relevant, due to the significant roles of CSOs in Ghana's development efforts as well as the commitment Ghana has made to the Sustainable Development Goals (SDGs) since its adoption. Her commitments to the SDGs necessitate regular review of the country's progress as well as commitment through attendance on the international forums on the SDGs especially the Voluntary National Review (VNR), the High-Level Political Forum on Sustainable Development held in 2025. The 2025 VNR focuses on priority areas such as health, education, gender equality, economic growth, and partnerships, guided by the theme: "*Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda*".

This shadow report which draws on the voices of CSOs is focused on the Sustainable Development Goal 3: *Good Health and Well-being*; Goal 5: *Gender Equality*; Goal 16: *Promote peaceful and inclusive societies for sustainable development, access to justice for all, and build effective, accountable and inclusive institutions at all levels*. The report provides concrete evidence highlighting the successes, challenges in pursuit of the SDGs 3, 5 and 16 and recommendations drawing from the perspectives of CSOs. The voices of the CSOs, serve as a source of information and advocacy tool for engaging with state actors and other relevant stakeholders nationally and on various platforms, such as the Africa Regional Forum on Sustainable Development (ARFSD) and the High-Level Political Forum (HLPF) later in July 2025.

I.2 Purpose and scope of the report

The report provides Civil Society Organizations (CSOs) reflections and reassessment of the actions being taken towards the attainment of the Sustainable Development Goals (SDGs). Specifically, the

report provides viewpoints and contributions of CSOs whose works contribute to the SDGs 3, 5 and 16, towards providing alternative perspectives to government and actionable recommendations for update.

The report addressed the following specific objectives;

1. To assess the overall delivery of the agenda, including consideration of policies and strategies for implementation, assessment of delivery and mechanisms for engaging civil society, local governments, donors and wider stakeholders in realising the SDGs 3, 5 and 16.
2. To document best practices (strategies, innovations) used by CSOs that are contributing to the SDGs 3, 5 and 16.
3. To gather experiences for CSOs about the successes, challenges and lessons learned in the implementation of the SDGs 3, 5 and 16.
4. To disseminate the findings of the report in Ghana and the HLPF in July, 2025.

2. Study methodological approach

A qualitative research method alongside “*People’s Scorecard Toolkits*” is used to explore, in in-depth, the voices of CSOs on Ghana’s progress towards the achievement of the Sustainable Development Goals (SDGs), particularly goals: 3, 5 and 16. This method enables the conduct of desk review on government reports, articles on SDGs 3, 5 & 16 as well as the collection and analysis of primary data via semi-structured interviews. Specifically, detailed desk review was conducted focusing on government reports, especially the Voluntary National Reports published by Ghana’s National Development Planning Commission in 2019 and 2022. Others included critical review of relevant documents from the Ghana Statistical Service, the Ministry of Finance, the United Nations in Ghana and the Civil Society Organisations (CSOs). The essence of the review was to establish a baseline on the level of progress in the delivery of the different initiatives deployed towards the achievement of the various indicators of the SDGs 3, 5 and 16. The review also focuses on the roles of respective CSOs, the implementation frameworks, and the existing financing arrangements towards the realization of the SDGs.

The review was complemented by the conduct of key informant interviews using semi-structured interview guide, as well as the use of the “*People’s Scorecard toolkit*” as a tool to gather data from CSOs whose activities are directly related to the SDGs 3, 5 and 16. Data was collected on the challenges, successes and lessons CSOs have learnt through their engagement with the implementation and delivery mechanisms of the SDGs in Ghana. The *People’s Scorecard Toolkits* are participatory monitoring and evaluation (M&E) tools that can be used in community-driven development (CDD) and social accountability programs. **Community Score Card (CSC)** developed by CARE Malawi in the early 2000s, has been suitable for assessing performance in sectors such as health, education, and water and sanitation. *People’s scorecard Toolkits* are useful for engaging citizens directly in assessing the performance of public services, with a focus on improving service delivery, governance, and citizen empowerment. A “*people’s scorecard*” can help facilitate focus group discussions, enabling participants/community members generate performance indicators, score service providers, and jointly develop action plans for improvement. Related experiences in practice show that when properly facilitated, people’s scorecard processes can lead to enhanced transparency, improved services, and increased citizen voice (World Bank, 2004).

Therefore, focal persons of the following CSOs were engaged for the semi-structured interviews.

Table I List of CSOs consulted

SDGs	SDG 3: Good Health and Well-being	SDG 5: Gender Equality	SDG 16: Peace, Justice, and Strong Institutions
Civil Society Organizations (CSO)	World Vision Ghana	Renel Ghana Foundation	Renel Ghana Foundation
	Planned Parenthood Association of Ghana (PPAG)	Defense for Children	Defense for Children
	Hope for future Generation	Love Aid Foundation	Love Aid Foundation
	Alliance for Reproductive Health Rights (ARHR)	Community Focus Foundation	Community Focus Foundation
	Cencosod	Sung Foundation	Sung Foundation
	PATH	NORSAAC	NORSAAC
	CYDEF	SONGTABA	SONGTABA
	Curious Minds	National Cross Border Women Traders Association	National Cross Border Women Traders Association
	Democratic Credentials Networks Ghana	Democratic Credentials Networks Ghana	

3. The context: situating Ghana in the Sustainable Development Goals (SDG 3, 5 & 16)

3.1 The SDG 3: Good health and well-being

Sustainable Development Goal 3 (SDG 3), which seeks to ensure healthy lives and promote well-being for all at all ages, has been a central health policy and investment strategy in Ghana. Ghana has made numerous attempts to align its national health plans with the SDG 3 goals and indicators. For instance, in reducing maternal mortality, the core of Target 3.1 of the SDG 3 is very instrumental. Existing records suggest that maternal mortality ratio has been declining over the past decade due to improvement in health systems, more antenatal care, and increased institutional deliveries. The maternal mortality ratio declined from approximately 380 deaths per 100,000 live births in 2010 to about 308 per 100,000 in recent times (Business Ghana, 2023). Coupled with this gain is the rise in the proportion of births attended to by skilled health personnel, now in excess of 70%, attributable to initiatives such as the free maternal care policy and posting of community health nurses under the Community-based Health Planning and Services (CHPS) program. However, there are yet regional disparities, particularly in the northern part of Ghana, quality maternal health care remains poorly accessed (Graphic Online, 2024; Awoonor-Williams et al., 2013). With regard to Target 3.2, which is about preventing the deaths of newborns and children under five years of age, improvement has also been seen in Ghana. The under-five mortality rate declined from 80 to 43 deaths per 1,000 live births from 2008 to 2022, while neonatal mortality declined from 30 to approximately 22 deaths per 1,000 live births in the same period (WHO, 2024). This reduction is largely due to the strengthening of child immunization programs, improved nutrition interventions, and improved management of repeated childhood illnesses such as pneumonia and diarrhoea. The Expanded Programme on Immunization (EPI) of Ghana, which offers access to essential vaccines for children, has been instrumental in driving improvement in child survival rates. Malnutrition, however, has long been a cause of morbidity and mortality in children, especially in rural settings (UNICEF Ghana, n.d.).

Progress in ending epidemics, as targeted in 3.3, has not been even. Ghana has recorded significant reductions in the prevalence of malaria, tuberculosis, and HIV/AIDS, though they remain public health issues. Malaria, for instance, remains endemic, but malaria prevalence per 1,000 population has

declined due to nationwide distribution of insecticide-treated bed nets (ITNs), indoor residual spraying, and improved access to treatment and diagnosis. The Ghana Strategic Plan 2021–2025 aims for another 90% reduction in malaria deaths (MOH, 2021). HIV/AIDS prevalence has been relatively stable around 1.7%, and new infections have decelerated, partly as a result of the implementation of prevention-of-mother-to-child transmission (PMTCT) programs and increased public awareness (Forson et al., 2024; Ghana AIDS Commission, 2019). Tuberculosis infection rates have also slightly decreased, but case detection and treatment compliance issues persist. Ghana also continues to work with global health partners in the control of such neglected tropical diseases as lymphatic filariasis and schistosomiasis, employing mass drug administration campaigns at regular intervals in endemic areas (Osei et al., 2020).

For Target 3.4, Ghana has only recently come to bolster its efforts on reducing mortality due to non-communicable diseases (NCD) and strengthening mental health. Cardiovascular disease, diabetes, cancer, and respiratory diseases are emerging as the major causes of national disease burden, especially in urban areas (Ministry of Health, 2022; Sarkodie et al., 2021). While there is no national cancer registry to provide a complete data base, facility reports indicate rising trends of breast and cervical cancer, diabetes, and hypertension. There has been some public education and screening activities undertaken by the Ministry of Health and the Ghana Health Service (GHS), but these are of limited scope and resources (Ministry of Health, 2021). Mental health, once overlooked, has received more focus in recent years with the passing of the Mental Health Act 2012 and the establishment of the Mental Health Authority. However, access to mental health care remains extremely low, with most facilities concentrated in urban areas and a severe shortage of trained professionals (Mental Health Authority, 2020; GSS et al., 2018).

Table 2 SDG Goal 3: Target and Indicators

Targets	Indicators
SDG 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1: Maternal mortality ratio
	3.1.2: Proportion of births attended by skilled health personnel
SDG 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1: Under-five mortality rate
	3.2.2 Neonatal mortality rate
SDG 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.3.2 Tuberculosis incidence per 1,000 population
	3.3.3 Malaria incidence per 1,000 population
	3.3.4 Hepatitis B incidence per 100,000 population
	3.3.5 Number of people requiring interventions against neglected tropical diseases
SDG 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

mental health and well-being	3.4.2 Suicide mortality rate
SDG 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (Pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
SDG 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1: Death rate due to road traffic injuries
SDG 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods.
	3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (Defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).
	3.8.2 Number of people covered by health insurance or a public health system per 1,000 population
SDG 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
	3.9.3 Mortality rate attributed to unintentional poisoning
SDG 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of Current tobacco uses among persons aged 15 years and older
SDG 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property 10 Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.2 Total net official development assistance to medical research and basic health sectors
SDG 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.	3.c.1 Health worker density and distribution
SDG 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

Target 3.5, substance abuse, is one sector where data is limited. Survey and anecdotal data, however, suggest that alcohol and drug abuse, particularly among the youth, is emerging as a public health and national development concern. Efforts are made towards the reversal of the trend through campaigns by civil society and the Narcotics Control Commission. However, treatment for substance use disorders is inadequate, and coverage for psychosocial or rehabilitation services is very limited, especially in rural regions (Ministry of Interior, 2025). In case of road traffic injury reduction outlined by Target 3.6, Ghana has not recorded consistent gains. Road accidents are still public health problem. According to the National Road Safety Authority, more than 2,300 road deaths were recorded in the year 2021. Low road infrastructure standards, poor implementation of road safety regulations, and reckless driving have remained contributing factors to high crash numbers (AMA, 2023). While some interventions such as public awareness campaigns, stringent licensing requirements, and partnerships with the Driver and Vehicle Licensing Authority (DVLA) have been implemented, their impact has been undermined by the challenges of enforcement and limited resources (National Road Safety Authority, 2025).

Target 3.7 seeks to ensure universal access to sexual and reproductive health-care services. Ghana has made significant gains in this area through its family planning programs and adolescent health strategy. Access and utilization of modern family planning contraceptives among women of reproductive age has risen despite the fact that unmet family planning needs remain high at about 30%, more so for adolescents and rural residents (GSS et al., 2023). The adolescent birth rate has declined from 66 births per 1,000 girls aged 15–19 in 2008 to about 47 in recent years. Despite this, cultural norms, stigma, and absence of youth-oriented health services impede progress (Okyerere et al., 2025).

Universal health coverage, a core concern of Target 3.8 is prioritized by the Ghana's health policy, particularly, the National Health Insurance Scheme (NHIS). The NHIS has enhanced access to financing care and providing coverage for a significant proportion of the population in Ghana (Nguyen et al., 2011). Comprehensive and equitable coverage is still a concern. However, general health care services are more accessible in the urban areas compared to the rural communities, and the NHIS

suffers from issues regarding funding, settlement of claims, and occasional delays in payment to providers. Despite these limitations, the scheme has helped mitigate catastrophic health expenditure for many households (Jehu-Appiah et al., 2011). Under the environmental health sector, covered under Target 3.9, Ghana is still seriously challenged. Indoor as well as outdoor air pollution is increasingly becoming a challenge, particularly in urban areas like Accra, due to increasing automobile emissions, open material burning, and manufacturing processes. Indoor air pollution as well as respiratory illnesses are brought about by cooking using biomass fuels by the majority of rural households (Clean Air Fund, n.d.). Fatalities associated with unsafe water, sanitation, and hygiene (WASH) are gradually declining due to improved access to clean water and sanitary facilities. However, a significant percentage of the rural populace is still practicing open defecation and lacks safe water points (Clean Air Fund, n.d.).

Target 3.a which focuses on tobacco control has recorded some progress through the enactment of legislation in line with the WHO Framework Convention on Tobacco Control and public health education. The 2012 Public Health Act (Act 851) has provisions made for tobacco control. As a result, tobacco smoking prevalence has been decreasing over time, particularly among adult men. Yet still, weak enforcement of the smoke-free policies, and the advertisement of tobacco products remain the critical challenge in efforts towards tobacco control (WHO, 2012). Support towards increasing access to vaccines, research, and medicine availability are integrated in Target 3.b. Ghana has led the delivery of vaccines with high coverage of child immunization vaccines, recent success with COVID-19 vaccines included. The country also benefited from global efforts such as COVAX during the pandemic era (UNICEF, 2021). However, local production of vaccines and medicines is still low. Essential medicines are frequently out of stock at public health facilities, especially in remote areas. This continues to undermine access and continuity of care (World Bank, 2021). Progress on Target 3.c, in the area of health workforce development, has been irregular. While the country has witnessed an increase in the number of skilled health workers by expanding nursing and medical training institutions, their deployment remains irregular. Rural and poorer regions continue to be deprived of skilled personnel. This challenge is further exacerbated by brain drain a recurring issue, as health workers are increasingly seeking greener pastures abroad. Finally, in line with Target 3.d, there has been some capacity demonstrated by Ghana to respond to health emergencies, specifically during the COVID-19 pandemic. The state mobilized funds, aligned with international partners, and implemented public health interventions like testing, contact tracing, and vaccination. The establishment of the National Public Health Emergency Operations Centre has enhanced Ghana's preparedness, though long-term investment in surveillance platforms and laboratory capacity is still needed (Sarkodie et al., 2021).

3.2 The SDG 5: Gender equality in the context of Ghana

SDG 5 seeks to achieve gender equality and empower all Women and Girls as well as tackle discrimination, violence, harmful practices, unpaid care work, leadership, reproductive rights, economic resources, technological empowerment, and policy frameworks. Ghana has committed to advancing gender equality through a combination of legislative reforms, policy measures, institutional capacity development, and community organization. Ghana has demonstrated strong dedication towards promoting gender equality through the development of integrative legal and policy frameworks to overcome historical and structural barriers that have been placed on girls and women. Central to these initiatives is the National Gender Policy (2015), which offers a comprehensive framework for gender mainstreaming in all aspects of national development. This policy focuses on the economic empowerment of women, social development, political participation, and protection of human rights,

and provides a strategic approach to ending gender inequalities (Ayentimi et al., 2020). This policy is further supported by the enactment of the Domestic Violence Act (Act 732, 2007), a valuable legislative instrument that criminalizes violence against women at home and provides protection for survivors (Aboagye et al., 2022). The Human Trafficking Act, 2005 (Act 694) also contributes to Ghana's legislative response to exploitation, particularly of women and children, and answers the global call to halt trafficking and gender-based violence (Mohammed, 2022). In addition, although still pending enactment, the Affirmative Action Bill seeks to guarantee at least 30% representation of women in public decision-making offices, supplementing Target 5.5 on women's leadership (Akapule & Naaikuur, 2024). Other pertinent legislation, including the Labour Act, 2003 (Act 651) and the Children's Act, 1998 (Act 560), offer protection against gender-based workplace discrimination and prohibit harmful practices such as child marriage (Adu-Pakoh, 2017; Antwi, 2021). All these policy and legal interventions collectively constitute a solid foundation for addressing gender discrimination according to SDG Indicator 5.1.1 in Ghana.

Moreover, efforts to eradicate violence against women and harmful practices such as child marriage and female genital mutilation (FGM) have also been prioritized. Ghana launched the National Strategic Framework for Ending Child Marriage (2017–2026) to accelerate efforts toward ending child marriage. The Criminal Code (Amendment) Act of 1994 criminalizes FGM, and law enforcers as well as non-governmental organizations (NGOs) collaborate in raising awareness levels and prosecuting offenders. The top-level engagement toward ending Child marriage has been steered by civil society organizations in Ghana such as UNICEF Ghana, Girls Not Brides Ghana, and ActionAid (Commonwealth Secretariat, 2021). Institutional mechanisms of support exist through institutions such as the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service providing critical services to victims, while shelters have also been established and hotlines are operating (Tenkorang, 2021). In spite of resource limitations, country-level surveys indicate declining numbers of reported cases of child marriage and greater public awareness of gender-based violence, which indicates positive, though gradual, change. Whereas the national prevalence has been low (below 5%), the practice remains in some northern regions.

Recognition and appreciation of unpaid domestic and care work, according to Target 5.4, has gained more discussion, though tangible interventions remain scarce. Statistics from the Ghana Statistical Service (GSS) indicate the immense value that unpaid care work, largely performed by women, adds to the economy of the nation. Although the National Gender Policy encourages measures in the form of alleviating the burden of this work, their implementation has been incremental at best (Kumi & Owusu, 2023). The pandemic in COVID-19, however, spurred new public debate regarding unpaid care work, with civil society groups pushing for increased public services like childcare and eldercare facilities. Whereas substantive policy actions remain in nascent stages, the new national conversation is a significant step toward making and repairing this dimension of gender inequality real (Odey et al., 2021).

Progress towards ensuring women's presence in leadership and decision-making positions, pivotal to the achievement of Target 5.5, has remained limited. At a time in early 2024, women held approximately 15% of the seats in Ghana's Parliament, a modest improvement still short of the global average of 30% (Amoah, 2024). Additionally, women's participation in district assemblies remains low, although there has been a sensitization campaign by the Ministry of Gender, Children and Social Protection, and an incentive by development partners such as UN Women. In the private sector, however, there has been a considerable increase in women occupying senior management and executive positions, particularly in the banking, education, and health sectors. However, entrenched

cultural values and political barriers still discourage women's full and effective participation in leadership roles in the public and private sectors (Appiah-Kubi & Anyimadu-Antwi, 2018).

Table 3 SDG Goal 5: Targets and Indicators

Targets	Indicators
5.1 End discrimination against women and girls	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18. 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
5.4 Value unpaid care and promote shared domestic responsibilities	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
5.5 Ensure full participation in leadership and decision-making	5.5.1 Proportion of seats held by women in national parliaments and local governments 5.5.2 Proportion of women in managerial positions
5.6 Ensure universal access to sexual and reproductive health and reproductive rights	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education
5a: Equal rights to economic resources, property ownership and financial services	5.7.1 Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure 5.7.2 Proportion of countries where the legal framework (including customary law) guarantees

	women's equal rights to land ownership and/or control
5b: Promote women empowerment through enabling technology and information and communications technology	5.b.1 Proportion of individuals who own a mobile telephone, by sex
5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	5.c.1 Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment

Efforts to construct universal access to sexual and reproductive health and rights, in support of Target 5.6, have paid dividends in measurable terms. Ghana has integrated sexual and reproductive health services into the national public healthcare system, supported to a great extent by international development partners such as USAID, Marie Stopes International, and UNFPA (Amoah, 2023). Contraceptive use prevalence has increased from 18.5% in 2003 to approximately 25% in recent times, reflecting moderate progress. In spite of this, huge rural-urban disparities still persist, with rural women facing more challenges in their access to quality reproductive healthcare services, which calls for special interventions to bridge this gap (Alando et al., 2020).

On women's economic empowerment and resource access (Targets 5.7 and 5.8), various programs have been implemented in Ghana, with varying levels of success. The Land Administration Project seeks to enhance women's land tenure security, even though customary laws restrict women from having land registered in their names (Addaney et al., 2022). Financial inclusion initiatives, such as the Microfinance and Small Loans Centre (MASLOC) and Women's World Banking Ghana, have enhanced women's access to credit facilities, enabling entrepreneurship and economic empowerment (Sulemana et al., 2023). With the recognition of the significant role of women in agriculture, government programs are increasingly providing agricultural inputs, training, and credit to female farmers. Further, increased ownership of mobile phones and promoting women's digital literacy, particularly in rural settings, has improved access to information and economic opportunities, ultimately contributing to women's economic empowerment (Ussher, 2020). Development of institutional capacities to monitor gender equality outcomes remains central to the realization of SDG 5. Ghana Statistical Service has maximized its data collection on gender by harmonization with internationally agreed-upon SDG indicators for censuses and surveys. Initiatives such as Ghana's SDG Dashboard have promoted transparency and accountability by publicly available gender-relevant data and progress reports, thereby enabling evidence-based policymaking and advocacy (World Health Organization, 2016).

While these gains have been made, there remain numerous challenges to the complete attainment of SDG 5 by 2030. Patriarchy-based cultural norms continue to erode women's rights and perpetuate gender-based inequalities. Legislative lag, most notably the long-standing failure to enact the Affirmative Action Bill, demonstrates an alarming absence of political will to push through gender reforms (Akapule & Naaikuur, 2024). Resource limitations heavily limit the extent and reach of gender-responsive programs, and gaps in law enforcement owing to corruption, inadequate training of law enforcement institutions, and low public sensitization undermine full implementation of the law. Additionally, intersectionality remains an acute challenge, with excluded groups such as women with disabilities and rural women experiencing heightened inequalities that lie beyond the horizon of national policy (Amoah, 2023).

To accelerate actions towards achieving SDG 5, Ghana must accord a high level of priority to accelerating legislative reforms, including the passing of the Affirmative Action Bill, and harmonizing national law with global best practices in an organized fashion. Public awareness and gender equality campaigning must be accelerated, particularly in rural and traditional settings where resistance to gender reforms remains strongly entrenched (Akapule & Naaikuur, 2024). Institutional capacity development will be essential to ensure that gender desks in ministries, departments, and agencies are well-funded and capable of promoting effective gender mainstreaming. Investment in women's economic empowerment will be increased, especially in enhancing access to land, credit, and entrepreneurship facilities. Strengthening sex-disaggregated data collection and evidence-based policy making will be essential to monitor progress and identify emerging challenges (Odey et al., 2021). Finally, greater access to integrated sexual and reproductive health care should be ensured, particularly for rural girls and women, to achieve universal reproductive health coverage. With continued dedication, strategic effort, and inclusive policy enforcement, Ghana is poised to make significant strides toward achieving gender parity by 2030 (Amankwaa et al., 2018).

3.3 The SDG 16: Peace, Justice, and Strong Institutions in the context

Sustainable Development Goal 16 is centered on the promotion of peaceful and inclusive societies, provision of access to justice for all, and building of effective, accountable, and inclusive institutions at all levels (United Nations, 2015). This goal acknowledges that sustainable development cannot be achieved without peace, stability, human rights, and effective governance based on the rule of law. Unlike the more quantifiable goals related to health, education, or poverty, SDG 16 focuses on complex societal structures such as justice systems, institutions, and governance. It addresses the root causes of conflict, corruption, and injustice, which are often interlinked and pervasive in fragile states. Insofar, existing reports suggest that Ghana has made significant progress toward achieving SDG 16. The 1992 constitution is the lead legal instrument for the promotion of peace and inclusive governance. The constitution also established various structures for the promotion of peace, justice and inclusive governance. Spearheading the actions at peaceful societies and governance are constitutional provisions such as the independence of the Judiciary, oversight of Parliament and key institutional bodies such as Commission on Human Rights and Administrative Justice (CHRAJ), National Commission for Civic Education (NCCE), and the National Peace Council (NPC). Other structures are the chieftaincy, DOVVSU, and civil society organizations (CSOs) (GPPAC and WANEP, 2019; United Nations Development Programme, 2022).

Ghana initiated and implemented some initiatives as part her commitment towards promoting SDG 16. For example, the country has successfully reduced homicide rate from 2.17 in 2012 to 1.9 per 100,000 population in 2015. Although there was a slight increase by 0.1 in 2017, it showed a significant improvement from the pre-SDG's era. Government over the years has strengthen public relations with the police to address recent surge in crimes and the public trust deficit in the police service. Government has also committed to strengthening the police institution, making it resilient to unprofessionalism, corruption, and weak institutional and technological capacity. Ghana's commitment to end all forms of domestic violence is evident when it passed the Domestic Violence Act 2007 (Act 732) to give precedence for the fight against domestic violence. Several institutions and agencies have been capacitated to ensure the administration of the Act, including the Ministry of Gender, Children and Social Protection (MoGCSP), and the Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service. There has also been extensive works including support for victims and campaign against the violence from civil society and non-governmental organizations, international organizations, and other departments including the International Federation of Women Lawyers (FIDA), and the Legal Aid. Ghana has expanded Legal Aid services and strengthened

Alternative Dispute Resolution (ADR) mechanisms to improve access to justice, especially in rural and underserved areas. These systems help decongest courts and offer cheaper, faster means of resolving disputes. Additionally, the Justice for All Programme, initiated in 2007 and still active, focuses on reducing the high number of pre-trial detainees in prisons, addressing indicator 16.3.2 under the SDG 16. Ghana’s Right to Information (RTI) Act, passed in 2019 after years of advocacy, enhances public access to information and promotes accountability. This supports Target 16.10, which focuses on ensuring public access to information and protecting fundamental freedoms.

Table 4 Table SDG Goal 16: Targets and Indicators

Targets	Indicators
16.1 Significantly reduce all forms of violence and related death rates everywhere	<p>16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age</p> <p>16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause.</p> <p>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</p> <p>16.1.4 Proportion of population that feel safe walking alone around the area they live</p>
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	<p>16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month</p> <p>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</p> <p>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</p>
16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all	<p>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</p> <p>16.3.2 Unsensenced detainees as a proportion of overall prison population.</p>
16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime	<p>16.4.1 Total value of inward and outward illicit financial flows (in current United States dollars).</p> <p>16.4.2 Proportion of seized small arms and light weapons that are recorded and traced, in accordance with international standards and legal instruments</p>
16.5 Substantially reduce corruption and bribery	16.5.1 Proportion of persons who had at least

in all their forms	<p>one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months.</p> <p>16.5.2 Proportion of businesses that had at least one contact with a public official and that paid a bribe to a public official, or were asked for a bribe by those public officials during the previous 12 months</p>
16.6 Develop effective, accountable and transparent institutions at all levels	<p>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar).</p> <p>16.6.2 Proportion of the population satisfied with their last experience of public services</p>
16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels	<p>16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions.</p> <p>16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group</p>
16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance	16.8.1 Proportion of members and voting rights of developing countries in international organizations
16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements	<p>16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months.</p> <p>16.10.2 Number of countries that adopt and implement constitutional, statutory and/or policy guarantees for public access to information</p>
16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime	16.a.1 Existence of independent national human rights institutions in compliance with the Paris Principles.
16.b Promote and enforce non-discriminatory laws and policies for sustainable development	16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.

Ghana has promoted decentralization and participatory governance through District Assemblies, although citizen engagement at the local level is still limited by resource constraints and lack of

awareness. Several civil society organizations (CSOs) like STAR-Ghana Foundation and IMANI Africa actively advocate for transparency, inclusion, and institutional accountability. Ghana has initiated programmes to ensure that people feel safe within their surroundings and communities. Under the Youth Employment Agency, some 1,140 community protection officers were trained and engaged. The government also implemented community policing initiative and street lighting. Such initiatives are geared towards promoting a safer environment for individuals to engage in daily task. Ghana has, however, not made significant progress toward preventing physical and psychological violence on children. A Multiple Cluster Surveys in Ghana, done separately in 2011 and 2017 revealed that some 94% of children (aged 1-14 years) suffered some form of physical or psychological violence. A remarkable effort has also been made towards promoting stronger institution and governance. The parliament of Ghana in March 2019 passed the Right to Information Bill (RTI) into law. This gesture is a testament to Ghana's commitment to promote fair, transparent, accountable and inclusive governance (National Development Planning Commission, 2019). Other key and strategic initiatives that mark Ghana's commitment to improving governance, ensuring transparent, accountable and inclusive institutions include the institution and establishment of the following:

- The Office of Special Prosecutor was established in 2018 as an independent institution to deal with alleged corruption and corruption-related offences.
- E-services Portal created as one of government's digitization drive to promote efficient and accountable public service delivery.
- The Ghana Integrated Financial Management Information System (GIFMIS), a platform to improve the efficiency and transparency of government's budgetary processes was created.
- Ghana also undertook several reforms of its Public Financial Management (PFM) (National Development Planning Commission, 2023).

The establishment of the Office of the Special Prosecutor (OSP) in 2018 was a landmark move to fight high-level corruption independently. The OSP is mandated to investigate and prosecute corruption-related offenses and has shown commitment to transparency, although operational challenges remain (Office of the Special Prosecutor, 2022). Besides, Ghana has aligned her national development strategy with the SDGs through the Coordinated Programme of Economic and Social Development Policies (2017–2024). This framework integrates peace, justice, and institutional strengthening, directly reflecting the principles of SDG 16 (Ministry of Finance and Economic Planning, 2022). The National Development Planning Commission (NDPC) is the lead agency responsible for SDG coordination, working in partnership with civil society, the private sector, and international development partners. In 2019, the Voluntary National Review (VNR) presented by Ghana at the UN High-Level Political Forum emphasized the country's dedication to ensuring inclusive governance and reducing corruption. The report highlighted actions taken to improve public service delivery, law enforcement, and citizen engagement (National Development Planning Commission, 2019).

In 2021, a number of initiatives aimed at promoting open societies and strong institutions were rolled out. These included the Operation Calm Life to prevent all criminal activity in the country, drafting of the Narcotics Control Commission Regulations, 2021, strengthening border patrol management by procuring logistics, the Northern Border Project, and the Small Arms Incidents Database Management System Phase I (Ministry of Finance, 2021). The Ghana Police Service has also undergone reforms, including the introduction of community policing strategies, to foster citizen trust and improve service delivery. However, public confidence remains mixed, especially regarding police brutality and misconduct. The National Peace Council continues to play a pivotal role in conflict prevention, especially around electoral periods. Its work was critical during the 2020 general elections in promoting dialogue and peaceful campaigning, contributing to Target 16.1 on reducing violence.

Despite these strides, Ghana faces persistent challenges: Delays in justice delivery, with courts overburdened and access to justice remains uneven, especially in rural areas due to infrastructural and financial constraints. Weak enforcement of laws and limited civic education hinder the realization of civil liberties for all. Institutional capacity and political interference in public institutions sometimes undermine their autonomy and effectiveness.

4. CSOs PERCEPTION ON GHANA'S PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOAL 3

4.1 Ghana's policies and strategies for the implementation of the SDG 3

Accordingly, SDG 3 has featured prominently in Ghana's sectoral planning and strategies, reflecting strong recognition and policy commitment by the government. Civil Society Organizations (CSOs) reported several key policies and strategies within the health sector, including the *Health Sector Medium-Term Development Plan*, the *Universal Health Coverage (UHC) Roadmap 2020–2030*, the *National Health Policy*, and flagship programs such as *Agenda III*. The increase in health sector policy initiatives is largely driven by the urgent need to meet universal health indicators under SDG 3. In particular, Target 3.8 on Universal Health Coverage has been a central focus, shaping many of the policies and programs within the sector. As one CSO (ARHR) noted:

“In Ghana, many health sector policies are driven by the aspiration to achieve the SDG goals, especially Target 3.8 on universal health coverage. For instance, the UHC Roadmap was developed with our involvement, and the medium-term health sector development plan also prioritizes UHC.”

Ghana Government has also established several mechanisms for monitoring and reporting progress toward SDG 3, complementary to the aforementioned policy strategies. These include: the Annual review of Development Plans, often led by the National Development Planning Commission (NDPC), the Health Sector reports for tracking indicators such as maternal mortality and nutrition, the Inter-ministerial committees on health, and the Annual health sector summits – one of the monitoring and accountability mechanisms of the Ministry of Health to track annual performance in the health sector. CSOs confirmed the importance of these mechanisms. For example, *World Vision* noted that the *Demographic Health Surveillance Report* monitors maternal mortality, child nutrition, and other indicators. Similarly, *PPAG* highlighted the accountability role of SDG platforms and review committees as follows:

“At the end of every month, we share service statistics with the Ministry of Health. Through mechanisms like annual review meetings and inter-agency committees (e.g., the ICC for family planning commodities), progress is monitored and accountability ensured.”

Beyond national efforts, CSOs reported that, Ghana has made global commitments to accelerate progress toward health-related SDG targets, such as the *Abuja Declaration* and international commitments to Universal Health Coverage (UHC), but raised concerns about funding shortfalls. For example, Ghana currently allocates only about 7% of its budget to health, far below the 15% Abuja target. Ghana's health expenditure is just 2% of GDP, compared with the WHO benchmark of 5%. As ARHR stated:

“There are international benchmarks that government is expected to meet. For instance, WHO requires 5% of GDP, but Ghana is doing just a little over 2%. Similarly, under the Abuja Declaration, we should commit 15%, yet we are only at about 7%.”

This aligns with the 2023 Health Budget Brief (UNICEF, 2023), which showed a decline in budgetary allocation to the Ministry of Health from 7.6% in 2022 to 6.7% in 2023, while its share of GDP stood at 2.02%.

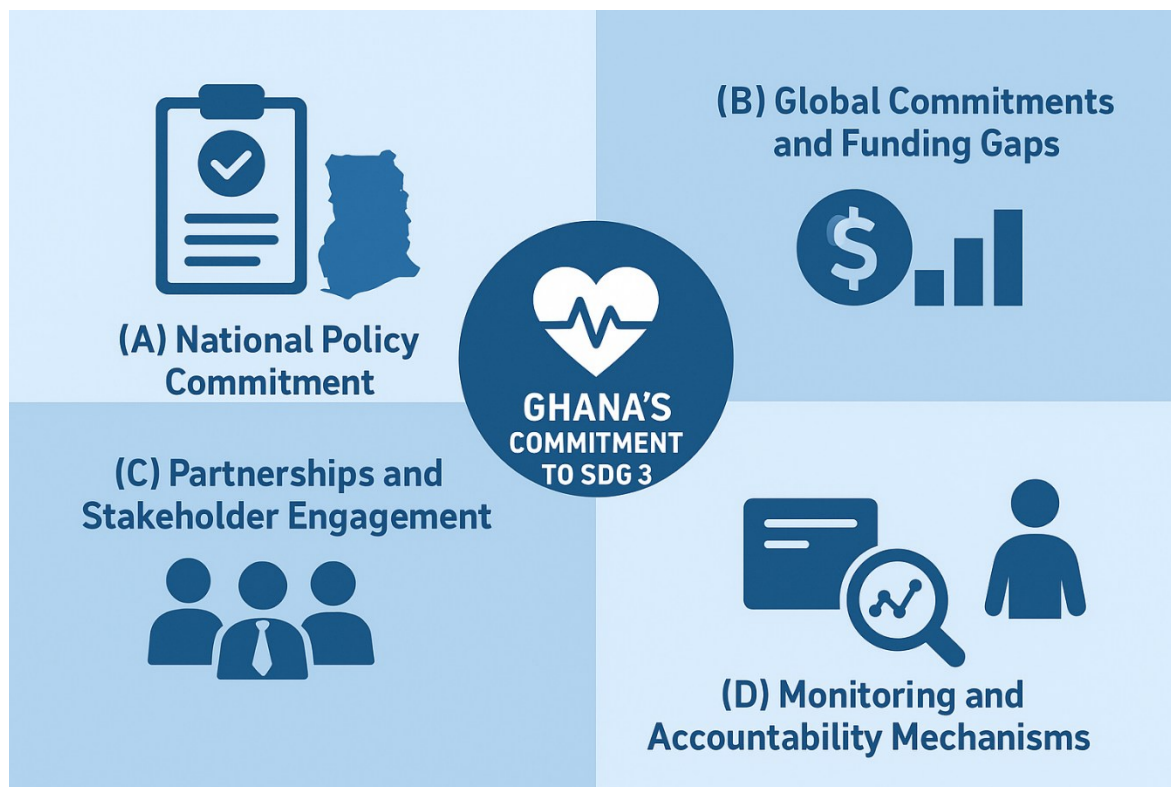


Figure 1 Ghana's policies and strategies for the implementation of the SDG 3

Another policy strategy towards the implementation of the SDG 3 has been the development of partnerships. CSOs reported that Ghana's Government has demonstrated commitment in the area of partnerships, engaging CSOs, NGOs, academia, the media, and community organizations in health policy formulation and implementation. The *SDGs Platform for NGOs in Health* is one key mechanism for engagement. In addition, ministries, departments, and agencies collaborate with CSOs on policy design and programming. For instance, PPAG highlighted this as follows:

“We are part of several ministerial committees with the Ministry of Health, helping to design policies and programs, while also ensuring accountability in their implementation.”

Although the partnership formation is useful for contributing towards the SDG 3, CSOs expressed mixed views on the clarity of roles and responsibilities within the existing partnerships. While some commended government for defining clear mandates in policy documents, others criticized the lack of formal frameworks, leading to weak regulation and misuse of resources. As ARHR observed:

“Implementation plans often outline stakeholder roles, including CSOs, particularly in accountability.”
In contrast, *Curious Minds* noted that: *“There isn't much spelled out on mandates. Partnerships*

are often informal, which results in weak regulation, inflated service costs, and even mismanagement of public facilities.”

The lack of clarity of mandates defining partnership is a critical factor that can impede the realization of the SDG 3.

4.2. Strategies and innovations used by CSOs towards achieving SDG 3

Civil Society Organizations (CSOs) continue to play an essential role in advancing progress towards Sustainable Development Goal 3 (SDG 3: Good Health and Well-being) in Ghana. Over the years, CSOs employed innovative strategies such as community health systems strengthening, digital health service delivery, and health education and advocacy. CSOs have also collaborated with government and other stakeholders to expand access to health services, promote equity, and strengthen resilience in Ghana’s health sector.

A central strategy employed by CSOs has been **the strengthening of community health systems**, which remain vital for addressing a significant proportion of the country’s health service needs. Despite their importance, these systems often lack resilience and sustainability. To address this, CSOs have undertaken initiatives to build stronger and more responsive community-based health systems. Examples of activities under this strategy include:

- Capacity building for health professionals.
- Provision of medical and non-medical supplies (e.g., pharmaceuticals and logistics).
- Construction of modern and resilient health facilities.
- Integration of Water, Sanitation and Hygiene (WASH) in healthcare delivery.
- Incorporation of nutrition programs into community health services.

These interventions align directly with SDG 3 means of implementation, specifically targets 3.b and 3.c. As highlighted by *World Vision*:

“Some key interventions under SDG 3 include health system strengthening, rehabilitation of malnourished children, capacity building for health workers, provision of pharmaceuticals and logistics, and construction of health facilities. We also integrate WASH into healthcare delivery and provide water for communities.”

Another innovative approach used by CSOs was the **digital health service delivery**, aimed at bridging gaps in healthcare access, especially in deprived rural and urban communities. This initiative has been transformative, directly contributing to Target 3.8 on Universal Health Coverage (UHC). CSOs revealed to have leveraged on technology through *multichannel platforms* such as phone calls, SMS, WhatsApp messaging, podcasts, and social media to disseminate health information and provide essential services. Other innovations include the establishment of a **podcast studio** for producing health-related videos and the integration of a **self-care service** that enables individuals to access counselling, prescriptions, and referrals remotely. This model also allows health providers to follow up with clients and provide ongoing support (**Fig. 2**).

STRATEGIES AND INNOVATIONS USED BY CSOs TOWARDS SDG 3



Figure 2 Major strategies and innovation used by CSOs towards achieving SDG 3

As PPAG emphasized:

“Our digital health interventions involve multiple channels such as phone calls, WhatsApp, messaging, and recently a podcast studio. We also implement self-care, where people can call our contact centre or facilities to receive counselling, referrals, and other health services directly from their homes.”

Health education and advocacy remain among the most profound strategies employed by CSOs in pursuit of SDG 3. These interventions target international, national, and community levels, focusing on both public knowledge dissemination and policy influence. **Health education initiatives** include community outreach programs, radio and television programs, community forums, and colloquia designed to increase awareness of health services and rights.

In addition, **advocacy strategies** are primarily evidence-based, relying on community-generated data (e.g., scorecards) to influence decision-making. CSOs also engage in social media campaigns, share flyers, host live programming, and actively participate in international health conferences such as the *International Conference on Population and Development* and *Transform Health Incorporated Reach Out*. As ARHR explained: *“We generate evidence using community scorecards and other tools to capture community perspectives. This evidence informs our advocacy with national-level duty bearers and also contributes to global health policy debates.”*

Similarly, *Curious Minds* highlighted the use of media-based advocacy: *“Our approach started with radio and later expanded to TV and social media. We conduct community sensitization programs on sexual and reproductive health and organize informal forums with young people to discuss health, law, and other relevant issues.”*

This statement highlights media-based advocacy as the central approach of *Curious Minds*. By using radio, TV, and later social media, the organization strategically leverages mass communication platforms to disseminate information on health and related issues.

4.2 CSOs perception on the successes, challenges and lessons learned from the implementation of the SDG 3

4.2.1 Progress and successes achieved in the implementation of the SDG 3

In relation to SDG 3 (Good Health and Well-being), CSOs acknowledged notable successes both at the governmental and non-organizational levels. They cited significant progress toward reducing maternal mortality, child mortality, and improving access to reproductive health right. As revealed: *“Well, within the space that we work, I mean, there are indicators that we track. So, for example, we look at maternal mortality, Child mortality, family planning, that's what we track. And if you look at these targets, for example, family planning by 2030, there's a target to reduce unmet needs. I mean, we are we are on course, but we need to do more.”* [ARHR]. Their perceptions highlight improvements in policy formulation, infrastructure development, health outcomes, evidence-based planning, and partnerships.

(A) Government-level successes

CSOs noted that the government has made progress in formulating and implementing health policies that align with the goals of SDG 3.

Key examples include;

- The Universal Health Coverage (UHC) Roadmap, the Health Sector Medium-Term Development Plan, and the recently launched National Health Policy.
- These frameworks provide structured approaches with milestones for improving access to health services and addressing health inequalities.

As revealed: *“I know also that the medium-term plan ... they have listed some key milestones that they want to achieve, which are also in line with the SDG three. So, it's in their universal health coverage road map ... geared towards achieving the SDG 3 indicators”* (World Vision).

- **Budgetary Commitment and Infrastructure Expansion**


The government demonstrated commitment by making financial allocations towards the health sector. A flagship achievement cited by CSOs working in the area of health and wellbeing was the **agenda III program**. The program aims to construct new health facilities to strengthen healthcare delivery across the country. *“One achievement, the agenda III, they build a number of new health facilities ...”* (World Vision).

- **Improvement in National Health Indicators**

Although the exact statistics were not provided by CSOs, they acknowledged that maternal and child mortality rates have been declining, signalling positive outcomes in public health. Reductions in maternal mortality and child deaths indicate progress, albeit gradual, toward meeting SDG 3 targets. *“Maternal mortalities have dropped ... Child mortality rate is also going down”* (ARHR).

Government-Level successes


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Organizational-Level Successes


- **Increased in access to heaith services**

CSOs revealed that activities have directly directly contributed to improving access to health services, particularly in deprived and hard-to-reach communities, Some CSOs contributed in duis direction through construction on community healthcare facilities, eduipped with a laboratory and staff accommodation



- **Evidence-based interventions**

CSOs have emphasized the-importance of research-driven programs, ensuring interventions are context-specific and effective

 Curious Minds conducted avth on research on women and girls, access to abortion se-

as *driees. : research we have used as a basie to tailor our interven-tions and our projects in other locations . . :*



- **Partnerships and collaboration**

Strong partnerships between CSOs government international agencies, and media actors have be-

Figure 3 Successes achieved with the implementation of the SDG 3

(B) Organizational-Level Successes

The following were reported as successes attained

- **Increased access to healthcare services in underserved communities**

CSOs revealed that their activities have directly contributed to improving access to healthcare services, particularly in deprived and hard-to-reach communities. Some CSOs contributed in this direction through the construction of community healthcare facilities, equipped with laboratory and staff accommodation. *"... World Vision constructed a health facility with two staff accommodation. With a laboratory and also with a mobile van clinic ... the community health management committees ... have been able to construct a health facility for their community"* [World Vision].

- Example: **World Vision constructed the Modaso Health Facility**, equipped with a laboratory and staff accommodation, as well as the **Mobile Van Clinic** that provides healthcare to excluded populations.
- Community empowerment has also been facilitated, with local health management committees independently constructing community health facilities after receiving CSO capacity-building support.

- Evidence-based interventions

CSOs also emphasized the importance of research-driven programs, ensuring that interventions are context-specific and effective. **Curious Minds** conducted research on women and girls' access to abortion services. The findings obtained from the research informed program design and replication across different locations. "... research we have used as a basis to tailor our interventions and our projects in other locations ..." (Curious Minds). The research results enabled CSOs to tailor interventions including education and sensitization towards the needs of underserved communities. As PPAG revealed the success through the above effort as follows: "So even when you look at the area of incidence of non-communicable diseases. You realize that there's been a lot of education and a lot of systems strengthening going into those areas and to be able to provide the needed support and care to victims or survivors, and clients." [PPAG].

- Partnerships and collaboration

Strong partnerships between CSOs, government, international agencies, and media actors have been recognized as critical success factors. CSOs have actively participated in policy co-design, including the **Global Financing Facility (GFF) processes** and the **Health Sector Medium-Term Development Plan**. These partnerships have amplified CSOs' influence in shaping national health agendas. As revealed;

"... partners such as other CSOs or international as much as local, the media. Strong partnerships with them ... The GFF processes, when government was developing the road map, we were part of the process" [ARHR].

Overall, CSOs revealed that Ghana has made **meaningful progress**. At the **government level**, successes included the improvement in health policies formulation and implementation, budgetary commitments, infrastructure expansion, and declining maternal and child mortality rates. At the **organizational level**, CSOs' contributed to enhancing access to healthcare service especially in underserved areas, promoted evidence-based planning, and fostering strong multi-stakeholder partnerships.

4.2.2 The challenges encountered in the past years

Although Civil Society Organizations (CSOs) acknowledged significant progress in advancing SDG 3, they also highlighted persistent challenges that have hindered effective implementation and progress. These include, financial constraints, weak coordination and reporting, limited policy enforcement, and low levels of public awareness of the SDGs.

- Financial constraints

CSOs emphasized that many health sector programs remain heavily donor-dependent. The recent decline in donor funding, particularly the withdrawal of major partners such as USAID, has resulted in the suspension of critical programs and in some cases the reversal of earlier achievements. As cited:

Now that USAID is gone, I don't know what is happening to our nutrition program. It's USAID, and I think there's also Canada, Global Affairs Canada. They're also quite a huge donor. You know, with Global Affairs Canada, anything that affects women, they are quite interested because of their feminist approach to development.

However, no sustainable domestic financing exists to fill funding gap. The absence of sustainable domestic financing was identified as a major obstacle. One CSO revealed the challenge of local fundraising as follows: *“It has not been easy to raise funds locally, particularly for health-related initiatives. Local partners often prefer investing in media, arts, and other ventures that promise greater publicity”* (ARHR). Besides the issues of fund raising are economic pressures—high inflation, rising costs of goods and services, and currency fluctuation. Rising cost of goods and services as well as currency fluctuation does not only affect CSOs but also reduce household purchasing power, limiting access to essential health services. Young people were revealed as being particularly vulnerable, with many unable to afford family planning services and related commodities.

- **Stigmatization over sexual and reproductive healthcare**

CSOs reported that stigma still exist especially among young people on sexual and reproductive healthcare service access, particularly the use of contraceptives and family planning products among young people. Although young people have reproductive needs, they are yet dependent on their parents financially. However, for cultural reasons, they are unable to directly inform their parents that they need money to purchase contraceptive or family planning products. The participants expressed this as follows; *“Because they [Young people] have needs, but most of them are dependent on their parents. And some of the needs they have they cannot actually go to their parents to say that give me money to go and buy condom or give me money to go and buy that...”* [PPAG]. Besides the youth are persons with disabilities who experience worse situation.

Young people are victims of circumstances, unable to afford contraceptive and other reproductive healthcare services due to high cost or shortage of the commodity. As one representative remarked: *“The financial constraints, inflation rates, exchange rates, and rising prices of goods and services have been major setbacks. Young people’s access to contraceptives and family planning products continues to be challenged by stigma, shortages, and cost issues”* (PPAG).

- **Coordination and reporting**

CSOs highlighted gaps in how their contributions are reflected in official government reports. Official statistics often fail to capture local realities, leading to mismatches between reported achievements and conditions on the ground. This, in turn, undermines planning, resource allocation, and targeted interventions. While seemingly minor, this omission risks presenting a distorted picture of national progress toward SDG 3. As one CSO explained: *“CSO inputs are often absent in government health reports. Even data from the private sector, such as family planning services, are underrepresented, which limits the accuracy of national reporting”* (ARHR). Another added: *“National-level data suggest improvement, but regional disparities remain significant. Local realities are not adequately captured”* (PPAG).

- **Policy implementation gaps**

While national policies appear comprehensive on paper, CSOs expressed concern over weak enforcement and limited resourcing in practice. For instance, many facilities under the CHPS policy operate with only one health worker instead of the required midwife, nurse, and clinical officer. Similarly, youth-friendly services are often missing or inadequately provided.

As reported: *“According to policy, every CHPS facility should have a midwife, a community health nurse, and now a clinical officer. Yet, many are managed by just one health worker”* (ARHR). *“In some facilities, youth-friendly services were absent, and in others, staff were unaware that such provisions even existed. Even where services were available, resources were inadequate”* (Curious Minds).

- Limited awareness of the SDGs

CSOs further observed that knowledge and integration of the SDGs remain low across public institutions, schools, and communities. Many public servants lack sufficient understanding of the goals and their implications, while educational institutions have made little effort to incorporate SDG content into curricula. This limited awareness reduces public support and weakens the sense of shared responsibility needed for successful implementation. As one respondent stressed: “Even civil servants are not fully aware of the SDGs, and many students in our schools are unfamiliar with them. This limited knowledge hinders broad-based support for the goals” [World Vision].

4.2.3 The lessons learned

Civil Society Organizations (CSOs) highlighted **collaborations and partnerships** as a key lesson learned, critical for sustaining their programs amidst resource limitations. They indicated that by working closely with institutions such as the **Ghana Health Service (GHS)**, and other organizations, CSOs have been able to expand their reach, particularly in providing essential services like family planning and adolescent reproductive health. These collaborative efforts have not only ensured broader access but also enhanced the quality-of-service delivery through joint training and shared expertise.

CSOs Reflection



Figure 4 CSOs reflections on SDG

In response to the decline in donor funding, CSOs have also recognized the importance of **co-financing interventions** through strategic partnerships. By pooling resources and leveraging each partner’s strengths, they have been able to maintain momentum in health programming and mitigate the risks of over-reliance on external donors.

5. CSOs PERCEPTION ON GHANA’S PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOAL 5

5.1 Policies and strategies for the implementation mechanisms for realizing the SDG 5


Policy and legislative progress have marked significant milestones toward gender equality in Ghana: Civil society organizations (CSOs) acknowledge that the most notable achievement is the passage of the Affirmative Action Bill into law in 2024. This landmark legislation introduced gender quotas for political and executive appointments and incentivized institutions to

integrate gender requirements into their structures. As a result, women’s representation in Parliament increased to 14.9% in 2025, the highest in Ghana’s history, while women now constitute 26% of the Council of State. These developments reflect strong policy frameworks and institutional commitments. Complementary government policies, such as the school re-entry policy that allows teenage mothers to continue their education, have further expanded opportunities for girls and women.

The Affirmative Action Law represents a turning point in mainstreaming gender in national development: CSOs highlighted that the 2024 legislation established a comprehensive roadmap for embedding gender considerations in development plans and outcomes. They emphasized that the law’s influence goes beyond legislative and executive processes, extending to broader representation in national development. For example, the law now requires parliamentary committees on gender, sets a minimum percentage of women in executive appointments, and introduces an incentive system that rewards institutions for incorporating gender-responsive frameworks.

POLICIES AND STRATEGIES FOR THE IMPLEMENTATION OF SDG 5


Civil society organizations (CSOs) recognized significant milestones toward gender equality in Ghana. Civil society organizations (CSOs) acknowledge that the most notable achievement is the passage of the Affirmative Action Bill into law in 2024.




AFFIRMATIVE ACTION BILL

The law increases representation in Parliament to 14.9% in 2025, the highest in Ghana’s history.

Women now constitute 26% of the Council of State.







COMPLEMENTARY POLICIES

Governmental government policies such as the school re-entry policy that allows teenage mothers to continue their

Expands opportunities for girls and women.





ROADMAP FOR EMBEDDING GENDER CONSIDERATIONS

The 2024 legislation established a comprehensive roadmap for embedding gen-

One genermimewen cer in nolls pooprdeniticions can sender uoon youth:




Figure 5 Policies and strategies for the implementation of SDG 5

Women’s leadership is gradually expanding across governance and society: CSOs noted increased appointments of women to the Council of State, ministries, agencies, and institutions. For instance, while only one woman was previously elected to the Council of State, the 9th Council now includes multiple female members, illustrating the growing impact of gender-focused laws. At the local level, CSOs reported progress such as the election of the first female Student Representative Council (SRC) president at a Ghanaian university. Though described as slow, these developments are seen as enduring indicators of progress toward gender equality. As one CSO reflected: *“So, for SDG 5, you know the affirmative action, now a law, it’s a plus for us. And the re-entry policy of our teenage mothers within the education sector is also a plus. When it comes to Goal 5, I think we are doing a very great job. Looking at the current representation of women in the various ministries, the sectors, institutions, it’s like there is a growing effort in bringing back women, our youth into the decision-making processes of governance.”* (Love Aid Foundation)

Institutional structures are playing a central role in advancing SDG 5: Beyond legislation, CSOs acknowledged the efforts of ministries, departments, and agencies that are spearheading gender mainstreaming initiatives. The Ministry of Gender, Children and Social Protection, along with its departments and committees at both national and decentralized levels, is actively coordinating with NGOs, CSOs, and other stakeholders to unify efforts toward SDG 5. As one CSO explained: *“So, if you pick, for example, Goal 5, the Ministry of Gender, Children and Social Protection has been very significant in the process. Even sometimes making efforts to coordinate CSOs in that space ... I also see a number of key departments under the ministry, like gender at the regional, that’s the local level. And also, even at the district level, the gender desk officers working together to coordinate activities of CSOs as a partner to implement initiatives that can feed into that.”* (Songtaba)

5.2 Strategies and innovations used by CSOs towards contributing to the SDG 5

Civil society organizations (CSOs) in Ghana are implementing innovative and complementary strategies to advance gender equality and the achievement of SDG 5: These strategies broadly focus on advocacy and community engagement, capacity building and empowerment, as well as partnerships and local ownership. Through male-led advocacy, the involvement of Queen Mothers, and the creation of “model gendered families,” CSOs are challenging entrenched cultural stereotypes. At the same time, mentorship and leadership programs are equipping women and marginalized groups with the skills and confidence to pursue leadership roles, while partnerships with local authorities and translation of the SDGs into local languages are fostering policy influence and community ownership.

Advocacy and community engagement have been central to reducing gender barriers: CSOs have engaged traditional and community leaders, including Queen Mothers and male champions, to promote equal rights and address issues such as unpaid household work. Male-led advocacy has been particularly effective, with men serving as “gender champions of change” who use their influence to challenge cultural norms. Schools have also been a focal point, where boys’ clubs are used to shift harmful stereotypes about girls. As one CSO explained: *“We have an approach, which is making communities gender transformative. It starts with engaging male champions ... working with boys’ clubs in schools to change the culture of abuse and create space for girls.”* (Songtaba)

Innovative advocacy tools, such as model gendered families, are helping communities rethink gender roles: CSOs activities such as the simulation’s exercises have helped promoted equitable sharing of unpaid care work, encouraging men and boys to support household tasks so that women and girls can pursue education and leadership opportunities. For example, such models have helped reduce the “time poverty” of girls overburdened with domestic responsibilities. As another CSO described: *“We use model gendered families to redistribute care work so that girls can go to school and participate in extracurricular activities such as leadership training.”* (Songtaba)

Capacity building and empowerment initiatives are preparing women to challenge stereotypes and assume leadership roles: CSOs have designed mentorship programs that match young girls with accomplished women in fields such as business, education, and science, enabling them to build confidence, make informed life choices, and advocate for change. Direct leadership training has also been provided targeted at young women, as well as vulnerable groups such as women accused of witchcraft, equipping them with skills to resist discrimination and participate in governance. One CSO highlighted that its leadership program produced Ghana’s first female SRC president at a major university. As a partner noted: *“We focus on mentoring young women, creating platforms where professional women support young girls in business, education, science, and other aspects of life.”* (NCBWTA).

Partnerships and local ownership have further deepened the impact of CSOs: To localize the SDGs, some organizations have translated the goals into indigenous languages such as Ewe, making them more accessible and meaningful to communities. These efforts enhance public understanding of the goals and encourage individuals to integrate them into everyday practices. One CSO explained: *“We are translating the SDGs into the Ewe language ... reintroducing them to communities so people understand their roles and responsibilities in achieving the goals.”* (Love Aid Foundation)

CSOs have also worked closely with local government authorities to influence policy and ensure accountability: Partnerships with Metropolitan, Municipal, and District Assemblies (MMDAs) have enabled CSOs to review development plans, monitor budgets, and assess the performance of local interventions. By involving communities in these reviews, CSOs provide feedback that strengthens planning and resource allocation. As one organization shared: *“We work with local assemblies to assess budgets, medium-term development plans, and action plans, bringing citizens to evaluate and score them. We then provide reports to guide future efforts.”* (Love Aid Foundation).

5.3 CSOs perception on the successes, challenges and lessons learned from the implementation of the SDG 5

5.3.1 Progress and successes achieved with the implementation of the SDG 5

CSOs highlighted the successes achieved with the implementation of the SDG 5 to include the following:

Government’s Policy Commitment: Passage of the Affirmative Action Bill

The passage of the Affirmative Action Bill into law has been the most significant success in advancing gender equality, leading to increased women’s representation in leadership. Women now constitute 14.9% in the Parliament as in 2025, the highest in Ghana’s history. While the 9th Council of State has 26% female representation. Women are also increasingly being appointed into ministries, institutions,

and corporations. Although these numbers do not yet meet the required threshold, they reflect a slow but steady progress over the years. As one CSO reflected, “Looking at the current representation of women in the various ministries, the sectors, institutions, it’s like there is a growing effort in bringing back women, our youth into the decision-making processes of governance. So, I think that is a great job we are doing as a nation” (Love Aid Foundation).

Declining Gender-Based Violence

Policy and legislative commitments have also contributed to a reduction in gender-based violence. CSOs highlighted that the incidence of intimate partner violence, child marriages, defilement, and female genital mutilation has been reducing over the years. Improved state responses and reporting systems have encouraged more survivors to come forward, while community testimonies point to notable declines, particularly in child marriages and defilement cases. As explained by one CSO, “When we look at statistics in terms of intimate partner violence, child marriages, FGM ... testimonies from communities show some form of declining rates, especially child marriages across the country” (Songtaba).

Increased Role of Male and Traditional Leaders

Another key development is the growing role of men and traditional leaders in promoting gender equality. More men are being engaged as champions of change, a strategy that transforms alleged perpetrators of violence into advocates for women’s empowerment. Traditional and religious leaders have also been mobilized as gender champions, using their influence to raise awareness and promote women’s recognition in leadership, industry, and society. As one CSO observed, “One of the dramatic adaptations is increasing male engagement ... bringing traditional leaders onboard as champions of change” (Songtaba).

5.3.2 The challenges encountered in the implementation of the SDG 5

Despite these successes, CSOs highlight persistent challenges that threaten progress. Limited funding and logistical constraints, such as inadequate resources for police to respond to gender-based violence cases, hinder implementation. Weak coordination across actors results in fragmented reporting and reduced impact. Deeply rooted cultural norms continue to uphold male dominance, while violence against women, including witchcraft accusations and sexual assault remains widespread. Data gaps and low public awareness of the SDGs, especially in local languages, further reduce the effectiveness of interventions. CSOs also criticize top-down planning approaches that exclude grassroots women from decision-making processes.

Financial and logistical constraints

One of the major barriers CSOs identified was inadequate financing and logistical gaps in implementing policies and interventions. Institutions mandated to respond to gender-based violence, such as the police, often lack basic resources, including fuel for vehicles, to provide swift responses. CSOs themselves are constrained by limited funding, which hinders their ability to roll out interventions at scale. Budgetary commitments from government remain weak, leaving SDG 5 financing to rely heavily on donor support. As explained by one CSO, “*If development partners don't come on board to bring some of these resources to meet some of the targets and indicators, it becomes challenging ... I don't see how budgetary allocations commit progressively towards achieving the sustainable development goal*” (Love Aid Foundation). Another CSO added, “Sometimes there are even cases that

come up. The police do not even have fuel in their vehicle to respond. And we as civil society organizations, we are not supposed to be leading that” (Songtaba).

Weak coordination among stakeholders

Ghana lacks a robust system to coordinate all activities, reports, and interventions related to SDG 5. Government struggles to consolidate inputs from CSOs, NGOs, and partners into a single framework that could enhance planning and implementation. This results in fragmented, small-scale interventions that reduce overall impact. As one CSO noted, “When you have these fragmented activities or interventions going on, it means that the impact is always smaller than when we coordinate, we can maximize the impact” (Songtaba). Another emphasized, “We do not have a robust system that brings the monitoring and evaluation into context ... development partners try to support within timelines, but no national framework exists” (Love Aid Foundation).

CSOs REFLECTIONS on PERSISTENT CHALLENGES TO ACHIEVING SDG 5	
 Financial and Logistical Constraints Limited funding and logistical gaps hinder implementation	 Weak Coordination Among Stakeholders Fragmented efforts reduce overall impact
 Persistent Traditional and Cultural Norms Deeply rooted norms encourage male dominance	 Data Gaps and Weak Evidence Insufficient data hampers effective planning
 Persistent Violence and Discrimination Against Women Violence against women remains widespread	 Low Public Awareness of the SDGs Limited understanding reduces community ownership

Figure 6 CSOs reflections on the challenges with the implementation of the SDG 5

Persistent of traditional and cultural norms

Cultural norms and values remain deeply rooted, reinforcing male dominance and hindering progress toward gender equality. Women continue to be sidelined in household decision-making, excluded from traditional leadership, and disadvantaged in education compared to men. Harmful practices such as child marriage are often justified through cultural traditions, especially in northern Ghana. As one CSO highlighted, *“Patriarchy defines our norms and rules ... it makes the breakthrough from the cultural space very slow. Education and retention in school are gendered because the culture favors male empowerment”* (Songtaba). Another added, *“When the stereotype is male-dominated, women who challenge the status quo are discouraged not only by men but sometimes by their own fellow women”* (NCBWTA).

Data gaps and weak evidence for planning

Accurate, reliable, and timely data remains insufficient to guide planning and decision-making. Without clear evidence, it is difficult to design impactful interventions targeted at women and girls. CSOs reported that while the population of women continues to grow, interventions are not designed to reflect this demographic reality. One respondent stressed, *“There are clear targets and guidelines, but the issue is reporting or getting the needed data to make informed decisions. We are not collecting the needed data”* (Love Aid Foundation).

Persistent violence and discrimination against women

Despite progress, violence against women continues to be widespread. Witchcraft accusations, leading to women being banished to “witch camps,” persist, alongside sexual assault and harassment especially in the Northern region of Ghana. CSOs stressed that these acts remain major obstacles to achieving SDG 5. As one participant stated, *“This witchcraft bill wasn’t signed. All the blame is always on the women. Why are they not mentioning men? Even when a man is old, they don’t see him as a witch”* (Sung Foundation).

- **Low public awareness of the SDGs**

Limited awareness and understanding of the SDGs, especially in local languages, has weakened community ownership and citizen participation. Many people view the SDGs as abstract or foreign concepts disconnected from their daily lives. CSOs emphasized the need for public education in local dialects to make the goals more relatable. One reflected, *“Most citizens feel the SDGs are like some alien idea brought to us, when actually our everyday lives are all about the SDGs. But because we’ve not created awareness in our local dialects, people don’t resonate with them”* (Love Aid Foundation).

- **Top-down planning approaches**

CSOs also criticized the reliance on top-down planning and budgetary processes, which often exclude grassroots women who are the direct beneficiaries of SDG 5. They argued for a bottom-up approach that prioritizes the needs identified by communities themselves. As one CSO explained, *“The top-down approach is not helping in gender inclusiveness. Let’s rather look at the bottom-up, where needs are clearly identified from the grassroots, then bring in appropriate funding to support those needs”* (NCBWTA).

5.3.3 The Lessons learned

CSOs are learning that in the face of funding constraints for the sector, partnerships and cooperation among organizations working within the space of SDG 5 are central to achieving the targets. Over the years, they have leveraged support from other CSOs, NGOs, partners, and even citizens to co-create and finance interventions aligned with the goal. The existence of the civil society platform on the SDGs has further made it possible to collaboratively identify priority areas and work together. As one participant from Love Aid Foundation explained, partnerships allow them to pool resources, align with the goals of others, and ensure projects achieve the intended impact.

Another lesson that CSOs emphasize is the recognition that the Sustainable Development Goals are **integrated and interdependent**. They have acknowledged the importance of seeing the goals as a whole rather than as isolated targets. For example, they highlighted the connection between SDG 13 (climate action) and SDG 5 (gender equality), noting that climate change cannot be addressed without considering women's roles and participation. As a participant from Songtaba stressed, treating goals as stand-alone risks fragmentation, but an integrated approach strengthens interventions and enhances impact.

The lessons learned underline that **partnerships and integrated approaches are vital for advancing SDG 5**. Given the interconnected nature of the SDGs, progress in areas such as climate action and education reinforces gains in gender equality. CSOs recognize that stronger collaboration across sectors, pooling of resources, and aligning strategies with other goals will maximize both efficiency and impact. However, they also stress that these efforts will only succeed with stronger government leadership in coordination and more inclusive planning processes that directly engage communities.

6. CSOs PERCEPTION ON GHANA'S PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOAL 16

6.1 Ghana policies and strategies and implementation mechanisms toward the SDG 16

CSOs acknowledged Ghana's strong government commitment to achieving SDG 16. This commitment is demonstrated through the formulation of policies and legislation, the strengthening of justice delivery, and the promotion of open participation. To ensure justice for all, government efforts have focused on expanding access to the judicial system by providing more court facilities and building the capacity of judicial staff. Unlike in the past, when services were concentrated in only a few cities, there are now a greater number of courts, including circuit courts across the country, complemented by an increase in the number of Supreme Court justices and higher budgetary allocations to the judicial service.

CSOs emphasized the importance of specific policies such as the Domestic Violence Act, the Juvenile Justice Act, and the Justice for Children policy, all of which have made tangible contributions to strengthening justice systems. In addition, tribunals and traditional institutions continue to play a role in mediating justice, particularly in conflict situations. The expansion of judicial staff and facilities reflects the broader commitment to making justice more accessible.

Alongside justice delivery, **government efforts have focused on strengthening Ghana's security architecture to withstand the growing threats across Africa and beyond**. CSOs recognized Ghana's preparedness and ability to respond effectively to security challenges, noting that

the country has managed regional and global threats relatively well. However, concerns were raised about persistent internal conflicts—particularly chieftaincy disputes and political confrontations—that continue to undermine progress toward peace and stability.

The **promotion of open participation and strong institutions** has also been central to government actions. Initiatives such as the establishment of the Office of the Special Prosecutor (OSP) and the ongoing work of CHRAJ have enhanced institutional justice, transparency, and accountability. CSOs and the media were highlighted as a “third force” that ensures checks on public officials and supports democratic governance. Importantly, government has demonstrated openness to working with CSOs, the media, and citizen watchdog groups, reinforcing participatory governance.

Despite these achievements, CSOs observed that not much has been reported on the broader policy and legislation framework for peace, justice, and strong institutions. The lessons drawn point to progress in expanding justice delivery, enhancing security readiness, and fostering accountability. Yet, challenges linked to internal conflicts and gaps in legislative implementation continue to limit the country’s ability to fully achieve the ambitions of SDG 16.

6.2 Strategies and innovations used by CSOs towards contributing to the SDG 16

Civil society organizations (CSOs) are playing a crucial role in advancing **SDG 16: peace, justice, and strong institutions**. The major approaches include advocacy and empowerment, legal service provision, and collaborative partnerships.

Through **advocacy and education**, CSOs have launched campaigns to raise awareness among children on issues such as abuse, exploitation, and trafficking, emphasizing early detection of warning signals. Many children fall victim to violence due to lack of knowledge. CSOs working in the areas of SDG 16 engaged in empowering children as their priority to enable them recognize and report abuse. Some CSOs are also training children as anti-corruption champions, as seen in initiatives within the Local Accountability Network in Kumasi, which nurtures children to promote accountability in their communities. These actions highlight CSOs’ role in strengthening local institutions and promoting accountability.

Beyond advocacy, CSOs provide **socio-legal services** to children and victims of violence. These include **counselling, mediation, and referrals**, delivered in collaboration with institutions such as the Department of Social Welfare, Anti-Trafficking Unit, Ghana Police Service, and DOVVSU. This approach ensures that cases of abuse, trafficking, defilement, and custody disputes are effectively addressed. CSOs also emphasize child protection education, recognizing that limited information often leaves children—especially girls—vulnerable to violence.

CSOs further engage in **partnerships with governance, peace, and justice organizations**, empowering youth as champions of accountability and effective governance. Examples include collaborations with the Foundation for Security and Development and Oxfam on youth manifestos, the Coalition of Domestic Election Observers (CODEO) to involve young people in election monitoring, and Penplusbytes to promote youth civic engagement dialogues. These partnerships underscore the role of CSOs in promoting peace, justice, and strong institutions in Ghana.

6.3 CSOs perception on the successes, challenges and lessons learned from the implementation of the SDG 16

6.3.1 The Progress and successes achieved with the implementation of the SDG 16

The implementation of SDG 16 in Ghana has recorded notable successes, particularly in the areas of **fighting corruption, strengthening justice delivery, and promoting accountability through government and civil society efforts**. While challenges remain, both government institutions and CSOs have made measurable progress in advancing peace, justice, and strong institutions.

A major milestone has been the **increased in government's commitment to the fight against corruption and the promotion of public accountability**. The establishment of the **Office of the Special Prosecutor (OSP)** is widely regarded as a significant step in strengthening state institutions and reinforcing transparency. Recent actions by the OSP, including the pursuit of accountability from public officials, demonstrate a renewed state commitment to addressing corruption-related offenses.

Civil society organizations have also made significant progress in **holding state institutions accountable, advocating for change, and raising public awareness on civic issues**. During general elections, CSOs have played a key role in ensuring that bodies such as the Electoral Commission adhere to proper procedures in procurement and electoral processes. Through press conferences, research presentations, and direct community engagement, CSOs have empowered citizens to understand their rights and responsibilities and to demand accountability from leaders. These awareness campaigns have strengthened citizens' sense of ownership of democratic processes, shifting attitudes from passive acceptance to active demand for accountability.

Another notable achievement under SDG 16 has been **the consistent investment in strengthening the justice delivery system**. In the past, access to justice was limited due to the scarcity and uneven distribution of courts, often resulting in delays and unmet justice needs. Today, judicial courts are present in every district, significantly expanding access to justice across the country. This expansion has been complemented by efforts to enhance judicial capacity, including the appointment of seven new Supreme Court justices, a development celebrated by both CSOs and citizens as a milestone in advancing justice delivery. Taken together, these achievements—anti-corruption reforms, civic empowerment, and improved justice systems—underscore the progress Ghana has made in implementing SDG 16, even as work continues to address the challenges that remain.

6.3.1 The challenges encountered with the implementation of the SDG 16

Despite progress achieved, the implementation of SDG 16 continues to face significant challenges that undermine its effectiveness. Key issues raised by both CSOs and government actors include persistent financial constraints, insecurity, unequal access to justice, outdated laws and weak enforcement, and low public awareness of the SDGs.

Financial constraints remain a major barrier to the implementation of interventions: Both CSOs and government institutions depend heavily on donor funding with limited domestic commitments, leaving projects vulnerable to collapse when donor support is withdrawn. Budgetary

allocations to key institutions, particularly those responsible for delivering justice, have been insufficient, weakening their ability to provide timely and effective services. This has led to stalled projects and reduced institutional responsiveness, thereby threatening the sustainability of progress.

Security concerns also present a critical challenge to SDG 16 implementation: Ghana's proximity to conflict-affected areas in the Sahel exposes it to spillover effects of political violence and instability. Within the country, tribal and chieftaincy disputes, as well as politically motivated violence, continue to threaten peace and democratic governance. The persistence of such conflicts undermines national stability and weakens efforts to build strong and peaceful institutions.

Access to justice remains limited, particularly for vulnerable groups: Although more judicial courts have been established across the country, justice is still inaccessible for many due to high costs and systemic inequities. Poor and marginalized populations, including women and children, face barriers in accessing legal and medical services necessary for pursuing justice. Cases of elite capture, where powerful individuals manipulate outcomes, further undermine fairness and credibility within the justice system. This trend erodes trust in institutions and hinders progress toward achieving inclusive justice.

Weak enforcement and outdated laws have also been identified as challenges: While Ghana has a robust legal framework, many policies remain unimplemented, and enforcement is inconsistent. In some cases, outdated provisions fail to respond to emerging issues of peace, security, and justice. Reports of children being detained in adult facilities highlight serious breaches of law and institutional neglect. These gaps in enforcement not only create injustice but also weaken public confidence in state institutions.

Limited public awareness of the SDGs compounds these challenges: Many ordinary citizens are unfamiliar with the goals and their targets, which limits grassroots participation and support for implementation. While some elite groups may have a general understanding of the SDGs, even they often lack detailed knowledge of specific targets. This gap in awareness reduces the potential for community-driven accountability and undermines the inclusivity required to achieve SDG 16.

In summary, while Ghana has recorded notable successes in advancing SDG 16, progress is constrained by insufficient funding, security threats, inequitable access to justice, weak enforcement of laws, and limited public awareness. Addressing these challenges will be critical in sustaining gains and ensuring that peace, justice, and strong institutions are realized.

6.3.2 The lessons learned

CSOs have drawn important lessons, particularly in relation to funding and community engagement. The growing funding gap—largely due to reduced donor support—has pushed many organizations to explore alternative sources of financing. Local fundraising initiatives are increasingly being used to sustain interventions, while external mechanisms such as the African Women Development Fund provide additional support to cushion the shortfalls in domestic funding.

Beyond funding, CSOs have also recognized that some of the challenges they face, especially those related to child abuse, child marriage, and exploitation, are deeply rooted in cultural practices. Addressing these issues requires not only programmatic interventions but also strong collaboration with traditional and religious leaders. By leveraging the influence of community leaders, school authorities, and religious figures, CSOs are able to challenge harmful practices and foster broader acceptance of change.

As one CSO explained, community awareness and leadership are essential:

“Looking at the nature of the thing, it is more like a social issue which is happening and communities feel relaxed ... But I think if communities understand some of these issues, they will not further abuse children ... But I’m happy we always have champions of change ... We have champions who are traditional religious leaders who are speaking to some of these issues... a particular religious leader in the Ashanti Region who is a Muslim Imam... he will tell you, ‘Yes, I know our people are really doing it, but it’s not the best and we need to stop’” [Defence for Children].

7. CSOs Scorecards on Ghana’s progress towards the SDG 3, 5 and 16

7.1 CSOs Scorecards on Ghana’s Progress on SDG 3

Across all the CSOs consulted, Ghana has made **moderate to high progress** with SDG 3, in laying the foundations for achieving SDG 3, though gaps remain in implementation and local-level delivery.

- **Policy and Legal Frameworks (Score: 3.0)** – Ghana has developed strong health policies such as the National Health Policy and UHC Roadmap, indicating **medium progress** in providing a clear direction for the health sector.
- **Institutions with Clear Mandates (3.4)** – Health institutions are fairly well established with defined responsibilities, showing **medium-to-high progress**.
- **Implementation at National (2.6) and Sub-national Levels (2.3)** – While policies exist, translating them into action remains a challenge, particularly at the **regional and district levels**, where progress is relatively weaker.
- **Monitoring, Evaluation, and Reporting (3.0)** – Systems are in place to track health sector performance, but improvements in data collection and use are still needed.
- **Transparency and Accountability (3.0)** – Efforts at openness exist, but they require further strengthening, particularly in financial flows and service delivery.
- **Public Awareness & Capacity Development (2.8)** – Awareness of health rights and services is growing, but many communities still lack adequate knowledge and resources.
- **Multi-stakeholder Partnerships (3.6)** – Ghana has made notable strides in **collaborating with international partners, CSOs, and the private sector**, marking one of the strongest areas of progress.
- **Civil Society Participation (4.0)** – Engagement of civil society in health advocacy, awareness, and monitoring is **very strong**, representing Ghana’s best-performing area in SDG 3 progress.

Overall, Ghana has established solid policies, institutions, and partnerships for SDG 3, but progress is uneven. The greatest gaps lie in **implementation at sub-national levels, financing, and public awareness**. Efforts towards strengthening the above-mentioned can accelerate health equity and universal health coverage.

Table 5 CSOs scorecard on Ghana's progress towards the SDG 3

S/N	Goal 3: Ensure healthy lives and promote well-being for all at all ages	Scale: Negative -5 to -1 Positive : 1 to 5										
		-5	-4	-3	-2	-1	0	1	2	3	4	5
	Key areas	Very large reduction	large reduction	medium reduction	small reduction	very small reduction	No progress	very low progress	low progress	Medium progress	high progress	very high progress
1	National Development plans, strategies and budget									2.8		
2	Policy and legal framework									3		
3	Institutions with clear mandate									3.4		
4	Implementation at the national level									2.6		
5	Implementation at the sub-national level								2.3			
6	Monitoring evaluation and reporting mechanisms									3		
7	Transparency & accountability									3		
8	Public awareness & capacity development									2.8		

9	Multi-stakeholder partnerships										3.6	
10	Civil Society participation										4	

7.2 CSOs Scorecards on Ghana's Progress on SDG 5

Ghana has made **medium to high progress** with regards to SDG 5 in advancing gender equality, especially in policy frameworks, partnerships, and civil society participation, but challenges persist in the implementation and capacity development at sub-national levels.

- **National Development Plans, Strategies, and Budget (Score: 3.38)** – Gender considerations are fairly well integrated into national planning and budget frameworks, showing **medium progress**.
- **Policy and Legal Framework (3.5)** – Ghana has enacted several gender-responsive laws and policies (e.g., Affirmative Action Bill, Domestic Violence Act), reflecting **medium-to-high progress**.
- **Institutions with Clear Mandates (2.38)** – While gender-related institutions exist (e.g., Ministry of Gender, Children and Social Protection), limited resources and coordination mean **lower progress** in institutional capacity.
- **Implementation at the National Level (3.75)** – National-level gender initiatives are being rolled out, with **high progress** recorded.
- **Implementation at the Sub-national Level (2.5)** – Regional and district-level implementation is relatively weak, showing **low-to-medium progress**, due to funding and capacity gaps.
- **Monitoring, Evaluation, and Reporting (2.5)** – Tracking of gender outcomes remains underdeveloped, with **low-to-medium progress**, largely due to insufficient gender-disaggregated data.
- **Transparency & Accountability (2.75)** – Mechanisms exist but are not robust enough to ensure full accountability in gender programming, showing **moderate progress**.
- **Public Awareness & Capacity Development (2.25)** – Awareness of gender rights and empowerment is still low in many communities, indicating a **low progress area**.
- **Multi-Stakeholder Partnerships (4.25)** – Ghana performs strongly here, with **very high progress** in collaboration between government, development partners, and NGOs.
- **Civil Society Participation (4.0)** – Civil society organizations are actively driving advocacy and gender equality campaigns, showing **high progress**.

Overall, Ghana is performing strongly in **policy frameworks, partnerships, and civil society engagement**, which are driving momentum for SDG 5. However, **weak institutional capacity, low public awareness, and limited sub-national implementation** remain critical barriers to achieving full gender equality.

Table 6 Average score for CSOs for achieve gender equality and empower all women and girls SDG 5

S/N	Goal 5: Achieve gender equality and empower all women and girls	Scale: Negative -5 to -1 Positive : 1 to 5										
		-5	-4	-3	-2	-1	0	1	2	3	4	5
	Key areas	Very large reduction	large reduction	medium reduction	small reduction	very small reduction	No progress	very low progress	low progress	Medium progress	high progress	very high progress
1	National Development plans, strategies and budget									3.38		
2	Policy and legal framework										3.5	
3	Institutions with clear mandate								2.38			
4	Implementation at the national level										3.75	
5	Implementation at the sub-national level									2.5		
6	Monitoring evaluation and reporting mechanisms									2.5		
7	Transparency & accountability									2.75		
8	Public awareness & capacity development								2.25			

9	Multi-stakeholder partnerships										4.25	
10	Civil Society participation										4	

7.3 CSOs Scorecards on Ghana's Progress on SDG 5

Ghana shows **moderate progress with the SDG 5**, thus in promoting peace, justice, and inclusive institutions, with stronger performance in national frameworks and civil society participation, but weaker outcomes in institutional capacity, local-level implementation, and public awareness.

- **National Development Plans, Strategies, and Budget (3.25)** – Governance and justice issues are fairly well integrated into development planning, showing **medium progress**.
- **Policy and Legal Framework (3.35)** – Ghana has established relevant laws and policies (e.g., anti-corruption laws, access to information), reflecting **medium progress**.
- **Institutions with Clear Mandates (2.0)** – Despite existing structures (judiciary, CHRAJ, EOCO, etc.), institutional mandates are often underfunded or overlapping, showing **low progress**.
- **Implementation at the National Level (3.0)** – National rollout of justice and governance programs is ongoing, with **medium progress**, but gaps in enforcement remain.
- **Implementation at the Sub-national Level (2.25)** – District and community-level implementation lags behind, with **low-to-medium progress**, due to resource and capacity challenges.
- **Monitoring, Evaluation, and Reporting (2.75)** – Some monitoring systems exist, but data gaps limit accountability, showing **moderate progress**.
- **Transparency & Accountability (2.35)** – Anti-corruption mechanisms exist but remain weak in enforcement, reflecting **low-to-moderate progress**.
- **Public Awareness & Capacity Development (1.88)** – Citizen awareness of rights, justice processes, and SDG 16 principles is still limited, marking a **low progress area**.
- **Multi-Stakeholder Partnerships (3.0)** – Partnerships exist between government, CSOs, and donors, showing **medium progress**, though often donor-driven.
- **Civil Society Participation (4.0)** – Civil society plays a **strong role** in advocacy, accountability, and peacebuilding, marking the **highest performing area** under SDG 16.

In summary: Ghana's SDG 16 progress is strongest in civil society participation, legal frameworks, and national planning, but weaker in institutional capacity, sub-national implementation, and public awareness. Strengthening accountability systems, citizen engagement, and resourcing of governance institutions will be critical for accelerating progress.

S/N	Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	Scale: Negative -5 to -1 Positive : 1 to 5										
		-5	-4	-3	-2	-1	0	1	2	3	4	5
Key areas		Very large reduction	large reduction	medium reduction	small reduction	very small reduction	No progress	very low progress	low progress	Medium progress	high progress	very high progress
1	National Development plans, strategies and budget									3.25		
2	Policy and legal framework									3.35		
3	Institutions with clear mandate								2.0			
4	Implementation at the national level									3.0		
5	Implementation at the sub-national level								2.25			
6	Monitoring evaluation and reporting mechanisms									2.75		

7	Transparency & accountability								2.35			
8	Public awareness & capacity development								1.88			
9	Multi-stakeholder partnerships									3		
10	Civil Society participation										4	

8. Synthesis and reflections

8.1 Major Findings – SDG 3 (Good Health and Well-being)

The review of progress towards the achievement of **SDG 3** in Ghana highlights important policy frameworks, institutional mechanisms, challenges, and lessons for future action.

Policy and Strategic Frameworks

Progress in the health sector is anchored on strong national and international commitments. Key frameworks such as the National Health Policy, **the** UHC Roadmap, and international agreements including the Abuja Declaration **and the** Universal Health Coverage (UHC) commitments have guided health sector reforms and interventions. These frameworks demonstrate Ghana's alignment with global aspirations for improved health outcomes.

Participatory Policy Processes

The government has made deliberate efforts to ensure participatory approaches in the policy and implementation processes. Civil Society Organizations (CSOs) and other relevant stakeholders are regularly engaged in planning and delivery. This participatory model has enhanced inclusivity and accountability in health governance.

Monitoring and accountability mechanisms

There are well-established mechanisms for monitoring and tracking progress. Platforms such as NDPC annual reviews, annual health sector performance reports, and inter-ministerial committee meetings provide avenues for accountability and collective assessment of interventions.

Financing challenges

A key finding relates to chronic underfunding of the health sector. Government allocations often fall below both national and international benchmarks. The sector remains heavily donor-dependent, leaving it vulnerable to the financial shocks of donor withdrawal. This funding gap has constrained the sustainability of interventions and threatens long-term progress.

Data and knowledge gaps

Another major limitation is the weakness of national data systems. Reporting on health outcomes is often based on inaccurate or incomplete data, undermining the credibility of progress reports and limiting evidence-based decision-making.

Public awareness and ownership

Findings also point to a low level of public understanding and ownership of the SDGs. Limited awareness among the masses reduces the potential for collective action and citizen engagement in advancing SDG 3.

Role of CSOs and innovative approaches

CSOs have played a critical role in filling systemic gaps through innovative strategies. These include community health systems strengthening, digital health service delivery, and health education and promotion. Their interventions have complemented government efforts while directly engaging communities.

Lessons Learned

The findings underscore the centrality of **partnerships, collaboration, and collective action** for advancing SDG 3. With declining donor support, there is an urgent need for **domestic resource mobilization** to reduce dependency on external funding. Sustained advocacy, integration of efforts across stakeholders, and long-term financing commitments will be essential to ensuring progress towards achieving health-related targets.

8.2 Major Findings – SDG 5 (Achieve gender equality and empower all women and girls)

Policy and international commitments

National frameworks such as the National Gender Policy and Ghana's adherence to international conventions and agreements (e.g., CEDAW, the Beijing Platform for Action, and the SDGs) provide the policy direction for advancing women's rights and gender equality. These frameworks set standards and obligations that guide interventions, though gaps remain in implementation.

Participatory processes

The government has made efforts to make gender policy and implementation inclusive by involving Civil Society Organizations (CSOs), women's associations, traditional leaders, and other stakeholders. This participatory approach creates space for advocacy, accountability, and collective ownership of gender equality initiatives.

Monitoring mechanisms

Structures such as the National Development Planning Commission (NDPC) reviews, sectoral annual reports, and inter-ministerial committee meetings exist to track progress on gender equality targets. However, these mechanisms are sometimes fragmented and underutilized, reducing their effectiveness in informing policies and actions.

Low funding

Budgetary allocations for gender-focused initiatives remain limited and often fall short of national and global benchmarks. This funding gap constrains the scale and sustainability of interventions, leaving many programs under-resourced and unable to meet the needs of women and vulnerable groups.

Donor dependence

The gender sector continues to rely heavily on donor funding to sustain interventions. This reliance makes progress fragile, as any reduction or withdrawal of external support disrupts program implementation, undermining long-term sustainability.

Weak data systems

Reporting on gender equality outcomes is hindered by the lack of accurate, comprehensive, and disaggregated data (e.g., by sex, age, disability, location). Without robust data, it is difficult to measure progress, identify gaps, or make evidence-based decisions.

Low public awareness

Public understanding and acceptance of SDG 5 and broader gender equality principles remain limited, especially at the community level. Persistent cultural norms, stereotypes, and misconceptions slow progress and reduce community ownership of gender equality initiatives.

Role of CSOs

CSOs, women's groups, and grassroots actors play a critical role in filling gaps left by the state. They implement innovative strategies such as community-based empowerment and livelihood programs, digital advocacy platforms for women's rights, and educational campaigns to shift mindsets on gender equality.

Key lessons learned

Experience highlights the importance of stronger and more coordinated partnerships between government, CSOs, development partners, and communities. Sustained advocacy, integration of gender perspectives into all sectors (education, health, governance, economy), and domestic resource mobilization are critical for reducing donor dependence and ensuring lasting progress toward SDG 5.

8.3 Major Findings – 16 (Peace, Justice, and Strong Institutions)

Government commitment through legislation and policies

Ghana has demonstrated strong commitment to advancing SDG 16 by enacting laws and policies such as the *Domestic Violence Act*, *Juvenile Justice Act*, and the *Justice for Children Policy*. These frameworks provide the legal foundation for protecting vulnerable populations, promoting justice, and safeguarding human rights. However, gaps remain in enforcement and resourcing.

Strengthening institutions and justice systems

Investments in court infrastructure, the expansion of Supreme Court justices, and the establishment of accountability institutions such as the *Office of the Special Prosecutor (OSP)* and the *Commission on Human Rights and Administrative Justice (CHRAJ)* reflect efforts to enhance access to justice, fight corruption, and promote transparency. These steps show institutional strengthening but require consistent political will and adequate resourcing.

Role of Civil Society Organizations (CSOs)

CSOs actively contribute to SDG 16 by employing strategies such as advocacy, public education, legal aid, and partnerships with state and non-state actors. Through campaigns against child abuse, anti-corruption education for youth, and socio-legal services in collaboration with the police, DOVVSU,

and social welfare departments, CSOs complement state efforts while also holding institutions accountable.

Achievements and successes

CSO interventions have increased public awareness of civic rights, empowered citizens to demand transparency, and enhanced accountability in governance. Similarly, government investments in justice infrastructure have improved access to courts across the country. Anti-corruption initiatives led by the OSP, CHRAJ, the media, and civic groups have contributed to greater institutional accountability and visibility of corruption cases.

Persistent challenges

Despite progress, several obstacles undermine SDG 16 efforts: **Funding shortages:** Heavy dependence on donor funding threatens the sustainability of interventions, especially when external support declines. **Conflicts and instability:** Tribal disputes, political tensions, and regional insecurity undermine peace and cohesion. **Barriers to justice:** Vulnerable groups struggle to access justice due to high legal costs, complex procedures, and weak legal aid services. **Outdated laws and weak enforcement:** Certain legislations are outdated, and enforcement of existing laws remains inconsistent. **Low SDG awareness:** Limited public knowledge of SDG 16 reduces citizen engagement and collective action.

CSO adaptability and innovation

In response to resource and cultural challenges, CSOs have begun to diversify funding sources by engaging in local fundraising and exploring alternative donor support. They also partner with traditional and religious leaders to address deeply rooted cultural issues such as child marriage, domestic violence, and abuse, thus bridging gaps where formal institutions face limitations.

9. General recommendations for actions planning for SDG 3, 5 and 16

9.1 Recommendations toward action planning for SDG 3

Local level health systems strengthening

Health sector interventions have often been designed at the national level without fully addressing the uneven implementation and persistent access challenges at the community level. It is therefore critical that health planning and investment prioritize local health facilities and community health systems.

- Actionable steps include: upgrading Community-based Health Planning and Services (CHPS) compounds; ensuring adequate staffing of community health workers; providing essential drugs and logistics at local facilities; and using mobile clinics for remote communities.
- Local governments should be empowered through increased budget allocations and technical support to directly address context-specific health challenges. This ensures that health systems become **resilient, equitable, and responsive**, leading to measurable improvements in national health indicators.

Strengthen local partnerships

With donor withdrawals leaving funding gaps, sustainable health financing must increasingly rely on domestic resource mobilization and coordinated partnerships. The government, CSOs, private sector, and community-based organizations must leverage their complementary strengths for greater efficiency.

- Actionable steps include: co-financing joint programs between government and CSOs; establishing public–private partnerships for specific health priorities (e.g., maternal health, child nutrition, digital health services); and engaging traditional authorities and faith-based groups in local health promotion.
- This approach ensures that limited resources are pooled together for targeted, high-impact interventions rather than scattered efforts.

Strengthen local capacity of CSOs for effective programming

Many CSOs lack the technical and managerial capacity to design and implement evidence-based, cost-effective interventions. Investing in their capacity strengthens the overall delivery of SDG 3.

- Actionable steps include: training CSOs in program design, monitoring and evaluation, financial management, and advocacy; creating capacity-building hubs where smaller CSOs can access technical expertise; and facilitating peer-learning platforms among CSOs.
- With stronger capacities, CSOs can maximize impact, reduce inefficiencies, and become more **self-reliant and sustainable**, especially in the face of limited donor support.

Target few but high-impact interventions

Limited funding requires a shift from broad, fragmented interventions to strategic, **evidence-based priorities**. Interventions must focus on areas with the greatest health burden and risk of missing SDG 3 targets.

- Actionable steps include: prioritizing maternal and child health, non-communicable diseases, and universal health coverage initiatives; conducting needs assessments to identify critical local health gaps; and adopting low-cost but scalable solutions such as digital health platforms, preventive health campaigns, and vaccination drives.
- This ensures maximum health outcomes are achieved with the least resources, improving efficiency and effectiveness.

Regulate and coordinate activities within the SDG space

The current proliferation of health-related interventions often results in duplication, wasted resources, and fragmented impact. Stronger government regulation and coordination are required.

- Actionable steps include: establishing a **central coordination mechanism under the Ministry of Health and NDPC** to map all CSO/NGO activities; enforcing registration and reporting requirements for organizations working in health; and introducing platforms for data-sharing and joint planning.

- Regular joint reviews should be conducted to identify duplication and encourage alignment of interventions. This ensures that investments are strategically directed and collectively contribute to measurable progress on SDG 3.

9.2 Recommendations – SDG 5

The study recommends the following towards limiting the challenges confronting the implementation of the SDG 5.

Strengthen coordination and data systems

Fragmentation and duplication of gender-related initiatives have limited their overall impact. Improving the capacity of the **national SDG 5 coordination platform** by bringing together government, CSOs, NGOs, private sector, and development partners under a single reporting and planning framework. Some actionable sets may include but not limited to the following:

Actionable steps:

- The Ministry of Gender, Children and Social Protection (MoGCSP) should host the platform, with the support of the NDPC.
- Ensure that all organizations/persons whose works are geared towards the SDG 5 register projects and submit progress reports into one database.
- Invest in **gender-disaggregated and intersectional data collection** (age, disability, location, income) through GSS and local assemblies.
- Use the data to set measurable targets, track progress, and guide resource allocation.
- This may ensure transparency, accountability, and more **evidence-based interventions**.

Funding diversification and resource mobilization

Over-reliance on donor funding threatens the sustainability of gender equality programs. The government and partners should diversify and expand financing sources to support the implementation of the SDG 5. Some actionable steps may include the following:

Actionable steps:

- Increase domestic budget allocations to the MoGCSP and district gender desks.
- Explore public–private partnerships (e.g., companies funding mentorship programs for women in STEM).
- Introduce innovative financing models such as gender bonds, levies on harmful practices (like child marriage fines), or crowdfunding platforms.
- Encourage CSOs to build financial sustainability by developing income-generating activities or local fundraising campaigns.
- This may create predictable and long-term resources for gender programming.

Improve efforts towards cultural and social change

Harmful practices and entrenched gender stereotypes are key barriers to achieving SDG 5. Social change must go beyond laws to reshape attitudes and community norms that counteract women and

girls' access to leaderships and other humanly rights. Some actionable steps include but not limited to the following;

Actionable steps:

- Engage male champions, chiefs, and faith leaders in structured dialogues to promote positive masculinities and end harmful practices such as early marriage and widowhood rites.
- Run community-based campaigns with youth clubs, schools, and social media to address stereotypes and promote equality.
- Partner with creative industries (film, theatre, influencers) to normalize positive gender roles.
- This will help build a cultural shift that sustains legislative and policy gains.

Increase public awareness and local ownership

The challenge regarding limited understanding of SDG 5 at the grassroots weakens citizen participation. Awareness can be localized and made accessible through the following actionable steps;

Actionable steps:

- Translate SDG information into major local languages.
- Use radio, community theatre, social media, and drama as outreach tools.
- Engage the National Commission for Civic Education (NCCE) to roll out nationwide SDG campaigns.
- Establish community SDG forums led by local leaders to foster dialogue and ownership.
- With increased awareness, citizens are more likely to demand accountability and participate actively in gender equality efforts.

Foster integrated SDG implementation

The findings suggest that gender equality is a cross-cutting issue and cannot be achieved in isolation.

Linking SDG 5 interventions with other goals may amplify results.

Actionable steps:

- Mainstream gender equality into education (SDG 4), health (SDG 3), climate action (SDG 13), and economic empowerment (SDG 8).
- Develop inter-sectoral programs such as girls' education for climate resilience, **or** maternal health with livelihood empowerment.
- Establish an inter-ministerial taskforce on gender mainstreaming to ensure coordination across sectors.

9.3 Recommendation – SDG 16

The study recommends the following as measures towards facilitating progress towards the implementation of the SDG 16.

Increase domestic funding for justice and governance institutions

The interviews revealed that justice and governance bodies (judiciary, security services, anti-corruption agencies) often rely too heavily on donor funding. This may challenge the sustainability and independence, governments and stakeholders in justice delivery;

Actionable steps:

- Government should create a dedicated budget line for justice institutions in the national budget.
- Develop domestic financing mechanisms, such as levies from extractive industries, corporate taxes, or earmarked funds, to support governance programs.
- Encourage public–private partnerships (PPPs) where businesses co-finance legal aid centers or community safety initiatives.
- CSOs can adopt co-funding models with local authorities, e.g., co-managing justice outreach programs.
- Introduce performance-based funding where agencies receive resources tied to measurable progress (e.g., reduction in case backlog).

Strengthen access to justice for vulnerable groups

The findings suggest that poor and marginalized groups face barriers such as high court fees, distance to courts, and lack of legal aid. Removing these barriers may promote equality in access to justice service. Additionally, the study proposes the following actionable steps;

Actionable steps:

- Establish government-subsidized legal aid funds managed by independent bodies with CSO participation.
- Expand mobile courts and community-based justice centers to reach rural and peri-urban communities.
- Create structured pro bono programs with law schools, bar associations, and legal practitioners, incentivizing lawyers to serve vulnerable groups.
- Reduce or waive court fees for women, children, and indigent citizens.
- Introduce digital platforms for case filing and monitoring to reduce costs and delay if not in existence.

Enhance public awareness of SDGs

The findings also suggest that Citizens cannot meaningfully participate in peace and governance if they don't understand the SDGs, especially SDG 16 on peace, justice, and strong institutions. This suggest that citizens awareness must start early and be sustained.

Actionable steps:

- Integrate SDG 16 education into school curricula, particularly in civic education and social studies.
- Use community radio, theatre, and storytelling in local languages to spread knowledge on peace and governance.
- Launch media and social media campaigns with relatable content for youth, women, and local communities.
- Partner with youth groups, women's associations, and influencers to run peer-to-peer campaigns.
- Conduct baseline and periodic surveys to measure awareness levels and adjust messaging strategies.

Leverage traditional and religious leaders for peace-building

The Traditional and religious leaders hold authority and trust within communities. Engaging them strengthens grassroots peace, conflict mediation, and justice education.

Actionable steps:

- Create a national framework for community mediation, formally recognizing traditional/religious leaders' roles in peace-building.
- Train chiefs, imams, pastors, and elders in conflict resolution, human rights, and SDG 16 principles.
- Establish district peace councils co-chaired by traditional/religious leaders and local government representatives.
- Provide funding and small grants for local peace initiatives such as interfaith dialogues, cultural events, or youth mentorship.
- Partner with religious institutions for regular public education campaigns on justice, peace, and accountability.

10. References

- Aboagye, E. M., Effah, K. O., & Asamoah, R.A. (2022). Fighting Against Domestic Violence: The Cases of Ghana and China. *IUP Law Review*, 12(1).
- Addaney, M., Akudugu, J.A., Asibey, M. O., Akaateba, M.A., & Kuusaana, E. D. (2022). Changing land tenure regimes and women's access to secure land for cocoa cultivation in rural Ghana. *Land Use Policy*, 120, 106292.
- Adu-Pakoh, K. (2017). Labour practices in Ghana-a case study of the Ghana water company limited. *International Journal of Sciences: Basic and Applied Research (ijsbar)*, 31(1), 125-132.
- Akapule, S., & Naaikuur, L. (2024). Post-Passage Discourse Analysis of Ghana's Affirmative Action Bill: Media Representations and Public Reactions. *Journal of Policy and Development Studies*, 16(2), 129-144.
- Alando, C., Manu, A., Habib, H., Modey, E., Torpey, K., Adanu, R., & Ankomah, A. (2020). Trends in Male Contraceptive Use in Ghana: An Analysis of Self-Reported Contraceptive Use from GDHS 2003, 2008 and 2014.
- Amankwaa, G., Abass, K., & Gyasi, R. M. (2018). In-school adolescents' knowledge, access to and use of sexual and reproductive health services in Metropolitan Kumasi, Ghana. *Journal of Public Health*, 26, 443-451.
- Amoah, D. K. (2024). Gender inequality in legislative representation: the case of women representation in Ghana's Parliament. *SN Social Sciences*, 4(7), 138.
- Ansah, N. (2023). *Reproductive health policy formulation and implementation in Ghana: the role of women's rights advocacy groups* [University of Sheffield].
- Antwi, W. (2021). Child Protection Challenges in Ghana. *Academia Letters*, 2.
- Appiah-Kubi, K. D., & Anyimadu-Antwi, K. (2018). Report of the Joint Committee on Gender and Children and Employment, Social Welfare and State Enterprises on the 2019 annual budget estimates for the Ministry of Gender, Children and Social Protection.
- Ayentimi, D.T., Abadi, H.A., Adjei, B., & Burgess, J. (2020). Gender equity and inclusion in Ghana; good intentions, uneven progress. *Labour and Industry*, 30(1), 66-84.
- Kumi, R.A. K., & Owusu, E. (2023). Monetary Valuation of the Unpaid Care Works and Experiences of Some Women in the Upper East Region of Ghana. *American Journal of Economics and Business Innovation*, 2(1), 52-62.
- Mohammed, A. K. (2022). Is Ghana's Law Against Human Trafficking a Success? *Criminal justice review*, 47(1), 53-76.
- Odey, G. O., Alawad, A. G.A., Atieno, O. S., Carew-Bayoh, E. O., Fatuma, E., Ogunkola, I. O., & Lucero-Prisno III, D. E. (2021). COVID-19 pandemic: impacts on the achievements of sustainable development goals in Africa. *Pan African Medical Journal*, 38(1).
- Sulemana, M., Fuseini, M. N., & Abdulai, I.A. (2023). Effects of microfinance and small loans centre on poverty reduction in Wa West District, Ghana. *Heliyon*, 9(12).
- Tenkorang, E.Y. (2022). A survey analysis of barriers to help-seeking at the Ghana domestic violence and victim support unit (DOVVSU). *Journal of Family Violence*, 37(4), 601-611.

- Ussher, Y. (2020). Exploring the effect of digital literacies on the use of mobile phones. *Contemporary Issues in Human Resource Studies*, 210-237.
- Awoonor-Williams, J. K., Sory, E. K., Nyonator, F. K., Phillips, J. F., Wang, C., & Schmitt, M. L. (2013). Lessons learned from scaling up a community-based health program in the Upper East Region of northern Ghana. *Global Health Science and Practice*, 1(1), 117–133. <https://doi.org/10.9745/GHSP-D-12-00012>
- Commonwealth Secretariat. (2021). *Overview of Youth Development in Ghana*. Commonwealth Secretariat. <https://books.thecommonwealth.org/>
- Ministry of Finance. (2021). *Ghana's 2021 SDGs Budget Report*.
- Ministry of Finance and Economic Planning. (2022). *The Coordinated Programme of Economic and Social Development Policies*.
- Ministry of Health. (2021). *Ministry of Health 2020 Annual Performance Report*. 1–28.
- National Development Planning Commission. (2019). *Ghana: Voluntary National Review (VNR) Report on the Implementation of the 2030 Agenda for Sustainable Development*. <https://doi.org/10.1088/1751-8113/44/8/085201>
- National Development Planning Commission. (2023). *Technical Report: SDGs Transformation And Commitments*.
- Office of the Special Prosecutor. (2022). *Half Yearly Report (Issue August)*.
- Sarkodie, B., Asiedu-Bekoe, F., Laryea, D. O., Ampofo, W. K., Phillips, R. O., Samba, A., Aboagye, D. C., Nsiah-Asare, A., Asamoah-Baah, A., Odame, E., Ohene, S. A., Amoako, Y. A., & Kuma-Aboagye, P. (2021). Overview of preparedness and response to COVID-19 in Ghana. *Ghana Medical Journal*, 55(2), 38–47. <https://doi.org/10.4314/gmj.v55i2s.6>
- World Health Organization. (2016). *World Health Statistics 2016: Monitoring Health for the SDGs, sustainable development goals*. World Health Organization.
- United Nations (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*.
- Accra Metropolitan Assembly. (2023). *2023 Accra road safety report*. https://ama.gov.gh/documents/2023_Accra_Road_Safety_Report_final.pdf
- Business Ghana. (2023, March 23). *NER: Maternal mortality reduced by 60 percent*. <https://www.businessghana.com/site/news/general/283013/NER%3A-Maternal-mortality-reduced-by-60-percent> Accessed, 3rd September, 2025
- Clean Air Fund. (n.d.). *Clean air Africa's cities: Accra*. <https://www.cleanairfund.org/clean-air-africas-cities/accra/> Accessed, September 3rd, 2025
- Clean Air Fund. (n.d.). *Ghana*. <https://www.cleanairfund.org/geography/ghana/> Accessed, September 3rd, 2025
- Forson, A. O., Ayeh-Kumi, P. F., Mohammed, A. R., Sraku, I. K., Myers-Hansen, G. A., & Afrane, Y. A. (2024). Knowledge, Perceptions, Challenges and opportunities in achieving sustainable coverage of mass drug administration towards the control and elimination of Schistosomiasis and Soil Transmitted Helminths in hard-to-reach communities of Ghana. *PLOS Neglected Tropical Diseases*, 18(11), e0012664.
- Ghana AIDS Commission. (2019). *Ghana AIDS Commission fact sheet 2019*.

- Ghana Health Service. (2021). *Annual Report 2020*. <https://www.ghs.gov.gh>
- Ministry of Health Ghana. *Malaria Strategic Plan: 2021 – 2025*. National Malaria Control Programme.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF. (2018). *Ghana Maternal Health Survey 2017*. <https://dhsprogram.com/publications/publication-fr340-other-final-reports.cfm>
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF. (2023). *Ghana Demographic and Health Survey 2022: Key Indicators Report*. <https://www.dhsprogram.com/pubs/pdf/PR149/PR149.pdf>.
- Graphic Online. (2024, March 27). Northern Region records upsurge in maternal mortality. <https://www.graphic.com.gh/news/general-news/ghana-news-northern-region-records-upsurge-in-maternal-mortality.html> Accessed, September 3rd, 2025
- Jehu-Appiah, C., Aryeetey, G., Spaan, E., de Hoop, T., Agyepong, I., & Baltussen, R. (2011). Equity aspects of the National Health Insurance Scheme in Ghana: Who is enrolling, who is not and why? *Social Science & Medicine*, 72(2), 157–165. <https://doi.org/10.1016/j.socscimed.2010.10.025>.
- Mental Health Authority. (2022). *Annual report 2021*. Accra: Mental Health Authority. <https://www.mha.gov.gh>.
- Ministry of Health. (2022). *National policy for the prevention and control of non-communicable & communicable diseases*. Accra: Ministry of Health. <https://www.moh.gov.gh>.
- Ministry of the Interior. (2025, March 26). *National youth anti-drug campaign launched*. <https://www.mint.gov.gh/national-youth-anti-drug-campaign-launched/> Accessed, September 3rd, 2025
- National Road Safety Authority. (2025). *Home*. <https://www.nrsa.gov.gh/> Accessed September 3rd, 2025
- Nguyen, H.T., Rajkotia, Y., & Wang, H. (2011). The financial protection effect of Ghana National Health Insurance Scheme: Evidence from a study in two rural districts. *International Journal for Equity in Health*, 10(4). <https://doi.org/10.1186/1475-9276-10-4>.
- Okyere, Y. M., Aboagye, R. G., Boateng, E. N. K., Okyere, J., Osborne, A., & Ahinkorah, B. O. (2025). Spatial distribution and factors associated with unmet need for contraception among women in Ghana. *Reproductive Health*, 22(31). <https://doi.org/10.1186/s12978-024-01935-6>.
- Government of Ghana (2018). *Coordinated Programme of Economic and Social Development Policies (2017–2024): An Agenda for Jobs – Creating Prosperity and Equal Opportunity for All*. Accra: Government of Ghana.
- Ministry of Gender, Children and Social Protection (MoGCSP). (2015). *National Gender Policy: Mainstreaming Gender Equality and Women’s Empowerment into Ghana’s Development Efforts*. Accra, Ghana: Government of Ghana. Retrieved from: <http://mogcsp.gov.gh>.
- Republic of Ghana. (2007). *Domestic Violence Act, Act 732*. Accra: Government Printer. Retrieved from: <https://www.lawghana.com>.
- Republic of Ghana. (2005). *Human Trafficking Act, Act 694*. Accra: Government of Ghana. Retrieved

- from: https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=76174
- Ghana Statistical Service (GSS). (2022). 2021 Population and Housing Census: General Report – Gender. Accra: GSS. Retrieved from: <https://statsghana.gov.gh>.
- UNFPA Ghana. (2023). Annual Report 2022: Delivering a World Where Every Pregnancy is Wanted, Every Childbirth is Safe and Every Young Person’s Potential is Fulfilled. Retrieved from: <https://ghana.unfpa.org>.
- National Development Planning Commission. (2023). Technical Report: SDGs Transformation And Commitments.
- United Nations Development Programme. (2022). Peace and Development Analysis in Ghana: Policy Brief (Issue April).
- Osei, E., Oppong, S., & Der, J. (2020). Trends of tuberculosis case detection, mortality and co-infection with HIV in Ghana: A retrospective cohort study. *PloS one*, 15(6), e0234878.
- UNICEF. (2021, February 24). *Ghana becomes recipient of historic first shipment of COVAX vaccine*. <https://www.unicef.org/press-releases/ghana-becomes-recipient-historic-first-shipment-covax-vaccine> Accessed, September 3rd, 2025
- UNICEF Ghana. (n.d.). Immunization. Retrieved from <https://www.unicef.org/ghana/immunization> on September 3rd, 2025
- World Bank. (2021). *Pandemic preparedness assessment in Ghana* [PDF]. <https://documents1.worldbank.org/curated/en/099510106132239405/pdf/P1753530e2bb160c10b1f101f1f958a0732.pdf>
- WHO (2024). Neonatal mortality rate (per 1000 live births) – WHO Data. Retrieved from <https://data.who.int/indicators/i/E3CAF2B/A4C49D3>, September 3rd, 2025
- World Health Organization. (2012). Reporting instrument of the WHO Framework Convention on Tobacco Control: Ghana 2012 report. https://extranet.who.int/ftcapps/sites/default/files/2023-04/ghana_2012_report_final.pdf.
- Ministry of Gender, Children and Social Protection (MoGCSP). (2015). National Gender Policy: Mainstreaming Gender Equality and Women’s Empowerment into Ghana’s Development Efforts. Accra, Ghana: Government of Ghana. Retrieved from: <http://mogcsp.gov.gh>.
- UNDP Ghana. (2022). Investing in Women: Accelerating Progress Towards the SDGs in Ghana. Retrieved from: <https://www.undp.org/ghana>. Accessed, September 3rd, 2025
- GPPAC and WANEP. (2019). Progress towards peaceful, just and inclusive societies: SDG 16 + in Ghana