



## Final Report

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### Mid-Term Evaluation of the One Million Smiles Programme

**Submitted to:**

**AfriKids Ghana**

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## ACRONYMS

ASRHR	Adolescent Sexual and Reproductive Health and Rights
BRI360	Bureau for 360 research and innovation
CCPC	Community Child Protection Committees
CHMCs	Community Health Management Committees
DEOs	District Education Offices
DMTDPs	District Medium-Term Development Plans
DOVVSU	Domestic Violence and Victim Support Unit.
DPMs	District Programme Managers
FLISP	Family Livelihood Improvement Programme
GES	Ghana Education Service
KIIs	Key Informant Interviews
MEL	Monitoring Evaluation and Learning
NGOs	Non-Governmental Organizations
NPO	Non-Profit Organisation
OMS	One Million Smiles
PLCs	Professional Learning Communities
PTAs	Parent Teacher Associations
SBCC	Social and behavior change communication
SDG	Sustainable Development Goal
SHS	Senior High School
SISOs	School Improvement and Support Officers
SMC	School Management Committee
SRH	Sexual Reproductive Health
STEM	Science, Technology, Engineering, and Mathematics
STI	Sexually Transmitted Infection
TLMs	Teaching and Learning Materials
ToC	Theory of Change
TOT	Training of Trainers
VSLAs	Village Savings and Loans Associations

UN

United Nations

## EXECUTIVE SUMMARY

### Introduction

The AfriKids Ghana One Million Smiles (OMS) Programme which is being implemented from 2022 through to 2026, is a holistic child right centred intervention that targets deprived and hard to reach areas of northern Ghana including Binduri, Builsa South in the Upper East Region and Mamprugu Moagduri in the North East Region. The programme is designed around four key pillars including Child Protection, Education, Family Livelihood Support Programme (FLISP) and Health. The midterm assessment provides an independent assessment of the performance of the programme in relation to its programme achievements, relevance, effectiveness, efficiency, sustainability, gaps and challenges, insights for fundraising efforts and emerging impact which aligns with both AfriKids strategic vision and the national development agenda.

### Methodology

The evaluation adopted the OECD-DAC criteria - employing a concurrent mixed method approach, integrating both qualitative and quantitative data collection methods. Data was gathered from a range of respondents, including teachers, headteachers, children, parents, health workers, community protection committees as well as district level officials. In all, a total of 223 data collection activities, including household surveys, key informant interviews (KIIs) and focused group discussions (FGDs) were conducted across 15 sampled communities in all the three-intervention district. In terms of specific coverage, the study reached 71 household FLISP beneficiaries, 46-headteachers/teachers, 31- learners (FGD), 13-FGDs with the Community Child Protection Committees (CCPC), 62-KIIs with adolescents, 3-KIIs with GES Officers and 4-KIIs with health personnel. A combination of simple random and purposive sampling was used to select participants. Descriptive statistics were employed in data analysis.

### Key Findings

The mid-term evaluation indicates that the OMS programme has made significant strides in improving educational outcomes, particularly in literacy, numeracy, and STEM proficiency among girls. These improvements are reflected in increased school attendance, higher completion rates at both the primary and JHS levels, and strengthened child protection systems. The programme remains highly relevant, as it was designed around the specific needs of the communities it serves, with a strong emphasis on gender and disability inclusion. It has shown considerable effectiveness in its implementation.

- **Literacy and Numeracy Outcomes** - there has been significant progress in foundational learning. Literacy proficiency increased from 21.7% in 2022 to 56.4% by 2025, and numeracy rose from 21.7% to 52.2%, exceeding national average for literacy (38.7%) but lower in Mathematics (62.1%). Girls particularly outperformed boys in several districts, especially in Mamprugu Moagduri and Builsa South.
- **STEM education and digital learning** - STEM proficiency among girls improved remarkably from 33.8% to 64.5% between 2022 and 2023. The programme scaled digital learning substantially - distributing 350 digital devices and reaching 2,500 learners by midline. Teacher training in STEM also surged, with 120 trained by midline.

- **Completion and attendance rates** - completion rates improved across all education levels, especially in Mamprugu Moagduri. At the primary and JHS levels, completion rose from 77% to 88%. However, attendance rates remained low overall, with the highest average (62.7%) recorded in Binduri and the lowest (30%) in Mamprugu Moagduri.
- **School infrastructure and renovation** - of 60 schools, 29 were renovated to enhance learning environments, with the highest renovations recorded in Binduri and Builsa South, particularly at the KG and primary levels.
- **Teacher capacity and inclusive education** - the proportion of teachers demonstrating inclusive, student-centred practices increased significantly from 15.8% at baseline to 58% by 2023 far surpassing the 2025 target. Over 400 educators and GES officers received training in inclusive education and child-centred methodologies.
- **Health** - In the area of health and child protection, the programme has established 60 Adolescent Sexual and Reproductive Health and Rights (ASRHR) clubs surpassing the target of 40 by 2025 and successfully identified and supported 6,110 at-risk children by midline.

In terms of efficiency, the OMS Programme has made effective use of its resources. For instance, the distribution of 350 digital devices by midline has benefited around 2,500 learners, and training for 120 STEM teachers has been conducted, putting the programme on track to meet its target of 150 by 2025. The initiative has also leveraged community volunteers and engaged about 52,777 community members across the programme domains.

## 1. Relevance

The OMS programme continues to be very relevant to the needs and aspirations of the target population in the northern sector of Ghana. Its integrated design aligns with Ghana's national priorities in the area of child protection, education, and primary health care, as well as international treaties such as the sustainable development goals (SDGs). Communities throughout the data collection consistently established that the OMS programme addresses critical challenges such as child labour, early marriage, school dropout, poor access to adolescent health services, and income insecurity.

## 2. Effectiveness

The OMS programme has made significant progress which includes the following:

- Child Protection:** The formation of Child Right Clubs (CRC) and Community Child Protection Committees (CCPCs) and the collaboration with Social Welfare and Police DOVVSU units has contributed to increased awareness, reporting and addressing of child abuse cases. The perception of community members shows a reduction in child labour and child marriage incidences.
- Education:** There has also been improvement in school enrolment and attendance in the intervention schools, especially among girls. Respondents ascribed this to the programme's continuous awareness creation including the back-to-school campaign which has been effective in reaching out of school children, learning resource support to the schools, infrastructure support in the area of classroom renovations, furniture, and increased parental engagements.

- c. **Health:** In health, AfriKids' work with Community-Based Health Planning and Services (CHPS) compounds and SRHR education has improved knowledge of family planning, menstrual hygiene, and Sexually Transmitted Infection (STI) prevention among young people though implementation remains uneven across districts.
- d. **FLISP:** The FLISP initiative, while relatively new, has started showing signs of improved household economic resilience – this ties in with the findings from the FLISP impact assessment in 2023. The economic empowerment of parents and community members, particularly women, has started yielding positive results. Beneficiaries expressed satisfaction with the skills training and start-up support received and also reported increased household incomes, better nutrition and their ability to invest in their children's education and healthcare.

### 3. Efficiency

The evaluation found that utilisation of resources has been very effective, supported by a strong community partnership and collaboration as well as leveraging on existing government systems and structures at the local administration levels. Programmes such as child rights awareness are delivered through school and community structures, enhancing cost efficiency.

### 4. Impact

The evaluation showed some early evidence of positive behavioural, attitudinal and institutional changes which includes:

- a. Shift in traditional and cultural norms away from child labour and early child marriage
- b. Increased support for children education, especially for girls
- c. Improved parent-child engagement and communication on reproductive health related issues
- d. Increased involvement of the traditional leaders in advocating for child rights

### 5. Sustainability

There is emerging evidence of embedded sustainability into its programming through:

- a. Capacity building of CCPCs, PTAs and peer educators etc.
- b. Collaboration with the district education officials, health as well as social welfare agencies in the districts and the regions.
- c. Strengthen community ownership and local government systems and structures

However, sustainability may be threatened by limited funding to maintain interventions post-project, high staff turnover in government agencies (partners) and among AfriKids-trained volunteers.

### Key Gaps and Challenges

- **Monitoring, Evaluation and Learning (MEL)** - the mid-term evaluation revealed some gaps in the OMS Programme's MEL system and overall implementation. A major concern is the absence of a synthesised and structured MEL framework from the programme's inception, resulting in frequent revisions, duplication of indicators, and a burdensome reliance on two logframes with over 70 indicators. Evidence show that the current MEL system does not provide routine and real time data collection which limits the OMS programme's strength as

far as evidence is concerned. The absence of a harmonised reporting systems across the themes also affects comprehensive tracking of programme performance.

- Secondly, staff capacity in MEL remains relatively limited, affecting data quality, ownership, and the use of data for programme improvement. The discontinuation of the Logalto system and ongoing delays in deploying new MEL systems have further constrained effective monitoring. Additionally, the programme faces substantial human resource limitations, including understaffing.
- Implementation challenges – these comprise overly ambitious programme design, inflexible funding, and contextual factors such as insecurity in target districts. Operational constraints including some malfunctioning field tablets, poor connectivity, and inadequate district office infrastructure undermine, to some extent, fieldwork efficiency. The programme’s limited national visibility and weak partnerships at the policy level further constrain scale-up and sustainability. Addressing these issues will require strategic adjustments to MEL systems, staffing, programme focus, and national-level advocacy.

## Conclusions

The OMS programme remains strongly aligned with the strategic vision of AfriKids and is meeting its midline targets in many thematic areas:

- **Strong relevance of the OMS programme to community needs** – the OMS intervention aligns well with the critical needs of children and families in the beneficiary districts.
- **Educational achievements** – there are marked improvements in school attendance and academic performance, with notable progress in literacy rates at primary schools and among marginalised groups, particularly girls. Secondly, community engagement in school activities has increased, with parents showing greater willingness to support educational initiatives.
- **Enhanced child protection structures** - the Community Child Protection Committees (CCPCs) established across communities are functional and have contributed to increased awareness of children’s rights, reporting of abuse cases, and resolution of community-based protection concerns. However, limited logistical support constrains their effectiveness.
- **Improved access to health services** – the evidence points to improvements in access to adolescent health education and preventive health measures. The integration of health initiatives within educational settings has also contributed to enhancing community awareness regarding hygiene and health.
- **Positive outcomes from FLISP (Livelihoods Support)** - the FLISP component has empowered caregivers, especially women through financial literacy training and small business support. Beneficiaries reported improved household income, better child care, and increased investment in children’s education.
- **Challenges in data management** - the evaluation identified key challenges relating to systemic data collection and monitoring. These comprise the non-availability of periodic data including attendance data and the uncoordinated nature of available data. A stronger

MEL system and exit planning mechanism are urgently required to ensure post-project sustainability.

## **Recommendations:**

The study makes the following recommendations to guide the ongoing implementation of the OMS programme.

### **For AfriKids:**

#### **A. Strengthen Monitoring, Evaluation, and Learning (MEL) Systems:**

1. The evidence points to a relatively weak MEL system in gathering continuous and relevant data. There is therefore the need to invest in real-time, digital data collection systems to improve tracking of programme outcomes and facilitate adaptive management.
  - a. This includes developing a routine data collection and analysis process managed by local programme managers, enabling timely and informed decision-making.

#### **B. Improve coordination across thematic areas:**

1. There is the need to strengthen cross-programme integration e.g., linking FLISP with school entry for adolescent mothers.
2. Enhance internal/community level knowledge sharing between thematic teams (education, health, livelihoods) to encourage holistic, child- and youth-centred solutions.

#### **C. Enhance Sustainability Strategies:**

1. Though the intervention is about 2-years from completion, there is the need to begin processes in formalising exit and transition plans for key projects, ensuring continuity through local institutions (e.g., DEOs, health facilities, community child protection committees).
2. Continue building the capacity of local actors (e.g., peer mentors) and link them to state structures for long-term programme ownership.

### **For Government Stakeholders:**

#### **A. Integrate and institutionalise AfriKids' Models:**

1. District Assemblies, GES, Ghana Health Service, and MoGCSP should be encouraged through advocacy to begin processes towards the adoption and possible scaling of some of the OMS successful models (e.g., Child Rights Clubs, SRHR outreach) through existing education and health service delivery platforms.
2. Where possible, district Government Institutions should be encouraged to allocate budget lines within District Medium-Term Development Plans (DMTDPs) to support continuation of child protection and livelihood support interventions.

#### **B. Strengthen Inter-Sectoral Collaboration**

1. Enhance coordination between education, health, social protection, and youth development departments at the district level to ensure comprehensive service delivery.

2. Establish multi-sectoral task forces on child protection and adolescent health at district level, with AfriKids as a technical support partner.

### **Community Stakeholders:**

#### **A. Deepen Community Ownership**

1. Community Child Protection Committees (CCPCs), Parent Teacher Associations (PTAs), and local leaders should take more active roles in monitoring and sustaining interventions post-project.
2. Promote volunteerism among youth and alumni of AfriKids' programmes to support peer learning, mentorship, and awareness activities.

#### **B. Strengthen Advocacy and Accountability:**

1. Engage traditional and religious leaders as change agents to shift harmful norms (e.g., child marriage, gender-based violence, child labour).
2. Communities should demand accountability from local authorities regarding resource allocation and service delivery, especially in education and child protection.

### **Recommendations relating to OMS MEL System:**

The OMS MEL system - the midterm assessment team have made a few observations relating to the OMS MEL system that could enhance programme reporting if rectified/adhered to. The evidence points to a relatively weak MEL system in gathering continuous and relevant data.

- a. The OMS Programme MEL system needs to be overhauled by putting in place a new system to ensure that data collection, collation and transmission is cost effective and more efficient.
- b. Reporting programme performance in relation to some indicators require the establishment of a routine data collection system managed by the MEL Manager. District Programme Managers and their staff should be responsible for the collection of field data such as enrollment, school attendance, completion etc. as they work with the District Education Officers (DEOs / School Improvement and Support Officers (SISOs) and headteachers.

## 1.0 SECTION 1: INTRODUCTION

### 1.1 About AfriKids

AfriKids is a Child Rights Non-Profit Organisation (NPO) working with communities in Northern Ghana to ensure that children's right is valued, protected and met by all. The Organisation's mission is to ensure that children are afforded their rights as enshrined in the UN Convention on the Rights of the Child. Over the years, AfriKids has made significant strides in their quest to ensure that children are healthy, safe and in school.

### 1.2 Background and Context

Despite significant progress in education access, Ghana still faces challenges that hinder children's learning, including overcrowded classrooms, furniture, inadequate water and sanitation, and a shortage of trained teachers and learning resources. Children with disabilities and adolescent girls face additional barriers to completing their education. These challenges are particularly acute in underserved districts such as Binduri, Builsa South, and Mamprugu Moagduri, where poverty, socio-cultural norms, and systemic limitations converge to undermine educational progress (Ghana Statistical Service, 2021; UNICEF, 2021). This section presents relevant literature on the key structural, socio-cultural, and systemic challenges that continue to hinder equitable access to quality education and foundational learning outcomes in Ghana.

*Structural deficits in the learning environment* - one of the foremost impediments to quality education in Ghana is overcrowded classrooms. Studies reveal that in many public schools, especially in rural and peri-urban areas, teacher-to-pupil ratios often exceed 1:60, far surpassing the recommended levels (UNESCO, 2023; Ghana Sustainability Times, 2025). This congestion compromises effective instruction and individual attention, resulting in diminished learning outcomes. The situation is compounded by the inadequate provision of basic teaching and learning resources, including textbooks, desks, chairs, and chalkboards, which forces reliance on rote learning and further disengages learners (UNESCO, 2023; Anamuah-Mensah & Eshun, 2022). In addition, the shortage of trained and qualified teachers remains a critical concern. Many teachers operate without adequate pre-service or in-service training, particularly in core subjects such as Science, Technology, Engineering, and Mathematics (STEM). Professional development opportunities are often limited, and high teacher attrition rates exacerbate the problem, especially in remote areas (Bismark Nyaaba et al., 2024; Ghana Education Service, 2022). This shortage not only affects instructional quality but also places significant stress on existing educators.

*Vulnerability of children with disabilities* - children with disabilities face unique and multilayered forms of exclusion in Ghana's education system. Although legal and policy frameworks exist to promote inclusive education, implementation is fragmented and under-resourced. Disabled learners often experience stigma, discrimination, and lack of appropriate support services such as assistive devices, accessible classrooms, and trained special education teachers (Gomda, Sulemana & Zakaria, 2022). In Northern Ghana, harmful beliefs around disability, including the 'spirit child' phenomenon, expose children to neglect, abuse, and even infanticide, severely limiting their right to education (Denham, 2021; ActionAid Ghana, 2019).

*Gender-specific barriers for adolescent girls* - adolescent girls encounter distinct challenges that affect their educational trajectories. Cultural norms and gender roles often impose disproportionate household responsibilities on girls, limiting their study time and attendance (UNICEF, 2021).

Incidents of gender-based violence (GBV), both within schools and in homes, further threaten girls' safety and wellbeing (UNESCO, 2023; Ghana Education Service, 2021). Early pregnancy and child marriage still prevalent in some communities lead to high dropout rates, while the lack of girl-friendly facilities, such as gender-segregated toilets and menstrual hygiene support, deters sustained school attendance (UNICEF, 2020; Ministry of Gender, Children and Social Protection, 2020).

*Poverty, child labour, and harmful traditional practices* - poverty is a root cause of many of the educational challenges faced by children in districts like Binduri, Builsa South, and Mamprugu Moagduri. Economic hardship drives many children into child labour, particularly in agriculture, artisanal mining, and domestic service. Studies show that more than 34% of children aged 5-14 engage in some form of work, diverting time and energy away from schooling (ILO, 2023; GSS, 2021). In cocoa-producing regions, hazardous child labour remains alarmingly high (NORC, 2020). Additionally, traditional practices such as child fostering and corporal punishment, when unregulated, expose children to abuse and educational neglect (UNICEF, 2021; Save the Children, 2019). Violence against children physical, psychological, and emotional is also widespread and often normalized under traditional and disciplinary frameworks. Despite protective legislation like the Domestic Violence Act (2007), enforcement remains weak, particularly in remote areas where community norms tend to override formal laws (Ministry of Gender, 2020; Global Initiative to End All Corporal Punishment of Children, 2022).

*Inadequate Water, Sanitation, and Hygiene (WASH) Infrastructure* - poor WASH facilities in schools pose another significant barrier to attendance and retention, particularly for girls. A substantial number of schools rely on pit latrines that are poorly maintained and sometimes unsafe (Amoah et al., 2022). Moreover, access to clean water remains a challenge in many communities, with some children, especially girls, missing school to fetch water (UNICEF Ghana, 2021). Inadequate menstrual hygiene management infrastructure and products further contribute to absenteeism among adolescent girls, undermining their participation and performance in school (UNESCO, 2021; ISABB Journal of Health and Environmental Sciences, 2020).

To address these challenges, AfriKids is implementing a new strategy focused on health, education, child protection and livelihood support (Family Income Support Programme - FLISP) in northern Ghana. Through an evidence-driven approach, the 2022 - 2026 AfriKids Ghana Country Strategic Plan aims to ensure its interventions are relevant, effective, and impactful. Again, the strategic plan driving impactful change over the next decade through evidence-based interventions. At this mid-point, evaluating its relevance, effectiveness, efficiency, and impact is crucial to identifying best practices and ensuring long-term sustainability.

### **1.3 Purpose and Scope of the Mid-Term Evaluation**

The mid-term evaluation is a key milestone in AfriKids' five-year strategy (2022–2026), providing a chance to assess progress, evaluate the programme's relevance, effectiveness, efficiency and identify areas for improvement. Beyond tracking midline indicators and those outlined in the Monitoring, Evaluation, and Learning (MEL) framework, the evaluation analysed data from previous sources, including the baseline report/data, the 2023 annual survey, programme reports, and other collected insights. Overall, the mid-term evaluation assessed the programme's achievements against its baseline and revised indicators, analysing the relevance, effectiveness, efficiency and sustainability of interventions across key thematic areas, including education, child protection,

health, and community engagement, with consideration of the livelihood support component. Additionally, the evaluation examined the factors contributing to or hindering progress.

### 1.3.1 Specific Objectives

Specifically, the mid-term evaluation sought to achieve the following:

1. Evaluate the programme's achievements to date against baseline data and revised indicators outlined in the MEL framework, and data from previous years.
2. Analyse the relevance, effectiveness, efficiency, impact and sustainability of interventions across education, health, child protection, and the Family Livelihood Support Programme (FLISP) - to understand long-term trends and impacts.
3. Assess the sustainability of programme outcomes and the scalability of successful interventions, ensuring they align with the programme's long-term goals and the evolving needs of the target communities.
4. Identify specific gaps, challenges, and barriers to implementation that may have emerged over the period.
5. Compare findings across the programme timeline to identify trends, assess the trajectory of programme impact, and understand how adjustments to strategies and activities have influenced outcomes.
6. Provide evidence-based recommendations for refining activities, strategies, and resource allocation to enhance the programme's intended impact moving forward.

## 1.4 Approach and Methodology

### 1.4.1 Study Design

Based on the objectives of the evaluation, the evaluation team adopted a concurrent sequential mixed methods approach in conducting the mid-term evaluation. This approach comprised the use of both quantitative and qualitative methods in gathering data to respond to the evaluation objectives. The methods of data collection included a household approach to engaging beneficiaries of the FLISP, Key Informant Interviews (KIIs) with DEO Officials, school heads and teachers, administrators/nurses in the beneficiary CHPS facilities, FGD with the Child Protection Committees and FGDs and KIIs with beneficiary school children and adolescents respectively.

The study adopted the OECD-DAC<sup>1</sup> evaluation approach as follows (Table 1):

- **Relevance:** The extent to which the objectives of the project intervention are relevant to the needs and priorities of beneficiary communities, schools, learners, individuals;
- **Effectiveness:** The extent to which the objectives of the interventions were achieved, considering their relative importance;

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<sup>1</sup> OECD (2004), Understanding Economic Growth, OECD, Paris.

- **Efficiency:** A measure of how economically resources/inputs (e.g., funds, expertise, time) have been converted to results. The impact assessment will also review the delivery systems (e.g., intervention support systems) and mix of resources.
- **Impact** (preliminary Impact) - to what extent is the programme achieving/contributing towards the overall goals?
- **Sustainability** – imbedded and emerging approaches to ensuring sustainability and scalability of the programme initiatives.

**Table 1: Summary of Assessment Matrix**

Evaluation Focus	OECD-DAC Approach	Methods and sources of data for triangulation
<p><b>Process</b> – Is the programme successfully designed and being implemented as such?</p>	<p><b>Relevance:</b> To which extent are the interventions relevant to the needs and priorities of beneficiaries across these:</p> <ul style="list-style-type: none"> <li>▪ Child-protection</li> <li>▪ Education</li> <li>▪ Health</li> <li>▪ FLISP</li> </ul>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>
<p>Delivery</p>	<p><b>Efficiency:</b> How is the programme team enabling a good delivery of the intervention within its timeframe and resources?</p> <p>Pinpoint specific gaps, challenges, and barriers to implementation that have emerged over the project period. Highlight areas requiring targeted intervention to enhance performance and outcomes in the remaining project years.</p>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>
<p>Effectiveness – What worked and what did not work?</p>	<p><b>Effectiveness</b> – What is working and what is not working, and why? What can be done differently?</p>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>

Impact (Immediate)	<p><b>Preliminary Impact</b> - to what extent is the project achieving/contributing towards the overall goals?</p> <p>Assess the program's achievements to date against its baseline and revised indicators as outlined in the old MEL framework and revised logframe, while comparing findings to data and reports from previous years, including the 2023 annual survey and other programmatic documentation</p>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>
Sustainability Issues	<p><b>Sustainability</b> - Evaluate the sustainability of programme outcomes and the scalability of successful interventions, considering how they align with the program's long-term goals and the evolving needs of target communities.</p>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>
Cross-cutting themes	<p>To what extent has the project mainstreamed gender equality and social inclusion (GESI) at all levels of implementation</p>	<ul style="list-style-type: none"> <li>▪ Household survey with FLISP beneficiaries and FGDs with adolescents in those HHs</li> <li>▪ KIIs with GES Officers (education directorates); Head teachers, Health Personnel (CHPS Administrators/nurses)</li> <li>▪ FGDs with learners in beneficiary schools</li> <li>▪ Community survey – Child Protection Committees</li> </ul>

Source: Developed based on the review of programme documents

## 1.4.2 Sampling

The evaluation was conducted across the three (3) project districts and fifteen (15) selected communities.

### 1.4.2.1 Community sampling:

Using the 60 programme communities as a base, the evaluation was conducted across 25% of the total number of communities per district. This culminated into five (5) communities per district – totalling fifteen (15) communities in all for the mid-term evaluation (Table 2). Per standard practice (Barbie, 2020), drawing 10% out of a sampling frame is big enough to produce robust

results/estimates. Therefore, selecting 25% from the total was good enough to achieve very robust evaluation outcomes.

The selection of the communities for this evaluation was then based on the following criteria in consultation with the AfriKids team:

1. Locality dynamics (urban/rural communities).
2. Communities that have benefited from all four-key components of the intervention (child protection, education, health and the FLISP).
3. Security stability – communities with relatively stable environments in terms of peace and security to allow for smooth data collection with minimum risk and communities with easy access.

**Table 2: Sample for the mid-term evaluation**

Region	District	Total No. of communities to be sampled
Upper East	Binduri	5
	Builsa South	5
North East	Mamprugu Moagduri	5
<b>Total</b>	<b>3</b>	<b>15</b>

#### A. Targets at the community-level

At the community-level, two key approaches were adopted – FGDs with Community Child Protection Committee (CCPC) members and a household survey (targeting beneficiary households – KII with FLISP beneficiaries):

##### 1. FGDs with CCPCs:

A structured FGD guide was administered to a group of CCPC members at the community level.

##### 2. Beneficiary Household Survey (FLISP beneficiaries)

the field teams engaged beneficiaries of the FLISP intervention at the household level. In all, **5-household** interviews were conducted per community (interviewing one beneficiary parent/caregiver).

The selection of the households was done purposively with the support of AfriKids.

##### ▪ Eligibility criteria for the selection of participants for the household survey:

- household that had members who are benefitting from any of the interventions
- Should have been in the community for about 2-years
- Ability to engage in meaningful communication
- Available during the fieldwork period

### 3. Health Facility Survey:

- A structured interview was administered to Administrators and Nurses across three target CHPS facilities (one per district). Two (2)-beneficiary staff per CHPS facility were engaged.

### B. School level survey

The mid-term evaluation was conducted across 15-communities in the study communities.

- **Selection of school heads, teachers**

All the school heads in all the sampled schools were interviewed. With regards to the teachers, two (2) teachers (1 females and 1 male) – were sampled to participate in the evaluation per school.

- **FGDs with learners, Adolescents and Parent Associations**

To better understand the relevance, efficiency and effectiveness of the project at the school-level, the actual beneficiaries of the interventions at the school-level were engaged. Two (2) FGDs per school (1-male and 1-female group) with learners across the selected schools were engaged. Again, four (4) adolescents (2-girls and 2-boys) were engaged through a one-on-one interview session.

- **KIIs with Directors of Education GES and the AfriKids Team**

At the district level, the District Directors of Education were also interviewed. At the programme level, the evaluation team engaged the Country Director, Programme/Operations Manager, and MEL Manager. **Table 3** provides details on all the proposed and achieved targets.

In all, a total of 223 out of 237 planned Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were successfully conducted across four levels of data collection. At the district level, all three targeted interviews with District Directors or Deputies were achieved. At the community level, 88 out of 96 interactions were completed, including FGDs with Community Child Protection Committees (13 out of 15), household engagements with FLISP beneficiaries (71 out of 75), and interviews with health workers (4 out of 6). At the school level, 129 out of 135 planned engagements were achieved, comprising interviews with headteachers (15), teachers (31), FGDs with learners (31 out of 30 planned), and KIIs with adolescents (62 out of 60 planned). Finally, all three scheduled interviews with AfriKids officers Country Director, Programme/Operations Manager, and MEL Manager were conducted.

**Table 3: Proposed study sample**

Level of data collection	Sample	Total	Achieved
<b>District Level</b>			
Interview with District Directors/Deputies	1-per district	3	3
<b>Sub-total</b>		<b>3</b>	<b>3</b>
Community level			
FGDs with CCPCs	1-per community	15	13
Household engagement with FLISP beneficiaries	1-per household (5-per community)	75	71
Health workers	2-per facility	6	4
<b>Sub-total</b>		<b>96</b>	<b>88</b>
<b>School-level</b>			

Level of data collection	Sample	Total	Achieved
Headteachers	1-per school	15	15
Teachers	2-per school	30	31
Learners (FGDs – female and male groups)	2-per school	30	31
KIIs with adolescents		60	62
<b>Sub-total</b>		<b>135</b>	<b>129</b>
<b>AfriKids Officers</b>			
Country Director		1	1
Programme/Operations Manager		1	1
MEL Manager		1	1
<b>Sub-total</b>		<b>3</b>	<b>3</b>
<b>Total KIIs and FGDs</b>		<b>237</b>	<b>223</b>

### 1.4.3 Methods of Data Collection

The data collection methods for the evaluation mainly included a survey (household) using the KoboCollect platform, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs).

### 4.2.5 Data collection instruments/Tools

In all, six (6) field instruments/tools were developed to guide the study – as summarised in Table 4.

**Table 4: Summary of Data Collection Tools**

SN	Instrument	Description/Target
1	Instrument 1:	Household questionnaire with household beneficiaries
2	Instrument 1b:	KII with adolescents of beneficiary parents
3	Instrument 2:	KII with District Education Officers
4	Instrument 3:	KIIs with head teachers
5	Instrument 4:	FGDs with Community Child Protection Committee members
6	Instrument 5:	KIIs with Health Personnel (Administrators and Nurses)
7	Instrument 6:	FGD with learners

### 1.4.6 Analysis and Reporting

**Quantitative Analysis:** primary quantitative data was analysed using STATA and Microsoft Excel. Basic descriptive, frequency and cross-tab analyses were completed in response to the study objectives. Data is disaggregated by district, gender and community. In measuring possible changes between baseline and mid-term, a level of comparative analysis was done to compare possible changes/differences.

**Qualitative analysis:** The qualitative data was examined using the theme approach – to generate case studies (stories of change). The data analysed qualitatively comprised the KIIs and FGDs. The unprocessed interview transcripts were cleaned, edited and thematised. Content analysis using Microsoft Excel was used to identify key themes and patterns across views in a systematic manner that contributes to reliable and generalisable findings. This allowed for different threads across the responses in the groups across the various variables of interest. Findings were generally synthesised as aggregates of statements.

### **Ethical considerations/protocols**

As a first step in ensuring complete adherence to ethical standards, BRI360 worked with AfriKids to obtain clearance letters from the appropriate districts, communities, schools and health authorities. The team also fully complied with all ethical considerations comprising voluntary participation/withdrawal, confidentiality of Respondents' Information, informed consent procedures, anonymity.

### **1.4.7 Study Limitations**

A number of limitations were noted during the evaluation.

The primary limitation of the midline evaluation was the limited timeframe for the design, data collection, analysis, and reporting. As a result of the school-level preparatory activities towards Ghana's Independence Day celebrations (including the 2-day holidays - 6<sup>th</sup> and 7<sup>th</sup> March, 2025) slightly interrupted data collection activities. To mitigate this, all field officers prioritised school-level data collection for the first 3-days of fieldwork before transitioning to community and district-level assessments.

Secondly, the midline evaluation did not strictly follow the baseline study's predominantly quantitative design. Instead, it employed the OECD approach, assessing relevance, effectiveness, efficiency, impact, and sustainability, making it more qualitative in nature. However, efforts were made to collect quantitative data to address specific indicators. As a result, some of the baseline findings were not directly comparable to those of this study.

Additionally, learner assessments were not conducted at the school level. However, the team collected termly examination results in Mathematics and English at the primary level to gauge literacy and numeracy. Also, secondary enrollment data from AfriKids was used to estimate attendance rates. Similarly, the unavailability of well documented processes and output indicator data and reports within the AfriKids MEL Reporting System made it challenging to respond to some of the output/outcome indicators.

Another challenge was the difficulty in obtaining certain secondary data from the Ghana Education Service. Information on the number of teachers trained in STEM and related interventions was largely incomplete. While some statistical indicators were available, others remained inaccessible.

## SECTION 2: BACKGROUND CHARACTERISTICS OF RESPONDENTS

This section presents the coverage of the mid-term evaluation in terms of the districts, communities and schools covered, and specifics on the target population reached. It also discusses the background context of the study targets – district education officers, headteachers/teachers, learners, adolescents, health personnel and household members – assessing socio-demographic characteristics comprising level of education, age, gender, and others. These key indicators are presented to provide contextual understanding of the key findings.

### 2.1 Overall coverage

Table 5 presents a comparative summary of baseline and midline data collection achievements across the three study districts. At midline, household surveys with FLISP beneficiaries were successfully conducted in all districts, though with a reduced sample compared to baseline. Each district also recorded one KII with the GES Directorate, reflecting a scale-down from the seven interviews per district conducted at baseline. Similarly, interviews with health personnel dropped at midline – resulting from a shift in focus to the three core health facilities supported by AfriKids. There was a notable reduction in interviews with school headteachers and teachers across all districts at midline. In contrast, FGDs with Community Child Protection Committees (CCPCs) and learners significantly increased. A major addition at midline was the inclusion of interviews with adolescents, which were not part of the baseline but were introduced comprehensively across all districts during the midline evaluation.

**Table 5: Overall coverage**

No.	Tool	Baseline Target Achieved			Midline Target Achieved		
		Binduri	Builsa south	Moagduri	Binduri	Builsa south	Moagduri
1.	Household survey (FLISP)	58	91	88	25	25	21
2.	KIIS with GES directorate	7	7	7	1	1	1
3.	Interviews with health personnel (administrators & nurses)	3	6	3	1	1	2
4.	Interviews with school head teachers & teachers	48	48	28	17	15	14
5.	FGDS with Community Child Protection Committees (CCPC)	2	2	2	5	5	3
6.	FGDS with learners	2	2	2	10	12	9
7.	Interviews with adolescents	0	0	0	22	20	20

Source: OMS Baseline (2022) and Midline Data (2025)

## 2.2 Characteristics of headteachers/teachers

### 2.2.1 Sex and educational level

In all, the midline study engaged forty-six (46) teachers (15 headteachers and 31-teachers) across the 3-study districts (Table 6). Slightly more teachers were engaged in the Binduri (17) and the Builsa South Districts (15) compared with that of Mamprugu Moagduri with 14 (30.4%). In terms of sex, male teachers constitute 57% of the total teachers engaged in the study – slightly more than female teachers (43%) across all districts.

Analysis of the educational backgrounds of the headteachers/teachers shows over two-thirds either hold a Diploma (47.8%) or a degree (43.5%). Binduri had the highest proportion of degree holders (52.9%), while Builsa South (53.3%) and Mamprugu Moagduri (57.1%) had more diploma holders – with only three teachers (6.5%) having Master's degree.

**Table 6: Sex and Educational level of teachers**

Item	Binduri	Builsa South	Mamprugu Moagduri	Total
Overall	17 (37.0%)	15 (32.6%)	14 (30.4)	46 (100%)
<b>Sex</b>				
Female	4 (23.5%)	5 (33.3%)	5 (35.7%)	14 (30.4%)
Male	13 (76.5%)	10 (66.7%)	9 (64.3%)	32 (69.6%)
<b>Education</b>				
Certificate	1 (5.9%)	0	0	1 (2.2%)
Diploma	6 (35.3%)	8 (53.3%)	8 (57.1%)	22 (47.8%)
Degree	9 (52.9%)	5 (33.3%)	6 (42.9%)	20 (43.5%)
Masters	1 (5.9%)	2 (13.3%)	0	3 (6.5%)

Source: OMS Midline data, 2025

## 2.3 Characteristics of FLISP beneficiaries/Households

### 2.3.1 Locality and educational level

The data (Table 7) shows that overall, 71 FLISP beneficiaries were engaged with slightly more beneficiaries in Binduri and Builsa South (35.2% each). Most beneficiaries are in rural areas (67.6%), particularly in Mamprugu Moagduri (100%) and Binduri (84%), while urban participation is highest in Builsa South (76%).

Educational attainment is generally low, with 57.8% having never attended school. A smaller proportion had primary (21.1%), middle/JHS (12.7%), or secondary/Senior High School [SHS] (4.2%) education, while post-secondary (2.8%) and tertiary (1.4%) qualifications are minimal.

**Table 7: Locality and educational level of FLISP beneficiaries**

Item	Binduri	Builsa South	Mamprugu Moagduri	Total
Overall	25 (35.2%)	25 (35.2%)	21 (29.6%)	71 (100%)
<b>Locality</b>				
Rural	21 (84.0%)	6 (24.0%)	21 (100%)	48 (67.6%)
Urban	4 (16.0%)	19 (76.0%)	-	23 (32.4%)
<b>Education</b>				
Never Attended	20 (80.0%)	9 (36.0%)	12 (57.1%)	41 (57.8%)
Primary	2 (8.0%)	6 (24.0%)	7 (33.3%)	15 (21.1%)
Middle/JHS	2 (8.0%)	6 (24.0%)	1 (4.8%)	9 (12.7%)
Secondary/SSS/SHS	1 (4.0%)	1 (4.0%)	1 (4.8%)	3 (4.2%)
Post-Secondary (Diploma etc.)	0	2 (8.0%)	0	2 (2.8%)
Tertiary	0	1 (4.0%)	0	1 (1.4%)

Source: OMS Midline data, 2025

### 2.3.2 Age and Household Size

The age distribution of FLISP beneficiaries shows that the majority are between 35-44 years (40.9%), with a smaller proportion aged 55-64 (8.5%). Only a small proportion 1.4% are either 18-24 or 65 and older. The district distribution presents some dynamics. Most of the beneficiaries in both Binduri (56.0%) and Builsa South (32.0%) are aged 35-44 (Table 8).

Household sizes also vary, with most beneficiaries living in households of 4-6 members (33.8%) or 10 and above (32.4%). Households with 7-9 members account for 29.6%, while smaller households of 1-3 members are the least common (4.2%). Household size dynamics also differed across districts. In Binduri, the majority live in households of 7-9 members (48.0%), whereas in Builsa South, most had 4-6 members (52.0%). Mamprugu Moagduri has the highest proportion of beneficiaries in households with 10 or more members (57.1%). Smaller households of 1-3 members are recorded in Binduri (8.0%) and Builsa South (4.0%), respectively.

**Table 8: Age and household size of FLISP beneficiaries**

Item	Binduri	Builsa South	Mamprugu Moagduri	Total
<b>Age</b>				
18-24	0	1 (4.0%)	0	1 (1.4%)
25-34	4 (16.0%)	6 (24.0%)	7 (33.3%)	17 (23.9%)
35-44	14 (56.0%)	8 (32.0%)	7 (33.3%)	29 (40.9%)
45-54	7 (28.0%)	4 (16.0%)	6 (28.6%)	17 (23.9%)
55-64	0	5 (20.0%)	1 (4.8%)	6 (8.5%)
65 or older	0	1 (4.0%)	0	1 (1.4%)
<b>Household size</b>				
1-3	2 (8.0%)	1 (4.0%)	0	3 (4.2%)
4-6	7 (28.0%)	13 (52.0%)	4 (19.1%)	24 (33.8%)

7-9	12 (48.0%)	4 (16.0%)	5 (23.8%)	21 (29.6%)
10 and above	4 (16.0%)	7 (28.0%)	12 (57.1%)	23 (32.4%)

Source: OMS Midline data, 2025

### 2.3.3 Monthly income of FLISP beneficiaries

The majority of FLISP beneficiaries (59.2%) reported a monthly household income below GHS 500.00 indicating a high prevalence of low-income households. About 28.2% earned between GHS 500.00 and GHS 999.00, while a smaller proportion (8.5%) had incomes ranging from GHS1,000.00to GHS 2,000.00. Only 4.2% of beneficiaries reported earnings above GHS 2,000.00 per month.

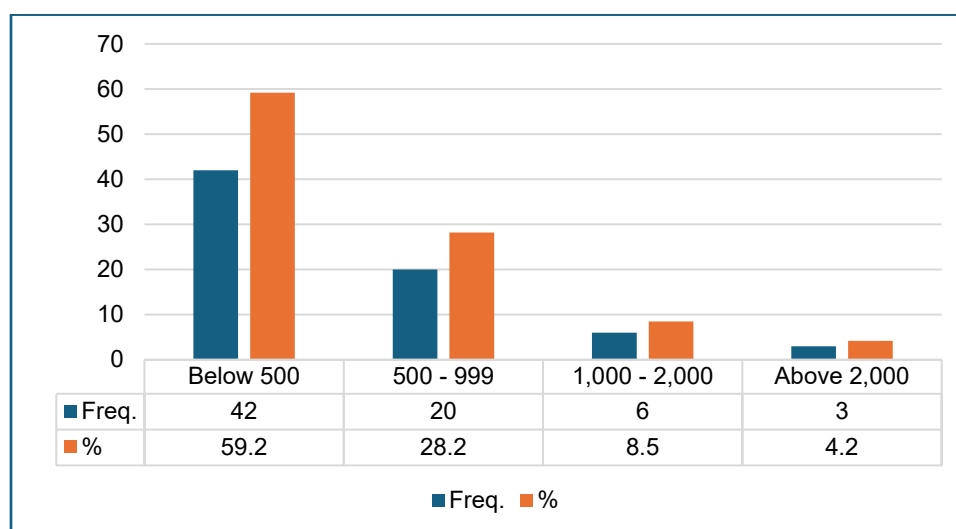


Figure 1: Monthly income of FLISP beneficiary households

Source: OMS Midline data, 2025

- About six in ten of the FLISP beneficiaries earn less than 500 cedis per month (about \$32)
- One-fifth also earn between 500 – 999 Cedis a month (about \$32 - \$60)

The district-level analysis (Table 9) presents notable income disparities between districts. Binduri stands out with the highest proportion of low-income households, as 84.0% of beneficiaries earn below GHS 500.00, significantly higher than Builsa South (48.0%) and Mamprugu Moagduri (42.9%). In contrast, Builsa South has the largest share of beneficiaries earning between GHS 500.00 – 999.00, at 36.0%, compared to Mamprugu Moagduri (38.2%) and Binduri (12.0%). Meanwhile, Mamprugu Moagduri records the highest proportion of beneficiaries earning above GHS 2,000.00 (9.5%), whereas only 4.0% in Binduri and none in Builsa South fall within this category. Additionally, while Builsa South leads in the GHS 1,000.00 - 2,000.00 range (16.0%), Binduri has no representation in this income bracket. These trends highlight Binduri as the most economically

disadvantaged district, while Builsa South and Mamprugu Moagduri show relatively better income distributions.

**Table 9: Household monthly income by district**

Item	Binduri	Builsa South	Mamprugu Moagduri	Total
Below GHS 500	21 (84.0%)	12 (48.0%)	9 (42.9%)	42 (59.2%)
GHS 500 – 999	3 (12.0%)	9 (36.0%)	8 (38.2%)	20 (28.2%)
GHS 1,000 – 2,000	-	4 (16.0%)	2 (9.5%)	6 (8.5%)
Above GHS 2,000	1 (4.0%)	-	2 (9.5%)	3 (4.2%)

Source: OMS Midline data, 2025

#### 2.4 Characteristics of Leaners

A total of 31 FGDs (Table 10) were conducted with learners across the study districts, with Builsa South having the highest number (12, 38.7%), followed by Binduri (10, 32.3%) and Mamprugu Moagduri (9, 29.0%). Gender distribution was fairly balanced, with 16 FGDs involving all males (51.6%) and 15 involving females (48.4%). Binduri and Mamprugu Moagduri had an equal number of male and female FGDs, while Builsa South had a slightly higher number of male FGDs (58.3%) compared to female FGDs (41.7%).

**Table 10: Overall number of FGDs and the gender distribution**

Item	Binduri	Builsa South	Mamprugu Moagduri	Total
Overall	10 (32.3%)	12 (38.7%)	9 (29.0%)	31 (100%)
Female	5 (50.0%)	5 (41.7%)	5 (55.6%)	15 (48.4%)
Male	5 (50.0%)	7 (58.3%)	4 (44.4%)	16 (51.6%)

Source: OMS Midline data, 2025

#### 2.5 Characteristics of health personnel

Figures 2 and 3 illustrate the roles and gender distribution of health professionals engaged in the midline evaluation. Among the five participants, positions included Assistant in Charge, Community Health Nurse, In Charge, Midwife, and Nurse. The gender breakdown shows that males constituted 80% (4), while females accounted for 20%.

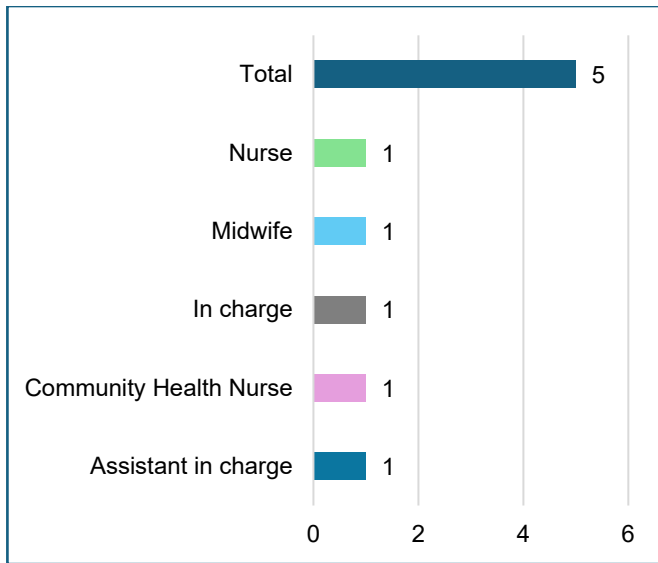


Figure 2: Position of health professionals  
Source: OMS Midline data, 2025

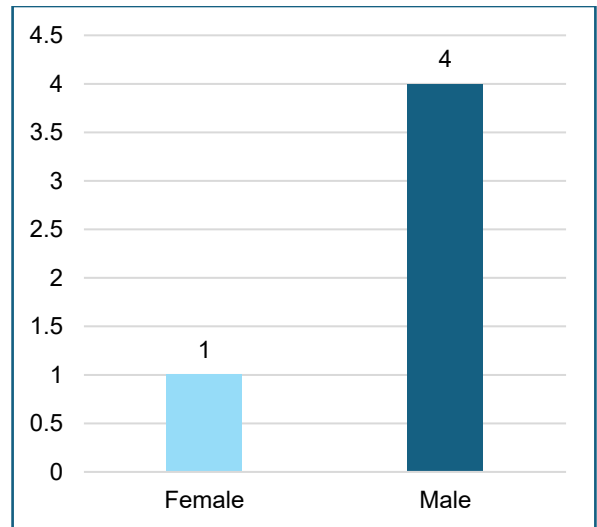


Figure 3: sex of health professionals

## **SECTION 3: KEY FINDINGS**

The findings of the midterm evaluation are grouped under the eight (8) study objectives as follows: 1) programme achievements – comparing midline findings to baseline and reports from previous years; 2) the relevance, effectiveness, and efficiency of the interventions; 3) findings on the sustainability of the programme outcomes and the scalability of successful interventions; 4) gaps, challenges, and barriers to implementation and areas requiring targeted intervention; 5) trends, trajectory of programme impact, and proposed adjustments to strategies and activities; 6) findings on evidence-based insights to support AfriKids’ fundraising team in securing additional funding for the remainder of the programme (*programme’s impact and potential for achieving long-term goals*); 7) evidence to support the development of the new AfriKids RISE-UP proof of concept pilot; 8) evidence-based recommendations for refining activities, strategies, and resource allocation to ensure the program achieves its intended impact.

### **3.1 OBJECTIVE 1: PROGRAMME ACHIEVEMENTS**

This section of the report provides results/evidence relating to key OMS programme indicators: Education, Health, Child Protection and the FLISP. The data has been organised into sub-themes for clarity and ease of understanding.

#### **3.1.1 Education**

Ten years post the adoption of the Sustainable Development Goals (SDG 4<sup>2</sup>) and the promise to provide universal quality primary education for all, not much progress has been made towards improving literacy levels globally (UIS, 2019). While primary school enrolment has seen considerable growth worldwide, learning is neither occurring for a significant portion of children. According to UNICEF, two out of every three 10-year-olds, globally, are unable to read and understand a simple text (UNICEF 2021, Country profiles for ECD). Again, the learning crisis, has meant that 250 million children have been left behind, 130 million of whom cannot read despite completing four years of education. For these children, not learning to read early is likely to limit their choices, opportunities and potentials (UNESCO, UNICEF & World Bank, 2021).

In a more recent report (The State of Global Learning Poverty<sup>3</sup>, 2022), the evidence shows that the global learning crisis is even higher than previously thought. It estimates about 7 of every 10 (70%) children globally<sup>4</sup>, low- and middle-income countries (LMIC) including Ghana suffer from learning poverty – rising from a pre-COVID figure of 57% to 70% in 2022.

Notwithstanding its almost universal and global reach, the learning crisis disproportionately affects the poorest countries and communities. In Sub-Saharan Africa, lots of kids in Grade 3 can’t read well. Nine out of ten (89%) of these children can’t read or understand a story (World Bank, 2019; The State of Global Learning Poverty, 2022). The learning challenges in Ghana follows a similar trend where learners’ performance in English Language and Mathematics stands at 38.7% and 62.1% respectively amongst primary 2 learners (2022 National Standard Test Report).

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<sup>2</sup> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

<sup>3</sup> Learning poverty means being unable to read and understand a simple text by age 10.

<sup>4</sup> The global figure is for all low- and middle-income countries.

It is in line with this that the education component of AfriKids' OMS Programme sought to contribute to addressing the endemic learning challenges across the study districts. The goal of the education programme is to improve access to and the quality of education as a pathway to better lives for children and their families in rural communities. Targeting children from kindergarten to junior high school, the programme focuses on child-centred teaching, teacher empowerment, and the creation of safe and supportive learning environments. Priority areas include early childhood and primary education, literacy and numeracy through digital tools, STEM education for girls, and community accountability in education delivery. Special attention is given to out-of-school children and those at risk of dropping out (Focus Children). AfriKids implements this programme in collaboration with regional and district education authorities, schools, parents, school management committees (SMCs), and community leaders.

### **Impact Indicator 1: Proportion / # of pupils achieving minimum proficiency in Primary schools (Literacy and Numeracy)**

Minimum proficiency in literacy/reading, according to UNESCO Institute for Statistics and the World Bank, refers to:

*“The foundational level of reading ability that all children should acquire by the end of primary education (typically Grade 6), enabling them to understand and interpret basic texts.”*

This standard is aligned with Sustainable Development Goal (SDG) 4.1.1a, which monitors the proportion of children achieving minimum proficiency levels in reading and mathematics at various stages of basic education.

First, the evaluation assessed the overall scores followed by specific district and school-level scores.

#### **3.1.1.1 Overall learning outcomes in Literacy/Numeracy**

The evidence in Table 11 shows that the OMS programme is beginning to show notable progress in learning outcomes, especially in foundational literacy and numeracy at the primary level and in STEM proficiency among girls in Junior High School. Literacy proficiency increased significantly from a baseline of 21.7% in 2022 to 56.4% at midline in 2025, exceeding both the 2025 target (48%) and national benchmarks such as the 2020 EGRA average of 20–25%. Numeracy proficiency followed a similar trend, increasing from 21.7% at baseline to 52.2% at midline also surpassing the 2025 target and the national average of approximately 25-30% (National Standardised Test, 2022). School-based assessment scores demonstrated consistent progress, rising from 37.9% in 2022 to 54.3% by 2025, meeting and slightly exceeding the programme's midterm target of 54%, indicating improved day-to-day classroom learning. In STEM, girls' performance at the JHS level showed remarkable improvement, with scores jumping from 33.8% at baseline to 64.5% in 2023, significantly outperforming the 2025 target of 43% and the national average for girls in STEM, which typically remains below 40%. These results suggest that the OMS programme is effectively enhancing learning outcomes and equity, particularly for girls, and that its gains are not only promising but, in some areas, exceed national averages.

**Table 11: Overall learning outcomes - literacy/numeracy and STEM**

No.	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target 2025	Midline (2025)
1	Average score proficiency in Literacy (Prim)	21.7	32	40	48	56.4
2	Average score proficiency in Numeracy (Prim)	21.7	34	40	48	52.2
3	Average scores attained in learning assessments at school-based assessments	37.9	37.9	40	54	54.3
4	Percentage of pupils achieving minimum proficiency in STEM (girls in JHS)	33.8	33.8	64.5	43	0

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

Qualitative feedback from learners confirms the positive impact of the OMS programme on learning outcomes. Students reported improved academic skills in reading, writing, and calculation essential for their future careers as well as enhanced practical abilities in arts, drawing, and sports. From their perspective, the programme is also fostering critical life skills such as respect, decision-making, and communication. Overall, AfriKids’ support has strengthened students’ educational foundations and empowered them to pursue their aspirations with confidence. The following voices speak to this:

*“We are picking up the English ‘small small’ which could help us in the future. The coaching we are receiving from AfriKids and teachers is helping us improve and be good and better people in the future”* (Male Learner Uwasi/Tuedema, Builsa South)

*“The learning we are receiving is good and it will help us to become ‘big people’ in the community like teachers, lawyer, bankers”* (Male Learner Kikaayiri, Mamprugu Moagduri)

On the issue of ‘*what learners enjoy most in coming to school*’ the learners expressed that they enjoy coming to school mainly for the opportunity to learn and understand subjects, particularly Mathematics, and to work toward their future aspirations of becoming professionals like doctors, teachers, and nurses. They value the learning materials and support provided by AfriKids, including tablets, books, uniforms, and bicycles, which enhance their school experience. Students also indicated they enjoyed reading, using the library, and participating in school activities, all of which contribute to a sense of joy, personal growth, and belonging. The following quotes validate this finding:

*“There is a library that we can have access to learn at any point in time, We have access to the tablets given to the school by AfriKids, I have a bicycle that helps me to school daily, We have been given bags, uniforms, books and sandals”* (Female learner, Binduri central, Binduri )

*“To acquire skills, and become someone in future, to become professional Doctors, to become security officers”* (Male learner, Kikaayiri, Mamprugu Moagduri)

*“We all enjoy reading and playing of football and volley ball in school”* (Male learner, Uwasi/Tuedema, Builsa South)

### 3.1.1.1.1 Learning outcome by district and school – Literacy and Numeracy

In the mid-term evaluation, learner proficiency at the district and school levels was assessed using the ‘End of Term’ English scores for Term 2 of the 2024/25 academic year. Table 12 presents a comparative analysis of primary school performance in English (literacy) at baseline and midline across the three study districts. The overall findings point to a positive trend in literacy outcomes, particularly in Mamprugu Moagduri and Builsa South. Learners in Mamprugu Moagduri recorded the strongest improvement, with Loagri Basic School demonstrating a significant rise from a baseline average of 40.0 to 66.7 at midline. Notably, girls at Loagri (70.9%) outperformed boys (62.2%). Other schools in the district also showed notable gains, including Fumbisi Baasa (from 50.5 to 62.6), Kubugu DA Basic (from 0 to 50.8), and Kikaayiri Basic, which improved from 30.0 to 48.6 despite starting from a very low baseline. Yagba RC Basic showed modest progress from 50.5 to 52.1. In Builsa South, Fumbisi Preparatory led in performance with a midline score of 68.3%, up from 55.5% at baseline. Boys (70.9%) slightly outperformed girls (65.6%). Fumbisi Peter and Paul Basic School improved from 51.0% to 56.4%, and Tuedema Fumbisi Basic rose from 31.0% to 47.5%. In Binduri, although performance trends were positive, gains were relatively moderate. For instance, Benguri JHS moved from 45.5% to 52.3%, and Bazua Basic increased from 46.0% to 55.1%. However, Yalugu JHS showed only marginal improvement, increasing from 50.5% to 50.8%.

In summary, while the literacy performance shows encouraging gains across most schools, especially in Mamprugu Moagduri and Builsa South - mathematics scores remain a concern, still falling below the national average of 62.1% as reported in the NST 2022 report. A targeted focus on numeracy interventions may be necessary to complement the gains observed in English proficiency.

**Table 12: Proportion of learners achieving minimum proficiency in English by school**

District	Name of School	Primary Baseline			Primary Midline		
		Boys	Girls	Average	Boys	Girls	Average
Binduri	Benguri JHS	47	44	45.5	53.5	51.1	52.3
	Bazua Basic	44	48	46.0	57.8	52.4	55.1
	Yalugu JHS	51	50	50.5	49.3	52.3	50.8
Builsa South	Fumbisi Preparatory	54	57	55.5	70.9	65.6	68.3
	Tuedema Fumbisi Basic	32	30	31.0	46.0	49.0	47.5
	Fumbisi Peter and Paul Basic	54	48	51.0	60.9	51.9	56.4
Mamprugu Moagduri	Fumbisi Baasa	49	52	50.5	66.4	58.8	62.6
	Kubugu DA Basic	0	0	0	52.3	49.3	50.8
	Yagba RC Basic	52	49	50.5	54.6	49.6	52.1
	Kikaayiri Basic	35	35	30	50.3	46.9	48.6
	Loagri Basic	45	35	40	62.2	70.9	66.7
	Kubugu DA basic	0	0	0	53.2	48.4	50.8

Source: OMS Baseline (2022) and Midline Data (2025)

The data presented in Table 13 indicates overall improvements in numeracy proficiency across the study districts, with Builsa South and Mamprugu Moagduri recording the most significant gains, with Binduri also showing some level of progress. In Binduri, midline results reveal modest gains from

the baseline. Benguri JHS1 declined from a baseline average of 42.0% to 25.2%, with girls (27.0%) outperforming boys (23.4%). Bazua Basic also dropped from 45.5% at baseline to 34.1% at midline, with boys (38.1%) scoring higher than girls (30.1%). These declines suggest the need for targeted numeracy support and remedial strategies in the district, especially considering the relatively higher starting points. In Builsa South, Fumbisi Baasa showed the strongest growth, improving from 47.0% at baseline to 73.25% at midline. Disaggregated data indicates that boys (77.3%) slightly outperformed girls (69.2%). Tuedema Fumbisi Basic also improved substantially, rising from 37.5% to 55.2%, with girls (56.7%) slightly ahead of boys (53.7%). Fumbisi Peter and Paul Basic increased from 52.2% to 57.4%, with a gender gap favoring girls (61.9%) over boys (52.9%).

In Mamprugu Moagduri, Yagba RC Basic made significant progress, increasing from 42.5% to 69.3%, with girls (73.2%) outperforming boys (65.4%). Kikaayiri Basic showed modest improvement from 42.5% to 48.3%, with boys (51.0%) slightly ahead of girls (45.6%). Loagri Basic experienced a slight decline from 55.0% at baseline to 53.9% at midline, though girls (57.3%) outperformed boys (50.5%). Kubugu DA Basic recorded a midline score of 52.7% (boys 56.4%, girls 49.0%) with no baseline available for comparison.

Overall, the midline numeracy assessment reflects positive trends in learner performance, especially in Builsa South and Mamprugu Moagduri, with girls frequently outperforming boys.

**Table 13: Proportion of learners achieving minimum proficiency in Mathematics**

District	Name of School	Primary Baseline			Primary Midline		
		Boys	Girls	Average	Boys	Girls	Average
Binduri	Benguri JHS1	43	41	42.0	23.4	27.0	25.2
	Bazua Basic 5	49	42	45.5	38.1	30.1	34.1
Builsa South	Tuedema Fumbisi Basic 3	41	34	37.5	53.7	56.7	55.2
	Fumbisi Peter and Paul Basic 3	53	52	52.2	52.9	61.9	57.4
	Fumbisi Baasa	51	43	47	77.3	69.2	73.25
Mamprugu Moagduri	Yagba RC Basic 4	0	85	42.5	65.4	73.2	69.3
	Kikaayiri Basic 6	45	40	42.5	51.0	45.6	48.3
	Loagri Basic 6	57	53	55	50.5	57.3	53.9
	Kubugu DA Basic 6	38	35	36.5	56.4	49.0	52.7

Source: OMS Baseline (2022) and Midline Data (2025)

A synthesis of the qualitative evidence showed learners expressing strong interest in a range of subjects, with English and Mathematics emerging as clear favourites. These subjects are appreciated for building essential literacy, numeracy, and problem-solving skills, which are foundational for academic success and future careers. This high level of interest generated within the OMS programme period is likely contributing to improved performance, as motivated students tend to engage more deeply, practice consistently, and retain knowledge more effectively. Science, ICT, and Creative Arts also appealed to learners for their relevance to daily life, technology, and self-expression. Overall, subject preferences are positively influencing learning outcomes by making

education more engaging, meaningful, and aligned with learners' aspirations. The following quotes speak to this:

*“My preference is English which helps me to read and gain knowledge. I have an interest in artwork as well. In English, I learn poems and spellings, Cultural dance worship time, Fridays we play games such as ampe”* (Female learner, Bazua, Binduri)

*“English, science and RME. The reason is that I want to understand English perfectly”* (Male learner Kikaayiri, Mamprugu Moagduri)

*“Mathematics, because when they give me home work I do it myself, and because I love numbers”* (Male learner, Loagri, Mamprugu Moagduri)

### 3.1.1.2 Impact Indicator 2: % change in completion rate of pupils (overall)

The completion rates across different education levels (Table 14) show notable improvements from the 2022 baseline to the 2023 annual and 2025 midline surveys, though some levels (KG and primary) have seen slight declines since 2023. At the Primary and JHS combined level, completion rose from a baseline of 77% to 91% in 2023, followed by a modest decline to 88% at midline. At the KG level, completion improved from 77% to 97% in 2023, then slightly dipped to 81% in 2025, still representing a net gain. Primary-level completion exceeded 100% in 2023, likely due to over-aged or under-aged learners being included - before adjusting slightly downward to 91% by midline. JHS completion rose from 77% to 80% in 2023 and further to 85% in 2025. This reflects a steady progress though still below the 2025 target of 92%. Overall, the data indicate upward trends in educational completion, particularly between baseline and the first annual survey, with some leveling off by the midline.

**Table 14: Completion rates**

No.	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target (2025)	Midline (2025)
1	Completion rate (Primary and JHS)	77%	87%	91%	95%	88%
2	Completion rate at KG	77%	77%	97%	84%	81%
3	Completion rate at Primary	77%	77%	102%	95%	91%
4	Completion rate at JHS	77%	77%	80%	92%	85%

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

#### 3.1.1.2.1 Completion rate of pupils by district and school

The district-level analysis (Table 15) reflects a similar pattern to the overall completion trends. The data shows overall improvements in completion rates across all districts and school levels from baseline (2020/21) to midline (2023/24). Overall, all three districts recorded positive trends, with Mamprugu Moagduri leading in completion rates, particularly at the midline assessment. In Builsa South, completion rates increased across KG (62% to 69%), Primary (81% to 85%), and JHS (78% to 83%), reflecting steady progress. Binduri also experienced growth, with KG rising from 76% to 81%, Primary from 86% to 91%, and JHS from 69% to 75%, showing notable gains at the primary and JHS levels. Mamprugu Moagduri demonstrated the most significant improvements, with KG

increasing from 84% to 93%, Primary from 81% to 98%, and JHS from 88% to 98%, achieving near-universal completion at the primary and JHS levels.

**Table 15: School completion rate – baseline and midline**

District	Baseline (2020/21)			Midline (2023/24)		
	KG	Primary	JHS	KG	Primary	JHS
Builsa South	62%	81%	78%	69%	85%	83%
Binduri	76%	86%	69%	81%	91%	75%
Mamprugu Moagduri	84%	81%	88%	93%	98%	98%

Source: OMS Baseline (2020/21) and Midline Data (2023/24)

### 3.1.1.3 Intermediate Outcome 1.2: Attendance Rate at the basic level disaggregated by sex

Table 16 presents the average attendance rates across various schools in the three project districts in the 2024 academic year. Overall, Binduri recorded the highest attendance rate at 62.7% (63.7% for females and 61.8% for males), followed by Builsa South at 42.8% (44.6% for females and 41.1% for males), and Mamprugu Moagduri at 30.0% (30.3% for females and 29.7% for males). In Binduri, schools with notably high attendance rates included Gotesaliga (76.7%), Boko M/A (67.1%), and St. Marks Catholic (69.9%), while lower rates were observed at Bansi (49.3%) and Kaadi (48.9%). Female attendance was highest at Gotesaliga (77.6%) and lowest at Noryine (46.0%). In Builsa South, Fumbisi Preparatory Primary had the highest attendance rate (59.3%), while Naadema Primary/KG had the lowest (34.6%). Female attendance was highest at Jagsa Guuta Primary/KG (53.7%) and lowest at Naadema Primary/KG (27.8%). In Mamprugu Moagduri, the highest attendance was recorded at Jadema D/A Primary (60.1%), while the lowest was at Tantala D/A Primary (23.7%). Female attendance was highest at Jadema D/A Primary (68.5%) and lowest at Soo D/A Basic (25.0%).

**Table 16: Attendance rate - 2024 academic year**

School	Female	Male	Total	School	Female	Male	Total	School	Female	Male	Total
<b>Binduri</b>				<b>Builsa South</b>				<b>Mamprugu Moagduri</b>			
Aniise	57.7	64.1	60.7	Baasa Primary	38.2	25.6	30.9	Prima D/A Primary	29.0	27.0	28.0
Atuba	64.2	68.3	66.3	Balerinsa Primary & KG		50.3	50.3	Jadema D/A Primary	68.5	53.9	60.1
Bansi	46.2	54.1	49.3	Chansa Primary/KG	35.9	38.4	37.0	Kubugu D/A Primary	56.3	56.3	56.3
Bazua D/A	57.8	52.3	55.2	Fumbisi Old Primary	51.6	49.2	50.0	Loagri No1 R/C Primary	28.2	26.8	27.5
Bazua R/C	65.8	64.7	65.3	Fumbisi Preparatory Primary	61.6	57.0	59.3	Prima D/A Primary	26.5	26.9	26.7
Benguri A	67.1	72.4	69.5	Gbedema Primary	41.1	30.0	36.7	Sakpaba D/A Basic	30.6	31.3	30.7
Boko M/A	69.7	64.4	67.1	Jagsa Guuta Primary/KG	53.7	50.8	52.4	Soo D/A Basic	25.0	21.8	22.5
Gotesaliga	77.6	75.9	76.7	Jiningsa Primary/KG	37.5	42.0	40.3	Tantala D/A Primary	23.9	23.3	23.7
Kaadi	57.1	44.1	48.9	Kanjarga Primary	43.9	41.0	42.6	Yagaba R/C Primary	26.6	26.3	26.4
Kpalugu	75.4	65.8	69.4	Kasiesa Primary	43.7	43.7	43.7	Yikpabongu De-Bernisse	25.2	26.2	25.6
Kukparigu	73.5	74.2	73.8	Kunkwak Kg/Primary	54.5	51.2	53.4	Yizesi D/A Primary	27.9	26.9	27.4
Narango No.1	73.0	72.3	72.6	Luisa/ Vundema Primary	38.4	38.0	38.1	Zukpeni D/A Basic	29.2	29.3	29.2
Narang-Saag	53.9	51.7	52.7	Naadema Primary/Kg	44.1	27.8	34.6	<b>End of schools</b>			
Nayoko No.2	54.7	45.1	49.3	Tuedema Primary	41.2	42.1	41.6				
Noryine	46.0	64.8	58.5	Wiesi Primary	51.0	46.1	46.5				
Sakpari	58.9	54.4	56.3	Zamsa Primary	48.6		48.6				

St. Marks Catholic	70.0	69.7	69.9									
Tansia	53.0	51.2	51.9									
Yalugu E/A	63.8	62.4	63.2									
Zawse	58.3	53.7	55.4									
<b>Total</b>	<b>63.7</b>	<b>61.8</b>	<b>62.7</b>	<b>Total</b>	<b>44.6</b>	<b>41.1</b>	<b>42.8</b>	<b>Total</b>	<b>30.3</b>	<b>29.7</b>	<b>30.0</b>	

Source: OMS Midline Data (2025)

### 3.1.1.4 Number of schools providing STEM education, integrating digital assisted learning and facilities renovated

This section provides an overview of STEM education with a focus on activities rolled out, teachers trained, digital devices distributed and the average number of learners benefitting from digital learning. The implementation of digital learning and STEM initiatives has progressed significantly since 2022, exceeding early targets and demonstrating strong midline outcomes (Table 17). STEM activities for girls, which had no baseline data, was scaled up with five activities conducted by 2023, achieving and maintaining the 2025 target ahead of schedule. Teacher training in STEM also saw notable growth, rising from a baseline of zero to 60 by 2023 and reaching 120 at midline well on track toward the 2025 target of 150. Similarly, digital devices distributed for learning jumped from zero at baseline to 138 in 2023, achieving the 2025 target of 350 devices by midline. As a result, the number of learners benefitting from digital-assisted learning surged from none in 2022 to 1,110 in 2023, reaching the 2025 target of 2,500 by midline. Overall, these figures are beginning to show strong momentum in digital and STEM-focused educational interventions.

**Table 17: STEM and Digital Learning**

No	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target 2025	Midline (2025)
1.	Number of STEM activities rolled out for girls	0	1	5	5	5
2.	Number of Teachers trained in STEM	0	20	60	150	120
3.	Number of digital devices distributed for digital learning	0	50	138	350	350
4.	Number of Learners benefiting from digital-assisted learning	0	500	1,110	2,500	2,500

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

#### ▪ Schools integrating digital assisted learning

The data (Figure 4) indicates that digital-assisted learning integration is limited to primary schools across all three districts, with no implementation at the KG or JHS levels. Binduri and Builsa South each have 4 primary schools integrating digital learning, while Mamprugu Moagduri has three. This suggests a focused but uneven adoption of digital-assisted learning, primarily benefiting primary school students.

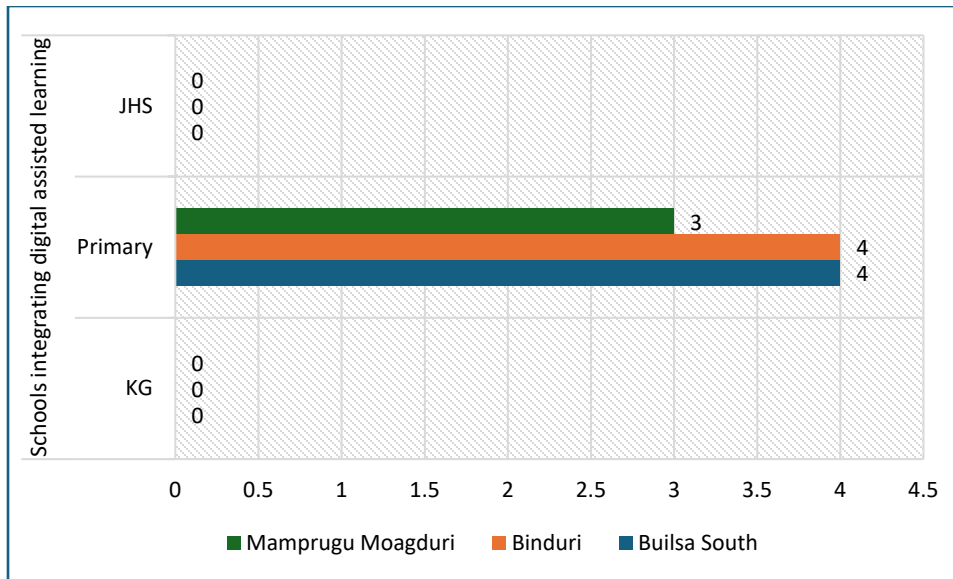


Figure 4: Schools integrating digital assisted learning  
Source: OMS Midline Data (2025)

▪ **Number of renovated facilities**

The data in Figure 5 shows that a total of 29 out of the total 60 school facilities were renovated across the three districts, with Binduri leading in overall renovations (12 facilities), followed by Builsa South (11), and Mamprugu Moagduri (6). Builsa South recorded the highest renovations at the KG level (5), along with five primary school renovations and one JHS facility. Binduri had an equal number of renovations across all levels, with four each for KG, primary, and JHS. In contrast, Mamprugu Moagduri had no KG renovations but improved three primary schools and three JHS facilities. Overall, Binduri and Builsa South prioritised early-grade learning infrastructure, while Mamprugu Moagduri focused more on primary and JHS facility upgrades.

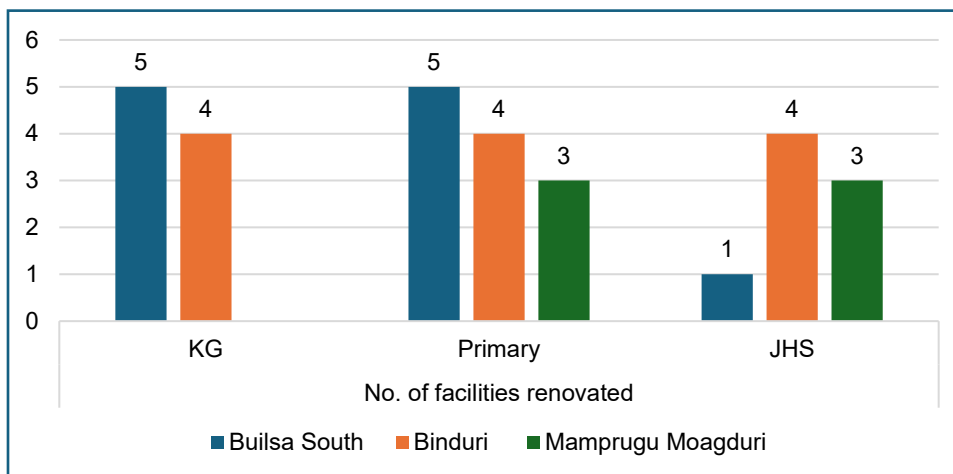


Figure 5: Number of renovated facilities  
Source: OMS Midline Data (2025)

### 3.1.1.5 School Management and Teacher Capacity Building

Table 18 provides evidence on school-level management and teacher capacity building. The results show some level of progress in inclusive and student-centered education practices. The proportion of teachers demonstrating inclusive teaching grew markedly from 15.8% at baseline in 2022 to 58% in 2023, more than double the 2025 target of 28%. Although governance standards in schools saw a decline from 60% at baseline to 44% in 2023, this remains a key area for improvement toward the 2025 target of 77%. Capacity building among educators also advanced strongly: 300 teachers and GES personnel were trained on inclusive education in 2023, with 114 reported at midline - close to the 2025 target of 240. Similarly, training in student-centered methodologies rose to 300 in 2023 and reached 119 at midline. While the number of trained SISOs/STEM/ECE coordinators stood at 29 in 2023, it is on track to meet the 2025 goal of 36. In-class coaching sessions, critical for ongoing pedagogical support, surpassed targets, increasing from a 2023 target of 30 to 120 achieved, and reaching 119 by midline. Additionally, communities of practice aimed at peer learning doubled from a 2023 target of 30 to 60 sessions held, nearing the 2025 target of 75. These trends reflect strong gains in teacher training and support systems, though governance and midline reporting gaps in some indicators remain areas for attention.

**Table 18: School management and teacher capacity building**

No.	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target (2025)	Midline (2025)
1.	% of teachers demonstrating inclusive teaching	15.8%	15.8%	58%	28%	18%
2.	% of schools achieving minimum standards of governance	60%	60%	44%	77%	61%
3.	Number of teachers and GES personnel trained on inclusive education	0	0	300	240	114
4.	Number of teachers trained in student-centered methodologies	0	0	300	240	119
5.	Number of SISOs/STEM/ECE coordinators trained	0	36	29	36	31
6.	Number of in-class coaching sessions conducted	0	30	120	135	119
7.	Number of 'communities of practice' sessions held	0	30	60	75	66

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

### 3.1.2 Health

Although the health component initially included about 40 indicators at baseline, current project implementation focuses on only two key school-level indicators. This had to do with ongoing project revision:

1. Number of active clubs
2. Number of CHPS facilities equipped to run ASRHR services

### 3.1.2.1 Adolescent Sexual and Reproductive Health Rights (ASRHR)

Table 19 presents progress on two key Adolescent Sexual and Reproductive Health and Rights (ASRHR) indicators between 2022 and the midterm survey conducted in 2025. While the school-based clubs have shown remarkable growth - rising from zero in 2022 to 60 by early 2025 (*surpassing the 2025 target of 40*), the progress on equipping CHPS facilities has been inconsistent, peaking at four in 2023 but declining and stagnating at three by early 2025, well below the target of eight. This contrast highlights strong gains in awareness and education at the school level, but reveals significant gaps in service delivery readiness within the health system.

**Table 19: Adolescent Sexual and Reproductive Health Rights (ASRHR)**

No	Indicator	Baseline (2022)	Target 2023	Achieved 2023	Achieved (2024)	Target (2025)	Midline (2025)
1.	Functional ASRHR Clubs in schools	0	10	20	33	40	60
2.	CHPS facilities equipped for ASRHR services	0	2	4	3	8	3

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

## 3.1.3 Child Protection

### 3.1.3.1 Inclusive education and child protection

The child protection indicators from the OMS Baseline (2022), 2023 Annual Survey, and 2025 Midline data show significant progress in identifying and supporting at-risk children (Table 20). From a baseline of zero in 2022, 186 at-risk children were enrolled in disability-friendly learning environments in 2023, surpassing the target of 150 and moved to 205 in the early part of 2025 - progressing towards the 2025 target of 300. The number of at-risk children identified met the 2023 target of 4,500 and reached the 2025 target of 6,110 by midline. Similarly, 300 teachers were trained in inclusive education by 2023, exceeding the initial target, though the midline count dropped to 119. Home visits reached only 528 children in 2023, far below the 4,500 target, but increased slightly to 582 by 2025. Stakeholder meetings for at-risk registers consistently met the annual target of three. Support services were provided to 4,499 children in 2023, just one short of the target, with midline figures showing support for 582 children. Meanwhile, 3,205 parents of at-risk children were engaged by 2023, against a target of 4,500, with no midline data yet reported. Additionally, the number of schools with safe environments doubled the 2023 target, reaching 20, with a goal of 40 by 2025 (at 24 at the time of midline data collection).

The findings reveal notable gaps remain in home visits, direct support, and parental engagement. Midline figures suggest a drop in outreach and support activities, indicating possible resource or implementation challenges. These shortfalls could undermine the overall impact on child protection if not addressed before the final evaluation.

**Table 20: Child protection indicators**

No	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target (2025)	Midline (2025)
1.	At-risk children in disability-friendly learning	0	150	186	300	205
2.	Schools with safe school environment (child protection)	0	10	20	40	24
3.	Number of at-risk children identified	0	4,500	4,500	6,110	6,110
4.	Number of teachers trained in inclusive education	0	240	300	240	119
5.	Number of at-risk children reached through home visits	0	4,500	528	6,110	582
6.	Number of stakeholder meetings for at-risk registers	0	3	3	3	3
7.	Number of at-risk children receiving support	0	4,500	4499	6,110	582
8.	Number of parents engaged for at-risk children	0	4,500	3,205	6,110	5,142

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

### 3.1.3.2 Early childhood development

Table 21 provides data on early childhood indicators under the OMS programme. The 2023 results for early childhood development show varied performance across indicators. While the training of KG teachers fell short (112 trained against a target of 153), the setup of KG classrooms with learning materials exceeded expectations (35 achieved vs. 20 targeted), signalling strong progress toward the 2025 goal of 100. Most notably, in-class coaching far outperformed its target, with 56 teachers supported compared to the planned 10. The midline figures show a steady progress towards achieving the set targets by the close of 2025. The overall findings suggest that while infrastructure and coaching interventions are advancing well, teacher training efforts need to be strengthened to meet endline targets.

**Table 21: Early childhood development**

No.	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target (2025)	Midline (2025)
1.	Number of KG teachers trained	0	153	112	153	124
2.	Number of KG classrooms set up with materials	0	20	35	100	34
3.	Number of KG teachers receiving in-class coaching	0	10	56	60	38

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

### 3.1.4 FLISP

#### 3.1.4.1 Family Livelihood and Income Improvements

The data (Table 22) shows substantial progress under the FLISP component of the OMS programme. The percentage of target families able to provide basic school needs for their children rose sharply from 35% in 2023 to 79% by 2025, nearing the 2025 target of 85%, indicating improved household financial capacity. Similarly, 41% of target family members reported increased income through new practices by midline, surpassing the 2025 target of 33%, though slightly lower than the 66.7% reported in 2023 - suggesting early gains may be stabilising.

Quantitative targets were exceeded early in key implementation areas. By 2023, 652 families were identified, and an equal number of parents/caregivers were trained and received financial support, nearly doubling the 2023 target of 350 in each category. This puts the programme well on track to meet or exceed the 2025 target of 1,000 families (reaching 725 parents at the time of midline data collection in early 2025). Overall, the data provides strong evidence that the family livelihood empowerment programme is yielding positive outcomes, especially in economic resilience and parental capacity to support children’s education, though sustaining income gains will require ongoing support and monitoring.

**Table 22: Family livelihood and income improvements**

No.	Indicator	Baseline (2022)	Target (2023)	Achieved (2023)	Target (2025)	Midline (2025)
1.	% of target families providing basic school needs for children	0	35%	75%	85%	79%
2.	% of target family members improving income through new practices	0	0	66.7%	33%	41%
3.	Number of families identified through FLISP	0	350	652	1000	725
4.	Number of parents/caregivers trained on income generation and financial literacy	0	350	652	1000	652
5.	Number of parents/caregivers who received loans or grants	0	350	652	1000	-

Source: OMS Baseline (2022), Annual Survey (2023) and Midline Data (2025)

**Summary:**

- Literacy proficiency among primary school pupils increased from 21.7% at baseline (2022) to 56.4% in 2025, surpassing initial targets and national averages.
- Numeracy proficiency rose from 21.7% at baseline to 52.2% in 2025, showing substantial improvement in foundational skills.
- School-based assessment scores improved from 37.9% at baseline to 54.3% by midterm, meeting and exceeding the 2025 targets.
- The overall completion rate in primary schools increased across districts, with some schools reporting up to 73.25% in certain grades, indicating enhanced retention and progression.
- Girls' participation in STEM subjects at the Junior High School level significantly improved, with girls' proficiency increasing from 33.8% (baseline) to 64.5% (2023), exceeding national averages and initial targets.
- Health interventions saw mixed progress; while resource limitations affected some activities, integration with education led to increased adolescent health awareness and a reduction in absenteeism among girls.
- Community reports indicate a decrease in child protection violations, with fewer cases of child labour, early marriage, and harmful practices, and increased reporting of abuse.
- The FLISP contributed positively to household financial stability, with many parents reporting reduced economic strain, which facilitated improved school attendance and retention; specific data show that 84.5% of respondents rated FLISP's impact on welfare as high.

## 3.2 **OBJECTIVE 2: THE RELEVANCE, EFFECTIVENESS AND EFFICIENCY OF THE INTERVENTIONS**

This section of the report provides evidence relating to the relevance, effectiveness and efficiency of the various interventions under the One Million Smiles (OMS) Programme.

### 3.2.1 Summary of Needs by District

This section summarises evidence on the 2023 needs assessment on the specific needs of community members across the 3-study districts: Binduri, Builsa South, and Mamprugu Moagduri. This provides context for assessing the relevance, effectiveness, efficiency, impact and sustainability of the OMS programme (Table 23).

Overall, several of the identified needs/challenges are cross-cutting. These comprise limited access to quality basic education and teaching resources; high rates of out-of-school children and school dropouts, especially among girls and children with disabilities. Also, issues of inadequacy in school infrastructure and learning materials; poor sanitation and hygiene in schools and communities; weak health systems with limited adolescent health services; high rates of teenage pregnancy and early marriage emerged as cross-cutting across all 3-districts. The assessment also identified weak child protection structures and widespread child neglect, abuse, and exploitation; limited livelihood opportunities and poverty-related barriers to education and health; and weak community participation and accountability mechanisms in service delivery. These challenges formed the basis for the development of the various OMS interventions.

**Table 23: Needs by District and Sector**

Sector	Binduri	Builsa South	Mamprugu Moagduri
Education	Inadequate infrastructure; teacher shortage; low literacy, esp. for girls	Incomplete schools; low transition rates; poor performance; lack of inclusion	Few schools over vast areas; long distances; low girl enrolment
Health	Poor access to health care; high teenage pregnancy; weak referral systems	Inadequate CHPS; malnutrition; weak SRH education	Long distances to care; low immunisation; limited adolescent SRH services
Child Protection	High child labour; teenage pregnancy dropouts; low rights awareness	Child neglect; truancy; no support for vulnerable kids; poor birth registration	Child marriage; teenage pregnancy; weak community protection systems
Livelihood empowerment	Limited income-generating opportunities; high youth unemployment; lack of vocational skills training	Subsistence farming dependency; low access to financial services; minimal skills development programmes	Climate-vulnerable livelihoods; poor access to economic opportunities; limited livelihood diversification
Water & Sanitation	Poor sanitation in schools; limited clean water access	Water scarcity; poor quality; open defecation	Unsafe surface water reliance; poor hygiene practices

Gender	Gender-based violence; early marriage; limited empowerment for girls	Low female leadership; domestic workload impacts girls' education	Patriarchal norms; underreporting of GBV due to stigma
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Source: Needs Assessment Survey, 2022

## 3.2.2 Education

### 3.2.2.1 Relevance

The general responses from all respondents indicate that the educational interventions are relevant to the needs of the people as expressed in the AfriKids' needs assessment study (2023) which highlighted issues around access to resources and quality of learning. The intervention is currently contributing significantly in improving school attendance, motivation, and access to essential learning materials for children. Many parents highlight that their children now attend school regularly without challenges, as they have access to learning materials provided by AfriKids. The provision of these resources has also brought some level of financial relief to households. Several respondents note that their children, who previously struggled to attend school due to financial difficulties, are now actively engaged in learning and motivated to stay in school. Some also mentioned that the intervention has enhanced their overall household livelihood, enabling them to afford school-related expenses. Additionally, the initiative has contributed to better learning outcomes, with children showing improved reading skills and a heightened interest in school activities. Overall, AfriKids' support has positively impacted education accessibility, reduced absenteeism, and enhanced continuous school enrollment, fostering a more conducive learning environment for children. The following quotes speak to this finding:

*"I am able to take care of my children in school, the books, sandals and bags that AfriKids is giving is also helping a lot"* (Female respondent, Narango No.1, Binduri)

*"I used to find it hard for my children education due to lack money. I bought my children's books and materials"* (Female respondent, Loagri, Mamprugu Moagduri)

*"My children are comfortable attending school since I can afford most of their needs"* (Female respondent from Yalugu, Binduri district)

*"Educational needs of my son is met and this makes my child's school going effective."* (Female respondent from kpalugu, Binduri district)

*"Most of my children that were not in school due to financial challenges are all now in school and this makes me happy".* (Female respondent from kpalugu, Binduri district)

*"The provision of sandals to my children to go to school has not only encouraged school attendance it has improved my children confidence in school."* (Female respondent from Narango no1, Binduri district)

From the perspective of the district education directorates, the study also revealed that the OMS Programme is contributing to addressing key education and related needs and aligns well with the priorities and strategies of the District Medium-Term Development Plan 2022-2025 and the Education Strategic Plan 2018-2030. It came to light that with the introduction of the new curriculum, Government gave teachers training and this intervention complemented Government effort by giving

additional training to teachers in order to facilitate smooth implementation of the new curriculum. Additionally, the reconstitution of SMCs and the training of teachers on SPIPs and SPAMs is clearly in line with Government policy.

The relevance of the AfriKids OMS Programme is aptly captured by the assertion below by one senior DEO representative:

*“Our main guiding framework is the SDG 3 & 4. The intervention of AfriKids was really in syn with our stepdown activities to achieve these goals. We talk about their support for teacher professional improvement, financial support for minor repairs in the school, training of school governing bodies and provision of livelihood support to at risk children have all been in line with our objectives of improving enrolment and completion rate”* (District Education Officer, Binduri District).

All the respondents alluded to the fact that with the support of AfriKids initiatives like the: Reusable sanitary pads; Education on the Sexual Reproductive Health (SRH); Introduction of the tablets for learners to use for learning; Provision of teaching and learning resources for KGs and establishment of libraries for most of the schools in the districts have improved learning outcomes.

### **3.2.2.2 Effectiveness**

The team also assessed effectiveness of the interventions - the degree to which the education interventions achieved what had been set out to do and how successful these have been over the period (achievement of outputs and outcomes).

The OMS education intervention has largely achieved what it set out to do and continues to deliver on its objectives. The initiative has led to marked improvements in teaching and learning outcomes, increased student attendance and enrolment, and significantly boosted girls’ interest and performance in science. Secondly, community participation in school activities has grown, with parents now actively contributing suggestions and support for school operations. In terms of capacity building, Teachers have had their teaching and learning capacity enhanced to deliver child-centred pedagogy. Additionally, school governing bodies, such as SMCs and PTAs, have become more involved in decision-making processes aimed at school development.

Furthermore, infrastructural enhancements, such as classroom flooring in schools like Yagnamo, demonstrate the programme’s tangible effectiveness. Hygiene practices have also improved through the schools’ ability to produce liquid soap, fostering a stronger culture of handwashing. These outcomes reflect that most of the planned outputs and outcomes were achieved to a significant degree and were delivered with quality. Though specific timelines are not detailed, the breadth of activities implemented suggests they were carried out in a timely and effective manner. Importantly, the intervention demonstrated adaptability to contextual challenges by integrating practical, locally-driven solutions such as school-led maintenance and health safety initiatives. Overall, OMS’s education component has made logical and measurable contributions to its stated goals and remains effective in advancing educational quality and stakeholder engagement in the target communities.

*“It is now common sight, seeing parents visiting schools to check on their children and to identify school development needs and challenges and the general consensus among parents to offer support to schools”* (Female teacher, Kpalug, Binduri District).

In support of the above narrative two DEO representatives rated the education intervention to the overall educational outcomes in their districts, High (70% and above) while the third rated it Medium (50% - 69%)

*“I can say enrolment and school attendance has significantly improved through the education initiative. We are also beginning to see that the learning outcomes at the JHS, particularly the Science and Mathematics is good”, (DEO representative, Mamprugu Moagduri)*

### 3.2.3 Health

#### 3.2.3.1 Relevance

The general responses from all respondents indicate that the health intervention is relevant to the needs of the people as expressed in the AfriKids’ needs assessment study (2023) which highlighted issues around poor access to health care, high teenage pregnancy, weak ASRH etc.

Overall, the health personnel generally attested to the fact that the OMS health initiative responds to the needs of their districts/communities and aligns with both district/community level health policies and priorities. The initiative supports the facilities in their health education drives, in their child welfare clinics and home visits, but above all, it helps adolescents to access health services (SRH) easily without any fear of stigmatisation. It also helps adolescents to access SRH education easily without any cost. Additionally, as a result of the health initiative, expectant mothers now deliver in the health centres instead of at home and now willing to do family planning.

A synthesis of the engagement with adolescents at the school-level brought to the fore the relevance of the SRH initiative to the overall well-being of girls. The evidence points to the provision of SRH services/education - including counselling sessions. The adolescents reported increased knowledge on menstrual hygiene and related issues, sexually transmitted infections (STIs), and safe sexual practices. These have contributed to improvements in personal hygiene, avoidance of risky relationships, and improved focus on education. For girls especially, the information has empowered them to avoid early pregnancies, build self-confidence, and make informed choices. A number of participants highlighted that they now feel responsible enough to share this knowledge with peers and siblings, indicating the ripple effect of SRH education. Others shared that it helped them disassociate from bad influences and value their education more. Overall, the SRH education has proven effective in fostering healthier, more confident, and better-informed adolescents who are equipped to make responsible life choices. The following quotes speak to this:

*“Yes, I disassociated myself from bad friends. It has enabled me to avoid unwanted pregnancy. Personal hygiene is now part of me.” (Female respondent Benguri, Binduri District)*

*“Yes. Because I now know about my body and can now take care of my body and stay healthy. The lessons on SRH have added to my wealth of knowledge as far as my education is concerned.” (Male respondent Fumbisi Yerinsa, Builsa South)*

*“Helped me to count my menstrual date and not to get pregnant” (Male respondent Bazua, Binduri district)*

*“Yes, it has been helpful to me because I now know how to protect myself against STI” (Male respondent Kikayiri, Mamprugu Moagduri)*

In furtherance to this, health personnel rated the relevance of the health intervention to the health needs of the people across the three districts (Figure 6). Overall, health professionals in Binduri and

Mamprugu Moagduri rated the intervention highly (100%), while Builsa South had a split rating, with 50% considering it high and the remaining 50% rating it as medium (50%-69%). Notably, no district rated the intervention below the medium category, indicating a generally positive perception of its relevance.

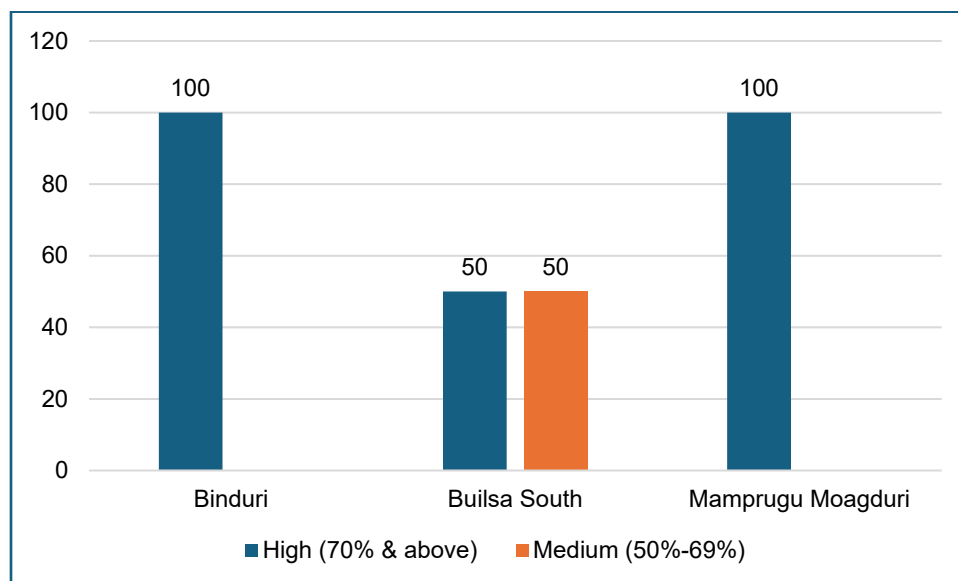


Figure 6: Rating of the relevance of the intervention to health needs  
Source: OMS Midline data, 2025

On the other threshold, the findings reveal that while many adolescents report minimal challenges in accessing sexual and reproductive health and rights (SRHR) information, several persistent barriers continue to limit equitable access. Personal factors such as shyness, fear of judgment, and gender-related discomfort particularly among boys often prevent young people from seeking information or services. Social stigma within schools and communities further deters adolescents from openly engaging with SRHR issues. Structural barriers also persist, including the limited availability and reach of sensitisation sessions, long distances to health facilities, and the absence of safe, confidential spaces for inquiry. Despite these challenges, some adolescents have begun to experience positive shifts, with increased trust in teachers and parents as reliable sources of SRHR information. This indicates growing opportunities for supportive engagement but also underscores the continued need to address stigma, confidentiality, and accessibility to ensure that all adolescents can exercise their SRHR fully and confidently. The following quotes speak to this:

*“Sometimes I feel shy to ask questions because I might think if I ask they will laugh at me”* (Male respondent Yerinsa, Builsa South)

*“When you need information on SRH teachers are there to explain or teach us”* (Male respondent Kubugu, Mamprugu Moagduri)

*“The confidentiality to ask questions or seek support when needed”* (Male respondent, Kubori Mamprugu Moagduri)

### 3.2.3.2 Effectiveness

The OMS Programme’s health intervention is gradually achieving its intended objectives and continues to deliver positive outcomes. The activation and functionality of Community Health Management Committees (CHMCs) across all districts demonstrate strong community engagement and sustained collaboration with CHPS centres. These committees actively contribute to the maintenance of health infrastructure, construction of sanitary facilities, child growth monitoring, early disease detection, and community health education - key indicators that planned outputs and outcomes were not only achieved but exceeded expectations in some areas. The decline in maternal deaths further underscores the programme’s impact on critical health indicators, reflecting both quality and timeliness of the interventions. Respondents credited AfriKids’ efforts with significant improvements in community health and nutrition, highlighting the programme’s effectiveness. Additionally, the integration of community-led structures like CHMCs points to a highly adaptive approach, allowing the initiative to address local health needs and challenges efficiently while building ownership and sustainability at the grassroots level.

### 3.2.3.3 Efficiency

- **Skilled births**

Figure 7 presents data on the number of skilled births in 2024 across the three focus districts, disaggregated by gender. Overall, a total of 159 skilled births were recorded, with 86 boys and 73 girls. Mamprugu Moagduri reported the highest number of skilled births<sup>5</sup> (50 boys and 32 girls), followed by Builsa South (24 boys and 26 girls), while Binduri recorded the lowest (12 boys and 15 girls). The findings indicate relatively higher number of skilled births compared to preceding years.

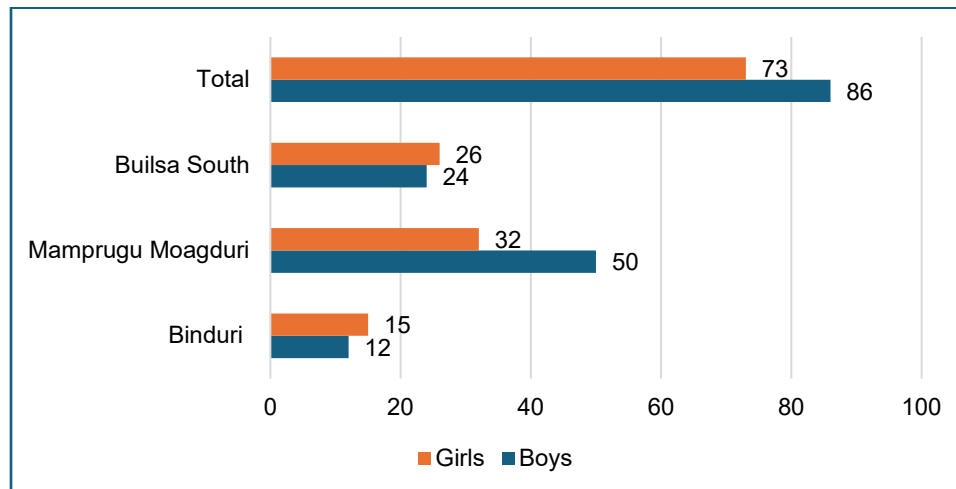


Figure 7: No. of skilled births in 2024

Source: OMS Midline data, 2025

<sup>5</sup> Refers to births attended to by trained health professionals

## 3.2.4 Family Livelihood Support Programme (FLISP)

### 3.2.4.1 Relevance

The general responses from all respondents indicate that the FLISP intervention is relevant to the needs of the people as expressed in the AfriKids' needs assessment study (2023) which highlighted issues around limited funding for businesses and start-ups. Secondly, the relevance of the FLISP intervention is well-established through multiple data sources - participant testimonials, needs assessments (2023), and observed household-level improvements. Based on all the available information, the FLISP intervention demonstrates strong relevance to the needs and realities of the target communities, particularly in light of the 2023 AfriKids Needs Assessment, which identified limited funding for businesses, youth unemployment, and economic vulnerability among families as pressing concerns. The following constitute evidence of relevance of the FLISP -ntervention:

1. *Alignment with expressed community needs* - respondents across districts consistently emphasised the lack of capital for small businesses, limited employment opportunities, especially for youth and women, and the economic strain faced by households. The FLISP intervention directly addresses these concerns by supporting start-ups, small business ventures, and financial literacy, thereby fulfilling a gap identified in the 2023 needs assessment.
2. *Support for female-Headed and vulnerable households* - FLISP has proven especially relevant for women and female-headed households, many of whom face barriers to formal employment or capital. The provision of livelihood training and seed capital has enabled participants to either start or expand income-generating activities, directly impacting household stability and enabling children to remain in school rather than engaging in petty trading or child labour.
3. *Complementarity with education and child protection goals* - By improving household income and resilience, FLISP indirectly supports AfriKids' broader goals in education and child protection. Parents report that with improved financial stability, they are better able to afford school materials and healthcare for their children - demonstrating that FLISP enhances the sustainability of gains made in other program areas.
4. *Youth engagement and economic empowerment* - FLISP is highly relevant for youth who are at risk of unemployment or harmful coping strategies. Participants reported that the programme has helped them develop entrepreneurship skills and gain confidence to manage microenterprises, thus contributing to long-term economic empowerment and reducing reliance on external aid.
5. *Locally appropriate and community-driven* - the intervention's design and implementation reflect an understanding of local market dynamics and cultural practices. This context-sensitive approach, combined with community involvement in identifying participants and tracking progress, has enhanced the perceived relevance and acceptability of the programme.

On the issue of the FLISP intervention's relevance to beneficiaries, the majority of respondents (84.5%) rated the FLISP program's impact on welfare as high (70% and above), with Mamprugu Moagduri having the highest proportion (85.7%), followed by Binduri and Builsa South (both at

84.0%). A smaller percentage (15.5%) rated it as medium (50–69%), with Mamprugu Moagduri (14.3%) having the lowest proportion in this category (Table 24).

**Table 24: Rating of FLISP intervention to beneficiaries**

Rating of FLISP to welfare to beneficiaries	Binduri	Builsa South	Mamprugu Moagduri	Total
High (70% and above)	21 (84.0)	21 (84.0)	18 (85.7)	60 (84.5)
Medium (50 - 69%)	4 (16.0)	4 (16.0)	3 (14.3)	11 (15.5)
<b>Total</b>	<b>25 (100)</b>	<b>25 (100)</b>	<b>21 (100)</b>	<b>71 (100)</b>

Source: OMS Midline data, 2025

### 3.2.4.2 Effectiveness

The OMS FLISP intervention has largely delivered on its original objectives and continues to support families in need across the intervention areas. The programme successfully achieved key outputs and outcomes, such as enhanced family resilience, improved child well-being, and increased household income-generating capacity - reflecting a substantial level of achievement. Activities were implemented effectively and, based on available feedback, met community expectations. The support provided through FLISP logically and measurably contributed to the overarching goals of reducing child vulnerability and strengthening family livelihoods, evidenced by testimonies of improved household stability. Moreover, the intervention demonstrated strong adaptability, especially in tailoring livelihood support to local economic contexts and responding to family-specific needs. The following voices speak to this:

*“I am now able to buy my goods and sell to make profit, it has increased my profit margins in my business, because my capital has increased through the intervention by Afrikids”* (Female respondent, Fumbisi, Builsa South).

*“It has increased my capital for my business, and I am now able to take care of my personal family expenses”* (Female respondent, Fumbisi, Builsa South).

*“My capital for business has been broadened by the loans we received and my profit level has been improved a little. I can buy the daily ingredients for my family feeding too”* (Female respondent, Fumbisi Yerinsa, Binduri).

The data in Table 25 confirms the qualitative findings above. The finding indicates that a majority (85.9%) of respondents strongly disagreed that their lives had improved, with Binduri (96.0%) showing the highest level of disagreement, followed by Builsa South (84.0%) and Mamprugu Moagduri (76.2%). Only 12.7% of respondents agreed that their lives had improved, with Mamprugu Moagduri having the highest agreement (23.8%) compared to Builsa South (12.0%) and Binduri (4.0%). A small fraction (1.4%) from Builsa South disagreed but did not strongly disagree.

**Table 25: Rating on the effectiveness of the intervention**

Improved lives	Binduri	Builsa South	Mamprugu Moagduri	Total
Agree	1 (4.0)	3 (12.0)	5 (23.8)	9 (12.7)
Disagree	0 (0)	1 (4.0)	0 (0)	1 (1.4)
Strongly disagree	24 (96.0)	21 (84.0)	16 (76.2)	61 (85.9)
<b>Total</b>	<b>25 (100)</b>	<b>25 (100)</b>	<b>21 (100)</b>	<b>71 (100)</b>

Source: OMS Midline data, 2025

### 3.2.5 Child Protection

The child protection intervention sought to create opportunities for stakeholders to understand the critical barriers that subject children to various forms of abuse from their care givers (at school and home). The project primarily focused ensuring that children from the target locations feel safe, empowered and assertive to defend and or able to negotiate for their rights in whatever situation they find themselves with the support of key stakeholders from the home and schools’ settings. This is being done through research on the critical issues, establishment of community networks for child protection, supporting the activities of care centres for effective rehabilitations of victims and reintegration where possible and necessary.

#### 3.2.5.1 Relevance

The measurement of relevance assessed the extent to which the child protection intervention is contributing to child protection and safeguarding across the study districts and communities. The OMS Programme’s child protection intervention is highly relevant to the critical and context-specific needs of beneficiaries, as identified in the 2023 needs assessment. The intervention directly addresses persistent issues such as high rates of child labour, teenage pregnancy-related school dropouts, and low awareness of child rights. Through sustained community sensitisation, school-based education, and targeted outreach, the programme has empowered children with knowledge of their rights and contributed to significant reductions in early pregnancies and school absenteeism, particularly among girls.

Moreover, the programme responds effectively to concerns around child neglect, truancy, and the lack of structured support for vulnerable children. By activating and strengthening Community Child Protection Committees (CCPCs), the initiative has enabled communities to actively monitor school attendance, follow up on absentee children, and provide early support where neglect is suspected. The financial support and livelihood assistance to families also reduce the economic pressures that push children into labour or unsafe migration.

In relation to the challenge of child marriage, weak protection systems, and poor birth registration, AfriKids’ interventions are rebuilding community-based child protection mechanisms and shifting attitudes through sensitisation and engagement of parents, traditional leaders, and children themselves. With improved infrastructure such as renovated schools and boreholes, and growing trust in protection systems, communities now play a more active role in safeguarding children.

Overall, the child protection initiative is deeply responsive to the core vulnerabilities outlined in the needs assessment, offering integrated, practical solutions that reflect both the immediate priorities and long-term aspirations of the communities it serves. The following quotes speak to this:

*“Per the education given to the children, they have knowledge of their rights and the need to protect themselves and report any form of incident that takes place” (Male CCPC member, Kubugu Mamprugu Mamprugu Moagduri).*

*“Through the intervention of AfriKids help the community with the renovation of projects in and also drill a borehole for the community” (Male CCPC member, Baasa, Builsa South).*

*“The needs and values of the children are changing even though the community is slow to accept some of the leading principles put in place to protect the child through the programme mentor and teachers as a whole” (Female CCPC member, Yaligu, Binduri).*

*“The intervention has helped the children to improve personal hygiene. There is about 75 to 80% improvement in the children” (Male CCPC member, Bazua, Binduri).*

### **3.2.5.2 Effectiveness**

The child protection component of the OMS intervention largely delivered on its initial commitments and continues to do so effectively across the intervention communities. Planned outputs such as the activation and training of Community Child Protection Committees (CCPCs), school and community sensitisation on child rights, enforcement of local by-laws, and collaboration with local authorities have been achieved to a high level. These outputs have contributed measurably to the intended outcomes of safer, more inclusive, and rights-based environments for children.

*“One measure we have put in place is that if we identify that a child has been absent from school for 3 days, we make a follow up to know what is wrong with him or her. The children sometimes will tell lies that their parents normally engage them at home and that is why they don't come to school so we will look for their parents to verify what the child is saying” (Male CCPC member, Baasa, Builsa South).*

*We have also noted that there are some children who do not come to school on market days and we have told their parents that if your child does not come to school on market days the committee will fine you to pay money and this is given us results” (Male CCPC member, Benguri, Binduri).*

Further, the evaluation results show that CCPCs are fully operational, holding regular meetings, conducting school monitoring, and following up on child absenteeism, including enforcement of fines for truancy and market-day absenteeism. This indicates sustained action and commitment beyond the initial rollout phase. The intervention's emphasis on community sensitisation, inclusive education, and positive discipline has also led to marked reductions in corporal punishment and harmful cultural practices such as early marriage and child labour.

*“We normally meet up with the assembly man whenever there's a problem or the need for us to meet and address a particular issue and to prepare for or prevent similar future happenings” (Male CCPC member, Pintengsa, Builsa South).*

*“Through community engagement with the community stakeholders to dialogue on the child protection policies” (Female CCPC member, Uwasi/Tuedema, Builsa South).*

School infrastructure improvements, including the construction of disability-friendly walkways and the provision of assistive support to children with disabilities, highlight the high quality and inclusivity of implementation. Additionally, the integration of child rights education into school curricula and extracurricular activities, along with the establishment of child rights clubs, demonstrates a systematic and sustained approach to empowering children with knowledge and voice.

*“The school does not allow bullying. Parents are made aware of school rules and regulations”* (Male CCPC member, Bazua, Binduri).

*“First of all, we deem allowing all children including vulnerable children to school a giant and good initiative. We also have one wheel chair accessible stairs at Old Primary for both vulnerable children and teachers”* (Male CCPC member, Pintengsa Builsa South).

*“Tree planting helps provide shades for children in the school. There is provision and maintenance of disability walking pathways”* (Male CCPC member, Fumbisi, Builsa South).

In terms of timeliness of activity implementation, the evidence shows activities were generally delivered in a timely manner and were responsive to community needs. For instance, adaptations such as peer and parental support systems, the enforcement of community by-laws, and joint stakeholder monitoring helped overcome implementation challenges related to entrenched social norms and resource constraints.

The logical flow between inputs, activities, and outcomes is evident, with improved reduced abuse, increased child rights awareness, and enhanced community accountability. The CP intervention under OMS has not only achieved most of its intended outcomes but has also demonstrated flexibility in navigating challenges – including the complexity of child labour and truancy issues in the context of the local communities. This further reinforces the intervention’s long-term potential for sustainability.

### **3.2.5.3 Efficiency**

Under the child protection intervention, the programme has enabled effective delivery within its timeframe and available resources by leveraging community-based structures such as CCPCs, PTAs, and traditional authorities to select, train, and support child protection volunteers. Through participatory selection processes - often involving vetting by community leaders or elections volunteers were identified based on trustworthiness and commitment, and trained in core child protection principles via NGO-led workshops, peer learning, and community engagement. The tracking of intervention outcomes has also been enabled by low-cost, community-led monitoring approaches, including direct observation, informal assessments, third-party feedback, and regular SMC meetings. Advocacy for better law enforcement has been pursued through sensitization forums, stakeholder collaboration, and integration of child protection messaging in religious and community events ensuring cost-effective outreach and awareness-raising across multiple platforms. The following voices speak to this:

*“Through recommendations from the CCPC members or other prominent people in the community. If someone is recommended, we now have to seat and vet by looking at how the person loves children and his motivation level to be able to handle the duties of CCPCs and if the person is qualified then we seek for approval from the chief and his elders before the person can join. After the approval, we the*

*CCPCs will have to train the chosen person with the knowledge we also received from the sensitization and training sessions” (Female CCPC member, Jeningsa, Builsa South District).*

*“I joined them later and I have not received any training, selected by area by area” (Male CCPC member, Kuburi, Mamprugu Moagduri).*

*“Child protection volunteers were selected after several effective community engagements, meetings and trained on topics such early marriage, school dropout, teenage pregnancy, child rights (Female CCPC member, Uwasi/Tuedema, Builsa South).*

However, several implementation challenges have emerged. Training delivery remains inconsistent, with some volunteers receiving no formal instruction, creating uneven capacity levels across districts. Limited resources have also constrained the standardisation and scale-up of monitoring systems, with most committees relying on informal and anecdotal evidence rather than structured, data-driven approaches. Furthermore, while community-based advocacy is strong, the absence of formalised collaboration with local government and weak legal enforcement mechanisms has hindered accountability in some cases. To enhance outcomes in the remaining project years, targeted actions should include standardised and refresher training for all volunteers, investment in simple data collection tools for consistent impact tracking, and strengthened partnerships with district-level institutions to reinforce the enforcement of child protection laws and integrate interventions into local governance structures.

#### **Summary:**

- *Relevance (alignment with community needs)* - the interventions (e.g., school support, SRH education, livelihood assistance) directly addressed the pressing needs identified in beneficiary communities, particularly in education access, youth health, and child protection.
- *Effectiveness (Improved Learning and School Attendance)* - the provision of learning materials, SRH education, and digital tools increased student attendance and performance, especially among girls.
  - *Reduced child protection violations* - community-led structures and by-law enforcement significantly decreased cases of child marriage, neglect, and corporal punishment.
  - *Positive health outcomes* - increased access to adolescent and maternal health services led to better SRH knowledge, more ANC visits, and safer deliveries.
- *Efficiency* - the programme leveraged community volunteers (e.g., CCPCs, peer educators) and existing governance systems, reducing implementation costs and fostering sustainability.
  - *Integrated service delivery* - joint implementation of education, health, and child protection interventions allowed for resource optimisation and broader impact within limited budgets.

### 3.3 **OBJECTIVE 3: TRENDS, TRAJECTORY OF PROGRAMME IMPACT AND PROPOSED ADJUSTMENTS TO STRATEGIES AND ACTIVITIES**

#### 3.3.1 Introduction

This section examines the emerging trends and trajectory of the OMS programme's immediate impact across the three operational districts. It reflects on the progress made toward intended outcomes, identifies areas of significant change or stagnation, and highlights lessons learned. Based on these insights, the section proposes strategic adjustments and refinements to current interventions and activities to enhance programme relevance, effectiveness, and long-term sustainability.

Overall, the OMS programme is demonstrating promising outcomes across its core components - education, health, child protection, and FLISP with positive trends in school attendance, SRH knowledge, and economic relief for families. Adolescents, parents, teachers, and community stakeholders report noticeable improvements in both access to services and behavioural outcomes. However, some challenges remain particularly around inclusion, access, and misconceptions. Below is a breakdown of the emerging trends, impact trajectory, and recommended strategic adjustments.

#### 3.3.2 Education

Overall, the evidence across all the synthesised data reveals a strong and mutually reinforcing relationship between academic engagement, school attendance, and learner motivation (Table 26). Access to tablets, books, and learning materials is significantly enhancing literacy and digital skills, indicating some level of positive trajectory in academic engagement. These improvements have also contributed to reduced absenteeism, particularly among girls, as children feel more equipped and encouraged to attend school regularly. Furthermore, the provision of supplies and a supportive school environment has boosted learners' confidence and pride, leading to a growing sense of learner identity and classroom participation. The cumulative impact suggests that when academic tools, emotional support, and attendance incentives are aligned, they create a virtuous cycle of learning. The following voices speak to this:

*"I can say enrolment and school attendance has significantly improved through the education initiative. We are also beginning to see that the learning outcomes at the JHS, particularly the Science and Mathematics is good", (DEO representative, Mamprugu Moagduri)*

*"Students can now do practical based separation of mixtures, Students now have access to laboratory kits" (DEO representative, Binduri District)*

*"Children coming with excavators, Fans, Air conditioners. These are made by the learners" (DEO representative, Builsa South District)*

**Table 26: Evidence on education trends, trajectory, impact and adjustments**

Focus Area	Trends	Impact Trajectory	Proposed Adjustments
Academic engagement	Improved reading, spelling, and ICT use due to tablets, books, and teaching aids; increased interest in learning.	Positive trajectory with deeper digital and literacy skills emerging among learners.	Scale access to digital tools to all schools, ensure offline content is available, and train teachers to integrate technology.
School attendance	Reduced absenteeism linked to uniforms, supplies, and teacher encouragement; children feel motivated to stay in school.	Sustained gains, particularly among girls, with potential for long-term improvements in retention.	Expand outreach to irregular attendees and develop systems to track at-risk students for early intervention.
Motivation and confidence	Students show greater pride in schooling, especially when supported with learning materials and positive recognition.	Growing trajectory of learner identity and self-esteem in the classroom.	Embed life skills, mentorship, and recognition programme to reinforce student motivation.

Source: OMS Midline data, 2025

### 3.3.2.1 Impact ratings

In specific terms, the impact ratings as given by teachers further points to the evidence of ongoing changes (Figure 8). Overall, 65.2% of respondents rated the intervention as strong in achieving educational goals, while 34.8% rated it as medium. At the district level, Binduri had the highest proportion of strong ratings at 70.6%, followed by Mamprugu Moagduri at 64.3% and Builsa South at 60%. Binduri also had the lowest proportion of medium ratings at 29.4%.

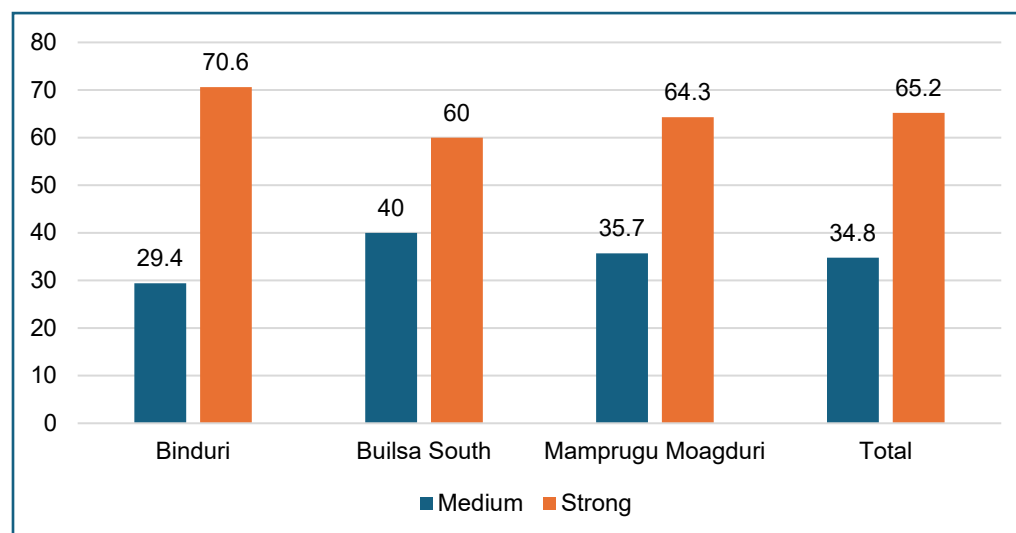


Figure 8: Impact rating of education intervention by teachers

Source: OMS Midline data, 2025

### 3.3.2.2 Community-level transformation

Overall, 60.9% of teachers strongly agreed that the education interventions relating to the training of teachers and the provision of learning resources including tablets is contributing significantly in transforming education in the respective communities, while 37% agreed. At the district level, Builsa South had the highest percentage of strong agreement (66.7%), followed by Mamprugu Moagduri (64.3%) and Binduri (52.9%). Agreement was highest in Binduri at 47.1%, compared to 33.3% in Builsa South and 28.6% in Mamprugu Moagduri. Notably, disagreement was only recorded in Mamprugu Moagduri at 7.14%, with no respondents disagreeing in Binduri or Builsa South (Figure 9).

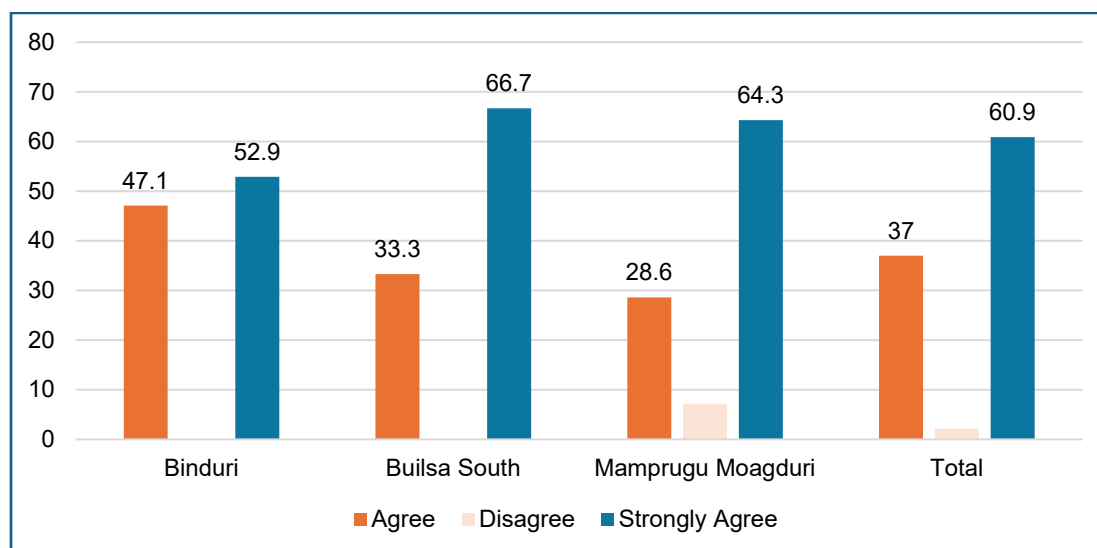


Figure 9: Rating on the contribution of the intervention to education in general  
Source: OMS Midline data, 2025

### 3.3.3 Health

In all, the health component of the OMS Programme did not progress as initially planned, primarily due to financial and technical limitations. While support was intended for 30 CHPS compounds, only three received assistance across the three districts. The evidence from the evaluation shows the original programme design proved overly ambitious and lacked adequate budget and in-house health expertise. Additionally, misalignment with district and regional health structures further hindered implementation. Though efforts were made to redesign the component in alignment with national and regional health plans, leadership changes within the health directorates disrupted momentum. Consequently, AfriKids scaled down the health component, integrating relevant aspects into the education programme such as the SRH, girls' retention through sanitary pad support, health screenings, and school health clubs. Despite the challenges, valuable lessons have been learned, and ongoing impact is observed.

The midterm evaluation data (Table 27) indicates notable progress in adolescent sexual and reproductive health, particularly among girls, with increasing knowledge about menstrual hygiene, sexually transmitted infections, and bodily changes translating into positive behavioural shifts. Additionally, access to sanitary products is contributing to girls' comfort and school attendance,

helping reduce period-related absenteeism. While health-seeking behaviour has improved modestly reflected in adolescents’ growing willingness to speak with trusted adults - stigma remains a barrier in some communities, limiting full engagement. To accelerate progress, the programme must ensure steady access to hygiene products, and create confidential, youth-friendly spaces with trained providers to address issues of misconception and encourage open dialogue.

**Table 27: Evidence on health trends, trajectory, impact and adjustments**

Focus Area	Trends	Impact Trajectory	Proposed Adjustments
SRH Awareness & behaviour	Adolescents are increasingly knowledgeable about menstrual hygiene, STIs, and bodily changes; many have changed behavior (e.g., avoiding risky sex).	Upward trajectory - knowledge is translating into behavior change, especially among girls.	Expand SRH sessions to include boys, provide youth-friendly materials, and address misconceptions about menstruation and sexual health.
Access to sanitary products	Girls report improved comfort and school participation due to pads and hygiene materials.	Positive trajectory in reducing period-related absenteeism and discomfort.	Ensure consistent supply of pads and consider reusable or cost-effective models.
Health seeking behaviour	Some adolescents feel more comfortable speaking to teachers or health workers about health issues.	Moderate progress; still limited in areas with strong stigma.	Establish confidential counseling spaces and train local providers in youth-friendly service delivery.

Source: OMS Midline data, 2025

### 3.3.3.1 Impact

Responses to the question on impactful aspects of the programme from the perspectives of health personnel show strong consensus that adolescent health education has significantly benefited teenage girls, enhancing their knowledge of sexual and reproductive rights, personal hygiene, and overall reproductive health.

In furtherance to this, the evidence in Figure 10 highlights the impact of the health intervention based on the overall rating of district health performance across the three focus districts. Overall, 60% of respondents rated the district health performance as strong, while 40% rated it as medium. In Mamprugu Moagduri, all health personnel rated the intervention as highly effective (100%), while in Builsa South, ratings were evenly split between strong (50%) and moderate (50%) performance.

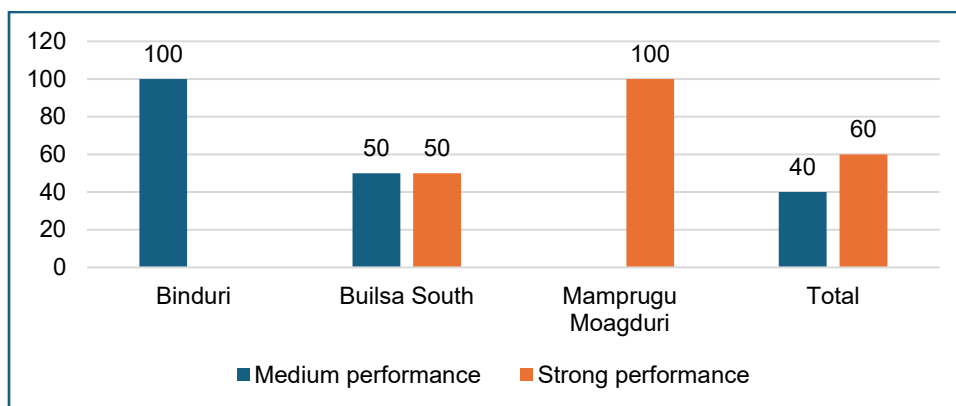


Figure 10: Overall rating of the health intervention  
Source: OMS Midline data, 2025

Additionally, Figure 12 shows that all health personnel perceived the intervention as transformative - 100% agreed in Binduri and Builsa South, while 100% in Mamprugu Moagduri strongly agreed. This finding reflects a stronger endorsement of the intervention.

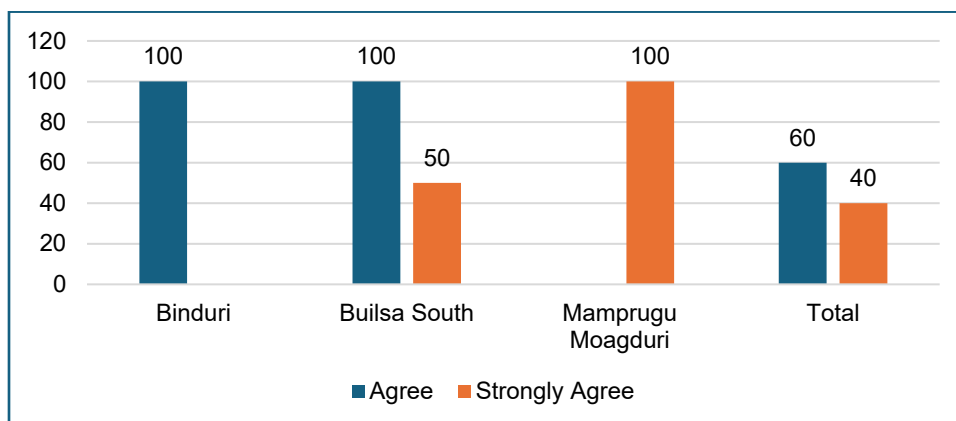


Figure 11: Rating of intervention's transformation of health  
Source: OMS Midline data, 2025

### 3.3.4 Child Protection

In all, the findings highlight steady progress in child safety, moral development, and emotional well-being, largely supported by the work of the CCPCs, the provision of value-based education from teachers and caregivers (Table 28). Children increasingly feel a sense of belonging and moral grounding, contributing to their social growth; however, safety issues and the ability to report abuse remain inconsistent, especially in areas where stigma persists. To sustain and deepen this trajectory, the programme should embed psychosocial support into school routines, strengthen values education through inclusive methods, and strengthen child-friendly reporting mechanisms that are actively promoted through clubs and community engagement.

**Table 28: Evidence on child protection trends, trajectory, impact and adjustments**

Focus Area	Trends	Impact Trajectory	Proposed Adjustments
Safety and well-being	Uniforms and school presence have increased children's sense of safety and belonging; children also feel emotionally safer in some cases.	Improving trajectory of perceived protection, though emotional safety varies by location.	Integrate psychosocial support (PSS) into school programming and train staff in trauma-sensitive care.
Moral and social growth	Learners report being taught values like respect, responsibility, and right/wrong by teachers and caregivers.	Stable and positive trajectory with character education showing impact.	Deepen values education with storytelling, reflection sessions, and parent engagement to reinforce values at home.
Safe reporting channels	Still limited awareness or comfort in reporting abuse or neglect; some stigma around speaking out remains.	Slow trajectory with room for stronger protections and child voice.	Establish clear, child-friendly reporting systems and raise awareness through school clubs and community forums.

Source: OMS Midline data, 2025

### 3.3.4.1 Support to children with disabilities in accessing safe learning environments

Across the intervention communities, various initiatives have been implemented to support children with disabilities in accessing safe and inclusive learning environments. Schools have constructed disability-friendly infrastructure, including ramps and accessible pathways, to facilitate easy movement. Additionally, Teachers and community members actively encourage inclusivity by fostering a supportive environment where children with disabilities feel valued and accepted.

The Community Child Protection Committees play a crucial role by conducting accessibility audits to identify and address barriers in schools, advocating for assistive devices such as walkers and hearing aids, and organising disability awareness campaigns to challenge negative perceptions and promote inclusivity.

Again, the training given to teachers is seen to be contributing to inclusive practices, including appropriate seating for children with hearing and vision impairments, while community members often assist with school access for children with disabilities. Support from AfriKids, other stakeholders, and parents helps meet basic needs and encourages school monitoring. Peer support is also promoted to foster inclusive learning. Despite these efforts, more sustained action is needed to enhance accessibility, specialised support, and equal educational opportunities for all. The following voices speak to this:

*“We carry some on back or on wheels to and from school so that they can also learn”* (Male respondent, Binduri Central, Binduri)

*“Always talking to students to help their colleague student with disabilities, create disability walking pathways to help them access learning facilities* (Male respondent, Fumbisi, Builsa South)

### 3.3.4.2 Impact on rescuing children

The evidence from the interactions with the CCPCs shows these committees are playing crucial roles in supporting children who have been rescued from abusive situations by ensuring their safety, recovery, and reintegration into society. One of the key forms of support provided is counselling and psychological assistance to help children cope with trauma and rebuild their confidence. Respondents emphasised the importance of continuous encouragement and follow-ups to ensure that rescued children do not experience further abuse. In cases where medical attention is needed, the committees facilitate access to healthcare services, including medical treatment and nutritional support. Some members also contribute provisions from their own resources to assist these children in their recovery journey. Additionally, efforts are made to reintegrate children into school by providing learning materials, uniforms, and re-enrollment opportunities.

Where possible, the committees trace and reunify children with their families while ensuring that proper support structures are in place. For those who cannot return home due to safety concerns, alternative care arrangements such as foster care or institutional support are sought.

*“We always continue to be in touch with such children after we have been able to rescue them and gotten them a safer place, give them the necessary support they need to outgrow the abuse scars and stay focused again in life. We sometimes even give provisions from our own contribution to such children. In fact, we do not leave such children abandoned”* (Female respondent, Jiningsa, Builsa South)

*“By doing follow ups to see if a child who has been rescued from abusive situation is safe and not suffering any form of abuse again”* (Male respondent, Pintengsa, Builsa South).

### 3.3.4.3 Evidence of observed improvements in child protection outcomes:

The evaluation results point to ongoing improvements in child protection outcomes. One major improvement is the increase in school enrollment and attendance, with fewer cases of school absenteeism and dropouts. More children, including those with disabilities, now have access to education, and some have even received learning materials and bicycles to ease their journey to school. Communities like Kpalugu has witnessed a reduction in child labour, early marriage, teenage pregnancies, and unsafe migration to urban areas in search of work.

The intervention has also contributed to shifting community attitudes towards child protection. Sensitisation programmes have raised awareness, leading to increased parental involvement in protecting children’s rights - with more people reporting cases of abuse and supporting victims. The eradication of harmful traditional practices, such as the killing of children with disabilities, and the drastic reduction in early marriages are clear indicators of the lasting impact of the child protection intervention. The following quotes validate this finding:

*“Reduced teenage pregnancy, abortions, travel to urban cities and improve child with special needs”* (Male respondent, Kuburi Mamprugu Moagduri).

*“Early marriage cases have reduced in the school”* (Male respondent, Fumbisi/Logmisii, Builsa South).

### 3.3.5 FLISP

Overall, the evaluation of the FLISP intervention shows a trend of impact - contributing positively to family financial relief and household well-being, with many parents noting reduced economic strain and improved relationships as a result of their children’s sustained school attendance (Table 29). These shifts suggest a strengthening impact trajectory where educational support is enhancing overall family resilience. However, community perceptions of exclusion and inequity in benefit distribution pose challenges to sustained community trust and inclusiveness.

**Table 29: Evidence on FLISP trends, trajectory, impact and adjustments**

Focus Area	Trends	Impact Trajectory	Proposed Adjustments
Family financial relief	Parents report reduced burden due to educational supplies; children stay in school rather than doing petty trade.	Interventions are supporting household resilience indirectly through education access.	Explore linking with income-generating programmes, especially for female-headed or vulnerable households.
Household well-being	Reduced stress and improved relationships within households due to children’s schooling and development.	Improved family dynamics are being observed.	Consider home visits and caregiver dialogues to support broader family resilience and child development goals.
Community perceptions & equity	Some reports of perceived exclusion or uneven distribution of benefits among families.	Uneven trajectory- community support is strong but needs better transparency.	Improve community targeting mechanisms and communication to ensure equity, inclusion, and clarity around beneficiary selection.

Source: OMS Midline data, 2025

#### 3.3.5.1 Impact

The FLISP programme has significantly improved the lives of beneficiaries, particularly women and their households, by enhancing financial stability, increasing school attendance, and fostering economic empowerment. Many parents can now afford school supplies, ensuring higher enrollment and retention. Additionally, the programme’s low-interest loans have helped women start and expand businesses, reducing dependence on their husbands and external support. Financial independence has alleviated stress, improved household well-being, and strengthened community savings groups, providing a reliable safety net. Also, it has reduced rural-urban migration for menial jobs like 'kayaye,' as women now have income-generating opportunities within their communities. Beyond financial gains, the intervention has boosted confidence and social status, creating lasting economic and social transformation. Though some beneficiaries face challenges like market instability, the overall impact of FLISP has been overwhelmingly positive, fostering self-reliance, improved livelihoods, and stronger financial management skills. The following voices speak to this:

*“It has really helped me and my colleague women, you know in this community our men don’t support we the women so if this support is there, I see that it is helping us a lot”* (Female respondent, Fumbisi, Builsa South).

*“The basic needs of my household are no longer a challenge i.e. My household do no longer starve due to lack of food as a result of not been able to purchase necessary food items.”* (A female respondent from Kpalugu, Binduri)

*“I can now buy my ingredients to cook without any difficulty. I am now able to pay for some basic bills in my home” (A female respondent, Narango No 1, Binduri t).*

*“My income level has changed and I am now able to meet most of my family expenses like buying of ingredients to cook for my family, hospital bills and other expenses which I couldn't do previously.” (Female respondent, Narango No 1, Binduri).*

*“The changes I have noted with the implementation of this intervention is that, things that use to worry me in my family about money has been the thing of the past” (Female respondent, Narango No 1, Binduri)*

*“Initially I had a very small capital for my business, indeed I was struggling, but when I receive the support my business capital has been increase and my profit margins has also been increase thereby making life very practical and comfortable for me” (Female respondent, Narango No 1, Binduri)*

*“I am now a part of a susu group which was brought to us by AfriKids. I can access loans there too to expand my business. I get profit from there to be able to cook at home and buy basic needs for my children in school” (Female respondent, Narango No 1, Binduri).*

The quantitative data in Table 30 further confirms the findings relating to the impact of the FLISP intervention. The evidence shows that the majority of respondents (90.1%) strongly agreed that their community lives had been transformed, with Binduri recording the highest percentage (96.0%), followed by Builsa South (88.0%) and Mamprugu Moagduri (85.7%). A smaller proportion (9.9%) agreed, with Mamprugu Moagduri (14.3%) showing the highest level of agreement compared to Builsa South (12.0%) and Binduri (4.0%).

**Table 30: Rating on the interventions transforming lives**

Transformed community lives	Binduri	Builsa South	Mamprugu Moagduri	Total
Agree	1 (4.0%)	3 (12.0%)	3 (14.3%)	7 (9.9%)
Strongly Agree	24 (96.0%)	22 (88.0%)	18 (85.7%)	64 (90.1%)
<b>Total</b>	<b>25 (100%)</b>	<b>25 (100%)</b>	<b>21 (100%)</b>	<b>71 (100%)</b>

Source: OMS Midline data, 2025

### **Summary:**

- Improved educational engagement and outcomes - access to tablets, books, and learning materials has enhanced literacy, digital skills, attendance, and learner motivation - especially for girls. Teachers reported a high impact of interventions, with 65.2% rating it as strong
- Mixed progress in health interventions - the health component faced setbacks due to resource limitations, but integration with education (e.g., SRH education, sanitary pad support) yielded progress in adolescent health awareness and reduced absenteeism among girls.
- Strengthened child protection systems - communities report fewer cases of child labor, early marriage, and harmful practices, with increased reporting of abuse and greater parental involvement in child protection.
- Positive impact of FLISP on economic empowerment
  - FLISP has improved household financial stability, particularly for women, through low-interest loans and support for school-related expenses.
  - Reduced economic pressure has increased school attendance, lowered rural-urban migration, and fostered greater household well-being and community cohesion.

### 3.4 **OBJECTIVE 4: GAPS, CHALLENGES, AND BARRIERS TO IMPLEMENTATION AND AREAS REQUIRING TARGETED INTERVENTION**

#### 3.4.1 Introduction

This section of the report provides evidence on key gaps, challenges, and barriers relating to the OMS programme implementation.

#### 3.4.2 The OMS MEL System

The programme has different MEL frameworks for all the three core components – education, health, child protection. There is however, no specific MEL framework for the FLISP intervention (*Annex 2 provides some synthesis on the OMS MEL System*).

##### 3.4.2.1 Analysis of the MEL system

The OMS Programme’s MEL system has faced significant challenges including the absence of a structured MEL system from the outset, leading to frequent revisions and additions of indicators across multiple years (2022–2024), which has complicated reporting and forced reliance on two logframes with over 70 indicators. Staff capacity in monitoring and evaluation remains low, limiting programme ownership of MEL processes. Additionally, unanticipated external data requests, inadequate resourcing for MEL activities, and difficulties in implementing and maintaining MEL platforms (Logalito being discontinued and DHIS2 under development) have further strained the system. Collaborations, especially with structured sectors like the Ministry of Health, have also posed major challenges. Moreover, despite data collection efforts, the effective use of collected data to inform programme improvements has been limited.

Table 31 provides detailed explanation of the key gaps listed under each thematic area of the OMS Programme’s MEL system. The explanations provide clarity on how each gap affects the effectiveness, efficiency, and learning potential of the MEL framework.

**Table 31: Detailed gaps on the MEL system**

No	Thematic Area	Key Gaps	Detailed Explanation
1	MEL System Design and Structure	<ul style="list-style-type: none"> <li>▪ No MEL system designed from the start</li> <li>▪ Frequent changes and additions to indicators (2022–2024)</li> <li>▪ Two logframes in use with over 70 indicators</li> </ul>	<p>The absence of a structured MEL system from the programme’s inception meant there was no clear roadmap for tracking progress.</p> <p>The frequent adjustments to indicators reflect either unclear program objectives or shifting donor expectations, leading to inconsistent measurement.</p> <p>Having two logframes with 70+ indicators adds complexity, overwhelms staff, and diffuses focus from core outcomes.</p>

No	Thematic Area	Key Gaps	Detailed Explanation
2	Monitoring and Data Systems	<ul style="list-style-type: none"> <li>Limited functional systems to capture routine data</li> <li>Frequent changes made to indicators mid-implementation</li> </ul>	<p>Without a functioning routine monitoring system, data collection is irregular and often reactive. This undermines the ability to track progress or respond in real-time.</p> <p>Changes to indicators midstream disrupt continuity, making it difficult to assess whether improvements are real or due to measurement changes.</p>
3	Staff Capacity and Engagement	<ul style="list-style-type: none"> <li>Limited staff appreciation and understanding of MEL</li> <li>Limited staff involvement in MEL activities</li> <li>Need for basic MEL capacity building</li> </ul>	<p>Many staff do not see MEL as a tool for learning and improving but as a donor requirement. Their limited understanding reduces the accuracy of data collected and their involvement in planning or reviewing MEL activities is minimal.</p> <p>Capacity gaps mean staff are less equipped to interpret data or use it to adjust implementation strategies.</p>
4	Resource Constraints	<ul style="list-style-type: none"> <li>Inadequate financial and human resources for MEL</li> <li>Over-reliance on TOT experts for monitoring and data collection</li> </ul>	<p>MEL is underfunded and understaffed, limiting its scope and effectiveness.</p> <p>The reliance on external TOTs undermines institutional memory and leads to inconsistent practices. Internal capacity remains weak, and MEL becomes dependent on external actors rather than integrated into regular programming.</p>
5	Data Collection Tools and Systems	<ul style="list-style-type: none"> <li>Logalito system introduced but abandoned</li> <li>Transitioning to DHIS2</li> <li>Limited formal routine for monitoring visits</li> </ul>	<p>The Logalito platform was dropped due to cost and complexity, indicating a mismatch between tool and local capacity.</p> <p>The switch to DHIS2 is promising but likely comes with a steep learning curve.</p> <p>Without scheduled monitoring visits and standard protocols, data collection is ad hoc, reducing its quality and usefulness.</p>
6	External Data Demands	<ul style="list-style-type: none"> <li>Unplanned data requests unrelated to programme performance – leads to extra resource burden</li> </ul>	<p>Donors and external stakeholders often request information that is outside the agreed scope of MEL. These ad hoc requests place additional burdens on already overstretched teams and divert attention from priority data collection and analysis activities.</p>
7	Partnerships and Collaboration Challenges	<ul style="list-style-type: none"> <li>Difficulty in collaborating with the MoH/health sector due to rigid structure</li> </ul>	<p>The MOH and other partners operate within rigid systems that may not accommodate the flexibility needed by the OMS programme.</p> <p>Additionally, weak engagement at the national level limits the programme's influence on policy,</p>

No	Thematic Area	Key Gaps	Detailed Explanation
		<ul style="list-style-type: none"> <li>Limited presence and collaboration at the national level</li> </ul>	coordination, and sustainability of its interventions across regions.

Source: MEL Framework, ToC (2022), OMS Midline data, 2025

### 3.4.2.2 Key areas requiring possible adjustments

The midterm assessment has made a few observations relating to the OMS MEL system that could enhance programme reporting if rectified/adhered to.

The OMS Programme MEL system needs to be overhauled by putting in place an improved system to ensure that data collection, collation and transmission is cost effective and more efficient.

Reporting programme performance in relation to some indicators require the establishment of a routine data collection system managed by the MEL Manager. District Programme Managers and their staff should be responsible for the collection of field data such as enrollment, school attendance etc. as they work with the DEOs/SISOs and headteachers. The current arrangement where the programme relies on trainers/experts and consultants to tag monitoring and data collection on to their primary activities is not the best.

Although this appears workable to some extent, there could be emerging data quality concerns. It is also not sustainable and does not help in building the capacity of AfriKids staff.

Additionally, the cost of collecting routine programme data could be minimized significantly if the field staff are given basic training in MEL, Key performance indicators, how to collect data and the role this exercise plays in reporting and fundraising activities of the OMS programme.

With the suspension of Logalto (an MEL system) and current efforts to establish a new one which is less herculean and less expensive, it will be appropriate to incorporate the routine system on the onset. The following are proposed:

- MEL manager should identify and compile all indicators that have to be reported quarterly and establish a routine data system to aid their collection
- Programme field staff should collect the data and collate led by an identified MEL liaison officer (from the team)
- Collated data/figures should be verified by the Programme Manager before it transmitted to the MEL Manager (at the Head Office)
- Trainings or periodic refreshers for programme staff in MEL is critical
- The MEL Manager should create yearly folders for the OMS Programme activities and reporting. For example, 2020 folder will contain all program documents; 2021 all activities that were undertaken, monthly, quarterly and annual reports etc.; and same in subsequent years (2022, 2023, 2024, 2025, 2026)
- Need for adequate resources for MEL activities
- The MEL Manager should have a plan of activities for the year (split into quarters) with their corresponding budgets for Management.
- AfriKids should set timelines for addressing the MEL System challenges. Possibly develop a roadmap to ensure responsiveness of the process.

- Finally, there is the need to synchronize the two logframes being used to run the programme. Failing that, then management should provide adequate resources for collecting data that responds to all the indicators.

### 3.4.3 Programme implementation challenges

The OMS programme faces multiple implementation challenges grouped around human resource constraints, such as limited staffing and key staff resignations; overly ambitious and unprioritised programme design; contextual security issues including conflicts in target districts; insufficient and inflexible funding; and weak data systems with no consistent mechanisms for capturing routine monitoring data or managing indicator changes. These barriers hinder efficient delivery, scale, and adaptability of the integrated approach.

The OMS programme implementation challenges are grouped into five thematic categories: Human Resources, Programme Design and Planning, Security and External Context, Funding and Resource Allocation, and Monitoring and Data Systems (*See Table 32 for the summary*).

#### 1. Human resources constraints

- *Limited staffing capacity* - with only three team members (a Programme Manager and two Field Assistants) managing interventions across 20 schools spread out geographically, there is overstretching. This limits effective field monitoring, reduces staff motivation, and compromises programme reach and responsiveness.
- *Unexpected staff resignations* - the unanticipated resignation of the Head of Programmes, who played a central role in designing and launching the OMS, disrupted continuity and institutional memory. It also affected decision-making and follow-through on strategic components.
- *Teacher attrition and delays in replacement* - high turnover among teachers and the lag in recruiting replacements undermines the stability of learning environments. Learners experience inconsistent teaching, which affects the quality of education delivery.

#### 2. Programme design and planning

- *Overpacked activity components* - both the Education and Child Protection components of the programme are burdened with a wide range of activities - spanning KG support, infrastructure upgrades, STEM education, child marriages, trafficking, and capacity building. This dispersion of focus reduces the programme's ability to deliver depth, stretch resources thin, and increases implementation fatigue.
- *Lack of piloting* - several activities were not tested before full-scale rollout, relying instead on previous experiences. This limits contextual adaptation and learning, and may result in inefficiencies or mismatches between interventions and ground realities.
- *Weak national-level visibility* - AfriKids and the OMS programme have limited engagement at the national level. This constrains their influence on policy, reduces opportunities for upscaling, and limits integration with broader education or child protection frameworks.

- Limited national collaboration - collaborations are concentrated at the regional and district levels. Without broader national partnerships (e.g., with GES HQ or MoE), systemic impact and sustainability may be limited.

### 3. Security and external context

- *Conflict-affected districts* - some programme areas are experiencing or are prone to conflict, which affects school operations, displaces families, and creates safety risks for learners, teachers, and programme staff. These realities necessitate context-sensitive, conflict-responsive programming.
- *Staff safety concerns* - due to insecurity in target areas, significant resources and attention are diverted to ensuring staff safety, limiting programme mobility and flexibility in fieldwork.

### 4. Funding and resource allocation

- Budget shortfall - the OMS programme is operating with just 50% of the estimated budget due to lack of full buy-in from donors for the integrated child-centered approach. This severely constrains implementation scope, limits staffing, infrastructure delivery, and quality of interventions.
- Inflexible resource allocation - budget distribution is uniform, rather than needs-based. Districts with higher needs or unique challenges (e.g., remote locations, poor infrastructure, conflict) receive no extra support, leading to inequity and inefficiencies.
- Inadequate overall financial support - combined with inflation and rising operational costs, the already constrained budget undermines quality delivery, sustainability planning, and scale-up potential.

**Table 32: Summary of implementation challenges**

No.	Thematic area	Challenges/Barriers
1.	Human resources	<ul style="list-style-type: none"> <li>▪ Staffing problems (3 people managing 20 schools far apart)</li> <li>▪ Unexpected resignation of Head of Programmes</li> <li>▪ Teacher attrition and delays in replacement</li> </ul>
2.	Programme design and planning	<ul style="list-style-type: none"> <li>▪ Overloaded education and child protection components with too many activities</li> <li>▪ Some projects implemented without piloting – implemented based on past experiences</li> <li>▪ Lack of OMS presence at national level</li> <li>▪ Need for stronger national collaboration beyond districts</li> </ul>
3.	Security and external context	<ul style="list-style-type: none"> <li>▪ Conflict or potential conflict situations in districts - Safety concerns for staff and learners due to insecurity</li> </ul>
4.	Funding and resource allocation	<ul style="list-style-type: none"> <li>▪ Programme operating at 50% of estimated budget due to limited donor support</li> <li>▪ Inadequate financial resources</li> <li>▪ Limited flexibility in allocation</li> </ul>

Source: OMS Mid-term evaluation, KII with AfriKids' team, 2025

### 3.4.4 Workforce-related issues and programme delivery

The evidence emerging from the interaction with the AfriKids team showed the field-workforce are adequately resourced with tools such as motorbikes, fuel allowances, and tablets for smarter, tech-enabled fieldwork. However, several challenges undermine their effectiveness, including malfunctioning tablets, poor internet connectivity, and difficult terrain - especially in Mamprugu Moagduri District where bad roads hamper mobility. Additionally, inadequate district office infrastructure remains a problem, with some teams facing eviction due to lack of permanent, suitable office space. These challenges constrain field operations, data collection, and overall staff productivity despite efforts to equip the team. Table 33 provides further details on the specific issues:

**Table 33: Workforce and related issues**

Issue Area	Details
Tools & resources provided for field teams	Staff are equipped with motorbikes, fuel allowances, and tablets (provided by IMAGINE Ghana) for data collection and smarter fieldwork.
Technology challenges	Some tablets are faulty or ineffective; internet connectivity is poor, affecting real-time data collection and communication.
Geographic/Terrain challenges	Difficult terrain and poor road networks, especially in Mamprugu Moagduri District – this makes access to schools and communities challenging.
	Secondly, the wide geographic spread of selected districts means targeted schools are often far apart, resulting in long travel times - sometimes up to four hours daily. This places significant strain on field staff and hampers effective programme delivery.
Mobility needs	Due to harsh terrain, there's a growing need to co-locate vehicles to improve field access and staff mobility.
Office infrastructure	Some district offices are below standard; in some areas like MMD, staff face eviction and lack viable alternatives for office space.

#### 3.4.4.1 Areas requiring targeted intervention

To improve field operations and optimise staff performance, the programme should invest in capacity building for financial management so that District Programme Managers (DPMs) can focus on technical programme delivery rather than dual roles. This is particularly relevant as new accountants are being onboarded to assume financial duties. Moreover, digitising data collection and expanding the use of tablets would enhance the efficiency and timeliness of MEL processes. Also, localising procurement by working with registered community vendors can streamline purchasing and cut costs.

In terms of programme design, there is a strong suggestion to refocus on Education, the programme's core strength, rather than stretching thin across multiple sectors. Again, the current MEL framework is overburdened with too many indicators, making reporting complex and inefficient. A strategic review and simplification of the logical framework would help align measurement with priorities and ease the reporting burden.

The evidence from the evaluation synthesis further points to other three key areas needing targeted support (national-level related) to ensure continuous effectiveness and sustainable implementation of the OMS Programme (Table 34). First, there is a need for stronger and more vigorous advocacy

at the national level to secure broader visibility and support from government and stakeholders. Second, forming robust partnerships with national institutions is critical for scaling and influencing systemic change, particularly in education, health, and child protection. Lastly, addressing teacher attrition challenges requires policy-level interventions - specifically advocating for a system where local teachers are recruited and bonded to serve in their communities for a minimum period, ensuring continuity and community integration in teaching.

**Table 34: Areas requiring targeted support/intervention**

Priority Area	Suggested Action
Efficiency in Field Operations	Build staff capacity in financial management and allow DPMs to focus on programme implementation.
	Digitise MEL operations; promote consistent use of tablets for data collection and reporting.
	Improve procurement processes; engage registered vendors within programme communities.
Programme Focus and Scope	Narrow programme focus to Education—the area of greatest strength and impact.
MEL System/Indicators	Review and simplify the logical framework to reduce the number of indicators for more manageable reporting.
National-Level Advocacy	Increase and intensify national-level advocacy to raise the profile of the programme and its needs.
Institutional Partnerships	Establish and strengthen strategic partnerships with national institutions to enhance programme sustainability.
Teacher Deployment Policy Reform	Advocate for teacher deployment policies that prioritize recruiting and bonding local teachers in target communities.

### 3.4.5 Thematic / Thematic challenges

#### 3.4.5.1 Education-related challenges

Some identified barriers to KG and primary education enrollment and completion include:

- Distance (some children live far away from schools (more than 3 kilometers from the school),
- Lack of parental support,
- Lack of trained KG teachers.

To address the issue of distance, some of the DEOs through the advocacy work of SMC/PTAs (whose capacity the OMS programme built) are opening schools in certain communities which are far away from existing schools. For example, the DEO recently opened a school in Bachisa, Kasiesa-yepaala, Zuasa and Samsa. Another is yet to be opened at Gbedema. The DEOs also engage parents during PTA meetings to sensitize them on how to support their children in school. Besides they have created JHS for communities whose learners have to travel longer distances to access JHS.

With respect to school governance, getting parents to participate in Parents Association meetings is a problem besides unwillingness of some teachers to participate in decision making due to GES directives for teachers not to participate in decisions by parents.

Poor attendance due to distance during meetings with the schools' governance. Some communities have left the governing of the schools to only teachers. This emanates from lack of commitment from the school communities.

### **3.4.5.2 FLISP-related challenges**

The majority of respondents indicated that all aspects of the AfriKids intervention are working well, with many explicitly stating that they have not observed any issues. A few respondents, however, mentioned concerns related to specific areas, particularly child protection and health interventions, noting that they have not heard much about them. Some also highlighted delays in loan disbursement under the FLISP intervention and challenges faced by beneficiaries who exhausted their initial funds and were unable to restart their businesses. Additionally, there were concerns from individuals who were promised loans but have yet to receive them. Overall, while most participants expressed satisfaction with AfriKids' interventions, a small number pointed to gaps in implementation, particularly in financial support, child protection, and health-related initiatives.

### **3.4.5.3 Child-protection challenges:**

Coordinating child protection efforts with government agencies and non-profit organisations across the intervention communities present several challenges that hinder effective implementation. A major issue is the lack of clear communication channels, which leads to misunderstandings, duplication of efforts, and gaps in service delivery. Inconsistent collaboration among stakeholders further weakens comprehensive child protection strategies. Insufficient funding and inadequate human resources, including trained personnel and volunteers, limit the scope of child protection initiatives and reduce the effectiveness of interventions. Some respondents also highlighted difficulties in accessing government agencies and non-profit organizations, as their engagement is often irregular and inconsistent. Additionally, unclear policies and procedures create confusion and slow down coordination efforts. Community Child Protection Committees (CCPCs) face challenges such as victimization at the community level and a lack of strong protection from the government, making it difficult for them to carry out their work effectively. Some respondents noted that churches sometimes take children to distant locations for extended periods, raising safety concerns. Non-compliance from some parents and community members, as well as a lack of legal enforcement to prosecute offenders, further complicates child protection efforts. The lack of financial support, resources, and capacity-building opportunities for stakeholders hinders their ability to respond effectively to child protection concerns. Additionally, some committee members feel unrecognized due to the absence of uniforms, allowances, and general respect for their roles. Despite these challenges, some respondents reported positive cooperation with government agencies and non-profits, indicating that while progress has been made, significant gaps remain in ensuring effective coordination and sustainable child protection efforts. Strengthening communication, increasing training opportunities, and ensuring consistent financial and institutional support are essential to overcoming these obstacles. The following voices speak to this:

*“Lack resources personal to support us in education”* (Male respondent, Kuburi, Mamprugu Moagduri).

*“Victimisation in the community level, no strong protection for CCPC’S from government”* (Male respondent, Fumbisi, Builsa South).

*“Lack of clear communication system between the superiors and subordinates in the government and non-government organisations”* (Female respondent, Uwasi/Tuedema Builsa South).

*“We find it difficult to have access to the government agencies and other NPO are difficult to access child protection. They come but not regularly”. Male respondent, Binduri Central, Binduri).*

**Summary:**

- Fragmented MEL system - the programme lacks a cohesive MEL system, particularly for the FLISP component, leading to inconsistent data, reporting challenges, and limited learning for programme improvement.
- Human Resource Limitations - staffing is critically low, with field teams overstretched and essential roles like the Head of Programmes lost to resignation. This limits programme delivery, monitoring, and institutional continuity.
- Infrastructure and operational barriers - poor roads, malfunctioning field tools (e.g., tablets), and lack of proper office space hinder effective programme implementation and data collection.
- Gaps in FLISP implementation - although well-received, the FLISP intervention faces issues such as delayed or unmet loan disbursements and challenges in sustaining business activities among some beneficiaries.
- Child protection coordination challenges - weak communication with government and NGOs, lack of legal enforcement, and insufficient support for child protection volunteers hinder sustainability and impact.

## **3.5 OBJECTIVE 5: SUSTAINABILITY OF THE PROGRAMME OUTCOMES AND THE SCALABILITY OF SUCCESSFUL INTERVENTIONS**

### **3.5.1 Introduction**

Ensuring the long-term sustainability of programme outcomes and the scalability of successful interventions is critical for maximising the impact of the OMS Programme beyond its current scope and duration. Sustainability involves embedding programme benefits into local systems, structures, and capacities so that positive outcomes continue after donor funding ends. Scalability, on the other hand, refers to the ability to replicate or expand proven interventions in new locations or with larger populations. This section explores the extent to which the OMS Programme has laid the groundwork for sustainability - through community ownership, institutional partnerships, and policy alignment - as well as the readiness and potential for scaling up successful models and approaches across districts or nationally.

### **3.5.2 Sustainability measures identified**

Table 35 summaries key thematic areas and measures identified as critical for sustaining OMS programme outcomes beyond the project's lifespan:

1. *Community ownership and participation* - the evidence points to strong community and school-level structures such as PTAs, SMCs, and traditional leaders as key sustainability lines and these are expected to sustain programme initiatives post-closure. Evidence of community support including contributions like bags of cereals and guinea fowls could be leveraged for income generation that could support programme continuity. Converting these existing community support into periodic levies of farm produce sales could be a viable sustainability path.
2. *Livelihood empowerment (FLISP)* - the FLISP programme – which is seen to be gradually enhancing women's economic capacity, is considered a key tool for sustaining school and community-level interventions. Women's ability to contribute financially or in-kind would support the education of their children and the overall wellbeing of their families after the programme ends.
3. *Institutional partnerships* – evidence of the existing strong collaborations with district-level stakeholders (e.g., DOVVSU, Education, DA, Health, Social Welfare) enhances the sustainability potential of the OMS programme. Embedding the programme within local governance and service delivery structures appears to be the most viable channel to sustainability. Respondents believe that continued engagement and data sharing will strengthen institutional buy-in.
4. *Training of Trainers (TOT) model* - the TOT approach enhances sustainability potential by creating a pool of local trainers. These trainers can further cascade knowledge and skills within their communities and districts, ensuring long-term capacity even after project support ends.
5. *Capacity building and knowledge transfer* - Teachers trained under the programme could serve as resource persons to mentor colleagues in non-target schools, helping extend the programme's reach and benefits sustainably.

**Table 35: Sustainability issues identified**

Thematic area	Key sustainability measures identified
Community Ownership	Community groups (PTAs, SMCs, traditional leaders) expected to sustain efforts using resources like cereals, guinea fowls.
Livelihood Empowerment (FLISP)	Economic empowerment of women through FLISP will enable continued financial and material support to programme activities.
Institutional partnerships	Engagement with local institutions (e.g., DAs, Education, Health, Social Welfare) promotes ownership and long-term alignment.
TOT and Training models	Use of district-level TOTs reduces costs and promotes continuity through cascaded training within schools and communities.
Teacher capacity building	Trained teachers will transfer knowledge to peers in non-targeted schools, supporting scaling and sustainability of impact.

### 3.5.3 Intervention-specific sustainability pathways

Several intervention-specific strategies have been identified as likely pathways to promote the long-term sustainability of the OMS Programme’s core interventions in Education, Health, and Child Protection beyond external support (Table 36).

#### Education

In the education sector, ongoing activities likely to support sustainability beyond the OMS Programme include the programme’s strong emphasis on community engagement and ownership. Continuous sensitisation efforts are gradually building the capacity of local communities to independently manage education-related activities. Early and consistent involvement of school-community actors is fostering a sense of ownership and long-term commitment. Sustained collaboration with key stakeholders is also being encouraged to ensure broader buy-in and mobilization of resources. Additionally, future programming is expected to adopt a phased exit approach, where AfriKids continues to provide limited technical assistance and oversight during a transitional “hand-holding” phase to support partners in assuming full responsibility.

#### Health

In the health sector, ongoing activities likely to drive sustainability beyond the OMS Programme include strengthening the functionality and motivation of Community Health Management Committees (CHMCs) through continued financial and logistical support, regular meetings, and active involvement in programme planning and delivery. Community engagement remains a key strategy, with durbars, sensitisation campaigns, and participatory health education fostering behavioral change - reflected in increased vaccination rates and improved sanitation practices. Regular community health meetings and the formation of WASH teams are also helping to maintain hygiene standards and support infrastructure upkeep at CHPS compounds.

#### Child Protection

The child protection component demonstrates a high level of community ownership, with Child Protection Committees (CCPCs) playing a central role in sustaining gains. These committees are integrating child protection into existing community governance structures, mobilizing local resources, and collaborating with institutions such as CHRAJ to strengthen referral systems. Sustained sensitization via churches, PTAs, and community meetings is helping embed child protection values within the social fabric. Training for key actors - police, social welfare, teachers, and volunteers - is ongoing to maintain service quality. Notably, some districts have begun

institutionalising child protection through the creation of dedicated units within local government, promoting accountability and long-term integration into public policy frameworks. The use of monitoring systems, inclusive community engagement, and strategic advocacy for government funding underscore a well-structured pathway toward durable impact. The following quotes validate this finding:

*“The committee is well equipped and can continue to support child protection”* (Male respondent, Bazua, Binduri).

*“We will continue enforcing child protection policies as we are doing now to ensure the intervention will continue to grow for us to enjoy the impacts in the long run”* (Female respondent, Pintengs, Builsa South).

**Table 36: Intervention-specific sustainability pathways**

Intervention Area	Sustainability Pathways
Education	<ul style="list-style-type: none"> <li>- On-going community sensitisation and school-community engagements are likely to build a strong local management system that will drive activities after project closure</li> <li>- Strengthening community ownership through continuous dialogue</li> <li>- Stakeholder collaboration to encourage long-term buy-in and contributions</li> <li>- Technical assistance and limited “hand-holding” post-exit to support transition</li> </ul>
Health	<ul style="list-style-type: none"> <li>- Strengthening and resourcing CHMCs to maintain CHPS compounds</li> <li>- Organising regular CHMC meetings and involving them in implementation</li> <li>- Community-driven infrastructure maintenance (e.g., WASH teams, cleaning rosters)</li> <li>- Continued health education through durbars, outreach, and sensitisation</li> <li>- Mobilisation of community support to address local health needs</li> </ul>
Child Protection	<ul style="list-style-type: none"> <li>- Integration of child protection into existing community structures (e.g., SMCs, health volunteers)</li> <li>- Community resource mobilisation (e.g., financial, material, labor)</li> <li>- Advocacy for policy support and inclusion in district/national plans</li> <li>- Collaboration with agencies (e.g., CHRAJ) for referral systems</li> <li>- Ongoing training and sensitization through community and school platforms</li> <li>- Establishment of child protection units within local government</li> <li>- Monitoring, evaluation, and annual planning for sustained improvement</li> </ul>

### 3.5.4 Scalable Initiatives and Components of the OMS Programme

On the basis of the synthesised evidence from the OMS programme mid-term evaluation, several of the initiatives under the various components show strong potential for scaling up due to their effectiveness, relevance, community buy-in, and existing institutional structures. Below is detailed evidence of these (summary in Table 37):

1. *Teacher capacity building and peer training* - the training of teachers in targeted schools has yielded positive outcomes, with teachers demonstrating some level of improvement in pedagogical skills, especially at the KG and Primary levels. These trained educators can serve as resource persons to train colleagues in non-targeted schools, facilitating knowledge transfer and scale-up of best practices with minimal additional costs.
2. *Use of technology for data collection (Digital MEL Tools)* - the provision of tablets to field staff (though facing some hardware and connectivity challenges) is contributing to real-time data

collection. Scaling up this digital approach across districts - once technical issues are resolved - will improve monitoring, learning, and accountability mechanisms.

3. *Training-of-Trainers (ToT) and cascading training model* - the TOT model is both cost-effective and sustainable. District-level trainers can cascade knowledge to more schools and communities. Expanding this model ensures wide reach with limited resources and builds a self-sustaining local training ecosystem.
4. *Livelihood Empowerment (FLISP) for Women's Groups* - the FLISP component, which supports women in school communities with livelihood opportunities (e.g., farming, trading), has dual benefits - economic empowerment and programme support. Scaling this up would strengthen financial resilience in communities and indirectly support the continuation of OMS activities.
5. *Community resource mobilisation* - community-led initiatives, like cultivating cereals or raising guinea fowls, have generated income and in-kind contributions to support local OMS activities. With proper coordination and market access, these models could be replicated across districts for sustained community ownership.
6. *Institutional partnerships and integration with Local Governance Structures* - active partnerships with District Assemblies, GES, Health, and Social Welfare are crucial. Embedding OMS interventions within district development plans and service delivery structures can facilitate expansion to new areas with local government support.
7. *Intervention models in KG and Primary education* - AfriKids, through OMS, has an opportunity to formalise and scale its education interventions (e.g., classroom management, child protection strategies) into a replicable model that could be adopted nationally or used for advocacy and resource mobilization.

**Table 37: Summary Table - key scalable components of the OMS Programme**

Component/Initiative	Scalability potential	Enabling factors
Teacher Training and Peer Learning	High - Trained teachers can support other schools	Existing pool of trained staff; low-cost knowledge transfer
Digital MEL Tools	Moderate to High - Efficient for data collection and reporting	Requires investment in functioning tablets and reliable connectivity
TOT and Cascading Training Model	High - Cost-effective and sustainable	Local trainers available; accepted by communities
FLISP (Women Livelihood Support)	High - Promotes economic empowerment and supports programme continuity	Strong community interest; aligns with sustainability goals
Community Resource Mobilization	Moderate - Builds local ownership and self-reliance	Requires coordination and market access
Institutional Partnerships	High - Promotes integration and ownership	Existing engagement with key district and national stakeholders
KG and Primary Intervention Models	High - Proven approaches can be packaged and shared widely	Evidence-based success; branding opportunity for AfriKids

**Summary:**

- Sustaining community ownership through active involvement of local groups (e.g., PTAs, SMCs, CHMCs, CCPCs) and resource mobilisation is essential for programme continuity after donor exit.
- Institutional partnerships and integration with district structures (Education, Health, Social Welfare) are critical for embedding interventions into local governance and service delivery systems.
- Economic empowerment of women through FLISP is emerging as a vital support mechanism for sustaining child and family welfare interventions.
- Capacity building models like ToT and peer training are cost-effective pathways to sustain and scale interventions with limited external input.
- Scalability of successful models (e.g., teacher training, digital MEL tools, early-grade education practices) depends on formal adoption, technical support, and alignment with national systems.

## 3.6 **OBJECTIVE 6: INSIGHTS TO SUPPORT AFRIKIDS’ FUNDRAISING TEAM IN SECURING ADDITIONAL FUNDING FOR THE REMAINDER OF THE PROGRAMME (IMPACT)**

### 3.6.1 Introduction to impact insights

The OMS Programme continues to make transformative strides across education, health, child protection and livelihood empowerment across the focus districts. With a strong emphasis on community ownership, institutional capacity building, and targeted interventions, the programme has already achieving some level of measurable outcomes that demonstrate its relevance, effectiveness, efficiency and potential for sustainability. The following impact insights highlight key achievements and evidence of success that can be leveraged to mobilise additional funding. These insights not only reflect significant progress toward the programme’s goals but also show a clear pathway for scaling and sustaining impact beyond the life of the project.

### 3.6.2 Overall impact insights to support AfriKids’ fundraising efforts

The following impact insights offer compelling evidence to help AfriKids’ fundraising team effectively demonstrate the value, outcomes, and transformative potential of the OMS Programme. These are grouped by themes (Table 38):

**Table 38: Impact Insights - to Support AfriKids’ Fundraising**

Impact Area	Key Outcomes and Evidence
Access to Quality Education	<ul style="list-style-type: none"> <li>Thousands of children now enrolled, including many out-of-school children.</li> <li>Children enrolling at the right age due to <i>Back to School</i> and <i>Leave No Child Behind</i> campaigns.</li> <li>Reduction in out-of-school children in all programme districts.</li> </ul>
Empowerment of Girls (STEM & SRHR)	<ul style="list-style-type: none"> <li>STEM Clubs have increased girls' confidence to pursue science-related courses at secondary level.</li> <li>Improved SRHR awareness and access among girls.</li> </ul>
System Strengthening & Sustainability	<ul style="list-style-type: none"> <li>Capacity of local institutions (Education, Social Welfare, Traditional Leaders) built for long-term sustainability.</li> <li>ToT model and cascading trainings ensure continued knowledge transfer without external support.</li> <li>Adoption of the <i>Whole Community Concept</i> promotes holistic child development.</li> </ul>
Child Protection & Community Accountability	<ul style="list-style-type: none"> <li>Decline in child marriage cases, with legal actions taken in high-risk areas like MMD.</li> <li>Child Protection initiatives have rescued abuse victims now reintegrated into schools.</li> <li>- Strong community support, especially from queen mothers and traditional leaders.</li> </ul>
Improved Teaching & Learning	<ul style="list-style-type: none"> <li>KG and Primary teachers trained in modern, play-based teaching methods.</li> <li>Improved teaching outcomes and classroom practices.</li> <li>Model KG classrooms established to enhance learning environments.</li> </ul>

### 3.6.3 Education-related insights from learner feedback

The AfriKids' OMS Programme is bringing about transformative changes in the lives of learners across intervention districts. The following key insights capture the impact of the programme based on direct learner feedback (Table 39):

1. **Improved academic performance** - Learners have shown significant progress in reading, spelling, and ICT skills, aided by tablets, digital learning tools, and access to reading materials. Educational games and digital content have made learning more engaging and effective.

*"I never had learning materials, but with the aid of AfriKids, I feel safe in school. AfriKids staff, teachers, and parents encourage us in our learning activities"* (Female Learner, Bazua, Binduri)

*"The one million smile program has brought a lot of changes to become with the help of the tablet it has improved in our reading. At first, we weren't having enough books for learning but now the tablet has come to help us."*

*"The tablet has helped us in our spelling because there are games in the tablet that helps us in spelling and pronouncing words"* (Male Learner, Fumbisi Yerinsa., Builsa South)

2. **Enhanced safety, confidence, and identity** - the provision of school uniforms, sandals, bags, and books has boosted learners' sense of safety and self-worth. Students feel more comfortable and prouder of their appearance, which has improved their school experience and social interactions.

*"Afrikids sandals protect our feet. We now have bags to put our books, and learning has improved, Teachers do advise us to come to be regular and punctual to school. All these have increased our encouragement and attitude towards learning"* (Male Learner, Bazua, Binduri)

3. **Digital Inclusion and Innovation** - the introduction of tablets under the OMS initiative has enhanced digital literacy and made learning more interactive. Students appreciate the opportunity to develop ICT skills, which were previously inaccessible.

*"The one million smile programme has brought a lot of changes to become with the help of the tablet it has improved in our reading. At first, we weren't having enough books for learning but now the tablet has come to help us."*

*"The tablet has helped us in our spelling because there are games in the tablet that helps us in spelling and pronouncing words"* (Male respondent Fumbisi Yerinsa., Builsa South)

4. **Reduced financial burden on families** - the AfriKids' interventions have relieved the financial burden on parents, making it easier for them to keep their children in school with necessary supplies. Parents no longer struggle to provide school supplies, thanks to AfriKids' support. This has made it easier for families to keep children in school, especially in low-income households.

*"Now our parents don't have to buy books for us because we have books and it has aided us in our learning process. Our dressing has changed when ever we are coming to school."* (Female respondent Fumbisi Yerinsa, Builsa South)

*"AfriKids has supported my mother with loans to support my well-being in school. We are supported with bags, books, sandals, and bicycles."* (Female respondent Bazua, Binduri)

*“They have supported our parents to help provide our needs in school., Due to distant we are able to come to school with our bicycles.” (Male respondent Binduri central, Binduri)*

- 5. Pride in being an AfriKids beneficiary** - many learners express a deep sense of pride and gratitude for being part of the programme. They identify as “net students” and feel part of a supportive learning community that is changing their lives.

*“Good environment, better learning, feeling safe, better learning and feeling safer” (Male Learner, Kikaayiri , Mamprugu Moagduri)*

**Table 39: Education-related insights from learner feedback**

Theme	Key Impact	Fundraising Justification
Academic improvement	Improved reading, spelling, and ICT skills through tablets and learning materials	Funding will expand access to literacy and digital learning tools, equipping more children with foundational academic and technological skills.
Safety & well-being	Learners feel safer and more confident with uniforms, sandals, and bags	Investment in school essentials will continue to promote learner safety, dignity, and readiness, ensuring children are physically and emotionally prepared to learn each day.
School attendance	Reduced absenteeism and lateness due to basic school supplies and teacher encouragement	Supporting school essentials and teacher involvement helps keep children consistently in school, reducing dropout and improving learning continuity.
Motivation & confidence	Increased self-esteem and motivation thanks to AfriKids staff and supportive teachers	Funding will help continue mentoring and psychosocial support. This will foster learner confidence and motivation to remain engaged and succeed in school.
Family financial relief	Parents relieved from the cost of supplies, enabling continued education for their children	Financial relief for families ensures children are not forced out of school due to poverty, supporting education continuity across vulnerable households.
Moral & social growth	Learners taught values like respect, right vs. wrong, and responsibility	Investing in value-based education nurtures responsible, socially aware youth who contribute positively to their communities.
Digital learning access	Tablets make learning fun, interactive, and technologically relevant	Resources for digital tools and content delivery will help modernise classrooms, bridging the digital divide for children in underserved communities.
Student identity & pride	Children feel proud to be part of AfriKids and embrace their identity as learners	Continued support will enhance student identity, fostering belonging and academic pride that translates into improved classroom behavior and aspirations.

### 3.6.4 Health - evidences of change (ASHR)

AfriKids’ Sexual and Reproductive Health (SRH) programming has had a transformative impact on the lives of adolescents, especially girls, across the study districts. Insights drawn directly from adolescents demonstrate meaningful changes in personal behaviour, health awareness, educational focus, and peer influence. The initiative has also empowered adolescents with knowledge, and

created safe, supportive environments for healthy development. With increased funding, these programs can be scaled to reach more adolescents – including boys, and the underserved so as to ensure ‘no youth is left behind’ in making informed, confident, and healthy life choices (Table 40). The following specific themes and voices speak to this:

1. **Empowered decision-making on SRH** - adolescents demonstrated improved knowledge and awareness of critical SRH issues such as abstinence, prevention of STIs, and avoiding early pregnancy. Many adolescents reported feeling confident to say no to sexual advances, resist peer pressure, and make informed, responsible choices. This has contributed significantly to a reduction in risky sexual behavior.

*“I now know about my body and how to protect myself”* (Male respondent, Builsa South)

*“I avoid unwanted pregnancy because I count my menstrual dates”* (Male respondent, Binduri)

*“I has helped me to make informed choices about SRH because i know of some of the condition that affect the reproductive system”* (Male respondent, Kubugu, Mamprugu Moagduri)

2. **Menstrual hygiene and personal care** - girls especially emphasised gains in menstrual hygiene, including learning to manufacture reusable pads and maintaining daily hygiene routines. These improvements in personal care have not only supported health but also built dignity and confidence.

*“Personal hygiene is now part of me”* (Female respondent, Binduri)

*“I now take better care of our health and understand my body”* (Female respondent, Mamprugu Moagduri)

3. **Academic commitment and reduced vulnerability** - with increased SRH knowledge and material support such as school uniforms and books, adolescents particularly girls are less economically dependent and less vulnerable to transactional sex. The initiative is helping is them refocus on education and avoid dropping out due to pregnancy.

*“With the provision of learning materials to us, I will no longer have to rely on opposite sex for support which might lead to teenage pregnancy”* (Female respondent, Benguri, Binduri)

4. **Peer education and ripple effects** – some of the adolescents are now acting as peer educators, sharing SRH knowledge with siblings and classmates. This ripple effect multiplies the reach and long-term sustainability of the intervention.

*“I now teach my younger siblings what I learned”* (Female respondent, Mamprugu Moagduri)

5. **Trusted adult support and safe spaces** - teachers, health workers, and caregivers are recognised as supportive figures who offer emotional and educational guidance on SRH. Their involvement fosters trust and provides a safety net for adolescents navigating complex issues.

*“I get support from my teachers whenever I need it”* (Female respondent, Builsa South)

*“My caregivers provide me with menstrual pads when I ask”* (Female respondent, Mamprugu Moagduri)

2. **Barriers persist - a call for additional support** - despite successes, challenges such as shyness, stigma, lack of counselors, and perceived gender bias, particularly among boys still hinder some adolescents from fully accessing SRH information and services. This underscores the urgent need for program expansion and tailored interventions for underserved groups.

*“I feel shy to ask questions; they may laugh at me” (Male respondent, Builsa South)*

**Table 40: Justification for additional support**

Key Change Area	Observed Impact	Funding Justification
SRH knowledge & safer choices	Reduced risky sexual behavior, increased abstinence	Expand outreach and school-based SRH programming to prevent early pregnancies & STIs
Menstrual hygiene & self-care	Improved hygiene, reusable pad-making skills	Scale menstrual education, pad distribution, and dignity kits
Empowerment & abuse prevention	Girls reporting abuse, resisting coercion	Invest in safe reporting mechanisms and psychosocial support
Education & risk reduction	Lower dropout rates, reduced dependency on opposite sex	Fund provision of educational materials to reduce vulnerability
Peer learning & safe spaces	Formation of supportive clubs and peer mentoring	Establish more girls' clubs and safe discussion platforms
Life skills & health habits	Better grooming, healthy eating, and handwashing practices	Support life-skills sessions and holistic adolescent wellness programs
Programme reach gaps	A few adolescents yet to benefit	Scale to reach underserved communities and hard-to-reach adolescents

### 3.6.5 FLISP Stories of Change for Fundraising

The AfriKids FLISP (Family Livelihood Support Programme) has significantly improved the financial resilience and quality of life of participating families, particularly women. Beneficiaries have accessed capital to grow small businesses, leading to increased income, reduced poverty, and greater food security. Many families now afford essential needs - like food, education, healthcare, and housing without borrowing. Secondly, the evidence points to the programme empowering women through entrepreneurship initiatives, and enhanced children’s access to education. Beyond finances, it fostered a sense of dignity, hope, and stability, with participants reporting improved family dynamics and social well-being. These outcomes collectively offer a compelling case for continued investment in local-level economic empowerment models like FLISP (Table 41).

*“FLISP is more than a livelihood programme - it’s a transformative tool for dignity, empowerment, and sustainable change. The intervention is gradually and directly translating into stronger families, thriving women-led businesses, and children who can stay in school, eat well, and dream big.”*

**Table 41: Evidence of Change from FLISP Intervention**

Key Change Area	Impact Achieved
Improved financial stability	Families can now meet basic needs (food, bills, education) without relying on borrowing.
Increased business capital	Participants used loan funds to buy goods and expand their businesses.
Business expansion	Many businesses have grown in size, scope, and profitability.
Self-employment & women’s empowerment	Women are now financially independent and self-employed through their own businesses.
Reduction in financial stress	Households report less financial anxiety and increased peace of mind.

Key Change Area	Impact Achieved
Support for children’s education	Profits help cover school fees, supplies, and other educational needs.
Poverty Reduction	Many families report rising out of poverty due to the intervention.
Improved household well-being	Health, food, and education support have improved due to increased income.
Increased savings & financial Planning	Access to savings schemes (e.g., Susu) supports future investment and resilience.
Social and family cohesion	Financial stability has improved family harmony and reduced conflicts.

**Summary:**

- Girls’ empowerment through STEM and SRHR - girls have been empowered through active participation in STEM clubs and access to SRHR services. This dual approach has boosted their confidence, career aspirations, and life skills, aligning education with broader gender equality goals.
- Strengthened institutional and community ownership - the “Whole Community Concept” has enhanced the capacity of local institutions and traditional authorities. Training of Trainers (ToT) methods have localised knowledge and reduced reliance on external actors, ensuring programme sustainability.
- Safer and more inclusive learning environments - Learners reported increased confidence and a sense of identity due to the provision of uniforms, sandals, and school bags. This has fostered pride and improved learners’ attendance, participation, and academic engagement.
- Digital transformation and learning innovation - the OMS initiative is driving digital inclusion, giving learners access to tablets, games, and digital content. This has led to marked improvements in literacy, spelling, and ICT skills.
- Stronger child protection systems - significant reductions in child marriage cases and successful community-led interventions highlight strengthened child protection. Local leaders and structures now actively support the safety, rescue, and reintegration of vulnerable children.

## 3.7 **OBJECTIVE 7: EVIDENCE TO SUPPORT THE DEVELOPMENT OF THE NEW AFRIKIDS RISE-UP PROOF OF CONCEPT PILOT**

### 3.7.1 Introduction

The RISE UP programme is AfriKids' flagship initiative designed to address persistent challenges in foundational education outcomes in rural Ghana. Despite significant investments by government, development partners, and civil society in expanding access to education, large numbers of children particularly in underserved and hard-to-reach communities are failing to acquire basic literacy, numeracy, and life skills. The learning crisis in these areas continues to deepen, with structural inequalities, weak school-community linkages, social norms, and limited parental engagement contributing to poor education outcomes. Without deliberate, locally-led interventions, these communities' risk being left behind in Ghana's pursuit of national education and development goals.

The findings from the OMS programme mid-term evaluation provides strong context in evidence-based rationale for AfriKids' new RISE-UP intervention. The findings are synthesised to support and justify this new pilot in terms of what is not working in the current system and how RISE-UP responds to those gaps.

### 3.7.2 Evidence to support AfriKids' RISE-UP Intervention Pilot

On the basis of the implementation experience of the OMS programme and the concept note of the RISE UP intervention, several key lessons and evidence-based insights are highlighted to support the design and piloting of the RISE UP initiative. The following section provides a synthesis of the most relevant evidence and lessons learned from OMS that strongly align with and reinforce the RISE UP intervention's draft theory of change, design, and implementation strategy (Table 42).

1. **Community engagement is foundational to improving education outcomes** - evidence from the OMS evaluation demonstrated that where communities were actively involved in education activities through child rights committees and clubs, school-based campaigns, and dialogue forums, school attendance and engagement significantly improved. Community leaders became vocal advocates, and local attitudes toward education, particularly for girls and vulnerable children, became more positive.

The emphasis in RISE UP on community mobilisation, champions, and trust funds is supported by OMS findings. Community-led structures are not only feasible but effective drivers of change when trust is built, local leadership is mobilised, and responsibilities are shared.

2. **Parents are willing but lack skills and tools to support learning at home** - evidence from OMS interventions with parents - especially via the FLISP initiative, mother support groups and sensitisation meetings revealed high willingness among caregivers to support their children's education, but low awareness of how to do so, particularly among low-literacy parents exists.

The proposed Parent Learning Communities (PLCs) and parent guide in the RISE UP conceptualisation directly respond to this gap. The OMS experience validates the need for practical, locally adapted guides, low-literacy tools like pictorial scorecards, and structured peer-learning opportunities to translate parental interest into effective home-based support.

3. **School Governance bodies need both structure and support to function effectively** - evidence from the annual surveys and the mid-term evaluation showed that School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) were often under-resourced or dormant, but when revitalised through training and coaching (as seen in some OMS communities), their ability to support school improvements and hold teachers accountable improved. The GREAT Schools and Community Guides in RISE UP build on this by providing step-by-step support, governance tools, and training aligned with GES protocols. OMS confirms that with capacity building, these structures can become powerful agents of accountability and inclusive school governance.
4. **Volunteerism and Local Champions drive sustained change** - evidence from the baseline study, the annual surveys and the mid-term evaluation all point to the pivotal roles community volunteers, especially Community Child Protection Committees (CCPCs) in monitoring vulnerable children, supporting school re-entry, and referring cases of abuse or dropout. The role of individual champions comprising teachers, religious leaders, and health workers was often cited as transformational.

The proposed plan to intentionally recruit and train ‘Community Champions’ in RISE UP draws directly from what worked in OMS. Equipping respected local actors with advocacy tools and formal responsibilities ensures grassroots ownership and cultural relevance of education campaigns.

5. **Structured feedback mechanisms increase accountability and motivation** - though structured feedback was seen to be weak in the mid-term assessment and annual surveys, the evidence over the years shows regular community meetings, particularly scorecard sessions, helps to address implementation challenges, celebrate progress, and build mutual accountability.

RISE UP’s proposed integration of Quarterly School Performance Appraisal Meetings (SPAMs) and community education scorecards will mirror this practice and expand its scope.

6. **Financial empowerment fuels local ownership** – the evidence from the evaluation and the FLISP assessment showed that communities with experience in Village Savings and Loans Associations (VSLAs) are more confident in managing small education-related funds (e.g., contributing to uniforms, feeding programmes). Some schools indeed benefitted from community-led infrastructure improvements.

In line with this, the Community Education Trust Fund component in RISE UP will be key to the success of the programme. Communities can indeed mobilise and manage resources, especially when trained in accountability, and financial management.

In sum, the One-Million Smiles programme provides robust evidence and real-world validation for the RISE UP model. The following are overarching insights that bind the lessons together:

- Community-driven models work when they are well-structured, inclusive, and supported.
- Capacity-building (for parents, leaders, and governance structures) must be accompanied by practical tools and continuous mentorship.
- Social and behavior change communication (SBCC) is not peripheral - it is essential for norm shifts.

- Education improvements are sustainable when they are locally owned, financially supported by communities, and reinforced through shared accountability mechanisms.

These lessons strongly position RISE UP as a scalable, locally owned, and contextually grounded intervention capable of addressing the learning crisis in rural Ghana. From all the findings of the key interventions, it is clear the education and FLISP models are the most replicable under the Rise Up concept.

**Table 42: Summary evidence from the OMS programme that support the RISE-UP intervention pilot**

OMS Evidence / Lesson Learned	How It Supports RISE-UP Intervention
Parents are willing to support children’s learning but lack the knowledge and tools.	Informs the development of the Parent Guide with practical, culturally relevant home-learning strategies and scorecards.
Literacy challenges among parents hinder their engagement.	Leads to inclusion of pictorial scorecards and guides in local languages to ensure accessibility.
Parent support groups increased shared responsibility and motivation.	Basis for forming Parent Learning Communities (PLCs) to encourage peer support and accountability.
School-Community linkages were weak but improved with regular dialogue platforms.	Justifies structured School Performance Appraisal Meetings (SPAMs) under the GREAT Schools Guide.
PTAs and SMCs were often dormant or lacked capacity.	Necessitates capacity building and revitalization of school governance structures.
Communities were willing to contribute in-kind or with small funds when properly mobilised.	Informs the design of the Community Education Trust Fund Guide and community fundraising strategies.
Community Champions were effective change agents in shifting attitudes.	Strengthens the rationale for recruiting and training Community Champions in Social and Behavior Change Communication.
Volunteerism helped sustain activities post-project.	Encourages integration of a volunteer network to support mobilization, tracking, and education advocacy.
SBCC campaigns led to greater awareness on girls’ education and inclusion of children with disabilities.	Supports inclusion of tailored SBCC campaigns under the GREAT Community Guide.
Regular feedback loops enhanced transparency and accountability.	Drives adoption of Community Scorecards and participatory monitoring tools.
Locally made TLMs proved cost-effective and context-relevant.	Encourages community contribution of local Teaching and Learning Materials (TLMs) to enhance resource availability.
Stakeholder coordination improved outcomes.	Justifies multi-objective stakeholder meetings for alignment and coordinated implementation.
Piloting and iterative feedback helped refine tools and approaches.	Informs RISE-UP’s strategy to pilot and refine all guides before scale-up.

### 3.7.2.1 MEL system design and structure

The mid-term findings showed that the OMS experienced some challenges relating to the MEL system. Table 43 provides details on these challenges and how these could be addressed under the new programme. These challenges comprised the absence of a structured system from inception, frequent indicator revisions, dual logframes, weak monitoring systems, inadequate resources, ad hoc donor data demands, and limited collaboration with some government stakeholders. These gaps

underscore the need for the RISE-UP initiative to design a unified MEL framework aligned with a clear Theory of Change, maintain stable and co-developed indicators, invest in user-friendly and integrated monitoring tools, build internal MEL capacity through continuous training, allocate sufficient budgets for MEL, streamline external reporting through data governance protocols, and establish early, strategic partnerships with key institutions to enhance alignment, visibility, and policy influence.

**Table 43: Summary of lessons and actions for RISE-UP MEL system**

No.	Thematic Area	OMS MEL Gaps	RISE-UP Lessons / What to Do Differently
1	MEL system design and structure	Limited MEL system; indicator overload and inconsistency	Design MEL system at inception with a streamlined, stakeholder-driven indicator set aligned with ToC
2	Monitoring and data systems	No functional system; frequent indicator changes	Build a consistent, routine monitoring system with digital tools and stable indicators
3	Staff capacity and engagement	Low understanding and participation; limited capacity	Train all staff in MEL; make MEL participatory, integrating it into roles and decision-making
4	Resource constraints	Underfunded and understaffed MEL; overreliance on ToTs	Allocate sufficient MEL funding; build strong internal MEL teams and reduce external dependency
5	Data collection tools and systems	Inappropriate tools; lack of formal monitoring routines	Use context-appropriate digital tools; formalize routine monitoring visits and reporting cycles
6	External data demands	Donor-driven, unplanned requests burdened staff	Create data-sharing protocols; advocate for standard reporting; protect core MEL time and capacity
7	Partnerships and collaboration	Weak links with MoH; limited national engagement	Strengthen partnerships with national systems; embed national-level advocacy and alignment in MEL strategy

### 3.7.2.2 Other key lessons

Beyond the specific key evidences and MEL-related issues, the broader findings from the OMS mid-term evaluation provides other cross-cutting lessons for the RISE-UP initiative. These lessons relate to programme design, coordination, and sustainability. Table 44 summarises what RISE-UP can learn from OMS to enhance its overall effectiveness.

The OMS programme faced key challenges including fragmented design, overambitious scope, poor national-level engagement, uneven capacity building, and limited sustainability planning. In response, RISE-UP must ensure a coherent programme structure with a clear theory of change, focus efforts for greater depth and adaptability, invest in multilevel capacity development, engage strategically with policy actors, and embed sustainability measures from inception.

**Table 44: Summary of other key lessons**

No.	Thematic Area	OMS Challenges/Findings	Lessons for RISE-UP
1	Programme coherence	Fragmented frameworks; unclear unified vision	Develop a strong Theory of Change and align all activities under one strategic framework
2	Realistic scope	Overstretched coverage across 3 regions and 13 MMDAs	Start with focused pilots or clusters with potential for scale-up based on capacity and resources
3	Partnerships and policy engagement	Weak national-level partnerships; limited influence on policy	Create a policy engagement plan to align with national priorities and promote uptake of evidence
4	Sustainability	Limited sustainability or exit strategy	Co-develop sustainability plans with local partners, including government and CSOs

**Summary:**

- Volunteers and local champions create lasting impact - evidence from OMS highlighted the vital role of community volunteers and champions (teachers, health workers, etc.) in sustaining interventions. RISE-UP’s plan to identify and train “Community Champions” builds on this strength to foster local ownership and advocacy.
- Financial empowerment strengthens local commitment - where communities participated in VSLAs under OMS, they demonstrated readiness to fund local education needs. RISE-UP’s Community Education Trust Fund taps into this local resource mobilisation potential, with added training in financial management for sustainability.
- Integrated, well-designed MEL system is critical - OMS faced multiple MEL weaknesses: lack of unified framework, shifting indicators, and weak monitoring. RISE-UP must adopt a stable MEL system with a clear Theory of Change, consistent indicators, and collaborative data governance to ensure real-time learning and accountability.
- Design coherence and scope management matter - OMS’s fragmented and overambitious design hindered its effectiveness. RISE-UP should ensure a focused and adaptable programme architecture with defined goals, realistic scope, and interlinked components for smoother implementation.
- Policy and institutional engagement is crucial - OMS underperformed in engaging national stakeholders. RISE-UP should actively engage government institutions and align interventions with national education strategies to boost visibility, scale-up potential, and policy influence.

## 4.0 DISCUSSION AND IMPLICATIONS OF FINDINGS

This section provides some level of contextual discussion on the possible implications of the mid-term findings.

### 4.1 Overall discussions and implications

#### ▪ Education

Educational achievements – there are marked improvements in school attendance and academic performance, with notable progress in literacy rates at primary schools and among marginalised groups, particularly girls. Secondly, community engagement in school activities has increased, with parents showing greater willingness to support educational initiatives. The midline assessment points to the importance, relevance, effectiveness, impact and sustainability of the education component of the OMS Programme. It is the flagship of the Programme and as such, going forward, all the operational challenges have to be sorted out as quickly as possible. School selection should be done in such a way that the field staff will have more time working than travelling across schools.

All said, staff welfare, safety and security are not negotiable. So, systems have to be put in place to ensure their continued well-being and safety.

Aside from all the educational interventions of the OMS Programme, teacher motivation also needs looking at to enhance their commitment.

#### ▪ Health

Improved access to health services – the evidence points to improvements in access to adolescent health education and preventive health measures. The integration of health initiatives within educational settings has also contributed to enhancing community awareness regarding hygiene and health, although full implementation was limited to a few districts. In spite of the above findings, the three-pronged approach of enhancing enrollment, school attendance, learning outcomes alongside access to health services, child protection and supporting households financially to be resilient though well intended comes with its own baggage. Undoubtedly, there is a link between educational performance and child health. A sick child or a child with a disability is bound to perform well in school when he is well or given the special attention, he or she requires in class.

However, observed implementation challenges suggest that it is not within AfriKids manageable interest to continue with this approach. First, there is a funding constraint to contend with. Second, the health component has been significantly trimmed down. Third, collaboration/partnership with MOH has not been rosy due to inflexibility on the part of the health directorates. Fourth, the OMS Programme does not have staff with the requisite health background/specialization to deal with health directorates, health facilities and health issues.

In the light of the above, it is important for the OMS Programme team to step back, reflect and consider re-channeling its efforts into the education component, where it has a comparative advantage

#### ▪ Child Protection

Enhanced child protection structures - the Child Protection Committees (CPCs) established across communities are functional and have contributed to increased awareness of children's rights, reporting of abuse cases, and resolution of community-based protection concerns. However, limited logistical support constrains their effectiveness.

In the light of the above increased funding of the above is necessary. Maybe AfriKids will have to do more advocacy to get the District Assemblies and Social Welfare Departments in the districts to support financially.

## ▪ **FLISP**

Positive outcomes from FLISP (Livelihoods Support) - the FLISP component has empowered caregivers, especially women through financial literacy training and small business support. Beneficiaries reported improved household income, better child care, and increased investment in children's education.

But the FLISP may not achieve its goals if care is not taken. Although poverty is multidimensional, we glean from our findings that majority of FLISP beneficiary households (59.2%) earn less than GHS 500.00 a month, and almost 58 percent of the beneficiaries have never been to school. Additionally, the majority of the beneficiaries (40.9%) are between 35-44 years. We also observe large household sizes as 62 percent of beneficiary households are between 7 and 10 members. The large household sizes are likely to erode the gains made by the FLISP beneficiaries in no time and the expected growth of their businesses is more likely to be stunted.

The implications for the Programme

- Due diligence and proper targeting of FLISP beneficiaries to avoid funds going down the drain
- Close monitoring of FLISP businesses and their performance needed
- Qualification for subsequent tranches should be linked to business performance and record keeping.
- Children from smaller households are more likely to receive better support from their mothers regarding their educational needs.

## ▪ **MEL system**

The MEL system is the results "delivery truck" so to say of the OMS Programme. Though the midline assessment did not aim at the MEL system, its fragility emerged in the course of the assessment. The MEL team needs to be resourced to undertake all their planned activities.

The need to establish a routine data collection system across the project districts is also necessary. Training in MEL for the staff and collection of routine data should be the preserve of the district program staff supervised by the MEL Manager. Besides the use of technology in data collection and transmission is recommended.

All said though the MEL team did its best to respond to programme demands, it was over burdened and there are still data gaps that going forward will have to be filled. Should the above be done, the MEL system will become robust and easy to manage.

## **4.2 Programme achievements**

The education component of the OMS Programme has demonstrated significant progress in foundational learning, as seen in the substantial increase in literacy and numeracy proficiency among primary school learners from 21.7% at baseline in 2022 to 56.4% and 52.2% respectively by 2025 well above national benchmarks. Girls' performance in STEM at the JHS level also exceeded expectations, increasing from 33.8% in 2022 to 64.5% in 2023, surpassing both the programme and national targets, indicating that targeted interventions are helping to close the gender gap in STEM. District-level assessments revealed that Mamprugu Moagduri and Builsa South experienced the most substantial improvements in English and Mathematics scores, with several schools such as Loagri Basic and Fumbisi Baasa - showing notable gains, and girls frequently outperforming boys. However, despite these gains, scores in many schools remain below national proficiency standards, highlighting the need for sustained support.

The programme has also helped improve learner completion rates across KG, Primary, and JHS levels, with completion in Mamprugu Moagduri nearing universal levels, though slight midline

declines suggest emerging retention challenges. Attendance patterns varied significantly across districts, with Binduri recording the highest rates (62.7%), followed by Builsa South (42.8%) and Mamprugu Moagduri (30.0%), again with girls often attending more regularly than boys.

Digital and STEM interventions expanded rapidly, reaching the 2025 targets ahead of schedule: 120 STEM teachers trained, 350 devices distributed, and 2,500 learners engaged in digital-assisted learning, though the integration remains limited to primary schools. On infrastructure, 29 out of 60 school facilities were renovated, with early-grade improvements prioritised in Binduri and Builsa South, while Mamprugu Moagduri focused more on primary and JHS upgrades. Teacher capacity building has been impactful, with inclusive teaching practices increasing from 15.8% to 58% in one year, yet school governance standards declined from 60% to 44%, identifying a critical area for intervention. Overall, while the OMS education interventions are yielding positive outcomes, especially in foundational learning, STEM, and inclusion, uneven district performance and governance gaps warrant targeted support to sustain and scale progress.

#### **4.2.1 Possible implications of findings**

- a. Foundational Learning and Quality Improvement - the positive gains in literacy and numeracy, particularly where schools outperformed national averages, suggest that continued investment in foundational learning is crucial. Sustaining this progress will require ongoing teacher development, regular coaching, provision of teaching and learning materials, and structured remedial support for learners who are lagging behind.
- b. Gender Equity in Learning Outcomes - the consistent outperformance of girls over boys, especially in STEM and numeracy, highlights the need for gender-responsive programming that not only supports girls but also addresses the underperformance of boys. Tailored interventions and further gender analysis are needed to ensure equitable learning outcomes for all learners.
- c. School Attendance and Participation - persistent low attendance rates, especially in Mamprugu Moagduri where only 30% of schools recorded high attendance, pose a risk to the effectiveness of learning interventions. This indicates a need for deeper community engagement, targeted incentive schemes such as school feeding, and flexible scheduling that accommodates the realities of rural households.
- d. Digital Learning and STEM Access - the limited reach of digital learning initiatives confined mainly to primary schools and not extended to KG or JHS levels raises concerns about continuity and equity in digital education. Scaling these interventions across all basic education levels and ensuring access in under-served districts is critical for sustaining digital literacy and STEM outcomes.
- e. Infrastructure and Learning Environment - while some districts benefited from classroom renovations and furniture provision, gaps remain particularly the lack of KG facility upgrades in Mamprugu Moagduri. This highlights the need for equitable infrastructure investments to provide conducive learning environments, especially in early childhood education.
- f. School Leadership and Governance - despite improvements in inclusive teaching practices, the decline in school governance performance from 60% at baseline to 44% at midline suggests that leadership and management structures require more consistent support. Strengthening school leadership and revitalizing school management committees will be essential to sustain gains in teaching quality and learner outcomes.

- g. Monitoring and Continuous Assessment - to sustain and build on learning achievements, ongoing monitoring and frequent learning assessments are necessary. Institutionalising quarterly reviews and using formative assessments to inform teaching will help maintain progress and quickly identify areas requiring support.
- h. Inclusion and Retention of Vulnerable Learners - despite overall improvements, access and completion rates remain below national benchmarks, suggesting that vulnerable and out-of-school children may still be left behind. This underscores the need for focused strategies to identify and support these learners through inclusive education approaches, mentorship, and community-based learning opportunities.

### **4.3 Relevance, effectiveness and efficiency**

The mid-term evaluation reveals that the initiative is highly relevant to the development priorities of the Binduri, Builsa South, and Mamprugu Moagduri Districts. The programme aligns well with the Medium-Term Development Plans (MTDPs) and directly supports government departments that are constrained by limited financial and human resources. In all three districts, stakeholders - including education, health, and social welfare departments - affirmed that AfriKids' support fills critical service delivery gaps that the local government is currently unable to address on its own.

In the education sector, for example, the provision of teaching and learning materials (TLMs), teacher training, and infrastructure support by AfriKids has contributed to improved learning environments and better student engagement. In Mamprugu Moagduri, district officials particularly emphasised the relevance of AfriKids' support to inclusive education and menstrual hygiene sensitisation, which are often neglected due to budget constraints. Similarly, in Builsa South, stakeholders highlighted how OMS interventions complement government efforts in community-level education and health outreach.

The effectiveness of the programme is evident across all intervention areas. In education, improved school attendance and reduced dropout rates were attributed to targeted support in TLMs and school environment enhancement. In health, the provision of logistics and technical assistance has helped to extend services to remote and underserved areas, while the training of frontline health workers has improved service quality. For child protection, increased awareness creation, capacity building for child protection committees, and collaboration with the Department of Social Welfare (DSW) and Commission on Human Rights and Administrative Justice (CHRAJ) have led to a rise in the reporting and management of abuse and neglect cases. Community members and district officials cited noticeable changes in how child abuse cases are handled due to AfriKids' presence.

The programme has also shown notable effectiveness in strengthening family livelihoods through the Family Livelihood Support Programme (FLISP), which provides vulnerable households with business start-up capital, training, and monitoring support. Beneficiaries reported increased household incomes, enhanced food security, and reduced reliance on child labor as a result of this support.

In terms of efficiency, the OMS Programme adopts a partnership model that emphasizes co-implementation with district assemblies and line departments, leading to reduced duplication of efforts and improved coordination. Joint planning, resource sharing, and open communication between AfriKids and local authorities have enhanced the efficient delivery of interventions. However, some challenges were identified, including occasional delays in resource disbursement and the need for a more robust Monitoring, Evaluation, and Learning (MEL) system to document and respond to beneficiary feedback.

Despite the positive outcomes, gaps remain in integrating gender-responsive programming and ensuring long-term sustainability of results. While the programme addresses the needs of children and families broadly, there is limited evidence of a structured approach to understanding and addressing gender-specific vulnerabilities. Additionally, sustainability planning needs to be strengthened by ensuring that government departments are fully equipped and prepared to take over key responsibilities as AfriKids scales back its direct involvement.

#### **4.3.1 Possible implications of findings**

1. Sustained Relevance and Strategic Alignment - the alignment of OMS interventions with district Medium-Term Development Plans and the support they provide to under-resourced government departments affirm the programme's continued relevance. This suggests that AfriKids should deepen its partnerships with local authorities and maintain its focus on addressing service delivery gaps, especially in education, health, and child protection. This aligns with the ToC's assumption that strong partnerships with local institutions enhance local ownership and increase the sustainability of outcomes.
2. Strengthening Inclusive and Equitable Education - support for inclusive education, TLM provision, and menstrual hygiene in underserved areas like Mamprugu Moagduri indicates that future implementation must further prioritise equity-focused interventions. Expanding efforts to target girls, children with disabilities, and out-of-school children will be essential. This also supports the ToC pathway that inclusive and equitable education access improves learning outcomes and retention, especially for vulnerable populations.
3. Effectiveness in Health and Child Protection Services - demonstrated improvements in healthcare outreach and child protection reporting highlight the effectiveness of current strategies. To sustain these gains, there is a need for institutional capacity-building, particularly for frontline workers, DSW, and CHRAJ officers.
4. Enhanced Household Resilience through FLISP - the FLISP component is reducing child labour and increasing household food security and income. Scaling this further and linking beneficiaries to district-level economic empowerment schemes could ensure longer-term impact. This finding aligns with the ToC's impact-level assumption that strengthened household resilience reduces child vulnerability and improves child well-being.
5. Efficient Programme Delivery through Local Partnerships - the co-implementation model has proven efficient and should be further institutionalised. However, improving the MEL system is necessary to capture lessons, track impact, and respond in real time to beneficiary needs and contextual changes.

#### **4.3.2 Gaps, challenges**

1. The midterm evaluation reveals that the gaps and challenges within the OMS MEL system and broader implementation framework have significant implications for the programme's effectiveness, efficiency, and long-term sustainability. The absence of a structured MEL system at the programme's inception has led to frequent revisions and indicator additions, resulting in reporting complications and reliance on multiple logframes with over 70 indicators. This overburdened MEL structure hinders streamlined data collection, limits learning, and complicates tracking of programme outcomes. Furthermore, limited staff capacity in MEL and the lack of a functional, cost-effective MEL platform have weakened data quality assurance and internal

ownership of the MEL process. The discontinuation of Logalto and the slow rollout of DHIS2 have disrupted the continuity of data systems, while external data requests and inadequate resourcing have further strained MEL operations.

2. Implementation challenges also stem from a fragmented and ambitious programme design, with interventions spread thinly across multiple sectors without adequate piloting or national-level visibility. This reduces contextual adaptation, increases implementation fatigue, and limits the potential for influence and scale. The programme is also impacted by human resource constraints, including limited staffing for field operations and high turnover among both AfriKids staff and public-school teachers. These issues compromise institutional memory, disrupt continuity, and affect the quality and consistency of service delivery. Security risks in conflict-prone districts, logistical constraints, and lack of suitable office infrastructure further limit staff mobility, data collection, and general field performance.
3. Financial constraints, including operating on just 50% of the estimated budget and inflexible, uniform budget allocations, have curtailed the programme’s scope and constrained response to district-specific needs. The lack of adequate MEL training for field staff, overreliance on consultants for data collection, and the absence of routine data systems reduce data reliability and increase operational costs. Moreover, without harmonising the two existing logframes or prioritizing indicators, reporting remains inefficient and disconnected from the programme's learning and strategic needs.

### 4.3.3 Implications

Implications of these findings include the risk of misalignment between programme results and strategic objectives, reduced donor confidence due to inconsistent reporting, and limited ability to adapt based on data-driven insights. The evaluation underscores the need for a MEL system overhaul, capacity strengthening of field staff, and simplification of the logical frameworks. It also recommends a strategic focus on education as the core intervention area, deeper national-level engagement for policy influence, and targeted interventions such as bonding locally recruited teachers to improve retention. Without addressing these gaps, the programme risks losing momentum, reducing impact, and missing opportunities for scale-up and sustainability.

#### Summary of implications

Challenge Area	Impact on Implementation	Strategic Implications
MEL System	Weak evidence base, inconsistent reporting, low ownership	Need for MEL system overhaul, simplified indicators, and field staff training
Staffing & Tools	Reduced field monitoring, data delays, and overstretch	Invest in hiring, digitisation, and infrastructure
Design & Planning	Overstretched programme, lack of contextualisation	Prioritise education, phase out other sectors, and pilot interventions
Security & Conflict	Service disruptions, safety concerns	Adopt conflict-sensitive programming
Budget Shortfall	Resource constraints, inequity, low quality	Diversify funding and make budget allocations needs-based
National Engagement	Low scalability and policy influence	Increase advocacy, partnerships, and presence at the national level

## 5.0 LESSONS LEARNED, CONCLUSIONS AND RECOMMENDATIONS

Based on the findings of the mid-term study, the following conclusions and recommendations are made. The conclusions are categorised based on the specific objectives/outcomes while the recommendations are categorised by target groups.

### 5.1 Lessons Learned

1. One of the most critical lessons emerging from the implementation of the OMS Programme is the risk associated with placing too much responsibility on a single individual in managing core aspects of programme delivery. The unexpected resignation of the Head of Programmes, who played a pivotal role in the design and operationalisation of the initiative, significantly disrupted continuity and slowed down implementation progress. In hindsight, it would have been more strategic to distribute leadership responsibilities across two or three team members with complementary expertise. This approach would not only provide a buffer against unexpected staff turnover but also enhance institutional memory, resilience, and shared ownership of key programme areas.
2. Another key lesson is the need for a more realistic and focused programme design. While the integrated approach encompassing education, health, and child protection was well-intentioned and aligned with holistic child well-being, it proved to be overly ambitious and resource-intensive. The integrated model, although conceptually strong, did not secure the full buy-in of donors and stretched available funding, staff, and logistics beyond sustainable limits. This has prompted a re-evaluation of the strategy and the development of a new, more streamlined concept referred to as the 'Rise Up' model, which may allow for more focused and cost-effective interventions.
3. Furthermore, the challenge of teacher attrition has underscored the importance of policy-level advocacy. The current system of teacher deployment does not support continuity or long-term community integration. Many teachers are posted to remote areas only temporarily and leave shortly after, undermining the stability of the learning environment. In retrospect, the programme should have initiated stronger advocacy efforts early on to influence government policy, particularly around the deployment of local teachers who can be bonded to serve in their communities for a defined period. This would support consistency in teaching, strengthen community relationships, and ultimately improve educational outcomes.
4. The insecurity and ongoing conflict in Bawku, along with spillover risks in places like Walewale and other programme districts, have also highlighted the critical need for comprehensive safety and security protocols. Ensuring the safety of staff in conflict-affected areas requires proactive collaboration with security agencies, frequent situational briefings, and the institutionalization of staff safety measures. Practical steps such as ensuring programme staff are always identifiable by wearing AfriKids-branded clothing and providing ongoing conflict sensitivity and security orientation are necessary to mitigate risks and protect lives.
5. Looking back, there are also important reflections on the intervention mix and targeting strategy. Given the socioeconomic conditions of many households in the target districts, the programme would have been better served by placing stronger emphasis on livelihood and economic empowerment interventions rather than relying heavily on material giveaways (e.g., free uniforms, school bags, etc.). While such items may provide short-term relief, they do not address the structural poverty that prevents sustained access to education and services. Empowering

caregivers, particularly women, through income-generating activities has greater potential to improve long-term child well-being and educational retention.

6. Moreover, a more deliberate effort should have been made to strengthen linkages between women beneficiaries of the Family Livelihood Support Programme (FLISP) and market-oriented organisations such as ORGIIS. These partnerships would have provided access to ready markets and ensured fair prices for products like sorghum, baobab, shea nuts, shea butter, dawadawa, and honey, thereby enhancing income stability and economic resilience among vulnerable households.
7. Lastly, the programme would have benefited from investing more resources in community sensitisation and education around the long-term value of formal education. Many communities still lack a deep understanding of the transformative potential of education, and addressing this gap would require sustained awareness campaigns, storytelling, and participatory engagement to shift perceptions and foster stronger community support for child education.

## 5.2 Summary

The mid-term evaluation of the OMS programme set out to assess the progress, performance, and strategic alignment of AfriKids Ghana's interventions under its 2022–2026 Strategic Plan. The evaluation covered programme relevance, effectiveness, efficiency, impact, and sustainability across the three programme districts - Binduri, Builsa South, and Mamprugu Moagduri. This report provides an evidence-based analysis of the programme's progress, identifies ongoing implementation challenges, and presents recommendations for refining strategies moving forward.

The evaluation employed a concurrent sequential mixed methods approach, integrating both qualitative and quantitative data collection methods. Similarly, the OECD-DAC evaluation criteria was adopted in evaluating the relevance, effectiveness, efficiency, impact, and sustainability of the programme. Data collection methods included a household survey with beneficiaries of the Family Livelihood Support Programme (FLISP), Key Informant Interviews (KIIs) with school headteachers and teachers, and health personnel, Focus Group Discussions (FGDs) with Child Protection Committees, learners and adolescents. A combination of simple random and purposive sampling was used to select participants. In terms of coverage, the study reached 71 household FLISP beneficiaries, 46 headteachers/teachers, 31- learners (FGD), 13-FGDs with the Community Child Protection Committees (CCPC), 62-KIIs with adolescents, 3-KIIs with GES Officers and 4-KIIs with health personnel. Descriptive statistics were employed in data analysis.

## 5.3 Key findings:

### Key Findings

The mid-term evaluation indicates that the initiative has made significant strides in improving educational outcomes, particularly in literacy, numeracy, and STEM proficiency among girls. These improvements are reflected in increased school attendance, higher completion rates at both the primary and JHS levels, and strengthened child protection systems. The programme remains highly relevant, as it was designed around the specific needs of the communities it serves, with a strong emphasis on gender and disability inclusion. It has shown considerable effectiveness in its implementation.

- **Literacy and Numeracy Outcomes** - there has been significant progress in foundational learning. Literacy proficiency increased from 21.7% in 2022 to 56.4% by 2025, and numeracy rose from 21.7% to 52.2%, exceeding the national average for literacy (38.7%) but lower in

Mathematics (62.1%). Girls particularly outperformed boys in several districts, especially in Mamprugu Moagduri and Builsa South.

- **STEM education and digital learning** - STEM proficiency among girls improved remarkably from 33.8% to 64.5% between 2022 and 2023. The programme scaled digital learning substantially - distributing 350 digital devices and reaching 2,500 learners by midline. Teacher training in STEM also surged, with 120 trained by midline.
- **Completion and attendance rates** - completion rates improved across all education levels, especially in Mamprugu Moagduri. At the primary and JHS levels, completion rose from 77% to 88%. However, attendance rates remained low overall, with the highest average (62.7%) recorded in Binduri and the lowest (30%) in Mamprugu Moagduri.
- **School infrastructure and renovation** - of 60 schools, 29 were renovated to enhance learning environments, with the highest renovations recorded in Binduri and Builsa South, particularly at the KG and primary levels.
- **Teacher capacity and inclusive education** - the proportion of teachers demonstrating inclusive, student-centred practices increased significantly from 15.8% at baseline to 58% by 2023 far surpassing the 2025 target. Over 400 educators and GES officers received training in inclusive education and child-centred methodologies.
- **Health** - In the area of health and child protection, the programme has established 45 Adolescent Sexual and Reproductive Health and Rights (ASRHR) clubs, surpassing the target of 40 by 2025 and successfully identified and supported 6,110 at-risk children by midline.

In terms of efficiency, the OMS Programme has made effective use of its resources. For instance, the distribution of 350 digital devices by midline has benefited around 2,500 learners, and training for 120 STEM teachers has been conducted, putting the programme on track to meet its target of 150 by 2025. The initiative has also leveraged community volunteers and engaged 3,205 parents by 2023 to support programme activities.

## 1. Relevance

The OMS programme continues to be very relevant to the needs and aspirations of the target population in the northern sector of Ghana. Its integrated design aligns with Ghana's national priorities in the area of child protection, education, and primary health care, as well as international treaties such as the Sustainable Development Goals (SDGs). Communities throughout the data collection consistently established that the OMS programme addresses critical challenges such as child labour, early marriage, school dropout, poor access to adolescent health services, and income insecurity.

## 2. Effectiveness

The OMS programme has made significant progress, which includes the following:

- a. Child Protection:** The formation of Child Right Clubs (CRC) and Community Child Protection Committees (CCPCs) and the collaboration with Social Welfare and Police DOVVSU units has contributed to increased awareness, reporting and addressing of child abuse cases. The perception of community members shows a reduction in child labour and child marriage incidences.
- b. Education:** There has also been improvement in school enrolment and attendance in the intervention schools, especially among girls. Respondents ascribed this to the programme's continuous awareness creation including the back-to-school campaign which has been

effective in reaching out of school children, learning resource support to the schools, infrastructure support in the area of classroom renovations, furniture, and increased parental engagements.

- c. **Health:** In health, AfriKids' work with Community-Based Health Planning and Services (CHPS) compounds and SRHR education has improved knowledge of family planning, menstrual hygiene, and Sexually Transmitted Infection (STI) prevention among young people though implementation remains uneven across districts.
- d. **FLISP:** The FLISP initiative, while relatively new, has started showing signs of improved household economic resilience – this ties in with the findings from the FLISP impact assessment in 2023. The economic empowerment of parents and community members, particularly women, has started yielding positive results. Beneficiaries expressed satisfaction with the skills training and start-up support received and also reported increased household incomes, better nutrition and their ability to invest in their children's education and healthcare.

### 3. Efficiency

The evaluation found that utilisation of resources has been very effective, supported by a strong community partnership and collaboration as well as leveraging on existing government systems and structures at the local administration levels. Programmes such as child rights awareness are delivered through school and community structures, contributing to reducing implementation cost.

### 4. Impact

The evaluation showed some early evidence of positive behavioural, attitudinal and institutional changes, which include:

- a. Shift in traditional and cultural norms away from child labour and early child marriage
- b. Increased support for children education, especially for girls
- c. Improved parent-child engagement and communication on reproductive health related issues
- d. Increased involvement of the traditional leaders in advocating for child rights

### 5. Sustainability

There is emerging evidence of embedded sustainability into its programming through:

- a. Capacity building of CCPCs, PTAs and peer educators etc.
- b. Collaboration with the district education officials, health as well as social welfare agencies in the districts and the regions.
- c. Strengthen community ownership and local government systems and structures by integrating best practices into district medium-term plans.

However, sustainability may be threatened by limited funding to maintain interventions post-project, high staff turnover in government agencies (partners) and among AfriKids-trained volunteers.

### Key Gaps and Challenges

- **Monitoring, Evaluation and Learning (MEL)** - the mid-term evaluation revealed some gaps in the OMS Programme's MEL system and overall implementation. A major concern is the absence of a synthesised and structured MEL framework from the programme's inception, resulting in frequent revisions, duplication of indicators, and a burdensome reliance on two logframes with over 70 indicators. Evidence shows that the current MEL system does not provide routine and real-time data collection, which limits the OMS programme's strength as far as evidence is

concerned. The absence of a harmonised reporting system across the themes also affects comprehensive tracking of programme performance.

- Secondly, staff capacity in MEL remains relatively limited, affecting data quality, ownership, and the use of data for programme improvement. The discontinuation of the Logalto system and ongoing delays in deploying new MEL systems have further constrained effective monitoring. Additionally, the programme faces substantial human resource limitations, including understaffing, high attrition.
- Implementation challenges – these comprise overly ambitious programme design, inflexible funding, and contextual factors such as insecurity in target districts. Operational constraints including malfunctioning field tools, poor connectivity, and inadequate district office infrastructure undermine fieldwork efficiency. The programme’s limited national visibility and weak partnerships at the policy level further constrain scale-up and sustainability. Addressing these issues will require strategic adjustments to MEL systems, staffing, programme focus, and national-level advocacy.

## Conclusions

The OMS programme remains strongly aligned with the strategic vision of AfriKids and is meeting its midline targets in many thematic areas:

- **Strong relevance of the OMS programme to community needs** – the OMS intervention aligns well with the critical needs of children and families in the beneficiary districts.
- **Educational achievements** – there are marked improvements in school attendance and academic performance, with notable progress in literacy rates at primary schools and among marginalised groups, particularly girls. Secondly, community engagement in school activities has increased, with parents showing greater willingness to support educational initiatives.
- **Enhanced child protection structures** - the Community Child Protection Committees (CCPCs) established across communities are functional and have contributed to increased awareness of children’s rights, reporting of abuse cases, and resolution of community-based protection concerns. However, limited logistical support constrains their effectiveness.
- **Improved access to health services** – the evidence points to improvements in access to adolescent health education and preventive health measures. The integration of health initiatives within educational settings has also contributed to enhancing community awareness regarding hygiene and health, although full implementation was limited to a few districts.
- **Positive outcomes from FLISP (Livelihoods Support)** - the FLISP component has empowered caregivers, especially women through financial literacy training and small business support. Beneficiaries reported improved household income, better child care, and increased investment in children’s education.
- **Challenges in data management** - the evaluation identified key challenges relating to systemic data collection and monitoring. These comprise the non-availability of periodic data including attendance data and the uncoordinated nature of available data. A stronger MEL system and exit planning mechanism are urgently required to ensure post-project sustainability.

## 5.4 Recommendations:

The study makes the following recommendations to guide the ongoing implementation of the OMS programme. The recommendations are grouped for specific targets.

### For AfriKids:

#### A. Strengthen Monitoring, Evaluation, and Learning (MEL) Systems:

1. The evidence points to a relatively weak MEL system in gathering continuous and relevant data. There is therefore the need to invest in real-time, digital data collection systems to improve tracking of programme outcomes and facilitate adaptive management.
  - a. This includes developing a routine data collection process managed by local programme managers, enabling timely and informed decision-making.
2. Establish routine feedback loops with beneficiaries and local partners to improve responsiveness and programme relevance.

#### B. Improve coordination across thematic areas:

1. There is the need to strengthen cross-programme integration e.g., linking FLISP with school re-entry for adolescent mothers or health outreach for young entrepreneurs.
2. Enhance internal/community level knowledge sharing between thematic teams (education, health, livelihoods) to encourage holistic, child- and youth-centred solutions.

#### C. Increase inclusion and targeting:

1. Deepen focus on vulnerable groups such as children with disabilities, adolescent mothers, and street-connected youth by tailoring interventions to their unique needs.

#### D. Enhance Sustainability Strategies:

1. Though the intervention is about 2-years from completion, there is the need to begin processes in formalising exit and transition plans for key projects, ensuring continuity through local institutions (e.g., DEOs, health facilities, community child protection committees).
2. Continue building the capacity of local actors (e.g., peer mentors) and link them to government structures for long-term programme ownership.

## Recommendations for Improved Programme Implementation

1. **Improve geographic targeting of schools**  
Select schools that are within closer proximity to each other to reduce long travel times for field staff and enhance efficiency in programme delivery.
2. **Enhance consistency of group support**  
Focus on delivering sustained, in-depth support to fewer community groups (e.g., women's groups) rather than spreading efforts thinly across many with minimal follow-up, to ensure long-term impact.
3. **Develop and brand AfriKids' signature education models**  
Leverage the OMS Programme to design unique, replicable intervention models - especially at the KG and primary levels - which can serve both as a tool for branding and a strategic asset for attracting funding.

4. **Strengthen National-Level Advocacy and Stakeholder Engagement**  
Build stronger partnerships and visibility with key national agencies (e.g., MoE, GES, MoH, Social Welfare, MoGCSP) through robust advocacy efforts that highlight programme impact and promote collaboration and scalability.
5. **Mitigate Institutional Memory Loss from Staff Turnover**  
Promote team-based approaches within departments or units (e.g., two to three staff per function) to preserve knowledge and maintain continuity in the event of sudden staff exits.

#### **For Government Stakeholders:**

##### **A. Integrate and institutionalise AfriKids' Models:**

1. District Assemblies, GES, Ghana Health Service, and MoGCSP should be encouraged through advocacy to begin processes towards the adoption and possible scaling of some of the OMS successful models (e.g., Child Rights Clubs, SRHR outreach) through existing education and health service delivery platforms.
2. Where possible, district Government Institutions should be encouraged to allocate budget lines within District Medium-Term Development Plans (DMTDPs) to support the continuation of child protection and livelihood support interventions.

##### **B. Strengthen Inter-Sectoral Collaboration**

1. Enhance coordination between education, health, social protection, and youth development departments at the district level to ensure comprehensive service delivery.
2. Establish multi-sectoral task forces on child protection and adolescent health at district level, with AfriKids as a technical support partner.

#### **Community Stakeholders:**

##### **A. Deepen Community Ownership**

1. Community Child Protection Committees (CCPCs), Parent Teacher Associations (PTAs), and local leaders should take more active roles in monitoring and sustaining interventions post-project.
2. Promote volunteerism among youth and alumni of AfriKids' programmes to support peer learning, mentorship, and awareness activities.

##### **B. Strengthen Advocacy and Accountability:**

1. Engage traditional and religious leaders as change agents to shift harmful norms (e.g., child marriage, gender-based violence, child labour).
2. Communities should demand accountability from local authorities regarding resource allocation and service delivery, especially in education and child protection.

**Recommendations relating to OMS MEL System:**

The OMS MEL system - the midterm assessment team have made a few observations relating to the OMS MEL system that could enhance programme reporting if rectified/adhered to. The evidence points to a relatively weak MEL system in gathering continuous and relevant data.

- a. The OMS Programme MEL system needs to be overhauled by putting in place a new system to ensure that data collection, collation and transmission is cost effective and more efficient.
- b. Reporting programme performance in relation to some indicators require the establishment of a routine data collection system managed by the MEL Manager. District Programme Managers and their staff should be responsible for the collection of field data such as enrollment, school attendance etc. as they work with the DEOs/SISOs and headteachers. The current arrangement where the programme relies on trainers/experts and consultants to tag monitoring and data collection on to their primary activities is not the best. Although this appears workable to some extent, there could be emerging data quality concerns. It is also not sustainable and does not help in building the capacity of AfriKids staff. Additionally, the cost of collecting routine programme data could be minimized significantly if the field staff are given basic training in MEL, Key performance indicators, how to collect data and the role this exercise plays in reporting and fundraising activities of the OMS programme. With the suspension of Logalto (an MEL system) and current efforts to establish a new one which is less Herculean and less expensive, it will be appropriate to incorporate the routine system on the onset.

**Key guiding points for the MEL Team:**

- a. MEL manager should identify and compile all indicators that have to be reported quarterly and establish a routine data system to aid their collection and storage
- b. Programme field staff should collect the data and collate led by an identified MEL liaison officer (from the team)
- c. Collated data/figures should be verified by the Programme Manager before it transmitted to the MEL Manager (at the Head Office)
- d. Trainings or periodic refreshers for programme staff in MEL is critical
- e. The MEL Manager and the team should work at creating a solid data management system within AfriKids.
- f. Need for adequate resources for MEL activities
- g. The MEL Manager should have a plan of activities for the year (split into quarters) with their corresponding budgets for Management.
- h. AfriKids should set timelines for addressing the MEL System challenges. Possibly develop a roadmap to ensure responsiveness of the process.
- i. Finally, there is the need to synchronize the two logframes being used to run the programme. Failing that, then management should provide adequate resources for collecting data that responds to all the indicators.

## References

1. ActionAid Ghana. (2019). *Ending harmful traditional practices in Northern Ghana*.
2. AfriKids Ghana Country Strategy (2021-2025): 1 MILLION SMILES: Making Ghana a beacon for child rights. Bolgatanga, Ghana.
3. AfriKids Ghana Country Strategy (2021-2025). Results Framework.
4. AfriKids Ghana Country Strategy (2021-2025). Theory of Change for health thematic area.
5. AfriKids Ghana Country Strategy (2021-2025). Theory of Change for education thematic area.
6. AfriKids Ghana Country Strategy (2021-2025). Theory of Change for child protection thematic area.
7. Afrikids Concept Note 2023-2026 - Education
8. Afrikids Concept Note 2023-2026 - Child Protection
9. Afrikids Concept Note 2023-2026 - Health New
10. Afrkids One Million Smiles Child Protection Program Concept Note
11. Afrkids CP ToC, Indicators, Risk And Assumptions
12. Afrikids Dd's Education Logical Framework
13. Akyeampong K., Andrabi, T., Banerjee, A., Banerji R., Dynarski S., Glennerster R., Grantham-McGregor S., Muralidharan K., Piper B., Ruto S., Saavedra J., Schmelkes S., Yoshikawa H., (2023). Cost-Effective Approaches to Improve Global Learning - What does recent evidence tell us are "Smart Buys" for improving learning in low- and middle-income countries? London, Washington D.C., New York. FCDO, the World Bank, UNICEF, and USAID.
14. Amoah, A., Nyarko, S., & Abrefa, K. (2022). *WASH in Ghanaian Schools: Impacts on learning*. ISABB Journal of Health and Environmental Sciences.
15. Anamuah-Mensah, J., & Eshun, P. (2022). *Overcoming classroom challenges in Ghana's basic schools*. University of Education Winneba.
16. Awusabo-Asare K. et al., From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana, New York: Guttmacher Institute, 2017, <https://www.guttmacher.org/report/sexuality-education-ghana>.
17. Bismark Nyaaba, et al. (2024). *Innovative training of teachers using VR: Potentials and constraints in Ghana*. Ghana Journal of Education and Innovation.
18. Denham, A. (2021). *Disability, superstition, and the 'spirit child' in Ghana*. Journal of African Studies.
19. Ghana Education Service. (2021). *National education performance report*.
20. Ghana Education Service. (2022). *Teacher workforce capacity and learning outcomes report*.
21. Ghana Statistical Service. (2021). *Population and Housing Census – Disability Report*.
22. Global Initiative to End All Corporal Punishment of Children. (2022). *Corporal punishment in Ghana: Progress and gaps*.
23. Gomda, Y., Sulemana, M., & Zakaria, H. (2022). *Inclusive education for children with disabilities in Northern Ghana: Gaps and opportunities*. African Education Review.
24. ILO. (2023). *Child labour in Ghana: Patterns, causes and solutions*.
25. ISABB Journal of Health and Environmental Sciences. (2020). *School Sanitation and Learning Performance*.
26. Ministry of Gender, Children and Social Protection. (2020). *National strategy on ending child marriage in Ghana (2020–2026)*.

27. NORC at the University of Chicago. (2020). *Assessing progress in reducing child labor in cocoa production in Ghana and Côte d'Ivoire*.
28. Save the Children. (2019). *Children's voices: Violence in schools and communities in Ghana*.
29. United Nations Children's Fund, Fulfilling the Commitment to Child Protection in Ghana, UNICEF, New York, 2021.
30. Performance Indicator Reference Sheet (PIRS)
31. Education ToC, Indicators, Risks and Assumptions
32. Afrikids DDs Child Protection Logical Framework
33. Afrikids DDs Education Logical Framework
34. CP Logframe - Full Data Completed 2023
35. Master Affected Persons Target 2024
36. 1 Million Smiles Afrikids 2021-2025 Strategy
37. Community Member, School governance and Parents EDUC HEALTH CP-draft
38. Communiy Health Management Committee Member Health -draft
39. OMS-Child Protection for All Programme Annual Survey
40. OMS Needs Assessment Reports (For all districts)
41. Needs Assessment Survey (2023)
42. Final Data Rapid\_Assessment Cleaned Data Shared
43. Child Protection Rapid Assessment Report
44. FLISP Impact Study Report, 2023
45. FLiSP 2023 Quarterly Reports
46. Combined Affected Person count
47. MMD 2023 QUARTER 3 REPORT
48. AfriKids FLiSP Annual Report 2023
49. FLiSP 2023 Baseline Report
50. UNESCO Institute for Statistics (UIS). 2019.  
<http://data.uis.unesco.org/index.aspx?queryid=123&lang=en>
51. Report Findings (2022). National Standardised Test for English Language, Mathematics and 21st Century Skills: Report Findings
52. UNESCO, UNICEF & World Bank. (2022). *The state of the global education crisis: A path to recovery (A joint UNESCO, UNICEF, and World Bank*
53. UNESCO. (2022). Out of School Rate in Nigeria. UNESCO
54. UNESCO's International Standard Classification of Education (ISCED) 2011.  
<https://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>
55. UNESCO. (2020). *Education during COVID- 19 and beyond*.
56. UNESCO. (2021). *Gender equality in and through education in Ghana*.
57. UNESCO. (2023). *Ghana education policy and system analysis*.
58. UNICEF. (2020). *The state of the world's children: Every child's right to learn*.
59. UNICEF. (2021). *Realities of adolescent girls in education in Ghana*.
60. UNICEF Ghana. (2021). *WASH in Schools: Annual Monitoring Report*.
61. World Bank. (2019). Ending learning poverty: What will it take? [https://openknowledge worldbank.org/handle/ 10986/ 32553](https://openknowledge.worldbank.org/handle/10986/32553) License: CC BY 3.0 IGO.

62. World Bank (2020). The Impact of the COVID-19 Pandemic on Education Financing, Washington D.C., World Bank.
63. Yael Kidron, Mengli Song, Peter Scales, Dan Wagner, Julia Lane, Janis Glover (2016). Parental, community, and familial support interventions to improve children's literacy

## Annex 1: Synthesis of OMS MEL System

### Summary of Theory of Change (ToC)

This section outlines the strategic logic underpinning the three thematic outcome areas of AfriKids Ghana's current strategy - education, child protection, and health. Overall, the Theory of Change (ToC) is well-articulated and closely aligned with the 2021–2025 strategic plan, which aims to ensure *means* through family-level support, build *motive* by mobilising communities, and create *opportunities* by enhancing access to essential services. It also seeks to strengthen AfriKids Ghana's institutional capacity and contribute to broader systemic advocacy. A review of the framework shows the ToC framework is appropriate and coherent with the intended change statements.

### Child Protection Outcome

The strategic goal of the child protection programme is to ensure that *every child in Ghana is protected from neglect, abuse, and exploitation*, in line with the UN Convention on the Rights of the Child (CRC Article 19), Ghana's Children's Act (Act 560, 1998), and SDG 16.

AfriKids aims to achieve this through:

- Increased community support and demand for child protection, by fostering understanding, appreciation, and enforcement of children's rights;
- Improved supply of child protection services by strengthening formal and informal child protection systems.

The ToC envisions that in the short term, families will have improved capacity to meet children's basic needs, protect them from harm, and transition away from harmful livelihoods (e.g., traditional healing practices). Communities will begin to reject harmful norms and exhibit positive knowledge, attitudes, and practices (KAP) regarding child protection. There will also be increased use of adolescent sexual and reproductive health (A/SRHR) and mental health (MH) services, and improved school environments that safeguard children's wellbeing.

### Education Outcome

AfriKids' education goal is to ensure that *every child in Ghana enjoys their right to quality basic education*, in alignment with CRC Article 28 and SDG 4. This right applies universally—irrespective of gender, age, disability status, or social background.

The strategy seeks to:

- Reduce school dropout rates;
- Promote child-friendly teaching practices;
- Increase completion of the Basic Education Certificate Examination (BECE);
- Strengthen the inclusion of marginalised groups;
- Improve learning outcomes.

To achieve this, AfriKids will support poor families through livelihood interventions, engage communities to shift KAPs towards children's education rights, and strengthen the capacity of duty bearers and stakeholders to deliver inclusive, quality education.

The Education MEL framework and Theory of Change (ToC) for the OMS programme are generally robust and comprehensive, a few notable gaps and areas for strengthening include:

Gaps		Suggestions going forward
1.	Limited focus on equity and inclusion for specific vulnerable groups (e.g., children with disabilities, street children, those in conflict zones)	Disaggregate indicators by vulnerability type and design targeted strategies for excluded or hard-to-reach children.
2.	Narrow scope of learning outcomes focused mainly on STEM and digital skills	Expand indicators to include foundational literacy, critical thinking, life skills, and socio-emotional learning.
3.	Weak representation of Early Childhood Education (ECE) despite inclusion of KG completion rate	Include specific outputs and activities that promote ECE quality, caregiver involvement, and ECE teacher training.
4.	Absence of intermediate strategies supporting transition to post-basic education (e.g., SHS, TVET)	Integrate transition support services (e.g., career guidance, scholarships) and monitor transition rates from JHS to SHS/TVET.
5.	Limited use of community and learner feedback in governance and quality improvement	Strengthen participatory MEL tools (e.g., suggestion boxes, regular feedback forums) and ensure findings inform school planning.
6.	No attention to teacher wellbeing and retention (focus is on training only)	Introduce activities and indicators around teacher motivation, mental health support, and retention strategies.

## Health Outcome

The health component aims to ensure that *every child in Ghana attains the highest possible standard of health*, as enshrined in CRC Article 24 and SDG 3.

The strategy is anchored on three pillars:

- **Providing means** through livelihood and welfare support to access maternal and child health (MCH) services;
- **Building motive** via social and behaviour change communication (SBCC) and community mobilisation;
- **Creating opportunities** by strengthening health systems to deliver quality, child-sensitive care.

Expected immediate outcomes include improved NHIS registration and access to MCH services, stronger community demand for A/SRHR and MH services, a reduction in harmful traditional health practices, and the activation of informal MCH support structures. In the medium term, this should lead to increased community support for MCH, adoption of positive health-seeking behaviours, and broader access to quality MCH services.

**Summary of Theory of Change (ToC)**

<b>Thematic Area</b>	<b>Strategic Goal</b>	<b>Key Strategies</b>	<b>Expected Short to Medium-Term Outcomes</b>
Child Protection	Every child in Ghana is protected from neglect, abuse, and exploitation (aligned with CRC Art. 19, Ghana Children's Act 1998, SDG 16).	<ul style="list-style-type: none"> <li>- Provide means through livelihood and welfare support</li> <li>- Build motive via SBCC and community empowerment</li> <li>- Create opportunities by strengthening formal/informal child protection systems</li> </ul>	<ul style="list-style-type: none"> <li>- Families meet children's basic needs and shift away from harmful livelihoods (e.g. traditional healers)</li> <li>- Communities renounce harmful practices and improve KAP on child protection</li> <li>- Increased access to A/SRHR and MH services</li> <li>- Safer school environments</li> </ul>
Education	Every child in Ghana has access to quality basic education (aligned with CRC Art. 28 and SDG 4).	<ul style="list-style-type: none"> <li>- Provide means through livelihood support for poor families</li> <li>- Build motive by shifting community KAP on education</li> <li>- Create opportunities by strengthening systems and stakeholder capacity</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced school dropout-Increased BECE completion</li> <li>- Improved inclusion of marginalised children</li> <li>- Enhanced learning outcomes and child-friendly teaching methods</li> </ul>
Health	Every child in Ghana attains the highest possible standard of health (aligned with CRC Art. 24 and SDG 3).	<ul style="list-style-type: none"> <li>- Provide means through NHIS/welfare support and access to MCH- Build motive via SBCC and empowering change agents- Create opportunities by strengthening MCH service delivery</li> </ul>	<ul style="list-style-type: none"> <li>- Increased NHIS registration</li> <li>- Increased demand for A/SRHR and MH services</li> <li>- Positive KAP around maternal and child health</li> <li>- Active community MCH support systems- Improved access to quality MCH services</li> </ul>

## Annex 2: Field Guide

