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Summary of midterm reviews of country programmes

West and Central Africa region

Summary

This regional summary of midterm reviews of country programmes conducted in 2008 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

Introduction

1. This report covers midterm reviews (MTRs) of the country programmes 2006-2010 in Burkina Faso, Chad and Ghana, conducted in 2008.
2. The MTRs were undertaken within the context of the 2005 Paris Declaration for Aid Effectiveness and the 2008 Accra Agenda for Action, United Nations reform and UNICEF organizational change. The MTRs reflect and sustain this momentum of change, which has led to a fundamental shift in the way country offices in the West and Central Africa region operate.
3. The MTRs all reviewed progress in accelerating child survival and development (ACSD) and in strengthening commitments towards achievement of the health-related Millennium Development Goals.
4. The MTRs for Burkina Faso and Ghana were undertaken as part of the midterm review of the United Nations Development Assistance Framework (UNDAF). However, in Burkina Faso, the country programme and United Nations

* E/ICEF/2009/16.



country team MTRs were two distinct exercises, while Ghana combined its MTR with a strategic reflection exercise (SRE), which provided an opportunity for reflection on longer-term trends, contextual developments and implications for the role and strategic contributions of UNICEF towards 2015 and beyond. The Burkina Faso MTR was preceded by a programme performance assessment (PPA), conducted by the Office of Internal Audit and the Evaluation Office, which focused on policy advocacy and partnership management. Findings and recommendations informed adjustments of UNICEF support to national programmes in the remaining years of the current country programme.

Midterm reviews

Burkina Faso

5. **Process.** The MTR of the UNICEF programme of cooperation was undertaken in September 2008, following completion of the UNDAF MTR in November 2007 and the programme performance assessment. Participants included line ministries, the Ministry of Economy, non-governmental organizations (NGOs) and civil society. Sector reviews were the basis for the analysis of progress and UNICEF contribution to the attainment of national objectives. The MTR highlighted the relevance and efficacy of the sectoral programme strategies, as well as lessons learned, constraints and recommendations for the continuation of the programme. The Regional Office provided technical support during the sectoral reviews in social policy, communication for development and monitoring and evaluation.

6. **Update on the situation of children and women.** In 2008, 46.5 per cent of the population in Burkina Faso lived below the poverty line, representing a slight increase since 2006 (45 per cent). Maternal mortality (219 per 100,000 live births) as well as neonatal (32 per 1,000 live births) and child mortality (188 per 1,000 live births) rates remain extremely high. Stunting and underweight rates have decreased while wasting has stagnated or is decreasing. National access to health centres has improved (38 per cent of households less than half an hour away from the nearest health centre), although, in 7 out of 13 regions, access has deteriorated since 2005. It is unlikely that the country will be able to reach Millennium Development Goals 4 and 5.

7. Access to improved water sources has improved substantially (79 per cent of the population) so that it is likely that Burkina Faso will be able to reach Goal 7 by 2015, although important regional disparities exist in this respect. Significant delays persist with regard to sanitation, particularly in rural areas. Coverage rates have increased only slightly, from 5 per cent in 1996 to 13 per cent in 2006, and there are significant disparities between rural (from 2 per cent in 1996 to 6 per cent in 2006) and urban areas (from 23 per cent in 1996 to 43 per cent in 2006).¹

8. The new strategic framework for the fight against HIV/AIDS (2006-2010) has made it possible to reduce the cost of antiretrovirals (ARVs) by 70 per cent and to provide free paediatric care for children under the age of 15. It is likely that the country will be able to achieve Goal 6. However, the number of children receiving ARV treatment remains insufficient (5 per cent against the 15-20 per cent expected). The number of orphans and vulnerable children (OVC) has increased (from 80,000

¹ World Health Organization/UNICEF Joint Monitoring Programme 2008.

in 2005 to 100,000 in 2007) but the lack of resources, despite effective interventions, hinders national coverage.

9. Significant progress has been made in the education sector, in the context of the basic education development plan (2001-2010). The gross attendance rate nearly doubled between 2001 and 2008 (from 42.7 per cent to 72.5 per cent), particularly as a result of the free distribution of school books during the 2007/2008 school year and the abolition of user fees in 45 provinces. The opening of new community pre-school structures has advanced early childhood development, leading to an increase in enrolment, from 27,192 children in 2005/2006 to 40,659 children in 2006/2007. However, girls face inequality in access to education, particularly in secondary education, and the inferior social status of women persists, exacerbating their fragility and vulnerability.

10. Violence and exploitation of children and women persists, from girls' early marriage to female genital cutting (FGC) and sexual exploitation. Birth registration remains low, especially in rural areas (58 per cent). Street begging has taken on alarming proportions, with more than 12,000 children found begging in 2008.

11. Since 2006, the country has been hit by a number of crises: floods, meningitis epidemics and social unrest as a result of the food price increase.

12. There has been a progressive increase in the national budget expenditure for the social sector (from 17 per cent in 2004 to 26.6 per cent in 2006). The majority of the social budget (18 per cent) is allocated and spent for education. However, when compared to the overall national budget, this is still below 20 per cent and below 10 per cent for the health sector.

13. Burkina Faso can reach Goal 7 target 10 (on sanitation), Goal 6 target 7 (on HIV/AIDS) and will make progress towards Goal 2 target 3 (on universal primary education).

14. **Progress and key results.** Since 2006, the UNICEF country programme has made significant contributions to the achievement of national development priorities, notably in primary education and girls' education, immunization coverage, women's access and use of health services, and advocacy for compliance to international conventions for the protection of the child.

15. Through UNICEF advocacy efforts, a national plan for the accelerated reduction of maternal, newborn and child mortality was developed and supported by the key donors. Participation and support in the health sector-wide approach (SWAp) has reinforced UNICEF positioning in advocacy, policy dialogue and resource leveraging for ACSD. The country programme has also played a key role in the elaboration of the national reproductive health strategy, the Integrated Management of Childhood Illnesses (IMCI) strategy and the national strategy for integrated community-based interventions.

16. All expected results for routine immunization have been reached for all antigens, although it will not be possible to eradicate polio during the programme (cases of polio were recorded in 2007 and 2008). More than 1.5 million long-lasting insecticide-treated nets (ITNs) were distributed, but the number is insufficient to reach the target of 80 per cent of children under the age of five and pregnant women (only 9.6 per cent of under-five children sleep under an ITN). The new protocol for IMCI was rolled out in 57 out of 63 districts. Biannual supplementation of vitamin

A for children under the age of five reached 90 per cent coverage. Due to lack of data, it is not possible to assess if the target 25 per cent reduction in micronutrient deficiencies was reached. Coverage for pre-natal care increased between 2005 and 2007, from 80 per cent to 94 per cent (urban areas) and from 63 per cent to 70 per cent (rural areas), with coverage in UNICEF-supported areas reaching even higher levels. Coverage of obstetric care and caesarean section rates was also satisfying (from 43 per cent in 2005 to 57 per cent in 2007). This is largely due to the Government strategy of free preventive care for pregnant women, subsidized deliveries and a referral system, with cost sharing for emergency obstetric care.

17. In the HIV/AIDS sector, UNICEF actively participated in the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) coordination group. The planned eight districts are implementing the prevention of mother-to-child transmission (PMTCT), with coverage of 'health and social promotion centres' providing PMTCT services increasing nationally from 15.4 per cent in 2005 to 50 per cent by mid-2008. Since 2005, the number of women being screened has more than tripled, from 25,023 in 2005 to 75,374 in 2008. Integrated communication plans were implemented in all districts of intervention, with a focus on primary prevention of women and young girls.

18. Progress in water, sanitation and hygiene has been unequal across the country. Coverage of improved drinking water in schools varies according to the type of school structure built (some of which do not have water points) by the different partners, with rates varying between 50 per cent and 71 per cent, against the target of 100 per cent. This is because some partners continue to build infrastructure without supplying them with water points or latrines. Through support from UNICEF, the World Health Organization and the Carter Centre, Burkina Faso had only one imported case of Guinea worm in 2008, and is currently in pre-certification phase for eradication. Notable progress has also been achieved in behaviour change, at the individual and family levels, for the adoption of key hygienic practices.

19. UNICEF has developed strong partnerships with the Government and technical and financial partners for the implementation of the national education plan. The organization played a key role in the development of the education sector-wide approach and the alignment of partners through a common basket for channelling aid to the sector. For pre-schooling, 90 per cent of the expected results for 2010 was reached: 7,200 children, among them 5,282 in schools supported by UNICEF, have benefited from improved preparation to primary education. In basic education, 124 classrooms were built by UNICEF (corresponding to 4.6 per cent of all classrooms built by the Ministry of Education), contributing to improved access to education. The programme continued advocacy and initiatives to improve gender parity for women so that mothers are able to engage in income-generating activities while their children are in school. UNICEF also contributed to the construction and equipping of 16 non-formal education centres, bringing the total number nationally to 85.

20. Through advocacy and political dialogue, UNICEF contributed to the adoption of a national plan of social action for the protection of children and women as part of a poverty reduction strategy in the country. Efforts to promote birth registration included the establishment of 210,000 supplementary judgements and strengthening of decentralized institutional capacity. Through UNICEF support, 900 street

children, 850 victims of sexual violence, 300 disabled and 1,000 orphans and vulnerable children (OVCs) received care and support.

21. The implementation of the integrated communication plan has strengthened commitment and ownership of communication for development, putting emphasis on large-scale and long-term communication activities. A national communication plan was developed to accelerate high-impact interventions for child survival and development. The plan focuses on five key family practices (exclusive breastfeeding, use of ITNs, hand washing, treatment of diarrhoea with oral rehydration salts, and nutrition). The integrated communication plan was rolled out in 1,200 villages in 27 provinces, reaching about 2.5 million people. Through the broadcasting of programmes, more than 5 million people were reached in awareness-raising efforts on FGC, birth registration and the prevention and transmission of HIV/AIDS.

22. The country programme participated in the regional study, 'Children, Poverty Reduction Strategy Papers and Budgets', strengthening knowledge and awareness about poverty reduction strategy papers (PRSPs) and budget expenditure and systems, for more effective influencing of PRSPs and budget processes. It also supported the strengthening of national capacities in data collection, analysis and circulation (DevInfo and Integrated Management Information System).

23. **Resources.** Between 2006 and 2008 there has been a significant increase in resources available to the country programme: regular resources (RR) and other resources (OR) have more than doubled between 2006 and 2008 (from \$7.5 million to \$16 million in RR and from \$5 million to \$11 million in OR); emergency funds increased from \$1.1 million to \$5.5 million. The OR ceiling review as of January 2009 shows that the county office had already mobilized \$29,430,470.23, representing 72.7 per cent of the initial OR ceiling for the country programme authorized by the Executive Board (\$40,500,000). In June 2008, the Executive Board approved an increase of the OR ceiling by \$20 million, for a total of \$60.5 million. Some 63 per cent of the total 2008 budget and 74 per cent of the OR budget was allocated to child survival and development. However, child protection, maternal health, non-formal education and HIV/AIDS are chronically underfunded, and little interest has been shown by donors in funding these areas. On average, 80 per cent of available resources were utilized.

24. **Constraints and opportunities affecting progress.** The programme performance assessment revealed weaknesses in the country programme in the areas of a rights-based approach to programming, monitoring and evaluation, and knowledge management. The existence of a multiplicity of coordination mechanisms at the national level and slow progress in the decentralization process for strengthening of community-based interventions for child survival and development are also constraining factors, particularly for malaria, nutrition and HIV/AIDS. In the water and sanitation sector, there is considerable scattering of intervention areas, especially where IMCI has not as yet been rolled out, NGOs and local organizations for implementation of activities are in short supply, and community structures have low capacities. The education sector suffers from inadequate financial, technical and organizational capacities at the community level but also within the Government. Moreover, non-formal education facilities remain insufficient despite significant efforts to build, rehabilitate and equip structures.

Child protection still lacks the funds required to reduce the vulnerability of children and women.

25. **Adjustments.** The acceleration of child survival and development and the reduction of child mortality will remain the programme priorities for the remainder of the programming cycle, and all efforts will be made to ensure that each sector contributes to the achievement of the national ACSD strategy adopted in Burkina Faso. UNICEF will continue to be a strategic partner for the national education plan, and starting in 2009, it will be actively participating in the gender and HIV/AIDS common basket. Partnerships with the World Bank, aimed at supporting the Government in the establishment of a social protection system, will be reinforced. A major focus will be the strengthening of monitoring and evaluation, action-oriented research and knowledge management.

26. Accelerated implementation of IMCI at the community level will remain a priority of the health and nutrition component. Communication for development at the community level will be brought to scale, with a focus on the five key behavioural changes for ACSD. Advocacy efforts will continue for the promotion and acceleration of sanitation as a key determinant of child survival and development through support to the Government in the development of a total sanitation programme. Given the significant level of financing by other partners for HIV/AIDS, UNICEF will focus on institutional support and capacity building at the national level for the mobilization, planning and use of global funds, as well as advocacy for prevention with youth.

27. In the education sector, UNICEF will support consolidation of the results obtained for girls' education and advocacy for improving preschool facilities and the quality of primary education. UNICEF will also support the implementation of catalytic funds managed by the World Bank.

28. Parallel to the shift towards greater investment and participation in national policy dialogue and leveraging, the country programme will reduce investments in large-scale infrastructure building (by transferring this responsibility to the Government through the common basket funding) while keeping a minimum capacity to support the Government's pilot initiatives.

29. No major changes in the programme structure were proposed as a result of the MTR. The country programme 2009-2010 will continue to be organized by sector so as to be aligned with, and support, sector-wide approaches (SWAs) and capacities of sectoral government institutions. Cross-sectoral strategies, such as planning, monitoring and evaluation and communication for development, are integrated within the country programme in support of the other components, contributing to the results through sectoral outputs.

30. The country office coordination mechanisms and task forces were reviewed to enhance their effectiveness and a ACSD task-force was created under the Representative's leadership.

31. Adjustments in staffing were made to respond to the changing programming environment requiring, among others, (a) reinforced advocacy, results and evidence-based programming, fundraising and resource leveraging for ACSD; (b) strengthened strategic positioning and involvement of UNICEF in national frameworks and new aid modalities; (c) development of adequate capacities to support decentralized social programming and management; (d) enhanced

leadership role to support national multi-risk contingency planning and response in the clusters for nutrition, water, sanitation and hygiene (WASH), child protection and education within the humanitarian reform framework. Starting in 2009, programme meetings will be organized on a monthly basis (instead of a quarterly basis) to strengthen strategic thinking and integrated programme implementation for better results and greater impact.

32. A five-year Integrated Monitoring and Evaluation Plan (IMEP) has been implemented through annual integrated monitoring, evaluation and research plans based on programmes annual workplans. However, content, process and quality need to be strengthened. The planned reorganization of the planning, monitoring and evaluation section and the creation of a (L-4 level) post with a strong monitoring and evaluation profile will contribute to this improvement.

Chad

33. **Process.** The MTR of the Chad country programme was led by the Ministry of Economy and Planning and undertaken in collaboration with UNICEF partners. The Regional Office provided technical support during the sectoral reviews in the planning, health and nutrition sectors, as well as technical training in results-based management (RBM), a human rights-based approach (HRBA) to programming² and emergency preparedness and response (EPR). Lack of functioning information systems and of nationwide surveys in the last three years have hindered the analysis of progress made during the first two years of the country programme.

34. **Update of the situation of children and women.** The political and social situation in Chad has deteriorated since the country programme began in 2006. The first two years were marked by the persistence of conflicts (military, political and inter-communal), insecurity and the influx of refugees and internally displaced people (IDPs) in the east and south of the country. In mid-2008, there were around 57,000 refugees from Central African Republic in the south, more than 250,000 refugees from Sudan and around 179,000 IDPs in the east. In 2008, 80 per cent of the population lived below the poverty line. In this context, the prospect of producing results for the country programme and achieving the Millennium Development Goals are severely compromised.

35. Infant mortality remains high and even increased slightly in the last ten years (102 per 1,000 live births in 1997 and 103 per 1,000 live births in 2004). Child mortality was at 191 per 1,000 live births in 2004. It is unlikely that Goal 4 will be reached. Similarly, undernutrition rates have not improved in the last decade (37 per cent in 1996 and 39 per cent in 2004). A nutrition emergency has unfolded in the north-west of the country, resulting in a 50 per cent rate in child morbidity and mortality and requiring considerable efforts to reach Goal 1.

36. Maternal mortality has worsened (up from 877 per 100,000 live births in 1996 to 1,099 per 100,000 in 2004), with anaemia and malaria being the primary causes. In the present circumstances, Goal 5 will not be achieved. HIV/AIDS is growing exponentially, with a prevalence rate at 3.4 per cent and significant geographical differences. The country is far from reaching the goal of halting and reversing HIV

² The RBM and HRBA workshop, held for UNICEF and United Nations and government partners, was facilitated by the regional inter-agency Quality Support and Assurance Group (September 2008).

prevalence by 2015. Chad is also one of five countries globally that have the worst rate of access to safe water (36 per cent in 2004). In 2004, only 9 per cent of the population had access to adequate sanitation facilities, a mere 2 per cent increase since 1990.

37. Primary school gross enrolment rate in 2004/2005 was 84 per cent, but this rate hides important regional disparities, with some regions below 50 per cent. There are acute problems of quality and access to education, especially in rural areas, as well as high rates of abandonment, particularly of girls. In order to scale up girls' access to education, the plan of action for accelerating girls' education must be validated by the Ministry of Education and integrated into the ten-year education and literacy development plan. An estimated 10,000 children are associated with armed forces. Significant opportunities exist for Chad's oil revenues to be used for poverty reduction and the social sectors. In the past few years (2006-2008), there have been some improvements in national budgetary allocations to the social sector: an increase from 6.1 per cent to 7.5 per cent in education and in health, from 4.2 per cent to 4.6 per cent. Budgetary allocations for child protection have remained stable (from 0.7 per cent in 2006 to 1.1 per cent in 2007 and 0.9 per cent in 2008). The Government and partners also mobilized global funds, notably from GFTAM, the GAVI Alliance and the World Bank.

38. **Progress and key results.** In health and nutrition, the Government has made accelerated progress towards child mortality reduction as a priority in national health policy (2007-2015). The country programme has contributed to ensuring 100 per cent coverage for polio immunization. In the education sector, the programme supported the integration of the essential learning package into the national education strategy. In areas where UNICEF focused its support, 58.2 per cent of children, among them 43 per cent girls, are enrolled in primary school. The programme played a key role in supporting the revision of the penal code for inclusion of the Convention on the Rights of the Child, the elaboration of a child protection code and the development of policies for OVCs. The protection and psychosocial needs of children living in refugee camps were well covered. The mechanism for reporting on grave children's rights violations (pursuant to Security Council resolution 1612) was also established.

39. In the water and sanitation sector, 46,500 students were provided with access to water, and separate latrine block and hand washing in their schools. The programme also supported finalization of a strategy for water provision via low-cost manual drilling, which was subsequently adopted by the Government's national water supply strategy. Access to potable water and sanitation facilities was ensured for 70,000 refugees and 100,000 displaced people.

40. The programme supported the elaboration and adoption of the national strategy for the prevention and transmission of HIV/AIDS (PMTCT) with a national scale-up plan of action. It also supported the creation of 42 screening centres through social mobilization and by training health personnel and supplying HIV testing equipment.

41. **Resources.** A total of \$43 million (in regular and other resources) were mobilized for regular programmes and \$46 million for emergencies. The amount of resources mobilized is significantly higher than planned, due to the fact that, during the programming phase for the current cycle (2006-2010), the reference was the amount of other resources mobilized in previous cycle (around \$7 million). From 2006 to 2008, of the total \$91,524,000 available, \$71,700,000 (78 per cent) was

spent. Despite the resource mobilization capacity proven over the last three years, child protection and HIV/AIDS remain underfunded.

42. **Constraints and opportunities affecting progress.** The main constraints affecting the country programme were insecurity, particularly in the east of the country, the significant amount of outstanding or unliquidated cash assistance to the Government, which slowed down implementation of the programme, the limited number of national NGOs and their low financial management capacity and limited experience. Despite the numerous polio campaigns between 2006 and 2008, the wild polio virus is still present. Combined diphtheria, pertussis and tetanus (DPT3) vaccine coverage is weak, with less than 50 per cent receiving DPT3, due to lack of follow-up, information and poor planning. Exclusive breastfeeding rates remain low. Implementation of IMCI has suffered from lack of an institutional framework and insufficient resources. So far, ACS D has continued to be exclusively a UNICEF concern: strong advocacy and intensive dialogue are required with other partners for shared ownership of the strategy and scaling-up of high-impact interventions.

43. The family tracing programme has highlighted that the families of children associated with fighting forces are often reluctant to accept the return of their children for fear of retaliation as well as disapproval of the attitudes that the children may have acquired. Strategies concerning family and socio-economic reintegration of these children require the adoption of a medium-term three-year approach.

44. A number of opportunities exist for the remainder of the programme, notably the mobilization of oil revenue for social sectors, the use of community-based polio interventions as an entry point for IMCI, the co-existence of other programmes (African Development Bank, Agence Française de Développement) with the same approach in the water and sanitation sectors, the renewed cooperation with global funds and the Government's commitment to purchase ARVs.

45. The management of the emergency programme for the eastern part of the country from the main office in Ndjamena decreased efficiency in programme delivery, due to the significant amount of time in processing transactions between the Abeche sub-office and the Ndjamena office; it also reduced control over field monitoring of programme activities in the field, resulting in poor management of programme funds.

46. **Adjustments.** The MTR led to a new strategic orientation:

(a) Decentralized management, with sub-offices taking over full responsibility for area-based programme implementation and financial management. This will ensure effective management of resources (particularly for humanitarian action in Eastern Chad) and addresses the need for decentralized coordination of humanitarian assistance by the Integrated United Nations Mission for Central African Republic and Chad (MINURCAT).

(b) Restructuring of the programme around two clusters: child survival (health and nutrition, HIV/AIDS, WASH) and child development (education and child protection).

(c) Placing ACS D at the centre of all programmes. Greater focus will be put on integrated, evidence-based, high-impact interventions that can be scaled up in

health, nutrition, WASH and HIV/AIDS. Child protection and education contribute to the development of school-age children.

(d) Integrated programming, shifting from vertical conceptualization and management of emergency and development activities to a comprehensive and holistic results-oriented approach (from humanitarian action to transition to recovery towards mid-term and long-term development). Each programme component, with the exception of Eastern Chad, incorporates an element of humanitarian action in geographic locations (response to the Central African Republic refugees in the south; tackle malnutrition in the north-west; and prepare for spontaneous emergencies that may arise).

(e) Strategic communication and social policies, partnerships and planning components support the two programmatic clusters, child survival and child development.

(f) Enhanced partnerships, with a focus on inter-agency participation and the role of UNICEF in the humanitarian clusters (nutrition, WASH and education).

(g) Programme strategy will focus on supporting government partners through training in data collection, analysis and management, emergency response, and technical assistance for increased ownership of the programmes, particularly the ACSD programme.

(h) Supply and logistics will be strengthened for effective programme delivery, with progressive transfer of competencies in inventory management, effective organization of the distribution system and support of in-country logistics management. The country programme will draw down activities with high costs and low return on investment, such as school constructions, supply of school benches or manual drillings. Operations management will focus on establishing long-term agreements with major suppliers for locally acquired programme items (soap, water kits), and in-country transportation will be privileged over occasional or one-time contractual arrangements.

(i) Thrust of the health and nutrition programme will be advocacy for recognition of malnutrition as an emergency in Chad and for scaling-up of ACSD across all health districts in the country.

(j) The WASH component will continue to promote low-cost manual drilling where technically feasible. The HIV/AIDS component will focus on scaling up HIV/AIDS education in schools, strengthening of human resource capacity, scaling up of community-based interventions, ensure availability of screening equipment.

(k) In the education sector, the MTR recommended focusing on (i) integrating the essential learning package in the development of the education sector strategy; (ii) updating the girls' education acceleration strategy with the development of an action plan; and (iii) developing a plan of action for children excluded from formal education.

(l) In child protection, the programme will shift towards the development and strengthening of national protection systems. It will advocate the application of the legal instruments for child protection (child protection code, penal code) and urge the Government and the National Assembly to make birth registration free.

(m) Key priorities of the policies, partnerships and planning component will be to establish DevInfo with partners in achieving the Millennium Development Goals and for poverty reduction strategy monitoring and to conduct feasibility studies in social protection, decentralization and child poverty.

(n) All job descriptions were revised to reflect the competencies required as a result of the new strategic focus: (i) technical assistance; (ii) capacity-building of government personnel; (iii) budgeting and management; (iv) leveraging of national policies and development of national programmes; and (v) evidence-based advocacy. Training in the new competencies will be provided to all new and existing staff.

Ghana

47. **Process.** In October 2008, UNICEF and the United Nations country team in Ghana undertook a midterm review of the 2006-2010 UNDAF, including UNICEF activities. Established UNICEF guidance and mechanisms for the review process were amended to fit the entire United Nations system as well as the aid environment in Ghana. The MTR provided an opportunity to take stock of progress in achieving Ghana's development priorities and the expected results of the UNDAF, to examine the environment within which the United Nations is operating and to make the necessary course corrections.

48. UNICEF also undertook a strategic reflection exercise on the strategic positioning of UNICEF towards 2015 and beyond. The West and Central Africa Regional Office, UNICEF headquarters, and strategic partners and stakeholders joined the country office in the process of collective reflection. This summary includes components of both the UNDAF MTR and the strategic reflection exercise.

49. **Update of the situation of children and women.** In Ghana, overall resource allocations to social sectors, particularly health and education, have increased, although the current fiscal projections bring some concerns regarding the sustainability of this trend. Overall, 12.1 per cent of government budget ceilings were allocated to the Ministry of Health in 2008. This represents 35.7 per cent of the total budget for the sector. Education accounts for more than a quarter of the overall government budget, but over 90 per cent of the total recurrent budget is needed for salaries. New sources of expenditure are coming into the system, including the Education for All Catalytic Fund and the Multilateral Debt Relief Initiative.

50. The country is on track to meet the Millennium Development Goals, reducing by half the 1992 level of poverty by the year 2015. The population living below the poverty line has dramatically declined, from 51.7 per cent in 1991/1992 to 39.4 per cent in 1998/1999 and 28.5 per cent in 2005/2006. However, the poverty reduction has not been uniform across the regions.

51. Child mortality is high in Ghana. At the time of the MTR, new data on child mortality was not available. By April 2009, preliminary Demographic and Health Survey data indicated that the under-five mortality rate had dropped, from 111 per 1,000 live births to 80 per 1,000 live births. Progress towards reducing maternal mortality (estimated at 56 per 100,000 live births) remains a challenge in Ghana. The Government has declared maternal mortality a national disaster and maternal health services are now provided free under the national health insurance. Child nutritional status (especially stunting), vitamin A supplementation and exclusive

breastfeeding rates are showing improvements, although higher malnutrition rates were recorded in the three northern regions.³

52. Ghana has made strides in halting the spread of HIV/AIDS, with a decrease to 1.7 per cent in 2007. However, the increasing trend in prevalence rates among young people aged 15-24 years, from 1.9 per cent in 2005, to 2.6 per cent in 2007, is worrying and may undermine efforts at preventing new infections. Ghana is among the ten countries making the most rapid progress towards achieving the Millennium Development Goals target (80 per cent by 2015) for use of improved drinking water, with 78 per cent of the population having gained access by 2006. The national coverage for improved sanitation is reasonably good, at 61 per cent, a promising result for attainment of the 72 per cent target. However, significant disparities still exist in access to and use of improved drinking water and sanitation: between urban and rural areas, between the regions and between the rich and the poor. Significant investment in community approaches to total sanitation will need to be made for the emergence of a sanitation model to enable scaling-up, especially in rural areas.

53. The abolition of all school fees, in combination with the introduction of capitation grants for basic schools, has made a direct and substantial impact on increasing access to education. This pro-poor measure has led to an increase in enrolment rates (from 86 per cent in 2005/2006 to 95 per cent in 2007/2008), helped achieve of gender parity for the primary levels, and reduced geographical and socio-economic disparities. With the incorporation of kindergarten into the formal basic education system, enrolment in kindergarten has doubled in just four years, to 1.26 million children in 2007/2008.

54. However, there are signs that retention rates are slipping, particularly in districts with the most vulnerable populations, where most progress has been made over the past few years. Learning outcomes, as reported by, for example, the National Education Assessment, leave considerable room for improvement. Extensive efforts will be required to reach Goal 2.

55. Basic legislation and policies are now in place to ensure that children are protected from abuse, exploitation and violence, including the Children's Act (1998), the Human Trafficking Act (2005), the Juvenile Justice Act (2003) and the National Plan of Action on Sexual Exploitation of Children (2007).

56. Some 39 per cent of children aged 5-17 years throughout Ghana are engaged in some form of economic activity,⁴ while nearly 20 per cent are engaged in activities classified as child labour. Only 51 per cent of children born in Ghana are being registered.

57. A national social protection strategy (NSPS) has been developed and is awaiting approval by Cabinet. The flagship of the strategy is Livelihood Empowerment against Poverty (LEAP), a cash transfer scheme, which has benefited from government resources.

58. **Progress and key results.** Some significant progress has been made towards achieving the Goal 4 targets, in particular with regard to immunization. Between 2006 and 2007, coverage for DPT3, polio and HepB3 increased from 84 per cent to 94 per cent; for measles, from 85 per cent to 95 per cent; and for Hib3, from 81 per

³ Supplementary Multiple Indicator Cluster Survey, round 3, conducted in 2007.

⁴ Child Labour Survey, 2003.

cent to 91 per cent. UNICEF support has significantly contributed to these gains through implementation in the northern regions and its role in influencing national policy. Although some progress has been made in the key nutrition indicators (reduction in stunting and wasting), in two of the three northern regions there is need to ensure that maternal and child nutrition interventions are further consolidated and integrated in order to maintain and increase the gains made to date.

59. Very good progress has been made in getting children into school (85 per cent against the targeted 100 per cent by 2015). By targeting the deprived districts, where the gender gap is generally wider than at national level, UNICEF has played a key role in narrowing disparities, but continued efforts are needed to achieve the set targets, especially for the most deprived districts. In particular, there needs to be a continued focus on disparity reduction, increase of retention and completion, and improvement of learning outcomes.

60. The universal access process in Ghana has had a positive impact, and the country is on track to achieve its 2010 targets for HIV prevention, treatment, care and support, provided current efforts are sustained. Though uptake of services still remains relatively low, due to socio-cultural factors (such as stigma and discrimination, gender roles and cultural factors), there has been a marked increase in coverage of ARV treatment and PMTCT over the past few years; this is a result of the increase in service delivery points in both the public and private health facilities. In 2007, some 21 per cent of HIV-positive pregnant women received ARV therapy for PMTCT, while 50.6 per cent of pregnant women received ARV therapy.

61. In the child protection sector, there is an adequate legislative framework, but enforcement continues to be a major challenge. The main policy gap is the absence of a proper child protection system that could create a protective environment for children.

62. **Resources.** The resource mobilization status of the country programme action plan (CPAP) 2006-2010 shows a positive trend. In 2006, fundraising for other resources (OR) amounted to \$28 million, against the CPAP target of \$15 million, and in 2007, following an increase in the OR ceiling, another \$23.3 million were raised, against a budget target of \$22.7 million. To date, a total of \$68 million in resources has been mobilized, against the revised fundraising target of \$82.4 million for the present country programme. As of August 2008, close to 60 per cent of the total estimated budget of \$106 million has been obligated.

63. Regular resources contributions have also shown an encouraging trend. The original CPAP estimated a total regular resources budget of \$18.6 million. There has been a steady increase in the annual allocations, and it is currently estimated that \$30 million will be available over the five-year period.

64. Resource mobilization for emergency response in 2007 was also successful. UNICEF requirements amounted to \$1,950,000, or 20 per cent of the total Flash Appeal, and received \$1,706,918, or 88 per cent, from various sources to implement its humanitarian response.

65. Some areas, such as child protection, remain underfunded.

66. **Constraints and opportunities affecting progress.** The political context is relatively stable in Ghana and the capacity of Government in many areas is growing but limited. The benefits of the country's exceptional economic growth over the past

few years have not as yet been translated into equitable poverty reduction and improved social indicators. The Government continues to pursue vigorous domestic revenue collection and is working towards fiscal decentralization, which will allow districts to have more control over the utilization of resources, and fewer leakages and inefficiencies are expected. However, 95 per cent of the education budget and 73 per cent of the health budget are spent on recurrent costs, especially salaries, leaving few resources for service delivery and capital investment.

67. Although an active SWAp is in place in the health sector, a significant amount of the resources is non-budgetary earmarked funding (GFATM, the United States Agency for International Development, UNICEF). There is also the SWAp roadmap for the WASH sector, but its implementation needs to be pursued more vigorously.

68. With regard to scaling up child survival, interventions that require a strong health system, such as skilled delivery, are lagging behind. This indicates that health system constraints are holding back progress. These systemic constraints include inadequate human resources, poor service quality, inadequate integration and coordination, weak support systems, and limited monitoring and evaluation systems. In addition, insufficient funding for the achievements of the health-related Millennium Development Goals is a key limiting factor.

69. Decentralization is not yet functioning optimally in Ghana, as issues of authority and mandate still need to be addressed.

70. **Adjustments.** The strategic reflection exercise identified a number of key priority areas for UNICEF in 2015 and beyond: (i) understanding, containing and reducing disparities; (ii) development of capacities and systems for results; (iii) improving adequacy, effectiveness, efficiency of basic services, including expenditure; (iv) influencing socio-cultural norms for children's and women's rights, and (v) strengthening management of knowledge, information, evidence, research and analysis.

71. Moreover, the UNDAF MTR noted a common set of issues that both the United Nations as a whole and UNICEF in particular should address:

(a) More strategic support. For UNICEF, the shift from a focus on 'projects' to 'programmes' means gradually moving from implementation to more technical advisory functions.

(b) Fulfilling a normative role. With the strong support and backing offered by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, it is crucial for UNICEF to be more engaged in supporting the Government to meet its treaty-based obligations in reporting to the relevant human rights mechanisms and in responding to the Concluding Observations and Recommendations of these treaty bodies.

(c) Improved adherence to the principles of the Paris Declaration for Aid Effectiveness and the Accra Agenda for Action. UNICEF intends to assist the Government in finalizing the new national development plan and to reinforce planning capacity, including at the district and community levels, together with United Nations and other partners. UNICEF has identified a number of actions that can improve harmonization with other development partners and alignment with the Government. This includes finalizing two-year work plans with the Government to reduce transaction costs and aligning the UNICEF planning cycle with that of the

Government. UNICEF will also need to review its capacity building, together with United Nations partners, in order to shift focus towards building government capacity in district-level planning, resource mobilization and community monitoring of service delivery.

(d) Monitoring and Evaluation. The United Nations needs to enhance its assistance to the Government in monitoring and evaluation. For UNICEF, the collection of reliable data is essential for monitoring the rights of children and women.

(e) Multisectoral approach. UNICEF needs to identify ways of ensuring that communities receive a package of services across several sectors.

(f) Communication for development. An effective communication for development strategy is needed, in order to fulfil the diverse and pressing programme agenda. The approach will be large-scale, integrated, human rights-oriented and evidence-based, in order to achieve measurable changes to social norms and individual behaviours in favour of children.

(g) Scaling up. The way UNICEF operates will also need to be changed as support for government programmes is scaled up.

72. No major changes were proposed to the programme structure.⁵

73. The UNDAF MTR 2008 has led to a revision of the CPAP matrix and the strategic priorities and programmatic adjustments for the remaining period. A workplan for 2009-2010 based on these revisions was finalized through consultations, establishing agreement on proposed results and indicators, so that a certain degree of continuity with the 2008 key management priorities and indicators would be ensured.

Conclusion

74. The MTRs for Burkina Faso, Ghana and Chad show that the UNICEF country programmes are playing an increasingly important role in policy dialogue and leveraging of results and resources for children within the framework of national programmes and priorities. This is achieved by supporting the government partners in the adoption of accelerated progress towards the Millennium Development Goals, by assisting in the elaboration of national health strategies and plans and by participating in SWAps and common basket funds in the health and education sectors and in global fund coordination groups.

75. UNICEF country programmes are providing significant support in the achievement of the Millennium Development Goals. With regard to Goals 1, 4, 5 and 7, sustained efforts to meet the ACSO commitments has led to significant progress in scaling up coverage of high-impact child health and survival interventions in all three countries, with increases in coverage for immunization, vitamin A supplementation, dissemination of ITNs and PMTCT.

⁵ The establishment of 19 new posts and abolishment of one post is being proposed. Of these, four are based on the MTR and 15 seek to ensure that critical staff functions currently being performed on temporary fixed-term contracts are available for the remaining period of the country programme.

76. However, the MTRs also revealed that weak government capacity and poor coordination amongst aid agencies impede the achievement of the Millennium Development Goals in the West and Central Africa region — where poverty levels and child and maternal mortality rates remain amongst the highest in the world. Even in stable countries like Ghana, the benefits of the country's economic growth and greater national budgetary investment in social sectors have not yet been translated into equitable growth. The food and fuel price crisis in 2008 and the ongoing economic recession run the risk of reversing the gains made so far in reaching the Millennium Development Goals in 2015. These trends may also reverse the resource mobilization successes of the first half of the cycle, as demonstrated by the notable budgetary increases in all three country programmes.

77. During the remainder of the programme cycle, the country programmes will continue to strengthen their influence, role and visibility at the policy dialogue table and to leverage funds for children. The thrust of these efforts will vary: from participation in new common basket mechanisms, such as the HIV/AIDS and gender basket funds in Burkina Faso, to continued support in Chad, to ensure government ownership of the ACSO agenda. Particular emphasis will be on increased engagement in poverty reduction strategies and plans, including in the social sector.

78. The MTRs also pointed to the importance of building partnerships to support systems strengthening at central and decentralized levels as well as scaling up community-based service delivery of both government and NGO partners through capacity-building in planning, monitoring and evaluation. During the remainder of the programme cycle, the country programmes will seek to ensure that UNICEF becomes a knowledge broker, building national statistical and information management capacity (DevInfo, disparity analysis, Multiple Indicator Cluster Survey, Demographic and Health Survey) for improved monitoring of the rights of children and women and for understanding issues, such as poverty, disparities and exclusion, that affect children. Political instability and vulnerability to economic shocks and natural disasters in the region will require maintaining and strengthening emergency preparedness, response and recovery capacity in these countries; at the same time, UNICEF will continue to contribute to their national development efforts in the countdown towards the Millennium Development Goals.

79. Important adjustments to the staff profile, at international and national levels, are required to reinforce UNICEF positioning in advocacy, policy dialogue and capacity building for acceleration of child survival and development. Social policy, planning, monitoring and evaluation expertise is instrumental in supporting the ongoing shift in the way UNICEF does business, while additional expertise is required to ensure continued UNICEF leadership in the humanitarian clusters around nutrition and WASH.

80. The strategic reflection exercise and the programme performance assessment were instrumental to the MTR processes in Ghana and Burkina Faso, highlighting the importance of new programming tools to support the ongoing strategic shift from a focus on projects to one on programmes. As a result, the country programme in Ghana has adopted a two-year workplan, aligned with the Government's planning cycle, spearheading UNICEF efforts to make programming processes lighter and simpler, as called for by the Paris Declaration and Accra Agenda for Action.