

Ghana

Executive Summary

The year under review concluded with the triumph of Cabinet approval of three national policies crucial for children, addressing: child and family welfare, justice for children and social protection. The process was steered by the Ministry of Gender, Children and Social Protection (MoGCSP) and supported by UNICEF Ghana. In addition, Parliament endorsed accession to the Hague Convention on Inter-country Adoption and the Ministry of Education endorsed the inclusive education policy.

During 2015 Ghana was declared Guinea worm-free, a major recognition of work by UNICEF and partners to eradicate the disease. Integration of mainstream programming in emergency response continued through the creation of a national phone-based platform (AGOO) reaching 400,000 young people with messages on cholera and Ebola, with a focus on hand-washing, and the development of guidelines for water, sanitation and hygiene (WASH) facilities for flood-prone communities.

Availability of recently released data from the DHS 2014 and analysis of Ghana's sixth living standards survey, both supported by UNICEF Ghana, indicated steady progress and remaining gaps. These results were used effectively by UNICEF Ghana for sustained advocacy.

Generation of new analysis on poverty and inequality by UNICEF Ghana and corresponding extensive advocacy resulted in the inclusion of an expanded coverage of social protection within Ghana's new International Monetary Fund (IMF) programme. The findings will inform major policy advocacy in 2016 re-emphasising UNICEF's focus on equity. The second round of the District League Table, a comparative social index rating Ghana's 216 districts, achieved massive media attention and acceptance by the Government as an official assessment of district-level development in the country.

UNICEF's contribution to Ghana's flagship national social protection programme, Livelihood Empowerment against Poverty (LEAP), led to support for its expansion, nearly doubling its coverage and achieving the introduction of a new category of beneficiary – poor pregnant women and infants under one year of age. UNICEF led the rollout of this new component, designed to address malnutrition and stunting among children in extremely poor households.

Declining stunting rates and increased breastfeeding was attributed to the scale-up of community-based infant and young child feeding (C-IYCF) counselling approach in all ten regions. Evidence-based advocacy spearheaded the Government's agreement to: embrace quality improvements for facility-based maternal and new-born care; integrate prevention of mother-to-child transmission (PMTCT), early infant diagnosis and paediatric HIV services into maternal and neonatal child health programming; and install water and sanitation services in health facilities.

New partnerships were fostered with universities to develop a certificate course on child protection for pre-service and teacher training colleges to enhance the quality of basic education

delivery. UNICEF developed an innovative partnership with a non-governmental organisation (NGO) to support the introduction of technology and independent monitoring checks of the LEAP programme operations and beneficiary satisfaction. This partnership led to scaling-up the technology with the National Health Insurance Authority (NHIA). Discussions with NHIA also resulted in integration of 'every mother every new-born' quality of care standards into NHIA's credentialing tools for facility-based maternal and new-born care.

In an effort to provide systematic support for potentially high-impact innovations, the 'I Imagine Ghana' innovation incubator was inaugurated in March 2015 with seven innovators joining its financial and business coaching support programme.

Despite an increasingly competitive funding climate, UNICEF Ghana experienced growth both in terms of human resources and programme funding and scale-up. This growth was addressed by timely recruitment of nearly 27 fixed-term staff, completion of a mid-term management review (MMTR), expansion and refurbishing of office premises, an increase of the other resources (OR) ceiling by US\$ 43 million and the sustaining of donor engagement through a high number of donor visits.

Programme efficiency and monitoring were maintained through the closure of outstanding audit recommendations and the successful office-wide deployment of TrackME, a powerful Excel-based tool to record and visualise activity progress and results indicators. UNICEF's branding reached new heights, consistently reaching 100,000 people through online and offline platforms.

Increased funding with strong commitment to sustainable results for scale-up, along with simultaneously building a new team, challenged the Office in 2015 with regard to overall contributions and managing the expectations of Government and donors. At the same time, programmes that remained unfunded required systematic efforts to adopt multiple funding streams, including private sector engagement. However, the overall financial constraint experienced by the GoG and unavailability of programme funds impacted on scale-up and sustainability of programmes.

Humanitarian Assistance

While there was no humanitarian emergency in Ghana in 2015 that warranted assistance to populations, the Ghana Country Office ensured efficient use of funds secured for Ebola response in 2014, which were carried forward into 2015 and invested in Ebola preparedness and prevention activities aligned with regular development programming on hand-washing and cholera prevention in 2015.

The West Africa sub-region was affected by an Ebola virus disease (EVD) outbreak, and as of 25 November 2015, a total of 28,601 cases and 11,299 deaths had been reported in West Africa.

Ghana was on high alert due to a number of risk factors, and 138 suspected cases were tested, all negative. In the meantime, Ghana was battling with a severe cholera outbreak. UNICEF Ghana built a consensus amongst government and development partners to extend all communication for development (C4D) efforts planned for EVD to cholera, especially because similar behaviours could be promoted to address both diseases.

UNICEF Ghana succeeded in leveraging US\$1.5 million through the diplomatic representations of the governments of Australia, Canada, Japan and the Netherlands, as well as US\$550,493

as part of thematic funding raised by the Regional Office.

UNICEF Ghana put in place interventions to support the preparedness plan of the GoG. The support provided focused strongly on delivering relevant information on Ebola and cholera, while addressing related misunderstandings, misconceptions and rumours within the overall framework of hygiene promotion.

The 10 regional offices of education coordinated by the school health education programme (SHEP) took the lead in covering all public and private senior high schools (SHS) with a half-day event on Ebola and cholera focusing on promoting hand-washing with soap.

School mobilisation was achieved through a partnership with 16 NGOs for service delivery: Afrikids, Ananse Reach, Afram Plain Development Organisation, Basic Needs, Behasun Integrated Development Organisation, Community Development Organisation, Christian Council Ghana, Hope For Future Generations, Integrated Youth Needs and Welfare, Institute of Social Research and Development, the Light Foundation, Northern Accelerated Intervention for Development, The Needy Foundation, Plan-International, the Red Cross and Rural Initiatives for Self-Empowerment.

As a result, 844 SHSs were reached, accounting for 96 per cent of the total number of public and private SHSs in the country. Some 372,425 students participated in the intervention, representing 57 per cent of the total SHS student population.

The intervention linked to AGOO, a platform using mobile phone technologies to provide greater access to information through voice-voice service, interactive voice response (IVR) and a short messaging service (SMS) platform. Meanwhile, 198,224 contact numbers of students were collected for further programming.

The AGOO platform is the result of a local partnership with MTN, the telecom operator with the largest market share in Ghana. UNICEF negotiated free access to all MTN users (by dialling a short code - 5100), as well as access by all other mobile networks (by dialling 0540-118-999). In addition, 1 million free SMS were provided and a mobile money scheme, enabling MTN subscribers to donate minimal fees through SMS was agreed upon. A memorandum of understanding was signed to formalise the partnership.

Posters, wristbands, banners, T-shirts and caps (757,200 in all) were developed and distributed. The highlight was 'Wash Wana Hands' a video-clip and song sang in seven languages by nine well-known Ghanaian artists.

The intervention was documented through two video documentaries and featured in www.unicefstories.org

Summary Notes and Acronyms

ANC- Ante-natal care
ART – Anti-retroviral treatment/therapy
ARV(s) - Anti-retroviral(s)
BCP - Business continuity plan
C4D - Communication for development
CBE – Complementary basic education
C-IYCF – Community infant and young child feeding

CLTS – Community-led total sanitation
CMT - Country management team
CSO - Civil society organisation
DCT - Direct cash transfer
DHS - Demographic and health survey
DLT - District league table
ECE – Early childhood education
GES – Ghana Education Services
GoG – Government of Ghana
GPS – Ghana Police Service
HACT - Harmonised approach to cash transfers
IE – Inclusive education
IVR - Interactive voice response
KG - Kindergarten
LEAP - Livelihood empowerment against poverty
M&E – Monitoring and evaluation
MMTR – Mid-term management review
MNCH - Maternal, neonatal and child health
MoGCSP - Ministry of Gender, Children and Social Protection
MOH – Ministry of Health
MORSS - Minimum operating residential security standards
mSRC - Mobile school report card
NHIA - National Health Insurance Authority
OR - Other resources
ORE - Other resources emergency
PBR – Programme budget review
PMTCT - Prevention of mother-to-child transmission
RCT - Randomized control trial
RMNCH - Reproductive maternal, neonatal and child health
RR – Regular resources
SMS - Short messaging service
UNDSS - United Nations Department for Safety and Security
UN - United Nations
UNFPA - United Nations Population Fund
UNICEF - United Nations Children’s Fund
USAID - United States Agency for International Development
WASH – Water, sanitation and hygiene

Capacity Development

UNICEF Ghana supported partner capacity development in all areas of the Country Programme. The child protection programme strengthened capacity of key implementing Government and civil society organisation (CSO) partners on participatory communication for community empowerment and for addressing social norms affecting child protection. A new toolkit for community engagement was launched and initial training of 60 facilitators undertaken.

As part of the GoG’s preparedness and response efforts against an eventual outbreak of EVD and containment of the spill-over cholera epidemic of 2014, UNICEF Ghana supported capacity building of key government and CSO partners in communication planning, social mobilisation and risk communication. The subsequent management and end to the epidemic in 2015 was to a great extent attributed to the capacity building efforts put in place.

UNICEF Ghana facilitated the creation of M&E task forces in each of Ghana's three northern regions, led by regional coordinating councils, that built capacities of staff of district-level stakeholders for better planning and decision-making through active sharing and use of data. A basic sanitation information system in Ghana, with data collection from the community to the national level for the first time, was scaled up with support from UNICEF. Regional and district health management teams were trained on the reproductive, maternal, neonatal and child health (RMNCH) scorecard, to enable scale-up of its application nationwide. Nutrition indicators in the district health information management system were revised and staff in all 216 districts were introduced to the new monitoring system, including strengthened capacity of nutrition staff to deliver quality nutrition counselling services.

While the Food and Drugs Authority works with district assemblies to monitor salt quality, UNICEF built the capacity of environmental health officers and provided them with 13 quantitative iodine testing equipment (iCheckers) and put inspection mechanisms in place.

Evidence Generation, Policy Dialogue and Advocacy

In 2015, UNICEF Ghana supported evidence-generation initiatives to inform national policies, advocacy efforts and programme interventions. The most significant examples included:

- The production of an analytical issue paper on social protection and a review of legal instruments for social protection in selected countries, to inform national social protection policy development and the drafting of legislation. Both papers highlighted issues and options to be considered in the Ghanaian context. The evidence discussed was essential to ensuring the high quality and appropriateness of the policy and ongoing drafting of the bill.
- The 2015 District League Table (DLT) ranked Ghana's 216 districts using a single index composed of six social indicators from Government databases. Led and supported by UNICEF Ghana and launched in 2014, the DLT has become an annual initiative that contributes to strengthening government accountability for access to basic services, and enhances citizens' access to information. The 2015 DLT, released in November, sparked a series of public debates on the responsibilities for changes from 2014 in the ranking of certain districts.

In some instances UNICEF Ghana has also used externally generated information to support its advocacy efforts. The annual WASH joint monitoring platform report, released in July, indicated that Ghana is the seventh-dirtiest country in the world and the second-dirtiest in Africa. UNICEF Ghana tweeted and shared on Facebook this information, which quickly went viral. It was viewed by over 70 million people, and all major media houses reported the news, fuelling a public debate. UNICEF advocated widely for sanitation and the Minister for Local Government and Rural Development, responsible for sanitation in Ghana, publically used this message to call on Ghanaians to focus on sanitation and urge the media to support Government efforts to improve sanitation.

Partnerships

An innovative partnership was forged with the Open Markets Foundation, a local NGO, to support the introduction of a platform using tablet technology to target extremely poor households and to conduct independent monitoring checks on national LEAP programme operations and beneficiary satisfaction. This also led to scaling-up technology with other partners, such as the NHIA, to provide health insurance to the poor.

UNICEF's technical leadership supported the Ministry of Health (MOH) to dialogue with the NHIA to improve facility-based quality of care through integrating 'every mother every new-born' quality of care standards and criteria into its credentialing tools for facility-based maternal and new-born care. A new partnership was also formed with the Ghana Health Services, developing guidelines and standards for medical and health professionals in preventing and responding to child abuse cases.

Programme sustainability was addressed through partnering with the University of Development Studies in Ghana and Wilfrid Laurier University in Canada to develop a stand-alone certificate course in child protection within the curriculum for community development officers, thereby placing child protection at the centre of development studies. Engagement with pre-service teacher training benefited from enhanced Kindergarten (KG) content, including for untrained teachers teaching KG while studying for their untrained teachers diploma in basic education.

Budget briefs for sectors formed the basis of an advocacy session with the Government's Budget Department, resulting in creating space for sanitation and exploring improvement in education flows through further collaboration on budget monitoring in 2016.

The national WASH agenda was influenced as a result of UNICEF's lead role among development partners, facilitating a common position on the removal of blanket subsidies for household sanitation and the use of targeted social support to the poorest families.

External Communication and Public Advocacy

UNICEF focused on leveraging its comparative advantage to continue to inspire action and change for children around specific public advocacy priorities – from child poverty and equity to sanitation. Throughout the year, UNICEF positioned these themes ensuring that the public got consistent messaging on all UNICEF's online and offline platforms. As a result, UNICEF consistently reached over 100,000 people in Government, institutions, the private sector, communities, families and individuals in and outside Ghana with evidence-based messages and high-value communications products.

A 2015 highlight was UNICEF's public advocacy around sanitation. Ghana's ranking as the seventh-dirtiest country in the world went viral, reaching nearly 70 million people in and outside the country on social and traditional media. High levels of engagement were reported in churches, on morning shows, online, in newspaper reviews and even in Parliament. The conversation has continued on several platforms, supported by evidence-based messaging consistently put out by UNICEF.

UNICEF continued to build on the success of its digital platforms, growing its total audience share to 47,000 by November 2015, up by 10,700 from 2014.

UNICEF's strategic relationships with media houses resulted in hundreds of media hits, an increased number of unpaid op-eds and several features independently generated by journalists, several of which inspired debate in the public sphere. Ethical standards for reporting on children's issues were developed in partnership with the Ghana Journalist Association and Ghana Media Commission to ensure enhanced understanding of child protection amongst media practitioners.

The result of a reinvigorated private sector engagement strategy, the Coalition for Children, a community of opinion leaders in the private sector, was launched in April 2015. New

partnerships were formulated with the Ghana Investment Promotion Centre, Unilever and DDP outdoor advertising company. Discussions with companies about supporting the Government-led new-born care strategy were ongoing.

South-South Cooperation and Triangular Cooperation

UNICEF Ghana facilitated a learning visit for five high-level Government officials to Zambia, in collaboration with Zambia's Ministry of Maternal Child Health and Community Development and UNICEF Zambia. The visiting team learned about the process of full integration of Option B+ into maternal, neonatal and child health (MNCH) at the point of service delivery. The learning included the need for a policy to test all children up to 15 years of age in health facilities, treatment for HIV under the accelerated child treatment initiative and the use of electronic bar coding for collating instant commodity consumption data as part of a logistics management information system. The visit afforded the team the needed momentum to work towards the full integration of prevention of mother to child transmission (PMTCT) services within MNCH interventions and to ensure a double dividend for the mother-infant pair, in line with national and global standards and requirements.

Identification and Promotion of Innovation

In 2015 UNICEF Ghana built on the innovation infrastructure established in the previous year to support innovations for children in a systematic way.

The 'I Imagine Ghana' innovation incubator was inaugurated in March 2015 with seven innovators joining its financial and business coaching support programme. The solutions currently being incubated are in the areas of ICT education, literacy, environmental health, menstrual hygiene and promotion of blood donations to hospitals to ease the blood shortage in Ghana's hospitals. A decision on whether to renew support to the seven innovators will be taken in March 2016.

To prevent future cholera outbreaks UNICEF Ghana launched a major initiative to provide accurate information about Ebola, malaria and the benefits of handwashing. 'AGOO' is a multilingual mobile platform that offers three distinct services: (1) a call centre with trained agents responding to callers; (2) an interactive voice response (IVR) and (3) SMS. The services are provided in six of Ghana's main languages.

A number of other, potentially high-impact, sectoral innovations were supported in 2015:

The child protection team deployed a mobile birth registration solution to pilot sites in two hospitals in Accra and ten communities in the Greater Accra region. The initiative features smart PDF forms used on mobile devices and computers, plus an SMS application; it is expected to increase the coverage, reliability and speed of birth registration significantly.

The education team continued to support the piloting and further development of Ghana's mobile School Report Card (mSRC).

'Handwashing with Ananse' is a highly engaging game that teaches children the importance of hand-washing with soap. The game was developed in collaboration with international partners; pilot implementation will be the subject of a rigorous evaluation in 2016 to ascertain the effectiveness of the intervention in achieving behaviour change.

Support to Integration and cross-sectoral linkages

In 2015, GCO continued to strengthen its efforts both internally and externally to promote coordinated, inter-sectoral interventions to address critical constraints to improve child well-being.

Informed discussion facilitated by the Ghana Country Office made a case for inter-sectoral convergence in improved quality of care through demonstration of the positive effects of WASH facilities and hand-washing in health centres; and associated behaviour change programmes on maternal, neonatal and child health through a pilot in two districts in the Northern Region. A pilot project to demonstrate convergence between education and health sector responses within a life cycle approach in two districts was initiated for knowledge generation and eventual scale-up.

Pursuing the agenda on child marriage UNICEF Ghana worked closely with the MoGCSP on the development of a new national framework for addressing child marriage, with strong inter-ministerial linkages. Teenage pregnancy, a contributing factor to child marriage, gained the attention of MOH and the Ghana Education Service, and policy guidelines on education sector response for prevention of early pregnancy and re-entry were initiated. UNICEF support to a coordinated national response and action across sectors to prevent further worsening of the country's cholera epidemic effectively involved the ministries of Health, Local Government and Rural Development and Communication.

To ensure complementarity and coordinated support to the Ghana health sector, UNICEF and USAID jointly led a mapping exercise of programmes in common geographical areas to inform an engagement strategy to complement and coordinate donor support to health and WASH sector.

Human Rights-Based Approach to Cooperation

The Minister of Gender, Children and Social Protection led a Government delegation to defend Ghana's third to fifth combined periodic report (CRC/C/GHA/3-5) to the Committee on the Rights of the Child in May 2015. Concluding observations from the Committee were received and are being considered in programming efforts by the GoG, with support from UNICEF and others. It was noted that the Committee's observations and recommendations are fully in line with UNICEF Ghana programme priorities. With UNICEF's support, the Government is currently taking action to disseminate widely both the report and the Committee's concluding observations to the general public.

Progress was made with regards to ratification of the Optional Protocols to the Convention on the Rights of the Child (CRC). The Optional Protocol on the sale of children, child prostitution and child pornography was submitted to the Cabinet in February 2015. Subsequent parliamentary action was still pending at year's-end. The Government also took concrete actions towards accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption; the Parliament had its first required review of Cabinet recommendation to accede the Convention.

With regards to human rights-based approach to programming, UNICEF Ghana continued to interpret and operationalise this principle across programmes. For example, non-discrimination and accountability are evident in the Ghana Country Office's deliberate efforts to highlight issues of equity and analysis of child poverty. The annual production of 'District League Tables' and conclusion of the inclusive education policy are concrete examples in this regard. To address child marriage, an increasing number of young girls and boys were assisted to become

agents of change. Participation was also noted in policy development and in research, as children's views helped to shape the finalisation of the new justice for children policy, approved by Cabinet in the last quarter of the year.

Gender Mainstreaming and Equality

In 2015, UNICEF Ghana participated in a UN country team (UNCT)-wide participatory gender audit process involving ten UN agencies. Four trained UNICEF staff carried out gender audits of sister agencies; UNICEF also received a participatory audit. The audit revealed that while gender policies and resources exist, staff often lack adequate knowledge and skills on gender assessments and mainstreaming.

Investments in ending child marriage were further sharpened. Although still at its early stages, great momentum has been built in Ghana as part of the 2014 African Union campaign, and the new UNICEF-UNFPA global child marriage programme. UNICEF Ghana supported the establishment of a child marriage unit within the MoGCSP to lead and coordinate national efforts, and child marriage had a high profile on the public and political agenda, all the way to the Presidency. UNICEF Ghana supported the MoGCSP in the development of the first national framework to address child marriage, in partnership with all stakeholders.

In 2015, UNICEF Ghana supported the launch and implementation of the LEAP 1000 cash transfer programme, led by the MoGCSP, targeting pregnant women and families with children younger than 12 months in 6,200 households across the country, influencing the national programme with a specific gender and child focus. Two-hundred and twenty district girl's education officers were trained, and a dialogue for a comprehensive education/gender policy to support girls' to remain in school (and opportunity for re-entry in case of drop out) was initiated. Training of teachers on early reading in 14 districts benefitted 76,239 boys and 74,037 girls in KG. The complementary basic education programme, however, reached 35 per cent of girls, highlighting the need for a more tailored approach to facilitating girls' access to education. Support was provided for gender mainstreaming in WASH strategies, as the Government programme scales up. Capacity building of regional (five regions) and district (four districts) WASH staff on gender mainstreaming resulted in the development of gender plans. Forty-two gender-sensitive community water and sanitation management teams were established and 100 per cent of the targeted 25,000 women and girls were supported to engage in WASH governance through targeted training packages.

Environmental Sustainability

UNICEF Ghana's programmes are implemented with concern for the entirety of a child's environment, considering all factors that influence child survival and development, particularly at the local level, including home, school and community. 2015 strategies included approaches focusing on assessing and mitigating environmental impacts of major national interventions, identifying environmentally sustainable household sanitation technologies and the increasing use of web-conferencing to reduce travel and associated emissions.

UNICEF supported environmental impact assessments for household and school sanitation interventions to ensure that the strategy to eliminate open defecation will reduce environmental impacts at community, district and national levels. These interventions have had significant positive environmental benefits at the local level, most important to children, including improving community waste management and reducing uncontrolled waste disposal, ensuring a safer and more sustainable environment for children.

Toilet designs were reviewed nationally to identify affordable, sustainable toilets available to all Ghanaians. Local artisans were being trained in these sustainable sanitation technologies, using local materials to reduce local environmental impacts. The mainstreaming of these designs will enable positive environmental impacts to be replicated across the country.

The implementation of community-led total sanitation (CLTS), the national strategy to address sanitation, is being localised through the use of local leaders to lead community CLTS processes. Localising this process is increasing fuel efficiency by more than one-third across the national programme, with an associated reduction in associated greenhouse gases.

The UNICEF office continues to move from paper-based to electronic-based systems, seeking to reduce electricity and paper use. Web-conferencing was increasingly used and offered to partners to reduce the need for travel, reducing emissions. UNICEF supported the Government to introduce electronic systems for social support cash transfer programmes, which are being replicated into other systems, dramatically reducing paper-based systems.

The AGOO platform, established to collect and disseminate behaviour-change information has a database of over 200,000 SHS students, enabling credible nation-wide messaging to be targeted effectively without the need for traditional paper-based approaches, dramatically reducing paper-based systems and emissions associated with logistics.

Effective Leadership

Country management team (CMT) deliberations continued to focus on: efficient programme and operation delivery based on results in the annual management plan; staff well-being; and key performance indicators, including cross-cutting areas such as fundraising, contribution management and communication and advocacy.

In preparation for the mid-term management review of the Country Programme, overall guidance was provided on parameters for assessment, and based on recommendations, plans were put in place for submissions for the 2015 and 2016 programme budget review and preparations for the new Country Programme.

Audit recommendations from 2014 were systematically followed up, resulting in the closure of all open recommendations. During 2016 the Country Office will monitor the sustainability of the audit implementation.

As a follow-up to the 2014 staff survey and subsequent staff retreats, the CMT implemented output-based plans to monitor commitments, and initiated 'Do's and Don'ts' for senior management to establish operating standards. The CMT also established structured forums between section heads from operations and programmes and drivers to candidly discuss challenges and facilitate solutions for efficient working relations, which is now implemented both in Accra and Tamale.

The CMT also prioritised the rollout and implementation of HACT and annual work-plan monitoring tools as part of an office-wide agreement. The two activities were aligned as part of the overall governance structure for operations and programming, a flow chart was developed and staff training for effective implementation of the tools was ongoing.

Ghana Country Office has an off-site business continuity plan (BCP) facility, and one successful

BCP simulation was conducted during the year.

The enterprise risk management risk library was updated in mid-year; since then no significant change was noted to existing risk levels.

Financial Resources Management

Taking into account the progress made in resource mobilisation over the past four years, the office shifted its focus to efficient management of contributions to ensure optimal outcomes. Based on the lessons learnt, a flow chart was approved by the CMT identifying each step in the process of contribution management – from receipt of funds to closure of accounts. The system was further strengthened through rigorous reviews of key performance indicators discussed at CMT, programme and operation group meetings. UNICEF Ghana was able to sustain outstanding DCT below the agreed threshold for the last two quarters, and expiry grants were fully expended, including regular resource funds.

Due to the expanding budget, the table of authority was updated for financial risk management in recognition of the Office needs and high staff turnover.

As part of assurance activities, eight HACT capacity-building activities were held in five regions, training 380 Government and NGO staff. Seventy-six implementing partners were also micro-assessed in 2015. The Ghana Country Office achieved 98 and 71 per cent of planned programmatic monitoring visits and spot-checks, respectively. An innovative partnership was forged with Open Markets Foundation, a local NGO, to conduct Independent monitoring checks on national LEAP programme operations and beneficiary satisfaction.

Bank signatories were updated regularly and bank reconciliation performed and submitted to UNICEF headquarters on a timely basis. The average ratio of monthly ending balance to actual replenishment stood at 17 per cent as of October 2015.

The status of key performance indicators at the end of 2015 was:

Utilisation (in percentage): RR- 99, OR-78, ORE-98, Institutional Budget-100

DCT between 6-9 months-2.5 and DCT over nine months- 0.3

Donor reports: total 34 submitted on time

Fund-raising and Donor Relations

UNICEF Ghana had raised US\$123.7 million, or 95 per cent of the total Country Programme budget, by the end of 2015, the fourth year of the programme. Additional funds are expected over the next few years from the Spanish National Committee, the US Fund for UNICEF, Unilever Foundation, Korea International Cooperation Agency and USAID.

However, the health section continued to experience funding shortfalls. An informal resource mobilisation taskforce was seeking to attract funding for health programming with positive results – notably a US\$700,000 pledge through the US Fund for UNICEF from The Church of Jesus Christ of Latter-day Saints charities and a nearly US\$400,000 pledge through the Canada National Committee.

As a result of this optimistic funding outlook, the Office requested an increase in the OR ceiling

of US\$43 million, which was approved.

Partnering with the local private sector also emerged as a strong area of potential funding, and as a first step the Country Office launched the Coalition for Children network and a costed package for new-born care facilities was developed to explore further cooperation and contributions.

UNICEF Ghana continued to place strong emphasis on maintaining timeliness and high-quality reporting to support positive relationships with donor groups. The target for the last years – 100 per cent high quality donor reports submitted on time – was reinforced through internal contribution management support mechanisms under the Deputy Representative's Office. Donor engagement was facilitated through hosting a large number of field visits and putting in place structured visibility plans in discussion with donors.

Evaluation

In 2015 UNICEF Ghana instituted its quality assurance committee, along with improvements in the work flow for the integrated monitoring and evaluation plan (IMEP). Following global UNICEF guidance, both are put in place to ensure strengthened quality assurance and oversight for evaluations, research and studies. The rolling IMEP is updated quarterly and is valid till end-2016.

The formative evaluation of a programme to reduce maternal, neonatal and child mortality in the Northern and Upper East regions of Ghana commissioned and overseen by UNICEF was considered impartial by all involved stakeholders. The concise nature of the document proved useful in helping partners to identify areas requiring further support. A management response was being prepared within the allocated time frame.

The mid-line results of the C4D randomised control trial (RCT) were released in June 2015, informing partner's intervention implementation. Quantitative and qualitative data collection also started for the evaluation of the LEAP 1000 social cash transfer programme supported by UNICEF Ghana.

Evaluations of the education and nutrition programmes were postponed to 2016, while some preliminary assessments were undertaken to inform the planning cycle, in line with the extension of the Country Programme to 2017.

An analysis of child poverty, based on the sixth Ghana living standards survey, shaped a major advocacy campaign to be rolled out in 2016. District-level data was used by UNICEF and partners to generate the 2015 iteration of the DLT, creating a strong media response and re-emphasising UNICEF's focus on equity.

Efficiency Gains and Cost Savings

Ghana Country Office's attempts to ensure cost savings and efficiency gains continued, through measures put in place in the office and through its leading role as chairperson of the UN operations management team. As a Delivering as One initiative UNICEF also managed the funds for UN common services at the Tamale zone office.

The Office practiced the full board option for UNICEF staff meetings, which included the staff retreat and the annual review, with a saving around US\$50,000. Exemptions on electricity were also negotiated with the Government as their contribution towards programme, with a savings of

US\$14,000. Other savings were initiated; for example, water consumption costs were minimised and negotiations continued for a lower price for office maintenance and repairs.

Vehicle-tracking devices for tracking fuel consumption and long-term agreements for facilitating programme delivery were put in place for efficiency gains.

Supply Management

As part of its support to the Government, UNICEF processed a total value of supplies of US\$29,194,668 under the procurement services of the Supply Division in Copenhagen, including supplies for GAVI.

Some of the major programme supplies procured for Country Office programming were printing of tool-kits, advocacy materials and purchase of hardware supplies (communication equipment and hand-pumps). The current year witnessed a steep rise in the value and volume of handling institutional contracts. Below is a break-down of the value of major procurement components:

UNICEF Ghana 2015	Value in US\$
Programme Supplies (Total local & offshore)	4,856,510
Cross-Sectoral/Operations	979,453
Institutional Contracts (total value of 85 contracts)	5,265,980
Inventory Value at Warehouse	21,745
Total	11,123,688

A total of 31 contract review committee submissions were reviewed.

The supply unit supported the Liberia Country Office with procurement of 19,262 corrugated boxes of supplies for the Ebola pandemic at a value of US\$32,893.

Due to a fire at the MOH's Central Medical Store in January 2015, UNICEF's supply unit made alternate arrangements with the UN Humanitarian Response Depot to store programme supplies for the transition period.

With regard to end-user monitoring of supplies, seven field visits were jointly undertaken by supply/programme staff with participation by Government counterparts.

During the year, two new long-term agreements for routine print items were established to eliminate the frequent bidding process and significantly contribute to reduced delivery time and programme efficiency.

Security for Staff and Premises

Ghana Country Office received US\$390,000 to enhance its security features. The resources were used for the Accra and Tamale zone office's perimeter walls, barbed wire, automatic main gate motor controls, CCTVs and bungler proofing of office windows. Visitors' access to UNICEF offices, including vehicle screening, were strengthened.

All six newly acquired vehicles are fitted with vehicle-tracking devices to determine the actual location of the vehicles, cruising speed and fuel consumption. All field vehicles are also equipped with digital high frequency radios.

Vehicles departing and returning from field trips are mandated to notify the United Nations Department for Safety and Security (UNDSS), enabling them to track all vehicles and

passengers while on field trips and ensuring safety and security of staff and timely provision of assistance in the event of incidents.

All staff are provided with VHF hand-held radios. There is weekly radio check at 20:00 hours for UNICEF staff.

There were a number of recent break-ins by petty thieves in UN staff residences in Ghana. National staff are encouraged to apply for personal loans to improve security at their residences, if necessary. International professionals are covered under the minimum operating residential security standards (MORSS). Under MORSS, UNDSS approved reimbursement of fuel costs for generators for international staff due to chronic load-shedding.

Human Resources

The human resources (HR) unit demonstrated efficiency in the timely recruitment of 27 national and international staff, recruited to mostly new posts approved by the 2014 PBR. All posts were advertised and more than 80 per cent were approved in the first instance, validating the thorough procedure followed by the Country Office. Five general staff/national officers were promoted through this competitive process, ensuring opportunities for professional growth.

The HR development committee provided guidance for the preparation and implementation of UNICEF Ghana's 2015 learning plan; three of the seven group learning sessions were implemented. In addition, staff members were nominated for a dynamic leadership certificate course; HACT and ethics e-training were made mandatory; and four staff members went on assignment to L-3 emergencies in Sierra Leone, Liberia, and Somalia. Three individual external learning opportunities were supported.

The outcomes of the 2014 Global UNICEF Global Staff Survey were discussed and actions prioritised through the CMT and at the 2015 staff retreat. An output-oriented work-plan was implemented through the introduction of 'Do's and Don'ts' for management-level staff, forums for drivers to voice their concerns; and programme and operation unit heads meetings, including a presentation on conflict resolution.

Performance appraisal system completion was regularly monitored by the CMT, ensuring completion of 83 per cent of 2014 PERs and 94 per cent of key assignments for 2015 by 30 June and 30 November 2015, respectively. Compliance with agreed Office priorities and competencies were ensured through standardisation of outputs for programme assistants, programme officers and chief of sections/units, including commitments on HACT implementation.

Recognising 2015 as a unique year, the HR unit was over-stretched to balance the high number of post recruitments and consultancies, at a time when the unit was understaffed throughout the year, due to staff transfer and stretch assignment.

Effective Use of Information and Communication Technology

With the introduction of office 365, enhancing productivity, Outlook was used to run quick opinion polls and Lync across the country and field offices, the Regional Office and HQ for meetings and online interviews. In view of this and the high demand for such services, Internet bandwidth was upgraded to 10/10MB for Accra and 5/5MB for Tamale, from 6/4MB and 3/2MB for Accra and Tamale.

In addition, IP-based desk phones were upgraded in both Accra and Tamale to allow for (among other things) sharing of data points, thus reducing network infrastructure investment. Printers and other output devices were set up and attached to sections to optimise toner usage.

Following renovations the field office had energy-efficient lighting systems installed and eco-savers installed on air conditioners.

In view of the global priority placed on technology for development (T4D) and use of the ICT unit, UNICEF Ghana's programme sections engaged the ICT Unit for technical support in the implementation of IT-based solutions for programming, including a mobile-based solution to improve the birth registration system.

The external advocacy programme continued to drive the social media agenda, making UNICEF Ghana a social media leader on development issues in the region, with nearly 20,500 members in the social media community. During the year, daily digital content was posted on monthly themes relating to country-level and global advocacy priorities (over 2,800 posts). Its local website (www.unicef.org/ghana) continued to bolster UNICEF Ghana's role as a knowledge leader on the situation of children in the country, offering online portal for reports, studies and press releases.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: The Child Family Welfare Policy approved by Cabinet and Children's Act provisions aligned by the end of 2016

Analytical Statement of Progress:

Significant progress was made during the year in advancing the reform of the child and family welfare system, notably through the approval by the Cabinet of both the child and family welfare policy and justice for children policy. Together, these policies provide a strong foundation for the on-going child protection system reform, aiming at making it more effective in its support to children and their families; more focused on prevention (as opposed to crisis intervention) and with a close relationship between formal state actors and informal stakeholders, such as traditional leaders.

To ensure effective implementation of the child and family welfare policy, a time-bound, costed operational plan was developed. A key intervention area is continued legal reform and amendment of existing acts and regulations. Initial analysis and identification of provisions that ought to be amended following the policy approvals was concluded. With regard to specific protection issues, with UNICEF's technical assistance and advocacy, the Parliament endorsed the accession of the GoG to the Hague Convention on Inter-country adoption and new regulations on the prohibition of trafficking came into force (L.I 2219 Human Trafficking Prohibition).

With regard to strengthening the service capacity of actors within the child and family welfare system, detailed plans for workforce capacity building were developed. Twenty districts were selected in close cooperation with key Government partners across ministries where intense efforts to reform and support improved service delivery of key actors in the child protection system is expected. The 20 districts in 2016 will emerge as 'model districts' for child protection system-strengthening at the sub-national level. Processes to document results and learning

from this experience, for replication and scale up, were being put in place.

In the interest of building long-term capacity of the workforce for child protection, new partnerships with academic institutions were formed. For example, the University of Development Studies commenced reviewing its curricula to ensure greater integration of child protection issues, and work has commenced to develop a stand-alone certificate course on child protection, to be offered by the University.

Integral to the UNICEF child protection programme approach is support for interventions aiming to create social and behavioural change. The new communication for social and behavioural change strategy, which addresses violence in the home environment, violence and abuse of children in the school environment, and promotes family-based care (in lieu of institutional care of children) provides the framework for actions by Government and civil society partners in this regard.

Implementation of the communication strategy in 2015 involved the production of some 350 “community engagement toolkits”. Over 60 master trainers were trained to use the tools, games and activities contained in the toolkit, and regional level trainings were being conducted for subsequent roll-out of the toolkit in at least 70 of Ghana’s 217 districts by the middle of 2016. The initial use of the toolkit indicated signs of increased ‘talkability’ of sensitive child protection issues at the community level.

Momentum was noted in efforts to address child marriage. A new national framework of action for ending child marriage in Ghana was being developed, and partnership with NGOs/INGOs actively addressing the issue were expanded to more than 10 new organisations. Strategies applied by these NGOs/INGOs include life skills education and girls’ empowerment, community and traditional leadership sensitisation, improved access to services and promotion of positive social norms in support of investment in the girl child. The MoGCSP continued to play a key coordinating role for addressing child marriage, with good progress also noted with regard to inter-ministerial commitment; the ministries of Education and Health demonstrated increased concern for the issue.

With regard to birth registration, the programme played a key role in the finalisation of both the comprehensive assessment of Ghana’s civil registry and vital statistics (CRVS) system and the subsequent strategic plan for CRVS system reform. The plan is currently awaiting Cabinet approval, although implementation of key interventions (such as reform of the Birth and Death Act of 1965) has already begun.

It is also interesting to note that while the programme was well-funded since 2014 with OR allocation of over US\$ 20 million, additional resources were mobilised in 2015 from the US Government (approximately US\$ 6 million over five years) . This funding is specifically to address issues of alternative care and will be useful in generating additional momentum and transformation in the area.

OUTPUT 1 By 2016, Child Welfare and Protection Laws and Policies are consistent with or better than international standards; and resources for implementation are increasingly available.

Analytical Statement of Progress:

Progress was made in enhancing the enabling environment for child protection; both the child and family welfare policy and the justice for children policy were approved by the Cabinet, in February and December 2015, respectively. The child and family welfare policy was launched

by the Vice-President of Ghana in July 2015. UNICEF played a key role in the development of both policies, which were based on evidence generated by the 2014 child protection baseline. UNICEF also supported the development of reader-friendly versions of both the child and family welfare policy and the baseline research, for purpose of advocacy and broad dissemination among government partners, child protection practitioners and community members at the national and district level. Furthermore, a child-friendly version of the policy (in the form of a comic strip) was nearly complete.

Immediately following the approval of the child and family welfare policy, UNICEF supported the Government to develop a five-year operational plan. Under the plan, interventions planned for 2016 were costed and advocacy efforts were underway to ensure sufficient resources from the Government and development partners. The MoGCSP demonstrated throughout the year its commitment to continue to lead, coordinate and provide oversight to the process of child protection system reform, in line with the policy, and to promote partnerships with others in support of policy implementation.

Important in the advocacy efforts for greater and more strategic investment in child protection was the budget and costing analysis research undertaken by the Government with UNICEF's support. The report, "Investing in Children Earns Huge Dividends", confirmed that very limited financial allocations were made by ministries, departments and agencies (MDAs) at either the national or district level for child protection – while the annual direct and indirect costs of child abuse were estimated to about US\$ 25 million/year. Advocacy briefs on key findings and recommendations of the costing and budgeting research were developed, along with a dissemination strategy. Sharing the findings will enable evidence-based dialogue and advocacy at the national and sub-national levels on fiscal space for more strategic investment in child protection. The Department of Children is leading these efforts, with support from UNICEF.

UNICEF's efforts also contributed to highlighting the issue of child marriage in the public discourse. The first national strategic framework and action plan for ending child marriage was being developed through consultations with ministries, CSOs and development partners. The national framework will provide a vision and strategic guidance to all key stakeholders involved in efforts to end child marriage.

The child protection programme also assisted the Ministry of Employment and Labour Relations to review the 2009-2015 National Plan of Action on the Worst Forms of Child Labour in light of the new child and family welfare policy.

OUTPUT 2: By 2016, child protection service providers demonstrate strengthened and coordinated capacity to prevent and respond to child protection issues in line with national policies, standard, protocols and procedures

Analytical Statement of Progress:

Following approval of the child and family welfare policy, the programme commenced its support for workforce strengthening within the child and family welfare system. A programme of workforce strengthening support – in particular of social welfare and community development department staff – in 20 districts of Ghana was underway, in close partnership with the Government and the Local Government Service Institute. The purpose is to translate the new policy into practice at the sub-national level, and therefore aid local child protection system reform. The results of the pilot will be documented for learning, sharing and to guide scale-up.

A process of long-term capacity-building of key actors within the sector also began. A new

partnership was formed with the University of Development Studies, integrating child protection into its teaching and learning. The process began with an assessment of the curriculum to identify areas where child protection could be integrated. Work has commenced to develop a certificate course on child protection, to be offered by the University.

A new partnership was formed with the Ghana Health Services (GHS), developing guidelines and standards for medical and health professionals in prevention and response to child abuse cases. The first phase of the process has started, with a capacity gap analysis of the current strengths and weaknesses of the health services with regards to child protection. The findings will be used to develop guidelines and child protection training resources for health professionals.

Close partnership continued with the Department of Social Development/Welfare in addressing child protection concerns. One issue is the unnecessary separation of children from families and the opening of new 'orphanages' and children's homes. While the Department – with support from UNICEF – was able to reunify more than 230 institutionalised children during 2015 (out of close to 4,000 children), the number of 'orphanages' rose from 113 in the beginning of the year to 119 at the latest count. This points to the fact that a change in strategy is required. In line with this recommendation, the Department, with technical and financial support from UNICEF, embarked on a robust information campaign aiming to curb the influx of 'new' children entering institutional care and the springing up of new 'orphanages'. Based on the communication for social and behavioural change strategy discussed under output 3, the development of jingles, posters, flyers and TV documentaries for awareness creation and structured engagement with stakeholders was underway.

Progress was made in relation to adoption reform. At the end of the year, the Parliament endorsed Ghana's accession of the Hague Convention on Inter-country Adoption, amendments to the Children's Act were drafted and new adoption and foster care regulations were finalised, awaiting Parliament's approval. A Central Authority was established and made operational. These actions, supported by UNICEF, have already proven to provide greater transparency and consistency in adoption cases.

OUTPUT 3: By 2016, children, parents, care-givers and community members in selected areas understand and demonstrate positive behaviour that protects children from violence, abuse, exploitation, discrimination and neglect.

Analytical Statement of Progress:

The new communication for social and behavioural change strategy was finalised. The strategy, which addresses violence in the home environment; violence and abuse of children in the school environment; and promotes family-based care (in lieu of institutional care of children) aims to support not only individual, behavioural change, but broad-based social normative changes for children's protection.

The initial implementation of the strategy involved the production of some 350 "Community engagement toolkits". Over 60 master trainers were trained on the tools, games and activities contained in the toolkit and regional level trainings are being conducted for subsequent roll-out in at least 70 out of Ghana's 217 districts by the middle of 2016. The initial use of the toolkit indicates increased 'talkability' of sensitive child protection issues at community level. The toolkit is a good example of UNICEF's ability to leverage support from others and help to establish common training tools and standards. Some NGOs/INGOs are already using the toolkit in their own programmes with their own financial resources.

To reinforce the behavioural and social change generated at community level, a child protection “social drive” was conceptualised. Strategies such as branding, use of social media and public discourse on the positive outcomes of children’s protection are being finalised for execution in the first half of 2016.

The programme also supported social change interventions addressing particular protection issues. Trafficking of children was addressed through partnership with the IOM in Volta region. Over 40 communities known to be both sending and receiving trafficked children for purpose of fishing were engaged in community dialogue through the “*Free to be me*” manual. Several communities have demonstrated resistance to traffickers attempting to lure children away. With regard to children in hazardous forms of labour (small-scale mining), UNICEF supported the INGO Free the Slaves in Brong-Ahafo region, supporting community on protection needs of children. In parts of the northern regions faced with ethnic violence and conflict, UNICEF supported the National Commission on Civic Education to implement its “Peace and Protection education programme” in schools. In total, nearly 1,000 teachers helped facilitate children’s participation in civic education clubs in over 200 schools. Students reported greater self-esteem, awareness of positive conflict resolution strategies, greater tolerance and inclusion as a result.

Momentum was noted in addressing child marriage. Over 10 NGOs and INGOs were supported to address child marriage through life skills, girls’ empowerment, community and traditional leadership sensitisation. Great progress was noted with regard to inter-ministerial commitment, with the ministries of Education and Health demonstrating greater concern for the issue. Close to 40 communities issued public declarations to end child marriage, while youth and children’s groups were recognised as strong change agents, ably reporting on the prevention of numerous cases of child marriage thanks to peer-to-peer interventions.

The programme also invested in enhancing understanding of child protection amongst media practitioners. Ethical standards for reporting on children’s issues were developed in partnership with the Ghana Journalist Association and Ghana Media Commission.

OUTPUT 4: The electronic processes for birth registration is improved, including equipping Upper East Region with necessary ICT resources; up-dating and streamlining current software practices and processes. SUB-NATIONAL IMPLEMENTATION

Analytical Statement of Progress:

Great strides were made with regard to the Government-led reform of the CRVS System. A national comprehensive assessment of the system was undertaken and a national strategic plan for reforming CRVS (in particular the vital events of births, deaths, marriages and divorces), for 2016-2020 was finalised and is awaiting Cabinet approval. UNICEF assisted these efforts along with other development partners, including the World Bank, UNFPA and UNDP.

In line with the CRVS strategic plan, UNICEF provided technical and financial assistance in the process of amending the Births and Deaths Act, 1965 (301). Amending the Act is critical to aligning the law with current practices and allow for modernising and bringing in greater efficiencies in the birth and death registration system.

Several shortcomings and under-performance were noted in relation to registration of infants during the year. While figures are still being computed, as of September 2015, only about 42 per cent of children under one year of age had been registered, which indicates a likely annual registration rate around 60 per cent. An improvement from previous years is thus not expected,

despite support to mobile birth registration in districts with particularly low registration rates and other interventions, such as capacity-building and training of birth and death staff and volunteers. Efforts have not been enough and organisational and systemic challenges continue to hamper progress.

Strategies to address these shortcomings are, however, in place, greatly aided by the above mentioned CRVS reform plan. A new automated registration system where registration information is captured, stored and analysed using ICT technology was being piloted in 12 sites (two hospitals and 10 communities). The system will help capture birth registration data instantaneously and monitor performance of districts and health facilities in areas with particularly low registration rates. Based on initial testing in 12 sites, the system will be rolled out in several hundred sites by the middle of 2016. It represents a very important step towards migration from the paper-based, manual system to an electronic, automated platform for birth registration data generation and storage. UNICEF is providing technical and financial support to the initiative, while Millicom/TIGO is aiding with ICT and hardware solutions.

OUTCOME 2: The Justice for Children Policy approved by Cabinet and Juvenile Justice Act provisions aligned by the end of 2016.

Analytical Statement of Progress:

Good progress was made in strengthening the enabling, regulatory framework for justice for children, particularly through the approval of the Cabinet of the new justice for children policy in December 2015. Development of the policy involved broad stakeholder consultations at all levels, which helped to mobilise support, interest and engagement for the policy even before it received formal Cabinet approval. Engagement is reflected in the strong commitment expressed by key actors in the justice sector to more seriously address issues of concern for children within the sector. For example, the judicial service, with assistance from UNICEF, undertook a 'first-of-its kind' study on how the court is handling cases involving children, with the expectation of building capacity and addressing shortcomings within the courts on the basis of the study's recommendation.

The Ministry of Chieftaincy and Traditional Affairs is another key actor that ably aided the engagement of chiefs and traditional leaders in the process of finalising the justice for children policy. Its commitment to children's welfare and justice issues was further demonstrated through the partnership with UNICEF and engagement with chiefs and queen mothers for the roll-out of the policy in selected regions and districts.

Remarkable progress and up-take of child protection concerns was noted within the Ghana Police Service (GPS), as it finalised new standard operating procedures (SOPs). The new SOPs provide all police officers with guidelines and procedures to follow when handling cases involving children – as crime victims, offenders or witnesses. UNICEF continued to provide technical support for the design of curriculum and training resources that will effectively translate the SOPs into training and practice orientation, including through GPS training schools across the country.

OUTPUT 1: By 2016, juvenile justice laws and policies are consistent with or better than international standards with adequate resource commitment demonstrated.

Analytical Statement of Progress:

Following consultations and several studies and reports on the issues concerning justice for children in Ghana, UNICEF helped facilitate and provide technical support for the finalisation of

a new justice for children policy, which obtained Cabinet approval in December 2015.

The policy represents an important milestone in the establishment of a well-structured and coordinated justice system for children. The new policy reflects the spirit of the child and family welfare policy (see under output 1) and recognises the roles of both formal justice actors (police, judiciary, social welfare) and informal actors such as chiefs and traditional leaders in supporting justice for children. The policy also effectively paves the way for addressing shortcomings in the current legal framework, including streamlining efforts to handle maintenance cases by establishing an administrative “child support unit” under the MoGCSP; and suggesting ways to reform the poorly functioning and/or non-existent ‘child panels’ at the district level. Stronger community-level participation and communal accountability were suggested as more sustainable and appropriate models to replace the current administratively heavily and resource-intensive child panels.

Following recent approval of the policy, attention will be devoted to detailing its operationalisation through a time-bound, costed implementation plan, similar to the plan developed in 2015 for the child and family welfare policy. Using the policy to continue to drive legal and regulatory reforms will be a key strategy of the implementation plan.

To continue to build a stronger knowledge base on issues concerning justice for children, UNICEF was pleased to partner with the Judicial Services in the launch of a targeted, in-depth study of how children’s cases are treated in court. The purpose of the study was to identify factors that enhance or inhibit efficient delivery of justice for children as offenders, victims or witnesses in criminal and civil proceedings. The research, expected to be finalised by mid-2016, will generate recommendations that will be helpful for continued legal and regulatory reform, as well as for addressing possible capacity gaps within the courts concerning children. While the judiciary was faced with some turbulent, internal managerial issues towards the end of the year, the steadfast steering of the research process and the willingness to open up the courts for external scrutiny demonstrate the sector’s growing commitment to children’s concerns.

OUTPUT 2 By 2016, justice system actors at national and sub-national level are guided by Standard Operating Procedures (SOPs), guidelines, court directives and other legislative instruments for the promotion of child justice. .

Analytical Statement of Progress:

Good progress was noted in relation to building capacity around and promoting the idea of ‘child-friendly policing’ within the GPS. With assessments and consultations having started in 2014, UNICEF provided technical and financial support for finalising new SOPs for the entire Police force. Senior officials from within the GPS as well as the Ministry of Interior provided strong support and commitment to the process, as did police training schools across the country. As a result, although training on the new SOPs was not formally undertaken in 2015, police training schools already began to incorporate the principles of child-friendly policing into their teaching and learning. In the future, all pre-service police cadets will receive basic training on child protection and standards and procedures for child-friendly policing, in line with the new SOPs. Currently, curriculum resources are being developed for this purpose while specialised courses for specific units within the police, such as the Domestic Violence and Victim Support Unit (DOVVSU) and Anti-Human Trafficking Unit are being designed. In addition, UNICEF is helping to facilitate the reform of the GPS statistical and recordkeeping practices, in order to ensure more robust and detailed data and information on cases involving children.

The police demonstrated great commitment to the cause by intensifying their efforts to reach out

to communities and schools, dialoguing about the role of police and crime prevention. This was seen particularly in the North, where some 11 districts documented visits from DOVVSU police with the specific aim of supporting community engagement, awareness of the law and increased awareness about child protection issues, including risks and consequences of child marriage.

Another important actor within the justice system that benefitted from UNICEF support was the Probation Unit of Department of Social Welfare. With UNICEF's support, approximately 120 social enquiry reports were prepared to aid in children's cases in courts, and the capacity of probation officers was strengthened through the provision of ICT resources.

Capacity building and enhancement of resources of the judiciary to deal with children's cases, in line with the new justice for children policy, is expected once the ongoing research has been finalised, indicating specific areas of strategic intervention and support.

OUTPUT 3: By 2016, traditional authorities have increased capacity and given recognition with regards to dealing with cases of child offending through informal, community-based processes

Analytical Statement of Progress:

The child protection programme strengthened its partnership with the Ministry of Chieftaincy and Traditional Affairs at the highest level during the year. With the justice for children policy clearly recognising the role of chiefs, queen mothers and traditional leaders in promoting and upholding justice and child protection, continued engagement with the Ministry is critical.

As part of the policy development process, UNICEF helped to facilitate consultations with the National House of Chiefs (traditional 'council' of chiefs with representation of chiefs from all regions in the country) and with selected Regional Houses of Chiefs. The objective of the policy, strengthening community justice mechanisms, was well received and appreciated by the chiefs. The president of the National House of Chiefs spoke out on numerous occasions on child protection issues and is a strong advocate against child marriage, amongst other issues.

Agreement was reached with the Ministry of Chieftaincy and Traditional Affairs on a plan for continued engagement with selected chiefs, with the aim of building capacity, addressing practices that are harmful to children and documenting and sharing 'good practices' across regions and districts. Technical assistance for this process was being sought at end-year.

OUTCOME 3 Maternal, Neonatal and Child Nutrition: Maternal and Child under-nutrition rates are reduced through the scale-up of integrated, evidence-based high-impact nutrition interventions with a special focus on the five deprived regions.

Analytical Statement of Progress:

The nutrition situation in Ghana has improved significantly; the stunting rate declined from 23 per cent in 2011 to 19 per cent in 2014. Other anthropometric indicators, such as wasting, recorded similar improvements. In 2015 wasting affected fewer than five per cent of children and severe wasting 0.7 per cent. These improvements are reflected across urban and rural areas, and demonstrate a marked narrowing of the equity gaps between the richest and poorest quintiles. Ghana is "on track" for four of the six World Health Assembly indicators for nutrition and was making significant efforts to address remaining stunting, low birthweight and anaemia in both women of fertile age and children, especially in the 6-to-23-month age group. Overweight in women has increased to 40 per cent and is becoming of great concern. This problem needs to be addressed throughout the lifecycle at all available opportunities.

UNICEF support contributed to the reversal that was seen in exclusive breastfeeding in 2011, as they increased from 46 per cent (MICS 2011) to 52 per cent (DHS 2014), and early initiation of breastfeeding increased from 46 per cent to 55.6 per cent. This result is attributed to the scale-up of the community infant and young child feeding (C-IYCF) counselling approach in all ten regions with support from UNICEF and other development partners. The new-born care initiative and other behaviour change communication strategies undertaken through community-based organisations and mass media also contributed to the results. The decentralised approach to the baby-friendly health facility initiative launched in 2015 is expected to yield further improvements.

The c-IYCF approach promotes frequent feeding and diversified foods for young children. With 80 per cent of children not stunted in Ghana, what are caregivers in Ghana doing well as far as feeding is concerned? The DHS 2014 report revealed that 86 per cent of babies at the critical age for stunting (6-to-23 months) are breastfed and/or given some form of milk, which is extremely important for growth in height. Interestingly 84 per cent of these babies are breastfed, which demonstrates the important role of breastfeeding in stunting reduction in the context of Ghana. The practices in need of enhancement are frequent feeding, provision of a diversified diet and iron-rich foods, including the use of micronutrient powders. These are important for reducing anaemia rates, which have not improved greatly over the years and will need significant emphasis, policy dialogue, financing, capacity strengthening and monitoring in coming years.

Household consumption of adequately iodised salt was estimated at 30 per cent by Titration (USI Assessment Report) and 38 per cent by RTK (DHS 2014). Nevertheless, it is important to recognise that another one-third of households do consume iodine from salt, but the level of iodisation has not been adequate. Findings from a joint UNICEF/GAIN/GHS Universal Salt Iodization (USI) assessment in 2015 showed that national median urinary iodine of 201 µg/l is sufficient by WHO standards. This implies that households consume iodine from household salt as well as salt added by industry in various food products. The combination has produced the desired impact. This notwithstanding, universal salt iodisation has not been achieved and efforts to improve the quality of iodised salt need to be pursued through modernisation of the salt industry.

The major problem with the nutrition component is complex coordination mechanisms and lack of Government funding for operationalising programmes. Unlike health, the front line staff are not well trained in nutrition and with frequent changes of staff, the programme has to ensure that staff are well trained to deliver nutrition programmes with quality. Efforts are underway to strengthen pre-service training, but this will take a long time as changes in curricula are not implemented immediately, only after a fixed number of years.

The year ended with REACH phasing out of Ghana and a reflection initiated on the proposed UN System Network for Scaling-Up Nutrition (SUN). Within UNICEF, the nutrition component was reviewed by an adviser from WCARO in 2015. The review commended UNICEF's contribution to the SUN agenda in Ghana and made key recommendations for moving forward. The approach to multi-sector planning for nutrition needs to be adjusted to what appears to be working well in Ghana, making key sectors nutrition-sensitive and improving sector specific action plans. Stunting and anaemia remain key focus areas. Through strategic partnerships, a bottleneck analysis on nutrition using data from routine systems and secondary analysis of national surveys will improve understanding of the situation and further define the theory of change, paving the way for the next Country Programme.

OUTPUT 1 Nutrition Policy and Data: Systems in place for development and implementation of evidence-based and equity-focused national nutrition policy and strategic plan

Analytical Statement of Progress:

With support from UNICEF, the GoG was engaged in high-level dialogue to move the multisector nutrition strategic planning process forward. The lead agency is mobilising funding to address the deadlock around production of 216 district nutrition plans to inform the national strategic plan. Meanwhile some of the sectors (such as health, agriculture and social protection) made progress in becoming more “nutrition-sensitive” by strengthening various policy instruments and programmes. The health sector developed a strategic plan to guide scale-up of nutrition-specific actions within the sector, and nutrition targets were included in the annual programme of work for 2015 and 2016. Policy dialogue on addressing anaemia in women of fertile age and in young children advanced, along with ongoing dialogue on adolescent health. The social protection sector is strengthening LEAP cash transfer programme to incorporate an additional category: poor pregnant women and young children during their first 1000 days. The National Development Planning Commission facilitated development of a WASH-Nutrition issues paper to promote dialogue and linkages with nutrition in respective sectors.

Given the improvements in nutrition status achieved over the years, the nutrition information system is consolidating. With UNICEF support, more robust nutrition indicators were incorporated into the district health information system. Close follow-up of implementation is needed. Three hundred and twenty-five nutrition and health officers from all ten regions and 216 districts were oriented on the new indicators and monitoring in the SUN agenda.

UNICEF continued to participate in the SUN movement agenda in Ghana. The country is in transition, given a new SUN focal point, departure of the REACH facilitator, UNDAF change agenda, and the proposed UN System SUN Network. Dialogue with USAID, WFP, WHO and others through the national nutrition partners committee is helping to ensure complementarity of efforts among the organisations.

The UN system identified nutrition as a priority and at this stage of the programming cycle, UNICEF has started the process of reviewing the gains made and areas of focus for the next Country Programme. This was taking place with support from UNICEF’s West and Central Africa Regional Office (WCARO) and further analysis will continue in 2016 to facilitate evidence-based programme development and strengthening.

OUTPUT 2 USI National strategies and coordination: National USI Strategy and Action Plan finalized, disseminated and implemented.

Analytical Statement of Progress:

The focus in 2015 was on taking a closer look at the situation in Ghana both in terms of the salt found in households and the impact on iodine nutrition. With only one-third of households using adequately iodised salt, the universal salt iodisation (USI) goal of 90 per cent has clearly not been achieved. Further, about one-third of the households use inadequately iodised salt, while the remaining households use un-iodised salt. Ghana has been in this state for almost a decade, despite investment in the USI programme by UNICEF, the GAIN partnership and others. The major bottleneck lies in the numerous small salt producers who use traditional methods, with no quality assurance. High-level efforts to establish large-scale salt industries and salt banks have not been successful in the past.

This state of affairs paints a grim picture of Ghana’s USI programme. The good news is that

according to a re-analysis of 2010 iodine data, Ghana achieved iodine sufficiency and much greater improvement has occurred across all income groups during the last five years, according to a 2015 national iodine survey. Over and above the iodine contained in household iodised salt, the population is increasingly consuming foods containing adequately iodised salt such as food condiments, assorted salted food items such as bread, canned fish, beef, etc. The exact content of iodine in these sources needs further investigation and regulation to ensure acceptable limits.

The investment case planned at the beginning of the year is no longer justified, from the iodine nutrition perspective, in the Ghanaian population. However the quality of iodisation and the salt needs improvement through modernisation of the industry. Such an investment case may be justified from a business and trade perspective, to provide employment for a growing youth population and to address iodine needs in countries importing salt from Ghana. The Ministry of Trade submitted the USI Strategy III to cabinet for approval. The investment case may be supported by other institutions with strength in such analyses.

In the interim, the Food and Drugs Authority worked with district assemblies to monitor salt quality in producing areas and near borders. With UNICEF support, the capacity of environmental health officers was strengthened with 13 quantitative iodine testing equipment (iCheckers) and a mechanism for inspection in place. Further follow-up will be needed to document how well this is working.

OUTPUT 3 IYCF and malnutrition: Systems are in place in 5 most deprived regions of Ghana to ensure access and utilization of high impact nutrition specific interventions.

Analytical Statement of Progress:

The scale-up agenda continued to increase capacity for providing good quality nutrition services through Ghana Health Services, the first contact for the majority of the population. The number of districts with technical capacity to scale up IYCF increased from 50 in 2013 to 80 in 2014 and 115 in 2015, in 216 districts. Thirty-four of the 115 districts with IYCF capacity have trained more than 50 per cent of eligible staff on IYCF in the last three years, up from 20 in 2014. The remaining 81 districts have not yet reached the 50 per cent mark. More funding support is needed to reach the remaining districts with adequate coverage of trained staff.

Children who become severely malnourished, mostly due to inadequate care, were provided with ready-to-use therapeutic food (RUTF) from UNICEF. A total of 7,453 children were admitted into community management of acute malnutrition (CMAM) programmes, with a cure rate of 85 per cent. Ninety-one per cent of these children are from the three northern regions. Addressing malnutrition through both preventive and curative strategies provides support both in the short and long term. As a result of combined approaches, the rate of severe malnutrition in Ghana has significantly declined, to 0.7 per cent, which is remarkable indeed.

UNICEF and Ghana Health Services are using these experiences to improve the enabling environment around these programmes. To improve quality of treatment for severe malnutrition, the national CMAM protocols were reviewed for alignment with the WHO and IMAM guidelines and to ensure the best quality care. Depending on availability of RUTF, CMAM services are being introduced in the remaining five regions. Also, training for facility staff on CMAM, IYCF, integrated management of neonatal and childhood illnesses, Ebola and HIV/AIDS is being merged and will be piloted in 2016.

To create an enabling environment for breastfeeding support in hospitals, capacity building,

certification of hospitals and subsequent follow-up was decentralised to regions and districts. Further, a framework for developing a communication strategy on breastfeeding was developed, to be further fine-tuned based on formative studies in the focus regions.

With support from the Micronutrient Initiative, Vitamin A capsules (3516 pac-500 blue capsules and 12,656 pac-500 of red capsules) were provided to the Ghana Health Service for both mass and routine supplementation of all children aged six-to-59 months. Coverage of mass Vitamin A supplementation in October was 97 per cent.

OUTCOME 4 Maternal, neonatal and child health: Women and children have improved and equitable access to and utilize quality, high impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.

Analytical Statement of Progress:

The GoG's commitment to improving the health and wellbeing of children and their mothers has shown positive results over the last four years. Under-five mortality has decreased from 82/1000 live births in 2011 to 60/1000 live births in 2014. The maternal mortality ratio declined from 380 to 319/100,000 live births. The effective implementation of free maternal and child health care (for children under 18) through the national health insurance scheme enabled achievement of these results, with high ante-natal care (ANC) coverage (87 per cent of pregnant women have at least four visits), facility-based delivery (74 per cent), and improved PMTCT services (81 per cent of identified HIV-positive women are on ARV prophylaxis). Children benefitted from high immunisation coverage, management of common illnesses through integrated community case management (iCCM) and integrated management of neonatal and childhood illnesses. A meagre 3-point decrease in neonatal mortality (from 32 to 29 per 1000 live births) was recorded over the last four years. Remarkably, the launch in 2014 of the National New-born Strategy and Action Plan has brought new-born health to the centre stage of maternal, neonatal and child health (MNCH) programming in Ghana.

Working with the MoH/GHS paediatric HIV services, UNICEF contributed the integration of PMTCT, early infant diagnosis (EID) and paediatric HIV services into MNCH programming, and work on the development of a paediatric HIV acceleration plan was initiated. Ghana transitioned to PMTCT Option B-plus, and costed operational PMTCT plans were developed in each of the three high-burden regions (Ashanti, Greater Accra and Western) with UNICEF support.

UNICEF's support to Eastern Region over the past four years contributed to improving coverage of PMTCT services. Currently 96 per cent of ANC registrants know their HIV status and 84 per cent of identified HIV-positive pregnant women are benefitting from ARV prophylaxis. EID services are facing challenges, with less than 20 per cent of exposed babies tested by age six weeks using DNA/PCR. In the Eastern Region only 30 per cent are tested. Coverage of paediatric HIV services is even lower: only 22 per cent of HIV-positive children (around 4,500 of 21,000) are benefitting from the ART programme. The lack of integration is a major cause for low coverage of paediatric HIV care, a fact that led the GoG to embark on integrating PMTCT/EID and paediatric HIV services into MNCH care.

Ghana did well on immunisation coverage though the past four years, but immunisation has declined, as confirmed by the 2014 DHS and service delivery data. Basic immunisation coverage among children aged 12-to-23 months had reached 79 per cent in 2008 (GDHS 2008) but decreased to 77 per cent in 2014 (GDHS 2014). Insufficient cold chain and transport logistics and limited Government funding for operational activities hampered outreach service delivery and supervision. Funding constraints also affected the acquisition of vaccines, which

led to prolonged stock-outs of some antigens during the year. The effective implementation of iCCM was constrained due to demotivation of community-based agents, inconsistent supervision from district, sub-district and CHPS level and the frequent stock-out of antimalarial drugs. A comprehensive review of the immunisation programme and iCCM implementation, using the bottleneck analysis approach, with the aim of understanding the underlying causes of these decreasing trends, was undertaken and the three northern regions have developed expanded programme on immunisation work-plans based on this information.

In the area of maternal and new-born health (MNH), UNICEF support focused on advocating for improvement in the quality of facility-based care during the intrapartum and early new-born period. The MoH/GHS acknowledged the need to improve the quality of care in health facilities to curb the currently high facility-based still-birth, new-born and maternal mortality rates. As part of accountability on MNH services UNICEF provided assistance to operationalise Ghana's reproductive, maternal, new-born and child health (RMNCH) scorecard and to finalise perinatal death audit guidelines and tool. Some 544 health staff involved in facility- and community-based new-born care were also trained.

In relation to emergency preparedness and response UNICEF, along with other partners, supported the implementation of an early cholera case detection and response strategy including case management and contact tracing. Against the threat of Ebola Viral Disease, UNICEF prepositioned RUTF and other supplies and supported the revision of IYCF guidelines. Overall, the 2015 Country Programme was implemented in a significantly resource-constrained context, with the GoG resorting to a three-year IMF bail-out programme. Sector programmes were largely supported by donor funding. Ghana Country Office, with the support of WCARO and UNICEF's Supply Division, engaged GoG at several levels (MOH, Ministry of Finance, Parliamentary Select Committee on Health and National Health Insurance Authority), to make a case for the Government to fund the acquisition of vaccines. In December 2015, the GoG released US\$8 million, clearing the outstanding 2014 and 2015 co-financing commitments with GAVI, with a surplus to pay for the procurement of some traditional vaccines.

OUTPUT 1 Scale-up of PMTCT services: Health system in the highest HIV prevalence region has capacity to provide integrated PMTCT services.

Analytical Statement of Progress:

In 2015 UNICEF supported the development of costed three-year elimination of mother-to-child transmission (eMTCT) operational plans using the bottleneck analysis approach for Ashanti, Greater Accra and Western regions, each with HIV prevalence above the national average of 2.5 per cent. Implementation of these plans will contribute to improve EID coverage and paediatric HIV care services (Ped-HS).

Eastern Region (ER) continued to receive support for implement of the eMTCT plan for 2013-2015. As per GHS/emergency room (ER) data up to September 2015, HIV testing coverage for pregnant women reached 96 per cent (61,200 out of 63,784 ANC registrants tested for HIV); 19 per cent higher than the 2014 HIV testing rate. Eighty-four per cent of identified HIV-positive pregnant women (1,000 out of 1,194 positive) received ARV, either as treatment (441) or prophylaxis (559); 3 per cent higher than the national average. Of 1,194 HIV-exposed babies identified in the ER, 30 per cent were screened for HIV using PCR at six weeks or at 18 months. Overall, EID coverage in Ghana is low (below 20 per cent), due to frequent stock-outs of dried blood sample paper and PCR reagents, delays in sample collection, transport, testing and return of results.

At the national level, UNICEF and other joint UN team members provided for a paediatric HIV services situation analysis, which revealed gaps on governance, coordination and service delivery of EID and paediatric services. The evidence generated prompted MoH/GHS and partners to work on integrating PMTCT and paediatric HIV services into MNCH programming. UNICEF supported a South-South learning visit for high-level officials from the GHS and Ghana AIDS Commission (GAC) to the Republic of Zambia to learn about this process. UNICEF and UNAIDS supported GAC on the end-line evaluation of the 2011-2015 national HIV/AIDS strategic plan and development of a new strategic plan for 2016-2020.

Constraints were encountered in 2015 due to lack of resources for Option B-plus rollout. EID at six weeks using DNA/PCR suffered due to stock-outs of DBS paper and PCR reagents. Another challenge was the limited numbers of paediatric HIV service providers due to a lack of task-shifting to lower-level health workers (no guidelines). WHO and UNICEF are working with GHS to address this issue.

OUTPUT 2 Coverage of Child Survival Interventions: Health systems in four focus regions have the capacity to deliver high-impact child survival interventions (immunization, ICCM of malaria, pneumonia and diarrhoea, LLIN) to all children under five years of age.

Analytical Statement of Progress:

In 2015, UNICEF continued to provide procurement services for all of Ghana's vaccines and immunisation devices. Following a fire at the country's main Medical Stores in January that consumed all health programme supplies stocked therein, UNICEF stepped in and procured nine months' worth of syringes and safety boxes to ensure the continuity of immunisation service delivery. In line with the polio eradication initiative, UNICEF procured and made available oral polio vaccine (OPV) to cover 2,884,966 children aged 0-to-59 months through sub-national national immunisation days. A total of 2,888,481 (100.1 per cent) children were effectively reached with OPV and 2,481,467 (96 per cent) children aged 6-to-59 months also received Vitamin A supplement during this campaign.

At the sub-national level, UNICEF continued to support key activities to sustain achievements on routine immunisation and integrated community case management (iCCM) for malaria, pneumonia and diarrhoea. Technical assistance was provided to GHS in the three northern regions to conduct a comprehensive programme review of the expanded programme on immunisation, using bottlenecks analysis approach and tools. This review identified the root causes of low coverage of immunisation in Northern, Upper East and Upper West regions. The three regions developed a roadmap to address the identified bottlenecks on the supply side (human resource, staff competency and cold chain logistics), demand side (outreach services) and enabling environment, in a bid to reverse the trend of declining immunisation coverage. UNICEF used the findings of the review to leverage resources to strengthen the cold chain system.

In like manner, UNICEF supported GHS in the three northern regions to conduct a review of iCCM. The reviews documented the status of iCCM implementation, challenges on supply side (availability and motivation of community-based agents, stock-out of iCCM commodities), demand side (utilisation of services by beneficiaries) and enabling environment (coordination and mentorship) and in evidence generation. All three regions developed operational plans to revitalise iCCM, which will be rolled out starting in early 2016.

Sustaining the gains made in routine immunisation and iCCM is constrained by de-motivation of volunteers, stock-out of iCCM commodities, an obsolete cold chain system, non-functional

transportation, staff attrition and lack of supervision from districts down to lower-level facilities. Addressing these challenges will constitute the focus of joint UNICEF-GHS action in 2016.

OUTPUT 3 Quality of maternal and new-born care: Health facilities in the Northern and Upper East Regions have the capacity to provide quality maternal and new-born care services.

Analytical Statement of Progress:

In 2015, Ghana embraced facility-based maternal and new-born care quality improvement as it implemented the national new-born strategy and action plan launched in 2014. For this, UNICEF advocated and partnered with the MoH, GHS and other stakeholders to embark on a quality improvement initiative for health facility-based maternal and new-born (MNH) health care. With technical support from HQ, UNICEF Ghana worked with GHS and other stakeholders to develop quality standards and criteria for facility-based MNH care in line with the standards and criteria of the global 'Every Mother Every New-born/Quality Improvement Initiative'. A model for implementing these standards and criteria in Ghana is under development.

UNICEF also provided technical assistance to GHS to develop and successfully pilot perinatal death audit guidelines and tools. Full implementation of the tool in all hospitals is planned for 2016. UNICEF supported the implementation in all regions of the country of the web-based RMNCH scorecard developed in 2014 with UNICEF's support.

UNICEF further supported GHS to expand new-born care services to a total of 25 districts (12 in Eastern Region, 13 in Upper East Region (UER). All health facilities in UER and 50 per cent in Northern Region (NR) are fully implementing essential new-born care services. The evaluation of the UNICEF-supported new-born care programme in NR and UER, completed in early 2015, showed a 20 per cent reduction in institutional neonatal mortality in both regions. Ghana's DHS, released in August 2015, also confirmed the reduction of the overall neonatal mortality rate in both regions, where the current rate stands at 24/1000 live births, five points lower than the national average of 29/1000 live births. The same evaluation confirmed a significant increase (58 per cent) in home-based postnatal care by community health officers (CHOs)/community health nurses (CHNs), up from 39 per cent in 2013. In 2015, three more hospitals and 32 health centres were equipped with new-born care units and new-born care corners respectively.

UNICEF further strengthened its partnerships with Tamale Teaching Hospital and the Nursing and Midwifery training schools in NR and UER aimed at improving pre-service training on essential new-born care. With UNICEF support, GHS trained 60 master trainers who in turn trained 544 health staff (doctors, nurses, midwives, CHO/CHN) on facility-based (244) and community-based (300) new-born care.

Overall, UNICEF's support to GHS on new-born care at both the national and decentralised levels is producing tangible results in the targeted districts in terms of increased access to new-born health care and survival.

OUTPUT 4 National health sector policies: Ghana's maternal, new-born and child health policies, strategies and plans are evidence- based and equity-focused.

Analytical Statement of Progress:

In 2015 UNICEF strongly advocated for and supported the MoH/GHS and other stakeholders to adopt and implement an early cholera case detection and response strategy, including case management and contact tracing. Financial and material support enabled the training of key actors from both the health and the environmental health sectors on core intervention activities,

thereby strengthening their capacities to respond and contributing to bringing to an end the spilled-over epidemic of 2014. The impact was remarkable; from a total of 29,000 cases and 243 deaths registered in 2014, only 690 cases and 10 deaths were reported in 2015.

Following a devastating fire disaster at the country's Central Medical Stores that consumed all programme supplies therein, in response to an emergency call for assistance from the MoH, UNICEF supported with a nine months' stock of immunisation devices (syringes and safety boxes) worth US\$319,000.

On policy dialogue, UNICEF actively advocated at the highest level of the MoH and GHS on specific issues - finalisation of the nutrition policy, implementation of the national new-born health strategy and action plan, adoption of guidelines to address anaemia in children and pregnant and lactating women, scale-up of PMTCT and paediatric HIV care coverage, as well as the development of quality standards and criteria for facility-based maternal and new-born care. Actions were initiated on each of these issues and were at different stages of progress at year's-end.

With support from the Supply Division and WCARO, UNICEF Ghana advocated strongly at the highest levels of the ministries of Health and Finance, as well as with the Parliament, for the financing of both traditional and new vaccines, supported in a co-financing arrangement between GoG and GAVI. Support was provided for the development of Ghana's transition plan in view of the country's graduation from GAVI support by 2022 and for the country's participation (involving the ministries of Health and Finance and Parliament) in a sensitisation workshop on opportunities for commercial financing of immunisation, nutrition and health supplies. The country is on course to clear its outstanding vaccine co-financing commitments for 2014 and 2015.

Due to competing priorities, the health sector budget analysis was not undertaken and moved to 2016.

OUTCOME 5 The needs of out-of-school children aged 6-14 years, especially girls, children with special needs and OVCs are systematically assessed and addressed in disadvantaged areas in five focus regions

Analytical Statement of Progress:

According to the annual sector review report (2015), the absolute number of pupils enrolled in basic schools increased between 2012/13 and 2013/14 for all three levels –KG, Primary and junior high school (JHS). Enrolment rates for both KG and Primary are approaching the target of 100 per cent. However the KG net enrolment declined from 91 to 83 per cent during 2013-14 and 2014-15 and the transition from primary to JHS also remains low. While there is no clear attributable reason to explain the decline in KG enrolments, it does indicate that consistent investments are needed to ensure that children enter school at the right age and complete basic education.

National figures mask underlying inequalities within the country. Poverty, gender, location and disability all affect a child's chances of entering school and completing primary education. According to the 2014 DHS, the net attendance ratio at the primary level varies from 65.8 per cent in rural areas to 74.4 per cent in urban areas. Similarly, only 66.6 per cent of children belonging to families in the lowest wealth quintile attend primary school, compared to 80.9 per cent in the highest quintile. Girls are disproportionately disadvantaged especially during the transition to the secondary level.

UNICEF-supported interventions in early childhood education (ECE) and inclusive education in 14 focus districts with poor education indicators (nine districts are located in the North) have facilitated increased access to KG and primary school for all girls and boys, including mainstreaming of children with special educational needs and those with disabilities. In addition, support to the complementary basic education (CBE) programme in seven districts provided out-of-school boys and girls with a second-chance opportunity to enter school – reaching nearly 6,500 children so far. This contributed to expanding the reach of the Government-managed CBE programme to include more students, as well as piloting new modalities of service delivery involving the use of national service personnel as classroom facilitators.

Further, UNICEF, in partnership with Ghana Education Services (GES), also developed the C4D strategy for education to address social and demand-side barriers to realising the goal of universal basic education. This is a landmark first for the ministry, with a view to ensuring that all girls and boys enter school at the right age, learn and complete basic education. In addition, to ensure that girls transition to secondary level, UNICEF also initiated a dialogue with key stakeholders on revisiting the need for a gender policy in education as well as developing guidelines to address gender-specific barriers, such as early and unintended pregnancy, that prevent adolescent girls from continuing their education and learning.

In 2016, UNICEF will further consolidate its planned activities relating to ECE, inclusive education, CBE, C4D and girl' education with a view to advocating for an enabling policy context and strengthened service delivery based on evidence at both the national and district levels.

OUTPUT 1 Young children's school readiness improved through increased access to quality pre-school education programmes in at least 20 deprived districts

Analytical Statement of Progress:

In 2015 UNICEF support focused on: a) improving quality of ECE through development of pre-service teacher training materials and training of KG teachers, and b) creating demand for ECE and ensuring that parents enrol their children in school at the right age in 14 districts.

In partnership with the GES' teacher education and early childhood divisions, essential resource materials and tools to support quality education in KG for both in-service and pre-service teacher training were developed and disseminated. These included minimum standards for KG facilities and pedagogical processes; assessment tools to assess and support student performance; and an "Early Childhood" manual. Some 12,000 copies of the training modules were disseminated and in use.

As part of pre-service engagement, agreements were also negotiated with the University of Cape Coast and the University of Education (Winneba) to use the manuals as part of the resources to design curricula and train KG teachers, respectively. As an initial step, 70 lecturers from the seven colleges of education that train KG teachers were oriented on the use of the early childhood manual. Untrained KG teachers also benefited from the enhanced KG tools while studying for their diploma on the Untrained Teachers diploma in Basic Education.

For in-service training at the district level, district teacher-support teams, comprising 157 resource persons, were established in 14 focus districts and completed a training-of-trainers on promoting early reading among kindergarteners. These support teams have worked with 1,743 teachers (1,302 women and 441 men) and 700 head teachers across 14 districts to build their capacities to help children to acquire early reading skills. Nearly 150,276 pupils (76,239 boys

and 74,037 girls) in KG benefitted from the trainings.

Key partnerships were strengthened across 14 districts through orientation and training of 120 staff of the departments of Children, Community Development and Social Welfare as resource persons to support the GES in sensitising parents to enrol their children in KG at the right-age. The 120 trained resource persons, in turn, reached 2,850 additional stakeholders from faith-based groups, and traditional and opinion leaders in communities, Ghana Health Service, agricultural extension officers, market women associations, etc. who work directly with parents and communities – reaching out to nearly 28,500 community members, especially in areas of low KG enrolment.

Lack of resources continued to constrain implementation of quality-improvement initiatives in KG, especially beyond the UNICEF-supported districts. In some instances, Global Partnership for Education funds provided the additional resources required to prioritise KG-related activities at the district level. To mitigate the challenge of resources, GES and UNICEF discussed the development of a costed document for KG materials for purposes of fundraising from the private sector, multilaterals and bilateral donors.

In 2016, key activities will include a formative assessment of the UNICEF-supported KG programme and operationalisation of a standardised in-service training module for districts.

OUTPUT 2 Complementary basic education opportunities expanded to out-of-school children aged 8-14 years in at least 5 deprived districts

Analytical Statement of Progress:

UNICEF concluded its support to the Complementary Basic Education (CBE) programme in three districts and transitioned into four new districts.

The implementation of the pilot CBE programme in three deprived districts concluded in July 2015 with a total enrolment of 4,931 children (3,278 boys, 1,653 girls), constituting 96 per cent of the overall planned target (however reaching only 35 per cent of girls). Among those enrolled, 2,750 children (1,878 boys, 872 girls) were confirmed to be integrated into formal school. The actual number of children integrated is assumed to be higher in Afram Plains and Komenda Edena Eguafo Abrem, but was not captured due to lack of human resources to track the CBE graduates and the remote and inaccessible geography of the districts. Despite efforts by implementing partners to enrol equal number of girls and boys, enrolment trends for girls remained low. Many out-of-school girls in the target districts are older and have migrated to towns or other districts looking for better opportunities to support their households. This highlights the need for a more tailored approach to facilitate girls' access to education.

In 2015 UNICEF launched the CBE programme in four new districts (Builsa North, Builsa South, Krachi-East and Nchumuru) as part of a larger programme intervention to address early marriage. After preparatory activities, including a baseline survey, community animation and facilitators' training, 1,585 out-of-school children were enrolled in the 2015/2016 programme cycle.

UNICEF, in partnership with University of Cape Coast, documented and analysed the experience of involving national service personnel (NSP) as classroom facilitators in the CBE programme. The research indicated several advantages, especially in districts and communities that may not have skilled human resources to serve as classroom facilitators. In addition, engaging NSP reduced the cost of hiring new facilitators and promoted government ownership

of the programme. However, more coordination is needed between GES and the National Service Secretariat (NSS) to ensure timely posting of NSP with necessary language skills. The NSP deployment strategy will be presented to the CBE national steering committee in early 2016.

The CBE pilot involving the use of NSPs was challenging. The experience highlighted the institutional and coordination challenges among different stakeholders, which require political leadership at the highest level within the Ministry of Education. UNICEF shared the findings and lessons learned on CBE with the CBE steering committee comprised of the GES, development partners and NGOs, with a view to involving a larger audience on how to build a cost-effective CBE model.

OUTPUT 3 Capacity of primary schools enhanced to provide appropriate care and support for children with special needs including children with disabilities in at least 20 deprived districts

Analytical Statement of Progress:

In 2015 the Ministry of Education endorsed the inclusive education (IE) policy, which was developed with UNICEF support. The policy provides the framework to roll out IE interventions on a wider scale to children with special educational needs, including those with mild and moderate disability. The policy is accompanied by a comprehensive five-year (2015-2019) implementation plan that includes monitoring indicators and a budget.

Orientation and dissemination workshops on the IE policy/plan and standards/guidelines reached out to 1,116 participants in nine regions. Key stakeholders/organisations engaged included personnel from the regional directorates, metropolitan/municipal/district assemblies, NGOs/CBOs/FBOs, media, disability organisations and importantly, chiefs/queen mothers/parents/community members.

Capacity-building workshops for teachers were also organised: 1,436 head teachers/teachers were trained on IE standards and guidelines in six districts, with a focus on building their knowledge and equipping them with skills to facilitate screening, identification and referrals in schools and effective classroom management.

The district inclusive education team (DIET) completed screening activities for 46,417 pupils (20,494 KG, 25,923 Primary 1-6) in seven districts to identify children with dental, hearing, intellectual, visual and other related health conditions to provide the required support for improving their health conditions and enabling them to learn well.

To complement these efforts, UNICEF supported Special Education Division/Curriculum Research Development Division to develop seven supplementary reading books that promote inclusivity and peer support amongst children with and without disabilities to respect and accept their peers in the same classroom. Additionally, UNICEF initiated a dialogue with colleges of education to begin a review of the pre-service curriculum, to better assess and understand how IE concerns can be integrated into the curriculum.

A formative assessment of UNICEF support to IE (to assess impact of interventions at district, school/classroom levels – capacity development, screening and community sensitisation) was completed, and revealed general improvement in IE awareness in all five districts.

Despite progress, IE implementation and mainstreaming of children with disabilities is constrained by lack of knowledge and awareness, limited data on children with special needs

and inadequate teaching and learning materials. In 2016, UNICEF will consciously make further efforts to support GES to build capacity of all stakeholders to better understand the IE concept and perform their respective roles/responsibilities to support children with special needs.

OUTPUT 4 Awareness on and demand for education increased among disadvantaged groups, especially girls in at least 20 deprived districts

Analytical Statement of Progress:

UNICEF provided support to the GES to develop a C4D strategy to address social and demand-side barriers to realising the goal of universal basic education. This was accomplished through a series of consultative meetings with GES to advocate for and determine the priority focus for the C4D strategy. Subsequently, two areas for intervention were identified: 1) early and on-time enrolment of children in KG at four years and Primary 1 at six years, and 2) all school-aged children complete a full cycle of quality basic education.

The process of developing the strategy was participatory and actively involved not only public and private institutions but CSOs, including parents, traditional and religious leaders, and made it possible for the voices of all stakeholders to be heard. The strategy provides key communication messages and appropriate interventions that, when implemented holistically, will improve access and quality education in Ghana. In terms of accountability, provision was also made in the strategy for specific results to be delivered by each participant group post-exposure to the communication. Additionally, to ensure evidence-based communication for behaviour change, an M&E plan with identified key indicators was developed to support implementation of the plan. The indicators are consistent with Ghana's education management information system (EMIS).

In 2016 the strategy will be operationalised at the district level. The target is to launch the strategy on 6th March 2016 to coincide with celebrations marking the 59th anniversary of Ghana's independence.

UNICEF Ghana is addressing early and forced marriage by challenging key contributing factors perpetuating the problem. These factors include: social norms that tolerate child marriage, gender inequality, low levels of girls' empowerment, and weak law enforcement and coordination of interventions. In the education sector, UNICEF initiated a dialogue for a comprehensive Education Gender policy that supports girls to stay in school and provides opportunities for re-entry for girls who drop out of school due to pregnancy after childbirth.

Additionally, UNICEF supported the capacity-building of 220 district girl's education officers, and equipped them with tools, skills and knowledge to enable them to deliver results and become strong advocates on gender issues, as well as to enable them to support schools to become transformative, violence-free spaces.

OUTCOME 6 Educational Quality and Outcomes of Pre-primary and Primary Schools Improved in 5 Focus Regions

Analytical Statement of Progress:

Ghana has seen impressive achievements in increased access to education at pre-primary, primary and secondary levels, standing out among sub-Saharan countries. However, the quality of basic education remains quite low, despite some modest improvements in recent years. According to the 2014 early grade reading assessment (EGRA), most pupils in Ghana are

performing poorly in reading and numeracy. The report states that “in general only the top two per cent or fewer were able to read with fluency and comprehension”. Improving the quality of education and ensuring that all children learn is clearly Ghana’s next educational hurdle.

As part of the “Learning Support” programme, UNICEF supported a more systematic and systemic approach to quality improvement. Building on its ongoing work on leadership and governance and planning, UNICEF focused on putting mechanisms in place to guide and accompany select districts on setting goals, measures and action plans that emphasise student learning and continual improvement. Key achievements in 2015 included:

- Support to 14 districts to review the status of education and identify critical barriers and bottlenecks as well as local solutions. Major district-level stakeholders (teachers, circuit supervisors, NGOs, chiefs, religious leaders and district assembly staff) participated in the reviews, which were then translated into concrete activities to be included in the 2016 Annual District Education Operation Plans.
- Support to five districts to conduct community level school performance appraisal meetings and develop school performance improvement plans for 600 basic schools.
- The mobile school report card (mSRC) was piloted in three districts to collect relevant education data more frequently and promote a culture of data-driven decision-making. Initial feedback indicated that the increased frequency of reporting on teacher attendance often resulted in improved attendance in the districts.
- Contributions to the improvement of teaching and learning in the classrooms through efforts to align in-service teacher training and capacity-building of nearly 5,000 KG 1 to Primary 3 teachers, with a focus on reading, in the 14 districts. UNICEF also supported the GES to build leadership and management capacity of district education functionaries and head teachers through the development, dissemination and use of “Leadership for Learning” and Leadership for Change” manuals at the regional and select district level.
- Continued support for the enhanced school health programme, as part of efforts to create a congenial and healthy school environment. Achievements include development and use of guidelines for quality implementation, setting up of demonstration school health committees in three districts to coordinate and harmonise activities, training of nearly 10,000 teachers across 14 districts and training of 112 circuit supervisors to improve monitoring and supervision.

In 2016 UNICEF will further strengthen a systems approach to learning at the district level, particularly in light of the anticipated decentralisation reforms outlined in the draft Education Bill that is expected to be passed by Parliament.

OUTPUT 1 Issues of exclusion in and quality of education explicitly addressed in national and sub-national sector strategies and plans and timely and sufficient funds allocated to services/programmes for deprived districts and disadvantaged groups

Analytical Statement of Progress:

UNICEF supported systematic progress and planning reviews at both national and district levels, involving broad stakeholder participation. At the national level, UNICEF’s assistance enabled the participation of regional and district-level actors in the National Education Sector Review to inform the discussions based on sub-national evidence and experience.

UNICEF also supported 14 districts to review the status of education delivery with stakeholders, and used the conclusions to develop action plans for the following school year. The participation

of district-level stakeholders broadened partnerships and strengthened the participation of civil society in educational planning. As a result of these reviews and participatory planning processes, 14 districts were able to develop their annual district education operational plans (ADEOPs) ahead of the deadlines set by the GES. The improved quality of the ADEOPs was acknowledged and GES has used most of those from UNICEF-supported districts as samples for other districts to learn from.

UNICEF also supported the capacity development of district education oversight committees, which are statutory committees mandated to oversee education delivery in districts in Ghana, including ensuring the development of district education plans, proper provision and maintenance of education infrastructure, adequate staffing of schools and provision of resources for the proper functioning of schools. This exercise brought together executive members of these committees from 14 focus districts to discuss the status of education in the districts, efforts being made to address challenges and how to mainstream on-going interventions, including leadership initiatives, into district action plans.

Good practices emerging from the 14 districts were being disseminated in other districts in the country. In addition to using the ADEOPs from the focus districts as examples for other districts, resource persons from the focus districts and regional officers assisted other districts to undertake similar exercises.

OUTPUT 2 Quality of teaching and learning improved through the practice of child-centred, activity-based teaching in primary schools in at least 20 deprived districts

Analytical Statement of Progress:

UNICEF supported the GES to build leadership and management capacity of district education functionaries and head teachers through the development, dissemination and use of two manuals: “Leadership for Learning” (LfL) and “Leadership for Change” (LfC). Testimonies from 300 middle/senior level managers of the GES, (including 30 cost centre managers, 10 regional directors, 216 metropolitan/municipal/district directors of education, 12 general managers of educational units, and 20 frontline deputies from regional directorates of education, among others) who received orientation on the LfC manual indicated that it was well-received by users. The LfL manual was also used to train almost 1,000 head teachers, with other trainings scheduled for the second term of the school year, to cover all head teachers in over 2,200 schools in 14 focus districts.

UNICEF supported the teacher education division of GES to train district teacher support teams from 14 focus districts and equipped them with skills to enable them train/support early grade teachers at the primary level. A total of 145 district/regional trainers are now available with skills to facilitate workshops for over 5,000 teachers across more than 900 schools in 14 districts; the trainers are also equipped to support teachers during school-based, in-service education and training as well as during school visits.

In the area of planning and governance, 14 focus districts conducted community-level school performance appraisal meetings and used the conclusions to develop school performance improvement plans (SPAMs). The plans offered school-level stakeholders a platform to obtain detailed feedback on students’ performance as well as enabling them to discuss challenges affecting their schools and make suggestions for improvements. Two districts established district/circuit councils of parent-teacher associations as a way to further decentralise/ strengthen local education governance. In 2016 lessons will be drawn from the initial success to share with other districts.

GES, with support from UNICEF, piloted the mobile school report card (mSRC) using smart phones in three districts to improve upon the paper-based school report card, which is often irregular, resulting in frequent delays in reporting.

Overall, the pilot demonstrated its potential for generating reliable, quick up-to-date school-level data on key education indicators. Over 70 per cent of head teachers in pilot districts indicated that they are comfortable in using the mSRC application. The pilot will expand to three additional districts in 2016.

OUTPUT 3 Healthy, Safe and gender-sensitive environments established in primary schools in at least 20 deprived districts

Analytical Statement of Progress:

A draft guidance and counselling policy was developed and being finalised in late 2015, with a view to create a child-friendly learning environment in all schools. Additionally, UNICEF initiated a dialogue to underline and acknowledge the need for tools to promote safe school environments.

Implementation of the enhanced school health programme (e-SHEP) was further strengthened in 14 UNICEF-supported districts. Key achievements included:

- UNICEF supported GES at the national and district levels to establish school health committees (SHCs). The SHCs are structures provided for in the current school health policy, which was developed with support from UNICEF. A key responsibility of the SHCs is to redirect school health activities away from the piecemeal and fragmented approach to a harmonised and coordinated response. SHCs were inaugurated at the national level and in three districts.
- E-SHEP implementation guidelines were developed for the country based on implementation in 14 UNICEF-supported districts. The guidelines seek to ensure consistency in e-SHEP implementation and exercise quality assurance. Other districts can avail themselves of the guidelines and start e-SHEP implementation, pending the initiation of the national scaling-up exercise. Reference manuals to facilitate teaching and learning on each of the six e-SHEP components were distributed to all basic schools. All materials were placed on the GES website to enhance access.
- A number of training activities were undertaken to strengthen the capacity of district and school level actors on e-SHEP, including: training of 140 district schedule officers as trainers; training of 2,028 head teachers and 8,112 teachers (at least four teachers per school) with emphasis on the infusion and integration methods for delivering e-SHEP, and training of 112 circuit supervisors to improve monitoring and supervision.
- Training of peer educators on the e-SHEP programme was initiated in November 2015 to reach out to 1,028 Upper Primary schools and 501 JHS. Training will be completed in the first quarter of 2016.
- UNICEF Ghana undertook a formative assessment and documentation of e-SHEP. The first draft is undergoing review. The outcome of the assessment will provide insight on the programme's sustainability and scalability, as well as UNICEF's role in the process.
- In 2016, evidence will be generated on the effectiveness of e-SHEP's contribution to child-friendly schools that facilitate access, retention and completion of basic school among Ghanaian children.

OUTCOME 7 Social Protection and C4D: Vulnerable and marginalized families with children across Ghana access and utilize improved social services and are empowered to adopt key family practices.

Analytical Statement of Progress:

UNICEF continued its support to GoG to ensure that vulnerable and marginalised families access and utilise improved social services through strengthening the social protection system and supporting policy development and advocacy. UNICEF supported the MoGCSP to finalise a policy on social protection (approved by the Cabinet in December 2015), providing a framework for delivering social protection services coherently, effectively and efficiently in a way that is holistic and properly targeted. The policy sought to define an understanding of social protection and a social protection floor within the Ghanaian context and provide an institutional framework for coordination, as well as stakeholder collaboration in monitoring and ensuring accountability. The policy formulation process benefitted from consultative fora organised all over the country, which enabled stakeholders at the national, regional and local levels to participate extensively in generating the required inputs. Evidence-generation on LEAP effectiveness and targeted financial support led to Government commitment to expand LEAP coverage from 90, 000 to 145, 000 households in 2015. A second wave of expansion, also supported by UNICEF and targeting an additional 50,000 households, will be completed in 2016. UNICEF advocated for and supported the MoGCSP to expand LEAP to pregnant women and children under one year to address malnutrition and stunting arising from poverty and inequality faced by children living in extremely poor households. This advocacy led to a Government decision to open LEAP up to new categories, starting with infants and pregnant women. The new category will be part of all LEAP expansion as of the second wave of expansion in 2016.

In relation to C4D, UNICEF Ghana continued to expand geographical and sector coverage reaching the majority of communities in the five priority regions. Over a thousand actors received capacity-building in almost 5,000 communities during 2015. As a result of these efforts, national-level communication strategies were developed for child protection, sanitation and education.

UNICEF also developed its entertainment education (a full series Soap Opera), technology-based interventions (the Talking Book), and mass traditional media to reach audiences nationwide. These interventions were supplemented through an expanding network of community-based agents at the household level. Emergency C4D responses (Ebola, cholera and avian flu) were also a priority, including through the engagement and mobilisation of all SHS in the country. A call-centre platform using mobile phone technologies, AGOO, was launched to provide greater access to information, particularly for young people.

OUTPUT 1 Social Protection: The social protection system is strengthened through improving key features and elements that define the effectiveness, efficiency and reach of interventions (particularly LEAP) and supporting policy development, policy relevant research and policy advocacy.

Analytical Statement of Progress:

UNICEF continued its support to the GoG in 2015 to move the national social protection agenda forward using a twin-track approach: (1) strengthening LEAP programme operations, advocacy and communications and LEAP's expansion; and (2) ensuring broader political support for social protection through improved policy dialogue, to enable sustainable financing for more effective and targeted interventions in Ghana.

UNICEF continued its support to the LEAP programme through strengthening of key operations such as M&E, the management information system, targeting and e-payment. In 2015, LEAP established a regular system of reporting from district social welfare officers for each payment and quarterly cycle, enabling the regular production of three national quarterly reports; the 2015 annual report will be finalised in 2016.

Also, as part of the LEAP M&E framework, independent monitoring checks were rolled out in June 2015 by the OpenMarkets Foundation; the first report submitted to the LEAP monitoring unit (LMU) in December 2015. To ensure one source of data for LEAP, the LMU received support to develop monitoring and evaluation modules into the LEAP management information system. UNICEF supported the MoGCSP in planning the roll-out of e-payments (expected next year) by supporting selection of the e-payment firm.

To increase the coverage of LEAP, UNICEF supported the Government to expand LEAP from 90,000 to 145,000 households. Support for the second wave of expansion to an additional 50,000 households will start early 2016. To address malnutrition and stunting, funds and technical support were provided to the Government to expand the LEAP programme to a new category of beneficiaries: pregnant women and children under one year of age through the LEAP 1000 programme. Some 6,288 households were enrolled in the programme, with first payments made in September 2015. As a follow up to the LEAP 1000 implementation and advocacy around the issues of undernutrition and child poverty, the MoGCSP added pregnant women and children under one year of age as a permanent group to be supported by the LEAP programme.

To ensure broader political support and sustainable financing for social protection, UNICEF supported the Government to develop a policy on social protection. The policy seeks to provide a framework for delivering social protection in an effective and efficient manner. The policy document was submitted to cabinet for approval.

Also with the support of UNICEF, the MoGCSP initiated a process for developing drafting instructions on social protection to anchor the key priorities of the policy into legal obligations.

OUTPUT 2 The capacity of Government, NGOs, CBOs, and Traditional/Religious leaders is built to mobilise and promote behaviour and social change through the adoption of key family practices.

Analytical Statement of Progress:

The UNICEF Communication for Development (C4D) unit continued to support the sectoral partners in the five focus regions by building capacity in communication planning, strategy development and interpersonal communication skills. Some 1,026 government, civil society, and traditional leaders' capacity was built during the year. As a result, several national level communication strategies were developed to address the creation of a protective environment for all children. Others included strategies on exclusive breastfeeding, sanitation and school enrolment and completion.

An average of 68 per cent of all communities in the five focus regions received C4D interventions. The number of communities reached totalled approximately 5,000 (4,956 communities). UNICEF focused on key strategic interventions such as entertainment education, innovative technology-based interventions, mass and traditional media to reach audiences in these 5,000 communities as well as across the country. These interventions were supplemented through interpersonal interactions directly with audiences in the communities and through household visits.

Further, the C4D unit focused on using entertainment education to promote behaviour change. To this end a 26-episode serial drama embedding the entire basket of 12 key behaviours was produced and was being aired on two TV channels.

The talking book, a low cost audio 'book' to engage and provide information on key behaviours, reached approximately 40,000 people in one district in northern Ghana.

Major efforts were undertaken during 2015 to support emerging pandemic threats such as Ebola and avian influenza (the latter to a lesser degree), in addition to cholera.

Capacity was built at national, district and school levels to respond to Ebola and cholera. Ten regional education offices, coordinated by the school health education programme, covered almost all (844) public and private SHSs with a half-day event, focusing on promoting hand-washing with soap. Some 372,425 students (57 per cent of students) participated. This intervention is linked to AGOO, a platform using mobile phone technologies to provide access to information through voice-voice service, interactive voice response and an SMS platform. 198,224 students' numbers were collected for message dissemination; 757,200 materials were developed and distributed. The intervention was documented through two films featured in www.unicefstories.org.

Agreements were signed and implementation begun in 2015 with the country's traditional leadership. More concerted and planned interventions under the leadership of queen mothers commenced in all 10 regions of the country.

OUTCOME 8: Policy analysis and advocacy, M&E, and Communications: Policy analysis and advocacy, M&E, and external Communications are based on evidence, linked to functional M&E systems, and are used to reduce child poverty and encourage equitable development.

Analytical Statement of Progress:

In relation to social policy, UNICEF led the generation of a new national analysis on poverty and inequality in Ghana and laid the groundwork for a partnership with the World Bank and other key stakeholders to hold a national dialogue throughout 2016 on poverty and inequality. Extensive analysis of fiscal policy and collaboration with the IMF resulted in the inclusion of a programme target in Ghana's new IMF programme related to expanding the coverage of Ghana's social protection system, with a specific reference to the LEAP cash transfer programme.

UNICEF Ghana's work in social accountability was substantially scaled-up with the 2015 launch of the District League Table, which demonstrated very impressive media reach, sparking a range of national conversations on local development and responsiveness. The Ministry of Local Government agreed that the UNICEF's DLT should become an official assessment of district-level development for the country.

Substantial challenges relating to Ghana's continued economic difficulties – including a large wage bill squeezing out other expenditures – continued to reduce fiscal space and political attention for key poverty-related issues.

To strengthen the generation and use of evidence, UNICEF Ghana continued to strengthen systems for the reliable generation and sharing of data and supported partners in disseminating and using this data to inform policy and programme planning and implementation.

As part of UNICEF's commitment to support the national 'joint agenda on strengthening M&E and statistics' (JASMES), UNICEF Ghana engaged as the main partner in providing technical and financial assistance to the citizens' assessment of the effectiveness of the capitation grant in making quality basic education more accessible in Ghana. The findings revealed the actual cost of basic education in Ghana and will be instrumental to informing future education policy. UNICEF Ghana also provided technical support for the production of the 2014 DHS, the results of which were made available in 2015, providing essential evidence for a range of programme areas critical to UNICEF and partners.

In line with ongoing systems-strengthening efforts, UNICEF Ghana partnered with the National Development Planning Commission (NDPC) and the CSO Ghana M&E Forum (GMEF) to commemorate 2015 as the "International Year of Evaluation" (EvalYear) with a series of events, including a high-level national launch. The launch culminated in a call to action to develop a national evaluation policy for Ghana that would make the use of robust evidence for policy development and implementation, a requirement across Government. The evaluation policy development is expected to be a major JASMES activity for 2016.

In relation to external communications, UNICEF extended its reach through targeted communication activities using evidence-based messages and high-value communications products. UNICEF also initiated the planning for a public campaign on child poverty and equity and promoted a wide range of sectoral messages – from sanitation to child marriage – throughout the year. Sanitation communications reached around 70 million people in and outside of Ghana. UNICEF's total social media audience grew significantly, to 47,000, and scaled-up its presence in traditional media. A private-sector engagement strategy was also approved and a coalition for children established.

OUTPUT 1 Policy Analysis and Advocacy: annual research and advocacy outputs on child poverty and inequality lead to increased equitability of resource allocation.

Analytical Statement of Progress:

This year, UNICEF concluded its analysis of the country's new household survey data to draft Ghana's "Poverty and Inequality Analysis". Presented at a World Bank/University of Ghana event in October, the analysis confirms that inequality is still rising but reveals that inequalities within regions are now also of serious concern. In addition, UNICEF initiated a partnership with the World Bank to support the development of a national dialogue on poverty and inequality in 2016. The 2014 fuel subsidy research paper was published in the *Journal of Development Effectiveness* in July.

Following extensive analysis, evidence and collaboration with the IMF over the last two years, Ghana's new IMF programme, published in April 2015, included a specific programme target calling for expanding social protection by 30 per cent in 2015 alone. The policy team compiled another briefer on the issue for the Minister of Gender, Children and Social Protection, which was used to advocate with the Minister of Finance about increasing allocations to the sector.

This year UNICEF strengthened its policy analysis in key sectors and drafted policy briefs that were used to promote a few, consistent advocacy policy messages. Bilateral dialogue with the Ministry of Finance took place to identify key areas to prioritise, including full funding for CLTS. UNICEF and the Ministry of Finance agreed to design a budget monitoring framework. The 2016 budget was subject to analysis, in partnership with ISODEC, and five budget briefs were produced and discussed in parliamentary groups. However challenges with the quality and

timeliness of the analysis prevented adequate use of the results.

UNICEF's District League Table, launched in collaboration with the Centre for Democratic Development and the Ministry of Local Government, reached a new and impressive level in its second year. The simple tool for assessing and ranking district development levels was launched, using an infographic, media teasers, journalist briefings, report, factsheet, and social media strategy. National launch week generated an unparalleled 50 media articles, highlighting inequalities in development and the need for greater accountability. Unlike 2015, the advocacy strategy for the District League Table will be implemented in the first half of 2016.

OUTPUT 2 The GoG is supported to generate and use equity-focused data, evaluations, and analytical studies to plan, monitor, and evaluate programmes that advance children's rights at national and decentralised levels.

Analytical Statement of Progress:

UNICEF Ghana continued to strengthen systems for the reliable generation and sharing of data, and supported partners to disseminate and use this data to inform policy and programme planning and implementation.

(1) Data generation

UNICEF Ghana was an instrumental partner in the preparation of the Demographic and Health Survey 2014, shaping the questionnaires and providing specialised enumerator training on the collection of error-sensitive indicators (such as wrist measurement). Final results were released in October 2015 and form a cornerstone for UNICEF and its partners in the review of programmatic progress and planning for the coming years.

As part of its commitment to support JASMES, UNICEF Ghana also engaged as the main partner in providing technical and financial assistance to the citizens' assessment of the effectiveness of capitation grants in making quality basic education more accessible in Ghana. The citizens' assessment is a major social accountability tool in Ghana and instrumental in reviewing progress against the goals of Ghana's national growth and development strategy. The findings revealed the actual cost of basic education in Ghana, triggering a series of high-level discussions on the need for changes in education policy.

(2) Data use

The findings from the Citizens' Assessment report were disseminated widely at the national, regional and community levels, using a network of 50 civil society organisations to engage citizens in all 10 regions of Ghana to take action.

UNICEF used recently released data from the sixth Ghana Living Standards Survey to conduct an in-depth analysis of child poverty in the country. The findings informed a major advocacy campaign that re-emphasised UNICEF's focus on equity and received intensive media coverage.

(3) Systems strengthening

UNICEF facilitated the creation of M&E task forces in each of Ghana's three northern regions, with a focus on capacity building of district staff through on-the-job mentoring by experienced planning officers. The goal was to achieve better planning and decision-making through active sharing and use of data at the district level.

The Ghana Monitoring and Evaluation Forum, with support from UNICEF, continued to support

CSOs and M&E practitioners through training seminars and public fora on M&E. In collaboration with the national development planning commission, a series of events were held to commemorate 2015 as the “International Year of Evaluation”, leading to a public call for a national evaluation policy for Ghana. This will be further pursued in 2016.

The M&E unit further strengthened UNICEF Ghana’s internal monitoring system by deploying trackME, a powerful MS Excel-based tool to record and visualise activity progress and results indicators.

OUTPUT 3 Increased evidence-based public engagement on children's issues to fuel social engagement, support shifts in public perception, action and change.

Analytical Statement of Progress:

New strategy

In 2015, the communications and public advocacy unit focused on leveraging UNICEF’s comparative advantage to continue to inspire action and change for children. Through the new strategy, UNICEF consistently reached over 100,000 people in government, institutions, the private sector, communities, families, and individuals in and outside of Ghana with evidence-based messages and high-value communications products such as op-eds, billboards, press releases, videos, photos, business cases, social media messaging and human interest stories aimed at driving change for every child, especially the most disadvantaged and vulnerable.

Public advocacy

In 2015, UNICEF started an expectation campaign around a flagship public advocacy priority in line with the 2016 State of the World’s Children report focused on child poverty/equity. Communication materials such as op-eds, billboards, and public service announcements in a cinema and on television were initiated reaching thousands of people.

Other public advocacy priorities (including sanitation, new born care, nutrition, LEAP 1000 and child marriage) were also positioned throughout the year ensuring that the public got consistent messaging from UNICEF’s online and offline platforms on a given theme. For example, UNICEF’s public advocacy around sanitation went viral in Ghana and beyond, reaching 70 million people online and via social media, 23 million people via radio, 600,000 via television and 150,000 via print media. High levels of engagement on sanitation were reported from churches, morning shows, online, newspaper reviews and even in Parliament. By year’s end, the conversation continued on several platforms supported by evidence-based messaging and materials consistently placed in the public domain by UNICEF. Similarly, UNICEF’s deliberate engagement around new-born care generated equally impressive results, reaching over 60,000 people online and via print media audiences.

As with the global strategy, the aim of public advocacy is to communicate to advocate, mobilise political will, spur greater investment benefitting most-excluded children, and inspire/support social movements and community action to drive change for children.

Digital engagement

In regard to digital engagement, UNICEF continued to build on the success of four of its platforms: Facebook, Twitter, YouTube and the website. In 2015, UNICEF’s total audience grew to 47,000, up by 10,700 from 2014. The total website page views grew to 87,000, up by 20,000

from 2014.

Media engagement

In 2015, UNICEF actively built strategic relationships with media houses and re-established old ones. The result was hundreds of media hits, increased unpaid op-eds and several features independently generated by journalists, several of which inspired debate in the public sphere.

Private sector engagement

The result of a reinvigorated private sector engagement strategy approved by the CMT, the Coalition for Children (a community of influential figures from the private sector) was launched in April. Development of Ghana-specific private sector partner business briefing and business cases was completed. New partnerships were formulated with the Ghana Investment Promotion Centre, Unilever and DDP outdoor advertising company. UNICEF Ghana also supported the private fundraising and partnerships team in Geneva to conduct a food and beverage market study that will inform UNICEF's future advocacy.

OUTCOME 9: 54 per cent of population have sustainable and equitable access to and use of basic sanitation services underpinned by improved hygiene practices and sustainable water services by 2016.

Analytical Statement of Progress:

In 2015 UNICEF supported the GoG to develop approaches to ensure sustainable sanitation services in urban and flood-prone areas and to refine the approach to rural sanitation. Implementation of national approaches to hand-washing with soap and household water treatment and storage were rolled-out and the first stage of a national campaign to support hand-washing in all schools commenced. Additionally, 2015 saw Ghana declared Guinea worm-free, the culmination of a decade of UNICEF and partner support to eradicate the disease in Ghana.

A strategic review of CLTS implementation led to the development of an incremental approach, focusing on natural leaders to engage neighbouring communities as part of a district-wide approach. A toolkit was developed to support natural leaders as the roll-out commenced, to demonstrate that CLTS works at scale in Ghana (targeting 2 million people over three years), supported by the roll-out of national and district-level sanitation marketing and social norm strategies. Support was also provided to ensure that gender is mainstreamed into WASH strategies as the Government programme scales up.

UNICEF supported the development of triggering approaches for urban communities and small towns, which were being piloted in late 2015. These behaviour change approaches in poor urban areas will form the foundation of the national strategy for urban sanitation.

Support was provided to the GoG to undertake a review of affordable, resilient household sanitation infrastructure options for rural and flood-prone communities. Artisans were trained in these designs, and district staff were trained in the use of toolkits to guide households on sanitation infrastructure.

The WHO certification in February of Ghana's Guinea worm-free status reflected the success of ongoing work by UNICEF and partners over the past decade. UNICEF support in 2015 focused on water supply in communities that were formerly Guinea worm-endemic, combined with awareness programmes, in an effort to maintain Ghana's Guinea worm-free status whilst providing water to underserved communities.

Innovative cross-sectoral support led to the development of health and hygiene through play and sport approaches, including a participatory hand-washing game, based around local storytelling and active play to convey core hand-washing messages, and targeting key messages at youths through a phone-based platform (AGOO). This approach facilitated the development of a key study on the impacts of WASH facilities and behaviours in health facilities on new-born, child and maternal health.

The output-level indicators for sanitation, hand-washing with soap and water supply are on-track. Achievement of outcomes for household water treatment and safe storage (HWTS) and for access to sanitation and water in basic schools are currently constrained; however, it was still anticipated that all output-level targets would be achieved by the end of the 2012-2016 cycle. All outcome 9 national indicators were constrained. The ongoing challenge related to Government investment in the sector posed constraints to achieving these outcomes.

Targeted UNICEF support to five districts to refine the CLTS approach enabled about 19,600 people to be certified as ODF. An estimated 120,000 additional people are practicing hand-washing with soap (HWWS) (target: 300,000) and about 200,000 additional people practice effective HWTS (target: 312,000 people). UNICEF supported improved water supplies to an estimated 17,545 people (target: 70,000), with work ongoing to supply a further 40,000 people. In schools, UNICEF supported interventions providing about provided 54,224 schoolchildren with WASH facilities in 153 schools. A total of 21,750 schoolchildren were provided with water supplies (target: 70,000) and 43,888 provided with sanitation (target: 50,000). UNICEF also supported sanitation and hygiene behaviour-change programmes for 9,000 schoolchildren (target: 80,000) and menstrual hygiene management programmes for 4,000 schoolchildren (target: 20,000). Additionally, over 47,000 children have improved their handwashing behaviour due to the provision of hand-washing facilities through the programme (target: 70,000). Constraints associated with water and sanitation facilities in schools reflected dramatic country-wide cost increases for service delivery; however, this is being addressed through a combination of innovative design and collaborative work with NGOs and Government.

Whilst these results fall short of the 2015 targets, the ongoing rollout of refined programmes means that 2012-2017 output targets should be met and/or exceeded in 2016.

OUTPUT 1 An additional 500,000 people in 5 most deprived regions live in Open Defecation Free (ODF) communities and use improved latrines

Analytical Statement of Progress:

In 2015 UNICEF supported the government to prepare for scaling up CLTS, including developing guidelines and a toolkit for natural leaders, reviewing the CLTS approach in Ghana and implementing sanitation marketing in the five most deprived regions. Also undertaken was identifying appropriate rural technologies and technologies for flood-prone communities, building artisan capacity and supporting the establishment of financing mechanisms. This will position the Government to implement strategies to support communities of 2 million people to become open defecation-free over the next three years through a district-wide approach. Support was also provided to mainstream gender into national sanitation approaches.

UNICEF supported the development of national strategies to improve the engagement of natural leaders in CLTS, supported by a toolkit for effective follow-up in communities through structured engagement of these leaders. This support enabled CLTS strategies to be refined to incorporate an incremental approach, extending from successful communities using natural leaders.

UNICEF supported the development of triggering approaches for urban communities and small towns, which are currently being piloted. These behaviour-change approaches in poor urban areas will form the foundation of the national strategy for urban sanitation.

UNICEF supported a technical review of sanitation options for rural areas and in flood-prone communities to identify and optimise designs for affordability and resilience, which will inform the development of minimum household sanitation standards, including toilets, plastic slabs and seats. District engineers in five target regions were trained in assessing the most appropriate technology options for households, enabling them to oversee technical support to the communities in their districts.

Government, academic and NGOs in 16 districts were supported to build artisan entrepreneurial capacity in sanitation to commence the roll-out of sanitation marketing tools in five regions across the country, including establishing results-based schemes for artisanal capacity building in the 16 districts.

UNICEF supported the review of previously established village savings and loans associations (VSLAs) to enable households to finance sanitation options. The review identified female empowerment as a positive outcome; however challenges were experienced in focusing participants on sanitation. In response to this, a manual and facilitation guide for VSLA for Sanitation was under development.

Support was being provided for improving the national sanitation information system to incorporate mobile phone-based data collection technology and mapping capacity.

Support for ongoing facilitation and local government support enabled 104 communities to be certified as ODF (about 19,600 people).

OUTPUT 2 An additional 500,000 people in 5 most deprived regions practice handwashing with soap/ash

Analytical Statement of Progress:

In 2015 UNICEF Ghana Country Office focused on two key strategies for scaling-up coverage of HWWS practices, through: (i) development and initial implementation of a national strategy for private sector participation in promoting handwashing, and (ii) increasing the quality of HWWS messages and delivery into communities (through CLTS facilitators and district-level support staff).

UNICEF supported the development of an initial private sector participation model. Public/private partnerships were established in six districts, including capacity building of 120 private entrepreneurs to promote and sustain HWWS in their communities.

An estimated 210,000 people were using hand-washing facilities (baseline about 90,000 in 2012), indicating that an additional 120,000 people are now practicing HWWS (target 300,000 from 2012 to 2015). Monitoring results will be available at the end of March 2016.

OUTPUT 3: An additional 500,000 people in 5 most deprived regions use HH water treatment and safe storage systems

Analytical Statement of Progress:

In 2015 UNICEF supported the implementation of the national household water treatment and safe storage (HWTS) strategies at scale in northern Ghana, including trailing and documenting HWTS private sector participation. UNICEF also provided support to improve HWTS implementation through the development of a facilitator's guide, which also addressed M&E measurement challenges and training elements.

UNICEF support for implementation of the national HWTS promotion resulted in about 200,000 people practicing effective HWTS (50,264 confirmed in Upper West region; further 100,000 estimated in Northern Region and 50,000 in Upper East Region – to be confirmed in March 2016) as a result of community-level promotion (2015 target: 312,000 people).

Low decentralised capacity was identified as a bottleneck to implementation of the national HWTS strategy at the district and sub-district levels. This was addressed through the training of over 800 regional and district-level staff (2015 target: 750) to implement the national strategy. Additionally, the clear linkages between the national drinking water quality management framework and HWTS are expected to significantly increase HWTS practice as it is rolled out in 2016.

OUTPUT 4: An additional 125,000 children in basic schools in 5 most deprived regions use WASH services in line with the Child Friendly Schools Model

Analytical Statement of Progress:

In 2015 UNICEF provided support to implement the national WASH standards and implementation guidelines for the child-friendly school framework. This work was complemented by the piloting of learning through play and sports approaches, and formative research to inform national menstrual hygiene management strategies and awareness materials. Construction work on WASH facilities in schools was constrained in 2015 by rapid construction cost increases. Whilst these issues were resolved towards the end of 2015, through arrangements with NGOs and targeted government contracting processes, results in 2015 were lower than anticipated.

In 2015 UNICEF support resulted in an additional 54,224 school children having WASH facilities at 153 schools. A total of 21,750 school children were provided with water supplies (target: 70,000) and 43,888 were provided with sanitation (target: 50,000). UNICEF also supported sanitation and hygiene behaviour-change programmes for 9,000 school children (out of a targeted 80,000) and menstrual hygiene management programmes for 4,000 school children (target:20,000).

UNICEF supported capacity building to ensure sustainable WASH infrastructure in schools, complemented by sustainable behaviour-change programmes. In this regard, 5,200 school staff and children (target: 10,000) were trained in operations and maintenance of WASH facilities across 20 districts.

The sustainability of service delivery in schools was supported through a review of completed construction works. This review identified minor amendments to construction and changes to facility management (particularly planning for water and electricity bills) that are being incorporated into ongoing UNICEF and GoG programmes.

It is anticipated that the shortfall in targets will be addressed in early 2016 as the behaviour-change and capacity-building programmes are completed, together with infrastructure construction. Additionally, the strategies implemented to manage construction costs are

expected to have significant long-term national impacts as the national strategy for WASH facilities in schools is developed in 2016.

OUTPUT 5: An additional 250,000 people in underserved and recently freed guinea worm endemic communities have sustainable use of improved drinking water supply services

Analytical Statement of Progress:

Ongoing support from UNICEF in 2015 in the form of supplying water to communities that are no longer Guinea worm-endemic, combined with awareness programs, were significant contributors to Ghana's ongoing campaign against Guinea worm. In early 2015 WHO certified Ghana as Guinea worm-free.

In 2015 UNICEF supported the completion of improved water supplies in 58 new and rehabilitated boreholes and 20 piped schemes, providing safe drinking water to an estimated 17,545 people (2015 target: 70,000) in the Central, Volta, Northern, Upper East and Upper West Regions of Ghana. Ongoing work should bring this figure to 57,000 by the end of the first quarter in 2016.

Enabling work undertaken to support the establishment of 42 gender-sensitive community water and sanitation management teams will ensure that these facilities are equitably and sustainably managed (2015 Target: 100). The remaining 58 teams will be developed as the works for another 57,000 people are completed in early 2016.

OUTCOME 10: Enabling environment: Sector policies, strategies, knowledge base, systems and human resource capacity at national level and in 5 most deprived regions are improved for enabling decentralised, scaled-up, sustainable and pro-poor WASH services by 2016

Analytical Statement of Progress:

In 2015 UNICEF focused on supporting the GoG to establish an enabling environment with demonstrable, sustainable, equitable WASH governance and interventions, with a focus on national strategies, including the national sector development plan and the national framework for management drinking water quality. Support was provided to end the cholera outbreak, ultimately successful in November 2015, and to provide technical and planning guidance to improve sustainability and flood resilience of WASH services. At the district and community levels, the GoG-UNICEF programme addressed capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district- and community-level interventions and high-level advocacy.

UNICEF supported the Government to develop the national Water Sector Strategic Development Plan (WSSDP), which was launched in June, providing clear strategic direction for the sector, focused on equitable, sustainable service delivery. The WSSDP was complemented by guidance for drinking water management, with support from UNICEF for the development of the national drinking water quality management framework. These documents provide direction for broader sector development and to assist Ghana to address the SDGs.

National fora were supported to provide a platform for review of Government progress towards national targets and as strategic planning fora for ministerial commitment. However, delays in Government implementation of its Sanitation and Water for All commitments constrained progress, reflecting in the limited GoG funding provided to the sector.

UNICEF provided support to address Ghana's largest cholera outbreak, with the introduction of

a strategic preparedness and response strategy (Sword and Shield) and joint training of health, environmental health, communication and emergency response personnel in the most impacted districts. Additionally, support was provided to field officers to enable household and community-level responses during the cholera epidemic. These interventions contributed to dramatic reductions in cholera cases in Ghana in 2015 and the eventual declaration of the end of the epidemic in November.

UNICEF's approach to engaging decision-makers on sanitation focused on two strategies: raising the debate in public fora and direct engagement with the Ministry of Finance. Global WASH reporting highlighting poor progress on improved sanitation in Ghana was used to focus UNICEF's public advocacy around sanitation. Media and social media response was high (reaching 70 million people online and via social media and 23 million people through mass media) and increased engagement was reported, even reaching Parliament. By year's-end the conversation was continuing on several platforms, supported by evidence-based messaging and materials consistently placed in the public domain.

UNICEF's direct engagement with the Ministry of Finance on sanitation issues, based on key advocacy messages and supported by sound national sanitation budget analysis, initiated ongoing debate on the inclusion of a specific budget line for CLTS.

UNICEF support enabled the Government to develop disaster risk reduction toolkits, identifying resilient, affordable, sustainable sanitation, hygiene and water facilities for flood-prone communities, together with tools to assist communities and district-level technical staff to choose the most appropriate technologies for use at household and community levels. Support was also provided to build the capacity of district staff in 24 districts to use these toolkits.

The sustainability of sector infrastructure and software interventions received support from UNICEF through the implementation of a sustainability audit, reviewing implementation of key sectoral strategies for sustainability, targeting specific interventions to assess the sustainability of programmatic interventions. This audit was inclusive of sector stakeholders and provides a template for all future Government and development partner investments.

District-level capacity was built to support districts to track effectiveness, efficiency and equity of WASH interventions. Similar support was provided to build capacity on gender mainstreaming in WASH through the implementation of the WASH gender mainstreaming guidelines, including the development of gender plans in four districts. Bottleneck analysis workshops were undertaken in two regions to identify bottlenecks and barriers to implementing CLTS at the district level, and plans were developed by the districts to address these bottlenecks.

At the community level, support was provided to form and prepare 42 gender-responsive water and sanitation management teams to sustainably manage community WASH interventions.

OUTPUT 1 A system for effective WASH sector co-ordination, knowledge management and evidence-based decision-making is operational and resilient at national level and in 5 most deprived regions by the end of 2016

Analytical Statement of Progress:

In 2015 UNICEF supported the Government to improve sector coordination at the national and regional levels through the release of a sector strategic plan and support for coordinating bodies to meet regularly to develop the sector budget assessment, measure sector sustainability and build emergency preparedness and response capacity, most notably through the response to

the 2014/5 cholera epidemic.

UNICEF supported the Government to develop the national Water Sector Strategic Development Plan, which was launched in June, providing clear strategic direction for the sector, focused on equitable, sustainable service delivery.

UNICEF supported the national water and sanitation sector working group and five regional interagency coordinating committees (RICCs) to establish regular meetings (Northern, Central, Volta, Upper East and Upper West regions), including supporting northern region RICCs to move to a sustainable format without external funding support.

UNICEF provided support to address Ghana's largest cholera outbreak, with the introduction of a strategic preparedness and response strategy ('Sword and Shield') and joint training of health, environmental health, communication and emergency response personnel in the most impacted districts. Additionally, support was provided to field officers to enable household and community-level responses during the cholera epidemic. These interventions contributed to dramatic reductions in cholera cases in Ghana in 2015 and the eventual declaration of the end of the epidemic in November 2015.

Disaster risk reduction toolkits were developed with UNICEF support, providing tools for the staff trained in 24 districts to support sustainable WASH infrastructure and services in communities. These toolkits identify resilient, affordable and sustainable sanitation, hygiene and water facilities for flood-prone communities, together with tools to assist communities and district-level technical staff to choose the most appropriate technologies at household and community levels.

Sector sustainability received support from UNICEF through the implementation of a sustainability audit, reviewing implementation of key sectoral strategies for sustainability, and targeting specific interventions to assess the sustainability of programmatic interventions. This audit was inclusive of sector stakeholders and provided a template for future government and development partner investments.

Whilst considerable progress was made in building sector capacity, significant delays in Government funding continued to be a major bottleneck.

OUTPUT 2: Additional 30 District WASH Departments and 500 gender responsive community WATSAN Committees/WSDBs are better able to facilitate delivery of sustainable WASH services

Analytical Statement of Progress:

In 2015 UNICEF supported the Government to address key capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district and community-level interventions. Fundamental to achieving these were three approaches: (i) building capacity at the decentralised level to implement integrated WASH, health and nutrition programming; (ii) raising district staff capacity for gender mainstreaming and M&E to support more equitable governance and the capacity to assess progress and (iii) raising the capacity of communities and individuals to engage in WASH decision-making and project management.

UNICEF supported capacity building of regional (five regions) and district (four districts) staff on gender mainstreaming, with training on implementing the national guidelines for mainstreaming gender into WASH programmes. Gender plans were subsequently developed and implemented

in four districts. In 2015, 100 per cent of targeted women and girls (25,000) were supported to engage in WASH governance through training packages.

Capacity at the district level in planning and M&E was raised to support district chief executives and management staff in tracking effectiveness, efficiency and equity of WASH interventions through the incorporation of district environmental sanitation strategic action plan targets into 38 medium-term district plans.

At the community level, support was provided to establish and train 42 (target: 100) new gender-responsive water and sanitation management teams with skills to facilitate the effective management of community water supply facilities and ensure the sustainability of WASH interventions.

OUTPUT 3 Drinking Water Quality Management is institutionalised at national level and in 5 most deprived regions

Analytical Statement of Progress:

In 2015 UNICEF provided support for the development of the national drinking water quality management framework, which was endorsed by Government in October 2015. This framework is a catchment-to-cup risk-based approach for managing water quality, based on water safety planning at supply level and household water treatment and safe storage at the household level.

The new framework addresses key sectoral gaps in managing water quality, particularly those related to informal (tanker and sachet water) and emergency sources. This process brought together key agencies in a collaborative manner, many for the first time (such as the Food and Drugs Authority), to agree on roles and responsibilities, as well as providing a mechanism to update national standards to a risk-based approach aligned with WHO standards.

OUTCOME 11: Cross cutting and programme coordination

Analytical Statement of Progress:

Programme coordination made important contributions to Country Office governance and programme functioning, particularly ensuring: coherence, efficiency, emergency response coordination and cross-sectoral work.

While two year rolling annual work plans were in place, modifications and additions were included in the work plan for 2015, duly signed by Government. Prior to the signing, UNICEF Ghana hosted a high-level breakfast meeting with representatives from all key Government ministries and departments at the beginning of the year, in recognition of the work done in 2014, and to share 2014 mid-term review (MTR) outcomes and the commitments proposed for 2015. The mid-year review and annual review were held in Tamale and Accra, respectively. This provided an opportunity for the majority of staff to participate in one of the two reviews. Experience-sharing, as part of knowledge management, formed an integral part of both meetings in addition to regular presentations at programme group meetings.

UNICEF Ghana undertook an MTR of management in 2015 to complement the results of the programme MTR conducted in 2014. In addition to the overall guidance provided to the execution of the management MTR, a very participatory process was followed and recommendations resulted in a time-bound plan for submission to programme budget reviews for 2015 and 2016 and follow-up discussions for the Country Programme process.

HACT implementation, a priority for 2015, made steady progress. Trainings were held for staff and external partners on the new guidelines and a user-friendly booklet was drafted for ease of reference. A Country Office HACT committee, with overall oversight of HACT implementation, and mid-level HACT focal points system were established with clear terms of reference. These oversight structures ensured that HACT implementation was made a priority and also included in the performance assessments of all staff. Alignment of HACT programme assurance, spot-checks, annual work plan activity monitoring and RAM were presented in a flow chat to demonstrate the Office's overall programme monitoring framework to ensure programme efficacy and efficiency.

Key performance indicators were tracked through both programme group and CMT meetings. With increased OR funds, contribution management was made a priority for the Office, both in terms of RR and OR utilisation. A flow-chart on contribution management – detailing roles and responsibility from the approval of proposals to the closing of grants – was introduced to address compliance. Use of the Insight dashboard was encouraged and periodic trainings were conducted to share new additions.

Performance indicators with relation to DCT management were put back on track; as a result UNICEF Ghana was able to sustain outstanding DCT below the agreed threshold for the last two quarters. Some of the major programme supplies procured for Country Office programming were printing of tool-kits, advocacy materials and purchase of hardware supplies (such as communication equipment and hand-pumps). The combined value of local (US\$8,495,556) and offshore (US\$2,606,386) procurement was estimated at US\$11,101,942. The current year witnessed a steep rise in value and volume in the handling of institutional contracts.

Programme efficiency and monitoring were maintained through the closure of outstanding audit recommendations and the successful office-wide deployment of TrackME, a powerful Excel-based tool to record and visualise activity progress and results indicators.

To improve programme convergence, a digital programme mapping tool was developed to help identify where various programme components are being implemented. This tool was used to select districts/communities for future programming in order to better define synergies and maximise complementarity.

While emergency preparedness and response is integrated within programme response, responsibility was coordinated between the Health and WASH programmes, with support from C4D. Over the course of the year, Ghana was declared Guinea worm-free, a major recognition of the work of UNICEF and partners in eradicating the disease. Integration of mainstream programming in emergency response continued through the creation of a national phone-based platform (AGOO) reaching 400,000 young people on cholera and Ebola with messages on hand-washing, and toolkits with standards for WASH facilities in flood-prone communities were developed. UNICEF provided support for addressing Ghana's largest cholera outbreak, with the introduction of a strategic preparedness and response strategy ('Sword and Shield') and joint training of health, environmental health, communication and emergency response personnel in the most impacted districts. Additionally financial and technical support was provided to field officers to enable household- and community-level responses during the cholera epidemic. These interventions contributed to reducing the number of cholera cases in Ghana in 2015 and the eventual declaration of the end of the epidemic in November.

In the newly constituted UNDAF thematic group, UNICEF chaired the group on sustainable environment, energy and human settlements, in addition to being active and represented in

other groups.

As part of a UN-wide gender audit in which UNICEF participated, four UNICEF staff were trained and undertook gender audits of six UN agencies, while other UN staff also audited UNICEF. The audit revealed that while gender policies and resources exist, staff often lack adequate knowledge and skills in the area of gender assessments and mainstreaming. As a result, UNICEF has prioritised increased investment in staff capacity and facilitation of access to available gender resources in 2016.

OUTPUT 1 Programme support and Field Monitoring

Analytical Statement of Progress:

To ensure adequate resources for the effective and efficient management of Accra operations, US\$394,120 was earmarked for salaries and travel costs of Accra-based cross sectoral operations staff during 2015. Of this amount, US\$340,000 was from regular resources (RR) and the balance from other resources (OR). All funds were fully utilised.

Considerable progress was made in supporting HACT implementation in 2015, an Office priority. One hundred-twenty micro-assessments were planned, of which 76 (64 per cent) were completed. In relation to programmatic field monitoring visits and spots-checks, 98 per cent (89 of 91) and 70 per cent (50 of 71) were conducted, respectively. Training was also held for staff and external partners on the new guidelines and a user-friendly booklet was drafted for ease of reference.

To ease internal logistical challenges related to field monitoring and other work-related travel, six new Land Cruisers were procured in 2015. The Office is in the process of procuring an additional three vehicles for the Accra office and two for the Tamale sub-office.

Programme supplies were also procured in a timely and efficiently manner to support Country Office programme implementation. Some of the major programme supplies procured were hardware items (communication equipment and hand-pumps) and printing of tool-kits and advocacy materials. Three joint supply end-user monitoring visits were also completed by Government and UNICEF staff.

OUTPUT 2: Programme Support and Field Monitoring - Tamale

Analytical Statement of Progress:

During 2015, a sum of US\$991,751 was earmarked for ensuring the smooth, effective and efficient management of operations at the Tamale field office. Of this amount, RR constituted US\$605,392 and the balance (US\$386,359) was from OR. These funds were mainly utilised for staff salaries, hiring of consultants to augment staff capacities, travel, operating costs, furniture and equipment and common services costs.

With additional resources of US\$194,250 received from the global security fund, security features in and around the Tamale office were reinforced to ensure the safety of staff and UNICEF property. In addition, the office building was refurbished to provide a better environment for staff, promoting productivity and efficiency.

The chief of operations, finance officer, senior finance assistant, senior ICT assistants and other staff provided adequate technical support and peer review for the operations of the Tamale sub-office.

OUTPUT 3: Programme Coordination processes are strengthened in the UNICEF Accra and Tamale offices to support planning, implementation, coordination and monitoring of UNICEF supported activities.

Analytical Statement of Progress:

Internal systems and mechanisms for monitoring results, including internal coordination meetings (mid-term and annual programme and operations reviews, head of sections meetings, monthly programme group meetings) were successfully held with strategic discussions and concrete solutions to issues raised. Cross-sectoral programming and learning was also promoted through these platforms, and the sharing of information and learning experiences resulted in increased staff knowledge in cross-sectoral areas such as child marriage, gender, nutrition, upstream work, systems-strengthening and communication and public advocacy.

Through the introduction of new tools on HACT implementation, UNICEF Ghana effectively monitored and completed 98 per cent of planned programme monitoring visits, 71 per cent of planned spot-checks and 64 per cent of micro-assessments. In 2016 these tools will be refined to better support the follow-up of action points from HACT assurance activities. The capacity of 380 implementing partners and UNICEF staff was strengthened on HACT through trainings, debriefing sessions and ensuring that all programme staff successfully complete the e-course on HACT, resulting in increased understanding of HACT processes and thus improvements in its implementation. To facilitate access to information and further strengthen knowledge on HACT, a concise easy-to-use HACT booklet was being developed for use by staff and implementing partners. HACT was also made a standing agenda item in programme group and CMT meetings, where issues identified during implementation and assurance activities were discussed and resolved.

To boost programme monitoring and in line with UNICEF global trends, UNICEF Ghana developed and deployed an internal activity monitoring system - a powerful MS Excel-based tool to record and visualise activity progress and results indicators. The system enabled better use of real-time field-level data and objective assessment of progress on output achievements. This tool (TrackMe) is also linked to VISION programme financial utilisation data, enabling the assessment of programme results in relation to financial expenditure levels, facilitating corrective measure when needed.

UNICEF facilitated the creation of M&E task forces in each of Ghana's three northern regions, with a focus on capacity building of district staff through on-the-job mentoring by experienced planning officers. The goal is to achieve better planning and decision-making through active sharing and use of data at the district level.

As the focal point for gender issues the Deputy Representative ensured mainstreaming, which resulted in UNICEF Ghana supporting the launch of the LEAP 1000 cash transfer programme, led by the MoGCSP, targeting pregnant women and families with children younger than one year. This influenced the national programme by creating a specific gender and child focus. A dialogue for a comprehensive Education Gender policy to support girls' stay in school and opportunity for re-entry in case of drop out was initiated. Training of teachers on early reading in 14 districts benefitted 74,037 girls. Gender mainstreaming in WASH strategies was scaled up.

OUTCOME 12: Travel of Core Staff and Country Programme Implementation

Analytical Statement of Progress:

Operations continued to provide technical support by ensuring that all operational areas (admin, finance, ICT, supply and human resources) were providing needed technical support to staff for the efficient and effective management of the Country Office and programming.

Overall guidance and coordination was provided for the conduct of the mid-term management review of the Country Programme and based on recommendations that emerged, plans were put in place for submission of programme budget reviews of 2015 and 2016. Audit recommendations from 2014 were systematically followed up, and 100 per cent of audit observations were closed.

HACT implementation was prioritised: micro-assessments of 76 implementing partners were held, 50 spot-checks were completed and recommendations were followed up. Capacity-building sessions were also conducted for both staff and 380 implementing partners in five regions on financial management, resulting in improved HACT financial requests and reporting and thereby reducing the processing time of transactions and improving efficiency of operations.

The supply unit continued to provide support to Country Office programming, with a combined value of local and offshore procurement estimated at US\$11,101,942 in 2015. The current year also witnessed a steep rise in the value and volume of handling institutional contracts. A total of 31 contract review committee submissions for supply- and service-related contracts were processed.

In the area of HR, the HR unit efficiently recruited 27 national and international staff, mostly for new posts approved by 2014 PBR. All posts were advertised and more than 80 per cent were approved in the first instance, validating the thorough procedure followed by the Country Office. The HR unit also coordinated and facilitated the preparation and implementation of UNICEF Ghana's 2015 learning plan and group learning events, three of which were carried out.

OUTPUT 1 Travel (Core Staff) and Country Programme Implementation

Analytical Statement of Progress:

Total institutional budget funds received by UNICEF Ghana in 2015 amounted to US\$1,301,277. Of this amount, US\$1,231,191 (94.6 per cent) was spent on staff salaries and other related operational costs.

In 2015, UNICEF Ghana systematically followed up on the 2014 Country Office audit recommendations, resulting in 100 per cent closure of the audit recommendations.

Due to the expanding budget of the office, the segregation of duties and table of authority matrices were updated for financial risk management, recognising the needs of the office and high staff turnover.

Eleven CMT and four joint consultative committee meetings were held in 2015; deliberations focused on efficient operations and programme delivery based on results in the annual management plan, key performance indicators (e.g., percentage of outstanding DCTs over six months and over nine months, staff vacancies) and staff well-being.

A HACT oversight committee, mid-level managers and focal points systems, as well as a HACT planning and monitoring tool, were established to ensure more efficient HACT implementation and monitoring.

The enterprise risk management risk library was updated in mid-year; since then no significant changes were noted to the existing risk levels. One successful BCP simulation was conducted during the year at the off-site BCP facility.

Security features of both the Accra and Tamale offices were enhanced, including barbed wire, automatic main gate motor controls, CCTVs and bungler proofing of office windows. All six newly acquired vehicles were fitted with vehicle-tracking devices to determine their actual location. All field vehicles were also equipped with digital high-frequency radios.

OUTPUT 2 Travel (Core Staff) and Country Programme Implementation

Analytical Statement of Progress:

Thirty-seven cash forecasts were conducted in 2015. A total of US\$20,699,365 was remitted to the Ghana Country Office via the UNICEF treasury (DFAM), of which 99 per cent was consumed during the year.

Of 14 open audit observations arising from the 2014 UNICEF Ghana audit, the Office responded to all, resulting in the closure of 16 audit recommendations.

The operations team and programme staff conducted HACT assurance activities, which identified some bottlenecks and weak internal controls on the part of some implementing partners (IPs) in HACT implementation. The Country Office further engaged the service of Price Waterhouse Cooper and completed micro-assessments of 76 IPs. The micro-assessments revealed the following risk ratings: 24 IPs were rated low risk (representing 32 per cent), 45 were rated moderate (59 per cent), five were rated significant (6 per cent) and two were rated high risk (3 per cent). UNICEF Ghana followed-up with some capacity-building activities and trained 380 Government and NGO staff.

High-level advocacy meetings were held with the auditor general and some senior members of the Ghana Audit Services to discuss ongoing partnership with UNICEF. This yielded good results; during the last quarter of 2015 Ghana Audit Services made three presentations (Government Financial Administration Act, Government Procurement Act and the Audit Service Act) during UNICEF-organised HACT trainings for IPs in Northern, Upper East and Upper West regions.

Due to rigorous reviews of programme implementation, timely grant utilisation and status of cash transfers by CMT, programme and operation group meetings, Ghana Country Office was able to sustain outstanding DCTs below the agreed threshold for the last two quarters. As of 31 December 2015, the outstanding DCT over nine months was 0.3 per cent, whilst those six-to-nine 6-9 months outstanding represented 2.5 per cent. Expiring grants and RR funds were fully expended by the end of the year. Bank signatories were updated regularly and all bank reconciliation performed and submitted to DFAM on a timely basis, with zero items to be reconciled during the year.

UNICEF Ghana continued to manage risks associated with asset management through clear identification and the conducting of physical counts of property, plant and equipment controlled and managed by UNICEF. Assets were effectively managed and accounted for in accordance with international public sector accounting standards.

OUTPUT 3: Salary and Allowances

Analytical Statement of Progress:

Resources totalling US\$289,926 were earmarked for salaries, travel, staff development and staff welfare.

The HR unit had three staff members until August 2015, when the number fell to two following the transfer of the HR manager/unit head. A substantial recruitment exercise was conducted, filling 27 full time and six temporary positions with a mix of professional, national and general staff across all functional areas (17 females, 16 males). The November 2014 programme budget review approved a new staff structure, establishing 15 new positions in line with GCO programme focus. Five staff were promoted, providing opportunities for professional growth and positive impact on staff morale.

UNICEF Ghana continued to focus on building staff capacity. The HR unit coordinated implementation of the 2015 Learning Plan; three of seven planned group learning events were completed whilst four were postponed to 2016 due to conflicting Office priorities. Three staff undertook external learning activities. Many staff completed various courses on AGORA, and staff were encouraged to identify other opportunities for career development and self-learning. Four staff went on international mission assignment to L-3 emergencies duty stations.

Mandatory courses were completed – 79 per cent for HACT and 88 per cent for ethics and integrity. New staff completed courses as a mandatory part of orientation. To promote ethics, a checklist titled “Management Do’s and Don’ts” was developed and approved by management. Conflict resolution presentations were made at the all-staff meeting as a follow up to the global staff survey.

PER completion status was tracked monthly and reported to CMT; 83 per cent of 2014 PERs were complete by June 2015 and 94 per cent of the 2015 planning phase was complete by November. During orientation, new staff were given job descriptions and detailed briefings on how to develop their work plan output to impact on Country Office goals.

Condom supply in offices was regular, until a November 2015 stock-out. One staff member was trained at the UN Cares WCARO Workshop. ‘Caring for Us’ developed a two-year work plan (2015-2016) to commence implementation in the first quarter of 2016, following adoption by staff. The Office has three trained peer-support volunteers located at the Accra and Tamale offices.

Emergency risk management training was carried out in 2013. A refresher session, mainly targeted at new staff, was proposed for 2016.

The Office had sufficient OR funds in 2015. The need to bridge a funding gap did not arise.

Document Centre**Evaluation and Research**

Title	Sequence Number	Type of Report
Capacity Assessment of 20 Metropolitan, Municipal and District Assemblies for the Delivery and Management of WASH Services	2015/017	Study
Assessment of WASH Technology Solutions for Disaster Prone Communities	2015/016	Study

Technology Assessment for Basic Sanitation Delivery	2015/015	Study
Evaluative assessment of UNICEF/Water Aid-led Water Sanitation and Hygiene Education Program in West Africa: Ghana, Burkina Faso, Mali and Niger	2015/014	Study
Situational analysis and defining strategic action for accelerating paediatric HIV treatment, care and support in Ghana	2015/013	Study
Adolescent Health Interventions Assessment Report	2015/012	Study
Gap analysis of integrated community case management (iCCM) of diarrhoea, pneumonia and malaria	2015/011	Study
Formative evaluation of the programme to accelerate efforts to reduce maternal, neonatal and child mortality in the Northern and Upper East regions of Ghana	2015/010	Evaluation
Adoption and use of the bottleneck analysis approach in Ghana's health sector	2015/009	Study
Formative Assessment of Inclusive Education Programme and Lessons Learned	2015/008	Study
Report on investment, budgeting and economic burden of child protection violations in Ghana	2015/007	Study
Comprehensive Assessment of the Civil Registration and Vital Statistics System in Ghana	2015/006	Study
Mapping number and profile of institutions involved in child protection in Ghana	2015/005	Study
2014 Citizens' Assessment Report on the Capitation Grant Scheme	2015/004	Survey
Ghana's District League Table Report 2015	2015/003	Study
Social Protection: An Analytical Paper	2015/002	Study
Cash Transfers and Child Nutrition: What we know and what we need to know	2015/003	Review
VAC Evaluation: Ghana Case Study	2015/002	Evaluation
Adoption and use of the bottleneck analysis approach in Ghana's health sector	2015/101	Study
Summative Evaluation of the CI IHSS Programme in Ghana	2015/001	Evaluation

Other Publication

Title
Investment, Budgeting and Economic Burden of Child Protection Violations in Ghana