UNICEF Annual Report 2016

Ghana

Executive Summary

UNICEF Ghana’s core focus on equity was realised at three levels, contributing to UNICEF West and Central Africa Regional Office (WCARO) priorities on reduction of neonatal mortality and stunting, adolescent pregnancy and child marriage and increasing completion rates in primary education.

With a focus on the most vulnerable, the Livelihood Empowerment against Poverty (LEAP) cash transfer programme saw an increase from 145,000 families in 2015 to 210,000 families in 2016 using the new electronic targeting approach. In addition, 117,000 people were recorded as using toilets, more than 200 open defecation-free (ODF) communities were established, 225,000 people began practicing hand-washing with soap and water supplies reached an additional 73,000 people. More than half a million infants under one year of age were registered through a more effective electronic birth registration system. The communication for development (C4D) programme directly reached 312,606 households (and another nearly 12 million people indirectly) and the country made considerable progress in reducing stunting, acute and severe malnutrition: to 18 per cent, 6 per cent and 1 per cent, respectively. For the first time, gender parity was achieved in junior high schools (JHS).

At the sector level, UNICEF Ghana leveraged the national launch of Ghana’s “Poverty and Inequality” anchor publication, to stimulate policy advocacy, and organized a national forum on inclusive development, building consensus on the need to reduce inequality. The analysis was furthered through mass media discussions and a youth poll, which influenced national dialogue in the lead-up to the December presidential election.

Strong political support was demonstrated through the launch of the ‘End Child Marriage in Ghana’ campaign and a pledge to make Ghana ODF by 2021 by Ghana’s President, as well as presidential assent to an amendment to the Children’s Act Bill 2016 and Ghana’s accession of the 1993 Hague Convention on Intercountry Adoption. Creation of the justice for children (J4C) policy represented one of the most significant advances in the child justice sector in decades. Nutrition and inclusive education (IE) were prioritized by the launch of two new policies by these sectors.

At the subnational level, policy to practice was validated through application of the child and family welfare and justice policies, by engaging selected district officials for workforce strengthening. Work on the mother- and baby-friendly health facility initiative (BFHI) continued, with over 200 facilities across all 10 regions currently ready for certification. Development of the national quality of care strategy was informed by district level assessments, and standard operating procedures (SOPs) were introduced to integrate the prevention of mother-to-child transmission (PMTCT) programme into maternal neonatal and child health (MNCH) services. Successful application of the ‘Tippy Taps’ handwashing model in schools resulted in a low-cost and near-universal solution for replication region-wide. Mobile school report cards (mSRC) generating real-time data were piloted in 10 districts and are showing impact in the form of increased teacher attendance.
UNICEF Ghana joined civil society in creating platforms for capacity building on public advocacy to combat poverty and inequality, resulting in long-term partnerships to be implemented in 2017. Child protection, nutrition and WASH programmes facilitated partnerships with government training institutions, universities and, for the first time non-governmental organizations (NGOs), for sub-national workforce strengthening, curriculum development and monitoring of government programme implementation. Private sector approaches were fostered and market-shaping solutions were piloted for sanitation, while Price Waterhouse Coopers was contracted to set up a results-based financing modality at the decentralised level. Partnership with TIGO/Millicom, one of the biggest Telecom operators in Ghana, was launched to support a new platform and system for "automated birth registration".

In preparation for the new Country Programme (2018-2022) (CP), UNICEF Ghana carried out an equity-focussed situation analysis, programme assessments and an online feedback platform for deliberation with key stakeholders on future directions.

UNICEF Ghana recognition of the need to place greater emphasis on gender and technology resulted in the establishment of two new staff posts: gender specialist and technology for development officer.

Translation of the ambitious Sustainable Development Goals into sectoral results for Ghana and strategic dialogue on the unfinished agenda on child rights fell short in 2016, and will need to be revitalized in 2017. The impressive expansion in multi-sectoral C4D programming has dramatically increased UNICEF’s reach, however, the lack of a coherent strategic framework for implementation is hampering planning and prioritization.

With the establishment of a new Government in Ghana in 2017, UNICEF looks forward to engaging in strong dialogue and collaboration with the new leadership to continue the pursuit of advancing rights and equity for children across Ghana.

**Humanitarian Assistance**

Not applicable in 2016.

**Emerging Areas of Importance**

**Urbanization and children.** The pace at which the urban population is growing is alarming, and the situation in Ghana reflects this global shift. Within the last 25 years, urban areas have become home to more than half of the country’s (50.9 per cent) population (Ghana Statistical Services-GSS, 2012). More than half of Ghana’s population (58.3 per cent) are below the age of 24 years, and more than half (56.1 per cent) of this group resides in urban areas, well over the global figure of 40 per cent (UN-Habitat, 2016). There are significant population concentrations in most urban areas, with Greater Accra having the highest 90.5 per cent. Rapid urbanization and increased rural-urban migration is continuously exerting pressure on limited urban resources such as water, land and the environment. This has led to increased poverty, disease incidence and inequality. Ghana’s urban poverty incidence is 10.6 per cent (GSS, 2014).

The demographic shift and related challenges clearly call for unwavering attention by the Government and development partners for a concerted effort to achieve greater progress as we embrace the Sustainable Development Goals (SDGs). In response, UNICEF Ghana has initiated urban interventions to make development more inclusive and sustainable.

For the first time ever, the LEAP social cash transfer programme included more than 6000 urban households in 2016, as a way to bridge growing urban inequalities and reduce the
incidence of poverty. The programme targeted 15,000 poor urban households in total. However, expanding the rural-based LEAP programme was challenging, given the complexities of urban poverty and inequalities. The programme is working to adjust the beneficiary targeting modality to ensure meaningful inclusion of urban areas.

Whilst urban access to improved WASH services is higher than rural access in Ghana, the challenges faced by the urban poor present additional pressures in high-density poor areas (slums). Most urban Ghanaians (65 per cent) rely on public toilets or facilities shared amongst multiple households, rather than household improved facilities (20 per cent), and there is a significant shift from piped water to sachet water (now at 43 per cent of households), possibly as a response to unreliable and/or poor supply quality. Collectively, these factors are likely to be significant contributors to cholera outbreaks in Ghana’s urban areas.

Sanitation access in urban slums presents challenges, with limited space available, a high proportion of tenancies, land ownership disputes, the high cost of technical solutions and crippling interest rates (over 30 per cent). Sectoral responses have been ad hoc, with a mix of subsidized and non-subsidized approaches in the same areas, differing behaviour-change communication approaches and different levels of community and Government engagement.

To address these challenges, UNICEF supports the development of a national urban strategy for household sanitation services. Strategy development is informed by a sector-wide platform, bringing key stakeholders together and applying three different approaches (in the central, north and western part of Ghana) for evidence-generation and scale-up.

In 2016 sanitation service technology options were identified, bringing together national and international learning. The technical report, supported by an affordability study, highlighted significant challenges, particularly a major gap between the cheapest available facilities and affordability for the poorer urban households. Traditional financing (loans) is unable to address this gap due to high national interest rates. UNICEF Ghana and partners are exploring cheaper alternative technical options, including service-based options. Additionally, significant work is ongoing to identify innovative funding approaches to enable greater affordability. This is being supported by work seeking to develop social protection (SP) mechanisms for the poorest through cash transfer or other support systems.

C4D approaches have gained traction in urban areas, supported by high-impact activities reaching large populations. Agoo (a mobile-based advocacy tool) promoted key messages on cholera, malaria, and Ebola through phone counselling, interactive voice response (IVR), and SMS, with an audience of over 200,000. Given the high rate of mobile coverage amongst the urban population, the platform was found to be effective and instant. For instance, 12,930 cholera-specific IVR messages on prevention and detection were sent to residents during the November cholera outbreak in Cape Coast. UNICEF Ghana also partnered with community theatre for interactive communication and behaviour change on avian influenza and cholera, reaching 5,000 urban dwellers in 20 urban communities in the Greater Accra region. IVR will be continued as a model to engage young and urban population.
### Summary Notes and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ART</td>
<td>Anti-retroviral therapy</td>
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<td>ARV(s)</td>
<td>Anti-retrovirals</td>
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<td>BFHI</td>
<td>Baby-friendly hospital initiative</td>
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<td>C4D</td>
<td>Communication for development</td>
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<td>CBE</td>
<td>Complementary basic education</td>
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<td>CLUES</td>
<td>Community-led urban environmental sanitation</td>
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<td>CLTS</td>
<td>Community-led total sanitation</td>
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<td>CMT</td>
<td>Country management plan</td>
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<td>CP</td>
<td>Country programme</td>
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<td>CRBP</td>
<td>Child Rights and Business Principles</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO(s)</td>
<td>Civil society organizations</td>
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<td>DHS</td>
<td>Demographic and health survey</td>
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<td>EMIS</td>
<td>Education management information system</td>
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<td>EPI</td>
<td>Expanded programme on immunization</td>
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<td>ESMF</td>
<td>Environmental and social management framework</td>
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<td>EPR</td>
<td>Emergency preparedness and response</td>
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<td>Enterprise risk management</td>
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<td>Ghana Education Service</td>
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<td>Ghana Statistical Service</td>
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<td>GSSC</td>
<td>Global shared service centre</td>
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<td>HACT</td>
<td>Harmonized approach to cash transfer</td>
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<td>HR</td>
<td>Human resources</td>
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<td>HTC</td>
<td>HIV testing and counselling</td>
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<td>HWTS</td>
<td>Household water treatment and safe storage</td>
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<td>HWWS</td>
<td>Hand-washing with soap</td>
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<td>IE</td>
<td>Inclusive education</td>
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<td>IMEP</td>
<td>Integrated monitoring and evaluation plan</td>
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<td>IVR</td>
<td>Interactive voice response</td>
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<td>IYCF</td>
<td>Infant and young child feeding</td>
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<td>J4C</td>
<td>Justice for children</td>
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<td>JHS</td>
<td>Junior high school</td>
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<td>KG</td>
<td>Kindergarten</td>
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<td>KOICA</td>
<td>Korea International Cooperation Agency</td>
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<td>KPI</td>
<td>Key performance indicator</td>
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<td>LEAP</td>
<td>Livelihood Empowerment against Poverty</td>
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<td>LMU</td>
<td>LEAP management unit</td>
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<td>MDG</td>
<td>Millennium development authority</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MHM</td>
<td>Menstrual hygiene management</td>
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<td>MBFHI</td>
<td>Mother-baby-friendly health facility initiative</td>
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<td>MNCH</td>
<td>Maternal, neonatal and child health</td>
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Capacity Development

Capacity development continued to be an integral strategy, to ensure excellence in programming across all sectors.

Child protection worked with 400 community facilitators to reach 150,000 parents and caregivers and 133,000 children across 100 districts to prevent and respond to violence and exploitation of children. In tandem, to build capacity amongst child protection service providers – particularly in social welfare and community development – a process of workforce strengthening also commenced in 20 districts across Ghana’s 10 regions.

WASH led on increasing decentralized government accountability in 40 districts through facilitated partnerships with local civil society organizations (CSOs) to build the capacity of district teams to manage and monitor programme implementation and engage community members as leaders. A results-based financing approach for sanitation implementation was also rolled out to strengthen decentralized financial management.

UNICEF’s social protection team supported organizational restructuring of the social protection directorate, to enhance the efficiency of operations and strengthen its oversight functions through clarification of roles and responsibilities and assisting with recruitment of new staff.

Education completed an internal review of its expenditure patterns, which indicated that the most investments are concentrated in capacity development, and in the absence of a strong
monitoring framework it is difficult to track how these interventions contribute to results. Hence, a programme evaluation was commissioned, applying the capacity development lens, to further unpack this matter and assess how it can best be contextualized, planned, monitored and strengthened in the next CP. The evaluation will be available in mid-2017.

A study of the 2014/5 cholera epidemic identified important lessons on Government-partner coordination and response. These lessons were incorporated into the national emergency preparedness and response plan, which improved understanding of roles and responses, as demonstrated early on by the rapid cross-sectoral response to a cholera outbreak in Cape Coast, resulting in early containment.

**Evidence Generation, Policy Dialogue and Advocacy**

Ghana has made substantial progress in reducing poverty, meeting the MDG1 target, however one in four people are poor, progress slowed, and inequality rose to its highest level in 2016. Therefore, a key achievement was the design and implementation of a poverty and inequality policy advocacy strategy. The strategy, founded on evidence, covers six streams: (i) high-level policy, (ii) technical level, (iii) civil society/partners, (iv) political sphere, (v) academia, and (vi) the media.

The publication of the “Ghana Poverty and Inequality” report in March played a role in the organization by UNICEF Ghana – with key Government counterparts (planning, finance, social protection, agriculture and the Savannah Accelerated Development Authority - SADA) – of a national forum on inclusive development in May, which led to a national consensus on the need to address inequality.

This national consensus fed into a further strategy to influence national dialogue around the upcoming presidential elections. These activities included collaboration with two of the country’s most influential political think-tanks to drive analysis of party manifestoes and debate; a partnership with Ghana’s most prominent TV and radio station to execute a series of discussions with political parties, influential actors and the public; a national poll of Ghana’s senior high school population to promote their voices (results aired on national television); as well as a social media series. Because of this policy engagement, media coverage of poverty and inequality increased by around 20-fold compared to 2015.

UNICEF Ghana supported the judicial service to undertake first-of-its-kind research on how Ghana’s courts are equipped to handle children’s cases. The purpose was to identify factors that enhance or inhibit the effective delivery of justice for children as offenders, victims and witnesses. Plans for making the environment in selected courthouses more child-friendly got underway following the research.

**Partnerships**

Formal partnership was launched with TIGO/Millicom, one of the biggest telecom operators in Ghana, to support a new platform for “automated birth registration”. Taking advantage of TIGO’s mobile phone network and supply of required hardware equipment, the partnership between UNICEF Ghana, TIGO and the Birth and Death Registry had enabled the registration of approximately 153,679 children under one year of age in 120 districts in eight regions by end-2016. Automated registration was introduced in some 530 communities and over 130 health facilities, providing an efficient way of collecting and transmitting data, reducing transaction costs and offering a secure environment for storage of vital statistics data.

Partnership with the Ghana Federation of Disability Organizations focused on strengthening the capacity of member entities to advocate for the new IE policy. The partnership oriented
106 members (59 male, 47 female) and 130 stakeholders (89 male, 41 female) on IE principles in two districts.

Partnership with IMANI, an influential political think-tank, was established to ensure the visibility of statements related to the need to reduce poverty and inequality. In June, UNICEF Ghana worked with the Institute of Economic Affairs to liaise with the heads of Ghana’s main political parties to raise a handful of top priority issues for improving child wellbeing.

The Coalition for Children, a group of business professionals brought together by UNICEF Ghana, created a platform for companies (such as Rancard Solutions, United Merchant Bank and Vodafone) to explore potential concrete investment for children. To further child rights and business principles (CRBP), a partnership was developed with the Ghana Investment Promotion Centre.

The Office also entered a 21 partnership cooperation agreements (PCAs) with NGOs, valued at US$8.5 million, for programme implementation.

**External Communication and Public Advocacy**

Successes in 2016 included reaching 2.5 million people across platforms, against a target of 100,000: an average of 77 UNICEF mentions in the media per month; 70,000 new followers on social media; 24 media interviews; six opinion editorials placed in key media outlets, 10 field visits, public debate on key issues of child poverty and open defecation and awards bestowed on the private sector for applying CRBP.

Through the child poverty and equity campaign, which threw a spotlight on the most marginalized, UNICEF Ghana established new partnerships with institutions and personalities to spark fresh debate on new platforms about the growing inequality gap in Ghana.

The main advocacy engagement tool for the child poverty campaign was a ‘bait and switch’ video. The launch of the video, an interactive session on broadcast media and billboard messages enabled UNICEF to reach the public with the campaign’s key messages.

A sanitation-focused campaign led to securing public commitment from the President of Ghana to end open defecation by 2020. This declaration later featured in the manifesto of the ruling Government.

With the rapid growth of Ghana’s online presence, a digital strategy was implemented to increase the visibility of children’s issues. This was achieved through high-quality photographs and personal stories collected directly from Ghanaian children. Vibrant online engagement took place as UNICEF partnered with prominent bloggers, musicians, media personalities, student leaders and lawyers who shared key messages on the situation of children via their platforms.

In our work to influence private sector engagement and interaction with children, UNICEF partnered with the Ghana Investment Promotion Centre and used the CRBP as a guide to influence the operations of private companies.

These activities were carried out in line with UNICEF Ghana’s public advocacy strategy, which is aligned with UNICEF’s global strategy.
Identification and Promotion of Innovation

As part of its innovation ecosystem, UNICEF Ghana used implementation lessons to support the Ghana Education Service (GES) to update and scale-up the mSRC to six districts. Evidence of mSRC real-time reporting on school-based indicators influenced the decision to integrate mSRC with the education management information system (EMIS) and other education sector systems.

The Birth and Deaths Registry, with the support of UNICEF Ghana and TIGO, successfully launched the mobile birth system, which had registered 153,679 new births as of November 2016.

The Agoo platform’s scope widened to incorporate a youth poll that gathered young people’s perspective on topics related to education, employment and social services. The results were shared on media platforms, in the lead-up to the December elections.

The ‘I Imagine Ghana’ innovation incubator supported by UNICEF concluded its first year of operations successfully, and is transitioning from a cash-grants based support programme to networking and business coaching support.

To expand LEAP using tablet-based data collection, an interactive web-based ‘targeting dashboard’ was developed for targeting, progress monitoring and tracking of qualified households in real time. The quick data access enabled rapid analysis of characteristics of qualifying households, allowing the identification of groups that had lower than expected qualification rates and were potentially being excluded (such as the urban poor). This innovation enabled the programme to identify and respond quickly to errors in data collection and to ensure that urban poor households were not excluded.

An online feedback mechanism was developed to support CP development. Fifty multi-sectoral partners responded to the online survey. Responses were analysed and reports generated to present an objective and true reflection of partners’ view of UNICEF, whilst eliciting new areas of possible engagement in emerging areas such as adolescent programming and climate change.

Support to Integration and Cross-Sectoral Linkages

Cross-programme collaboration continued across many sections and programme initiatives. The child protection and education programmes continued to jointly support the GES in advancing the safe school agenda. A new resource package for teachers and students addressing issues of corporal punishment, bullying and sexual harassment in the school environment was under development, with roll out through training and sensitization planned in 2017.

The child protection and health programme also collaborated in 2016, jointly supporting the Ghana Health Service (GHS) to finalize child protection guidelines for doctors and nurses. The guidelines introduce health professionals to the concept of child protection, including how to detect symptoms of abuse and how to handle such cases. They were developed based on an initial skills and capacity gap assessment of health professionals undertaken across the country. Training resources were developed and an initial master training will be conducted in January 2017.

Collaboration between UNICEF’s social protection and child protection programmes resulted in an analysis of how LEAP cash transfers could potentially impact child marriage and associated life outcomes for adolescent girls and their children in poor, rural households in Northern Ghana.
UNICEF Ghana worked with the Ghana School of Hygiene and School of Nursing to develop draft curricula for hygiene and sanitation behaviour-change elements to be incorporated into training courses for environmental health officers and nurses. These curricula will be piloted in 2017, for eventual inclusion in national professional diploma and certificate courses and will enable behaviour-change approaches to be mainstreamed into the work of environmental health officers and community nurses nationally.

**Human Rights-Based Approach to Cooperation**

With UNICEF’s support, the Government undertook wide dissemination of its third-to-fifth combined periodic report (CRC/C/GHA/3-5) of 2015, along with the concluding observations of the Committee on the Convention on the Rights of the Child. It was noted that the Committee’s observations and recommendations are fully in line with UNICEF Ghana’s programme priorities and continued actions were taken to follow up on their implementation.

Progress was unfortunately stalled with regards to the Parliamentary approval necessary for ratification of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, which had been granted Cabinet approval in February 2015. Parliament did, however, approve accession to The Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption.

Continued operationalization of the principles of human rights-based approach to programming was highlighted by UNICEF Ghana’s efforts to focus on issues of equity and analysis of child poverty. Support for the annual production and dissemination of Ghana’s ‘District League Table’, where the country’s 216 districts are ranked according to the status of children’s development, survival and protection serves as a concrete example.

As part of the country programme development process, a desktop situation analysis anchored around human rights treaties and obligations and equity analysis was commenced. Disaggregation of data focussed on the most deprived and disadvantaged population, gender and geographical differences – particularly between urban and rural and regional variations. It was evident that deprivations are not only concentrated at regional level, but within regions among districts and communities. These findings will influence UNICEF’s Ghana’s approach in the next CP.

**Gender Equality**

Launch of the ‘End Child Marriage’ campaign by the President of Ghana and finalization of the first national strategic framework (2017-2026) was a key achievement furthering the targeted priority for UNICEF Ghana and the global child marriage programme jointly implemented by UNICEF and UNFPA. The national mass media component reached almost 2 million people through videos, documentaries, endorsement messages and social media. Government and NGO partnerships reached out to at least 56,600 adolescent girls at risk or already affected by child marriage. Community reflections and dialogues supportive of more equitable gender norms and progressive abandonment of the practice took place in at least 364 communities across the country.

Gender mainstreaming was strategically embedded in all sectoral initiatives. Over 68,000 school children were provided with child-friendly, gender- and disability-sensitive WASH facilities, while over 4,000 participated in menstrual hygiene management (MHM) programmes. Some 362 gender-sensitive community WASH management teams were constituted. Six cycles of cash grants were financed for the 6,217 poor households with pregnant women or infants less than one year old under the LEAP 1,000 programme.
Bottleneck analysis of six nutrition-specific interventions resulted in a review of national breastfeeding regulations. A significant breakthrough was the decision to implement high-impact interventions to address rising levels of anaemia among adolescents and menstruating women. Positive signs of behavioural and social change around children and gender norms were a result of application of a child protection toolkit in communities and schools, in partnership with Government and civil society partners.

Support for girls’ attendance at junior high school and advocacy to increase education sector responsiveness to the issues of teenage pregnancy and violence were demonstrated through rapidly increasing gender parity.

UNICEF Ghana carried out analysis related to gender and adolescents in its sectoral programmes, to reflect emerging priorities and to inform the new CP 2018-2022. Internal capacity was strengthened by the recruitment of a gender specialist to provide support to cross-sectoral coordination on gender and implementation of the gender action plan.

UNICEF Ghana negotiated a programme on adolescent girls with the Korean Development Agency (KOICA), to commence in 2017.

### 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 mitigating climate change and its impacts. Strategies in 2016 included reducing pressures associated with waste management, improving climate resilience and reducing the environmental footprint of UNICEF’s operations.

UNICEF supported the development of an environmental and social management framework, a national approach to managing environmental risks associated with implementing the national rural sanitation model and strategy. The framework guides decentralized governments through the process of identifying environmental impacts of household and school sanitation interventions (including faecal sludge disposal) to ensure that elimination of open defecation will reduce environmental impacts at the community, district and national scale. Districts were supported to develop environmental management plans associated with sanitation interventions, including improving community waste management and reducing uncontrolled waste disposal, ensuring a safer and more sustainable environment for children.

In the urban setting, community led urban environmental sanitation (CLUES) was piloted to demonstrate community-empowered, holistic approaches to managing waste at the community and district levels. This approach encouraged the collaboration between decentralized government and communities to develop affordable, sustainable and appropriate waste management solutions.

To increase national climate resilience, manuals were developed demonstrating how to identify affordable, flood-resilient WASH technology options for communities and households. Local artisans were trained in these technologies, using local materials to increase local climate resilience. The mainstreaming of these designs will enable increased resilience impacts to be replicated across the country.

Government electronic systems being supported by UNICEF are reducing paper-based systems and the amount of travel required (and associated greenhouse gases) by Government staff. These include the introduction of phone birth registration, continuation of the social support cash transfer programmes (which are being replicated into other systems).
and use of the Agoo phone texting platform in cholera response, carrying targeted cholera prevention messages.

The UNICEF office continues to move from paper-based to electronic-based systems, seeking to reduce electricity and paper use, and has instigated a recycling programme. Web-conferencing is being increasingly used and offered to partners to reduce the need for travel, reducing emissions.

Effective Leadership

UNICEF Ghana held 12 country management team (CMT) meetings.

In addition to the standing agenda that tracked key performance indicators, the annual management plan, staff association, CP preparation process, donor commitments, Global Shared Services Centre and HACT were featured on a regular basis. Due to threats experienced in the region, the country management team also dedicated discussions to security issues, and accordingly obtained support from UNICEF Nigeria to strengthen security measures at the Ghana office.

Generally, key performance indicators were recorded as being on track. HACT-related discussion focused on accelerating spot-checks and programme assurance. The CMT decided on a US$50,000 and above threshold for mandatory programme monitoring visits, to systematically track and progressively introduce the culture of programme assurance as an inherent part of programme implementation.

The CMT also took note of the increased amount of funding available, and accordingly identified key challenges to implementation and achievement of results in sectors and provided constant guidance and monitoring. The integrated monitoring and evaluation plan (IMEP), supply plan, and membership in office committees were also overseen by the CMT.

Child poverty-focused advocacy – particularly in the lead-up to Ghana’s national elections – was prioritized to strategically position child rights issues and influence political parties’ manifestos.

To streamline and facilitate staff exchanges and systematically provide exposure to junior professionals, the country management team deliberated on, and then endorsed, internal internships and stretch assignments and learning practices.

The Country Office held a refresher training exercise on enterprise risk management (ERM), and the ERM risk library was updated and uploaded in InSight. The business continuity plan was reviewed and tested. The major change identified was the donor environment, with decreasing donor funds due to Ghana’s lower-middle-income country status.

UNICEF ensured field office connectivity and presence at all country management team meetings.

Financial Resources Management

As part of cross-sectoral budget management, and in the interest of tracking donor-funded posts and utilization, the CMT reviewed on a quarterly basis plans and utilization of the cross-sectoral budget, resulting in timely utilization of funds and a process of transparency.

Outstanding direct cash transfers were projected on a monthly basis and constant tracking by the programme group and country management team allowed UNICEF Ghana to remain under the six and nine month threshold for every quarter of the year.
All audit recommendations were closed and periodic follow-ups made to ensure compliance.

As part of HACT implementation, the supreme audit authority undertook audits of 21 Government partners, and Price Waterhouse Cooper conducted an audit of four NGO partners. Sixty-four of the required 70 spot-checks and 164 of 165 required programme monitoring visits were undertaken. Ten capacity building trainings for counterparts were also conducted. Due to financial control systems and periodic spot-checks, no major fraud was recorded.

Bank reconciliation was performed on a timely basis. Bank signatories were updated regularly, with transfer of existing staff and arrival of new staff. The average ratio of monthly ending balance to actual replenishment stood at 15 per cent as of October 2016.

The table of authority was updated. Work processes were reviewed to reflect changes made due to the roll-out of the Global Shared Services Centre (GSSC), and two office-wide trainings were conducted, resulting in a smooth transition.

Funds utilization was regularly reviewed at various stages, intervals and management committee levels, including the country management team, programme group and monthly operations meetings.

The year ended with an overall funds utilization of 93 per cent: other regular resources at 92 per cent, other resources-emergency at 98 per cent, regular resources at 100 per cent and integrated budget at 100 per cent.

### Fundraising and Donor Relations

UNICEF Ghana’s success in resource mobilization was evidenced through the utilization of US$44.5 million (92 per cent) of other resources regular (OOR) funds across programmes compared to US$11.5 million in 2012. An overall funds utilization rate of 93 per cent was recorded, with regular resources and integrated budget recording 100 per cent. However, challenges were experienced in relation to quality implementation, management of donor expectations and financial accountability.

Given the Government of Korea’s commitment to eliminating child marriage, UNICEF Ghana engaged with KOICA to broaden the adolescent development agenda to involve all sectors within a common framework. The proposal yielded positive results, with imminent approval of funds for the period 2017-2019.

Ghana’s status as a lower-middle-income country posed challenges for attracting funding, particularly in health and nutrition, as the transition between development aid to international trade and investment continued. Proposals were submitted to UNICEF national committees and the private sector, with no results as of this writing.

Bilateral donor relations were furthered through meetings, field visits and donor recognition plans. Donors also participated in the process of developing the CP, through meetings and on an online feedback platform.

Impact level results and IPSAS compliance on reporting continued to dominate discussions with donors, leading to a strengthened oversight system for grants and results tracking. To ensure accountability, the WASH programme entered a partnership with CSOs to provide oversight on implementation, and a financial institution was recruited to build financial and programmatic accountability through development of a results-based financing approach at
the district level.

The Office was recognized for high-quality reports by an independent evaluation conducted by WCARO, and continued to achieve 100 per cent compliance on timely donor reporting, reinforced through internal contribution management support mechanisms under the Deputy Representative’s Office.

**Evaluation and Research**

The rolling IMEP was updated quarterly, with a completion rate of 35 per cent in 2016. UNICEF Ghana’s quality assurance committee reviewed the IMEP at the beginning of the year and provided quarterly guidance on upcoming IMEP activities, especially on design and methodology, ethical review processes and utilization of results.

In 2016 UNICEF Ghana commissioned and oversaw the quantitative and qualitative baseline survey for the evaluation of LEAP 1000, Ghana’s social cash transfer programme targeting extremely poor households with pregnant women and children under two years of age. The evaluation process was widely regarded as highly inclusive and participatory, resulting in strong buy-in from all partners – essential to ensure that it will inform effective SP interventions in Ghana.

End-line data collection for the randomized control trial of five C4D behaviour change interventions was conducted in late 2016. A report evaluating the effectiveness of these interventions was expected in the first quarter of 2017.

An innovative evaluation approach was utilized to assess the effectiveness of ‘Handwashing with Ananse’, a game-based intervention piloted to teach children why, how and when to wash their hands with soap. The evaluation uses a combination of traditional survey- and observation-based data collection methods with motion and visual sensors mounted on tippy tap handwashing stations to measure behaviour change in a quasi-experimental design.

Policy, programming and advocacy efforts across all programme sections benefited from additional analysis of existing data sources undertaken or supported by UNICEF Ghana. The M&E team produced custom analyses of the Ghana Demographic and Health Survey 2014 (GDHS) dataset, and district-level data was used by UNICEF and partners to generate the 2016 iteration of the district league table, now in its third year.

**Efficiency Gains and Cost Savings**

UNICEF Ghana’s attempted to ensure cost savings and efficiency gains through its common services contribution, managed by the UN operations management team. A total of US$15,736 was saved in the cost of running the office generator (fuel and maintenance cost). The Office implemented the full board option for UNICEF group staff meetings and workshops. This created a significant savings of US$17,086. Exemptions on electricity and water were also negotiated with the Government, as their contribution toward programme support leading to savings of US$31,850.

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

UNICEF Ghana continued to save on office rental. At current rated the office in Accra is saving around US$150,000 per month and the Tamale office around US$ 25,000. Both offices house nearly 130 staff.
The Tamale office is shared with other UN agencies and USAID. Refurbishment of the common conference room with seating for up to 50 participants led to savings on hotel use for meetings and workshops, saving more than US$10,000 in 2016.

The use of shared a compound by international professional staff members led to savings of US$8,500 against security and management costs, which otherwise would have had to be reimbursed.

**Supply Management**

UNICEF Ghana supported the Ministry of Health (MoH), processing supplies (vaccines and medical devices) of a total value of US$23,586,332 through procurement services (PS), Supply Division, Copenhagen. The supplies channelled via the Global Alliance for Vaccines and Immunization (GAVI) amounted to US$15,670,416; supplies under direct procurement services for the MoH were valued at US$7,915,916.

The major programme supplies procured were printed materials (advocacy documents and supplementary reading material), storage boxes for school books, school furniture, bicycles, motorcycles, vehicles and IT equipment.

The combined value of local and offshore procurement was estimated at US$4,329,201. A steep rise in value and volume of handling institutional contracts occurred in 2016, amounting to US$7,563,505. The table below shows the break-down of the value of major procurement components:

<table>
<thead>
<tr>
<th></th>
<th>Value (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies (Local &amp; Offshore)</td>
<td>4,674,881</td>
</tr>
<tr>
<td>Cross sectoral/operations</td>
<td>284,209</td>
</tr>
<tr>
<td>Institutional contracts (Value - 85 contracts)</td>
<td>8,086,642</td>
</tr>
<tr>
<td>Inventory value in warehouse (WH#169, Tamale)</td>
<td>23,347</td>
</tr>
<tr>
<td><strong>Construction:</strong></td>
<td></td>
</tr>
<tr>
<td>Construction (office renovation)</td>
<td>48,431</td>
</tr>
<tr>
<td>WASH – sanitation</td>
<td>1,968,057</td>
</tr>
<tr>
<td>WASH – water</td>
<td>936,656</td>
</tr>
</tbody>
</table>

A total of 79 contract review committee submissions were reviewed, as against 33 in 2015. This was mainly due to the volume of funding received and utilized by the WASH and child protection programmes, and corresponding institutional and individual consultancies.

Due to a fire outbreak at the MoH central medical store in January 2015, UNICEF’s supply unit continued to use the humanitarian response depot warehouse in Accra as a transit point.
Four field visits were jointly undertaken by supply/programme staff for end-user monitoring of supplies, with participation by field office and Government counterparts. Field monitoring reports with key findings and recommendations were shared with partners for further follow-up and appropriate action. During the year, two new long-term agreements for in-country haulage services were established to improve service delivery and programme efficiency. In addition, by the end of 2016/early 2017, another agreement was planned for taxi shuttle services, to minimize the pressure on office vehicles. As part of supply chain system strengthening, the supply unit participated in nine HACT training programmes to orient and build the capacity of Government and other implementing partners in supply management. This forum was also used to share information on UNICEF procurement services.

Security for Staff and Premises

Due to the fragility of the security situation in the region, UNICEF Ghana requested regional support for strengthening security measures and staff orientation. Support was received from UNICEF Nigeria. All staff were oriented on the new security measures and an evacuation exercise was carried out. The recommendations made were systematically followed up by strengthening vehicle and visitor screening for accessing and exiting the building. Metal detectors and vehicle screening mirrors were supplied to both the Accra and Tamale offices. Floor wardens were identified and supplied with reflective vests. CCTV cameras were installed and are operational.

The greatest security risk to staff at the Tamale office was their exposure to an unsecured compound, open to the public. By engaging the operations management team representative in Tamale and after protracted negotiation, other tenants at the compound agreed to visitor screening prior to accessing the Tamale Government building. Tamale and Accra business continuity plan sites were tested through simulation exercises (e-mails, local and internal calls through BGAN and /VISION Business skype) on 6 December 2016. Due to limited resources, a ‘safe haven’ in the building was not constructed.

Before the Ghana presidential and parliamentary elections, all staff and dependents lists were updated. A communication tree was initiated and tested. Dry rations and water were bought and stored in the offices for any eventuality. Staff were also asked to keep basic food items, water and electricity topped up in case of emergency and the warden list was updated. An all-staff meeting was held on 1 December 2016 to sensitize staff about a code of conduct during the election.

Human Resources

The human resources (HR) unit, comprising three staff, led implementation of various new process changes and system transitions. Following approval by the programme budget review, UNICEF Ghana staff positions increased from 122 to 130. All recruitment completed for 25 positions (18 fixed-term and seven temporary) was approved in the first round, validating thoroughness, efficiency and compliance with the staff selection policy. Fourteen positions were completed through the talent management system (TMS), in alignment with new procedures to ensure quality. Promotion of five nationals/international staff reflected professional advancement. In 2016, 19 new staff joined the office (51 per cent female, 49 per cent male; 43 percent from industrialized countries, 57 per cent from programme countries).

Continued reporting of e-PAS status to the country management team and staff commitment
facilitated 100 per cent completion of the 2015 PER by April 2016. Use of ‘ACHIEVE’ (new e-PAS) ensured 97 per cent completion of 2016 priorities by June 2016, in compliance with programme outcomes/outputs, standardized deliverables and opportunity for qualitative performance management and feedback.

Effective participation by both management and the staff association ensured achievement of 100 per cent implementation of the global staff survey action plan in April 2016. Feedback indicated a positive outcome and strong commitment to continued collaboration.

Through timely staff trainings, global priorities for transition and roll out of TMS, Achieve and MyCase/GSSC were fully achieved. These priorities, including the CP development process, resulted in postponement of three out of seven planned group trainings, achieving a completion rate of 57 per cent; 100 per cent of external learning was achieved.

MyCase/GSSC go-live on 14/11/16 for national staff was smooth following efficient reconciliation of staff records, including digitalization of 98 staff official status files.

The Office had sufficient other resources funds in 2016, and emergency preparedness and response training was not applicable. The UN HR network has proposed conducting a joint UN Cares session in 2017.

**Effective Use of Information and Communication Technology**

Staff are using OneDrive to remotely access work files without extra resources, and senior management are using smart phones with the introduction of Office 365, assuring business continuity. Outlook was used to run quick opinion polls for pre-staff retreat assessment, and Skype for Business was used for global meetings and online interviews. The Office is gradually transitioning from digital to Internet Protocol-based desk phones to reduce network infrastructure investment. Printers are set to economy-mode to optimize toner usage, and defaulted to two-sided printing for cost efficiency and to align with the global greening agenda.

The completed migration of the Tamale sub-office, through alignment of systems conforming to global standards, resulted in minimal overall future investment in hardware resources whilst allowing for scalability and reduced energy consumption. IT items, both functional and obsolete, were donated and destroyed accordingly through the property survey board process.

Prioritizing the use of technology for programming, a T4D national officer reporting to the deputy representative is now on board. Technical support was provided to technology-based initiatives and innovations, including the mSRC and a mobile-based solution to improve the birth registration system. An online feedback platform for partners was launched as part of the CP development process.

UNICEF Ghana continues to be a social media leader on development issues in the region, with 65,044 members in its social media community. During the year, daily digital content was posted on monthly themes relating to country-level and global advocacy priorities (over 1,440 posts). UNICEF Ghana’s website (www.unicef.org/ghana) continues to demonstrate the Office’s role as a knowledge leader on children in the country, offering a single online portal for our latest reports, studies and press releases.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: Children, especially girls, are better served by an effective Child and Family Welfare System that protects them from violence, abuse, exploitation, discrimination and neglect.

Analytical Statement of Progress:
Significant progress was made towards a more effective, gender-sensitive and equitable child and family welfare system, with many bottlenecks and constraints having been resolved and addressed. Based on the 2015 child and family welfare policy, and drawing on the recommendations from the 2010 child protection system mapping and analysis, the 2013 child protection baseline research and other studies and reports, continued steps were taken toward creating a child protection system for Ghana. While impact on the child and possible reduction of violence, abuse and exploitation will only be possible to verify through upcoming quantitative surveys (i.e., MICS 2017), qualitative reports and observations from the field suggest positive changes for children in many parts of the country as a result of the UNICEF-supported interventions.

In terms of advocacy, coordination and generation of political support for child protection, the Ministry of Gender, Children and Social Protection (MoGCSP) and its department of children took the lead in establishing a national child protection coordination committee with regional-level committees replicated in all 10 regions. Through these structures, implementation of the child and family welfare policy and its operational plan was tracked and reported on from the regional to national level. Some challenges were faced in obtaining reports from all regions. District-level public administration officials in close to 70 districts were exposed to the expectations of the new child protection policy framework (child and family welfare and J4C policies) and encouraged to consider budgeting and planning for child protection.

At the national level, political commitment to address child protection were demonstrated by the launch of the End Child Marriage in Ghana campaign by the President of Ghana and the finalization of the first national strategic framework to end child marriage. The framework provides a clear vision and guidance for all stakeholders involved in efforts to end child marriage. The Presidential assent of the Children’s Act (amendment) bill 2016 and Ghana’s accession of the 1993 Hague Convention on Intercountry Adoption were other significant steps demonstrating strong political support for child protection. Together, these actions helped create a more robust framework for alternative care arrangements for children. The Children’s Act legislation formally establishes a central authority for adoption and restricts court decisions on adoption to a few high courts (every district court had such authority in the past).

Significant progress was also made in strengthening the child and family welfare services in line with policy expectations at the district level. Key initiatives included targeted engagement with social welfare and community development staff in 20 selected districts across the country to bring policy expectations and child protection system reform into practice. In partnership with the Institute of Local Government Studies (ILGS) this workforce strengthening process is expected to test the policy and push child protection system reform beyond policy development. The process will generate new guidelines and operational procedures for core child protection service providers, grounded in the reality and experience of the 20 districts, with potential for nation-wide scale up. As a new, complex initiative, the planning and preparatory phase took considerable time and maintaining initial interest and excitement from all partners posed a challenge. A formative evaluation was
designed to provide documentation of results of the process and impact on children and their families. Other service providers, notably the health and education sector, also made progress in setting new standards and guidelines to ensure improved service delivery with regards to child protection.

There are promising signs of behavioural and social change following the far-reaching C4D and social norms programming interventions. At the community level and in schools, several hundred thousand families, care-givers and children have engaged in discussions and activities concerning child protection issues using the new Child Protection toolkit and other interventions. A social drive is emerging with a broad coalition of Government and civil society partners actively working to promote new ideals about children, gender norms and increase discussions on sensitive child protection issues in the country. The upcoming MICS 2017 will confirm quantitative results in terms of possible reductions of prevalence of child protection issues from these behavioural and social change processes.

More than half a million infants under one year of age were registered through a more service-oriented and effective birth registration system. However, while acceleration was noted towards the end of the year and while registration rates are likely to marginally exceed those of the past couple of years, an estimated 30 per cent of all new-borns are still not being registered.

**OUTPUT 1:** By 2017, 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:**
Following the 2015 approval of the new child and family welfare and J4C policies (see also under output 5), district officials were engaged in workshops to increase their understanding of the expectations for the policies, the roles of the different stakeholders in advancing child protection and the importance of planning and budgeting for interventions in support of better protection for children at district level. Close to 70 districts – about one-fourth of all districts – were involved in this process. Various studies and reports were used in the workshops, including the 2015 report “Investing in Children Earns Huge Dividends – which provided evidence of the limited financial allocations made by ministries, departments and agencies at the national and district levels for child protection, while the annual cost of child abuse (direct and indirect costs) was estimated to be about (approximately US$25 million). Resulting from these engagement workshops, commitments were made in many districts to explore potential budget allocations for child protection at local levels. The Department of Children led these efforts, with support from UNICEF.

The department of children also oversaw stakeholder implementation of the child and family welfare policy, by tracking the 2016 policy operational plan. Of the 105 intervention areas outlined in the plan, close to 70 were underway or had been completed by end-2016. Progress was monitored at the national and regional levels, with mechanisms for coordination and reporting established in all 10 regions. At close of the year, an updated, improved 2017 operational plan was being finalized to continue to spur policy implementation in the new year.

While comprehensive legislative reform is expected to commence in 2017, a first important step was taken when the Parliament endorsed the amendments to the Children’s Act with regard to adoption of children. The amended Act formally establishes a central authority responsible for adoption of children and more clearly defines adoption and foster care options in line with expectations of the 1993 Hague Convention on Intercountry Adoption.
October 2016, the Government of Ghana concluded the process of acceding to The Hague Convention. While regulations on adoption and foster care have yet to be formally approved by the Parliament and capacity gaps still need to be addressed, these steps provide a more robust framework and system to guarantee the protection and best interest of children in need of alternative care arrangements.

To ensure the well-being of the increased number of babies and toddlers who spend time in private and public day-care centres or crèches, support was provided by UNICEF to the national early childhood care and development committee for developing new standards of care for zero-to-three-year-olds. Once finalized (in 2017), the new standards will provide a framework for training of day-care centre staff and for monitoring the quality of care provided.

**OUTPUT 2:** By 2017, 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:**

To build capacity among child protection service providers – in particular social workers and community development – a process of workforce strengthening commenced in 20 districts across Ghana’s 10 regions. The process, led by the Institute of Local Government Studies (responsible for capacity building of civil servants in districts), aimed to bring practices in line with expectations about the new child and family welfare and J4C policies. The work undertaken by ILGS was built around a structured process of facilitated learning and reflection with stakeholders and will focus on the key changes required to put the policies into practice. One important aspect is to create greater synergy between formal and informal welfare actors, document learning about practice on the ground, analyse and reflect on emerging ideas and practices for consolidation of such learning into guidelines to support system reform and build capacity at national scale. To document this process a formative evaluation was designed to provide continuous feed-back and reflection of results.

While workforce strengthening in the 20 districts focused on immediate and intermediate capacity- and skills- building, the long-term capacity of Ghana’s social work and community development workforce was pursued through partnership with tertiary learning institutions. The University of Development Studies in Ghana finalized its curriculum review, identifying areas for child protection integration. Steps were taken for the development of a certificate course in child protection. In 2017, the University will partner with the School of Social Work to undertake a similar curriculum review and certificate course development.

In line with the child and family welfare policy, the health and education sectors took steps to ensure greater child protection capacity among its workforce. Guidelines for preventing, detecting and treating cases of child abuse were finalized for health staff. The guidelines, which will be rolled out through the Ghana Health Services (GHS) starting January 2017, are based on international standards and evidence collected through a nationwide capacity gap analysis completed in the beginning of the year. For the education sector, the guidance and counselling unit of the GES took the lead in developing a resource package with a handbook, training manual for teachers on safe schools and positive discipline, along with a peer-to-peer training manual for students.

Recognizing that capacity gaps are often not only limited to technical skills but also leadership, teamwork and motivation, UNICEF continued to work with the human resource department of the MoGCSP to strengthen leadership and managerial capacity of key staff of its departments and units. A total of 120 ministry staff benefited from workshops on change
management and individual leadership coaching opportunities. As a result, testimonies of increased motivation, enhanced teamwork and collaboration across units, better understanding of the Ministry’s mission and mandate were reported.

The child marriage unit of the MoGCSP continued to play a key role in coordinating efforts to address child marriage across sectors and with CSOs.

**OUTPUT 3**: By 2017, 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:**
To address social norms and beliefs perpetuating child protection violations, a new social movement was conceptualized for the promotion, prevention and protection of children against harm. Through a unifying brand, the movement aims to bring together a broad coalition of people supportive of the well-being and protection of children and give visibility to the desired positive change. The movement is expected to increase dialogue on child protection issues across the country.

While the brand and movement is still emerging and will become increasingly visible in 2017, community-based actions have already accelerated, with over 400 community facilitators from Government and NGOs having been trained on the use of a new child protection community facilitation toolkit. The toolkit contains games, activities and exercises designed to stimulate communal reflection on child protection issues and encourage local actions. Since its introduction in March 2016, over 800 communities across the country were reached, with at least 300,000 people participating; about half of them children. Reports indicate the power of the toolkit in breaking the silence around sensitive child protection issues and individual testimonies confirm changes in beliefs and practices. Many communities made collective commitments to better protect children from harm.

Promoting the importance of the family for child protection, articulated in both the child and family welfare policy and as part of the social movement, resulted in some 320 institutionalized children being reunited with their families (about 10 per cent of the total number of children in residential care). Through the work of the Department of Social Development, 12 orphanages not meeting national standards were closed. About 350 prospective foster families have been identified and are being prepared to receive children in need of family-based care.

In schools the social mobilization and communication strategy addressed issues of bullying, corporal punishment and sexual harassment. While the GES began developing a resource package addressing these issues, the National Commission for Civic Education helped facilitate school-based dialogues through civic education clubs to address child protection issues, including child marriage. These efforts reached close to 400 communities in at least 43 districts across the country.

Child marriage was also addressed through a partnership with the MoGCSP and around 10 NGOs/INGOs undertook community-based dialogues, school-based activities and national advocacy. A national TV and radio mass media campaign was launched by the Ministry, and social media was used extensively for the campaign to end child marriage, reaching almost 2 million people with videos, documentaries and endorsement messages. The campaign’s Facebook page saw its followers grow from about 400 to over 20,000 during the year, with more young people connecting to the page, sharing views and pledging support to ending child marriage.
Recognizing the importance of faith-based leaders in changing social norms related to many child protection issues, interactions took place between UNICEF and faith-based organizations, through the MoGCSP.

OUTPUT 4: The birth registration system is more effective and efficient in registering children, especially those under the age of 5 years.

Analytical Statement of Progress:
The birth registration system continued to be strengthened within the overall civil registration and vital statistics (CRVS) reform agenda. Thanks to the finalized CRVS national strategic plan, 2016-2020, increased resources from the national budget and new development partners occurred during the year, including from Bloomberg Philanthropies and the World Bank.
One key milestone under the CRVS strategic plan was the amendment to the Births and Deaths Act, 1965 (301), aimed to improve the legal framework in support of a modern, more effective and client-oriented civil registry service with better coordination with the health sector for improved birth and death registration as a key feature. The Amendment was finalized with technical support from UNICEF, and is currently awaiting Parliament’s approval.
To increase birth registration rates, especially in districts with particularly low coverage, UNICEF supported outreach activities through mobile birth registration and deployment of birth registration volunteers. In May 2016, the new automated registration system – supported through a tripartite partnership between the Government of Ghana, UNICEF Ghana and TIGO – was expanded from the initial 12 sites in Greater Accra to 530 communities and 133 health facilities in eight regions. The automated birth registration system uses tablets and mobile phones for data capturing on-site and relies on ICT technology to push the data immediately onto the national servers for birth registration. The new system allows not only for real-time performance monitoring but also facilitates a more speedily registration process. While some initial technical challenges caused delays and underperformance with regard to expected targets, since September 2016, there was an average 20 per cent increase in the number of infants registered per month in the eight regions as compared to the same period in 2015. Also, while final figures are still being computed, registration rates for children aged zero to one year appears to have the potential to reaching about 70 per cent, which would be an improvement from the 60 per cent registration rate in 2015.

OUTCOME 2: Children are better served by formal and informal gender-sensitive justice processes that aim to protect and support children as victims, witnesses and offenders.

Analytical Statement of Progress:
The launch of the justice for children policy and its adoption by justice agencies across the sector is one of the greatest advances in the child justice field in decades. The policy addresses both criminal and civil cases involving children, and seeks to establish a well-structured and coordinated justice for children system that promotes the wellbeing of children and prevents violence, exploitation and abuse. The aim of the policy is also to make justice more accessible, especially for girls and vulnerable children. An operational plan was under development through a consultative process with concerned stakeholders.

By end-2016 to reform current legislation in line with the J4C policy and child and family welfare policy expectations were well advanced. The Children’s Act and Juvenile Justice Act will be the focus of these legislative changes.

Another major achievement was the initiative on child-friendly policing. Standard operating procedures (SOPs) were completed and validated by the top hierarchy of the Ghana Police
A comprehensive training programme is being rolled out for pre- and in-service training based on the new curriculum for child-friendly policing, stemming out of the approved SOPs. Resulting from the Child friendly policing initiative, the Police hierarchy decided to amend its service instruction manual to harmonize it with the SOPs for handling children. Non-compliance with the SOPs and the SI manual will for the first time become sanctionable within the GPS.

Continued commitment to J4C was further demonstrated by the Judicial Service undertaking a first-of-its kind study on children in Ghana’s court system. The research recommendations will inform the continuation of child justice reform in courts.

Over 100 children benefitted from legal representation and services. The legal Aid lawyers involved in access to justice for juveniles were sensitized on their rights and as part of the support being provided, referral of cases were accepted by the institutions thereby ensuring that juveniles were duly represented by the scheme.

As part of implementation of the J4C policy and deepening the aspirations therein for restorative justice mechanisms, the Ministry of Chieftaincy and traditional Affairs commenced a dialogue process with traditional authorities to sensitize them and build their capacity to better protect children from violence, abuse and exploitation. The consultations are expected to result in consensus of some do’s and dont’s for engaging with children.

**OUTPUT 1**

Output 6: By 2017, juvenile justice laws and policies are consistent with or better than international standards with adequate resource commitment demonstrated.

Output 6: By 2016, juvenile justice laws and policies are consistent with or better than international standards with adequate resource commitment demonstrated.

**Analytical Statement of Progress:**

A significant milestone was reached through the high-level launch of the Justice for Children policy by the inspector general of police, in collaboration with the MoGCSP. The policy provides a clear vision and expresses a collective commitment by all justice sector stakeholders to work together to strengthen Ghana’s child justice system. Key in the new policy is the expectation that the formal justice system will draw on the strengths of, and work more closely with, informal justice actors; i.e., traditional chiefs and queen mothers. Operationalizing this vision will be key in coming months and years. To this effect, a consultative process for the development of an operational plan has commenced. The plan takes into consideration the roles and responsibilities of the different actors involved in the justice system and delivery of services. Once completed, it will provide the benchmark for measuring and tracking progress on the policy implementation.

Following the approval of the J4C and Child and Family Welfare policies (see above under output 1), a legislative amendment process commenced to ensure that all relevant laws are in accordance with international standards and with the aspirations of the new policy frameworks.

**OUTPUT 2**

By 2017, 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:**

The GPS continued implementation of the child-friendly policing initiative, with support from UNICEF. SOPs for handling children in conflict with the law and involving child victims or witnesses were finalized based on the capacity and skills gap analysis, validated by the top hierarchy of the GPS. Training resources on the content of the SOPs were developed and
40 individuals from police training schools underwent master training to be able to teach the content of the SOPs. The first batch of new GPA recruits to undertake their training will be the first such group to be exposed to the new SOPs. From now on, child-friendly policing will be part of all police trainings. An in-service training programme will be rolled out in 2017, along with specialized training for some units, e.g., domestic violence and victim support unit and the anti-human trafficking unit.

Apart from supporting standard setting and capacity-building of the police, UNICEF Ghana also engaged with its statistics and IT departments to reform the database and case-tracking system, with the aim of improving record-keeping and analysis concerning criminal and civil cases involving children.

The judicial service undertook first-of-its-kind research on how Ghana’s courts are equipped and handle children’s cases. The purpose was to identify factors that enhance or inhibit the effective delivery of justice for child offenders, victims and witnesses. The findings and recommendations will help improve protection of victims and witnesses in criminal proceedings and advance protection of children in civil matters. Plans for making the court environment in selected courthouses more child-friendly are underway. With regard to provision of legal services, more than 100 children received legal representation in 2016, ensuring speedy hearings and trials.

Further, UNICEF’s support to the social welfare department resulted in close to 800 social enquiry reports being submitted to the courts. These reports inform the courts and facilitate the decision-making process for the child.

**OUTPUT 3**

**Output 8:** By 2017, 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:**

The J4C policy clearly indicates that dealing effectively with juvenile delinquency involves two distinct but overlapping endeavours – prevention and intervention – each of which requires efforts by both the formal justice actors and informal actors. To this end, the Ministry of Chieftaincy and Traditional Affairs engaged traditional authorities, through the national house of chiefs and regional houses of chiefs in selected districts, in a dialogue to advance understanding of their roles and responsibilities in preventing, promoting and protecting children from harm. The process is ongoing and expected to result in guidelines for traditional authorities. The process met with enthusiasm from some of the chiefs, and in some geographical areas closer cooperation and collaboration between chiefs, police and the social welfare department were observed in relation to child protection and welfare.

The GPS specialized unit on domestic violence and victim support unit (DOVVSU) in the Northern region continued to strengthen community engagement for child protection crime prevention in selected districts in the three regions in the north. The DOVVSU office in the Northern Region re-modelled its office to be more child-friendly. The space has an outdoor play area as well as an activity room for toddlers. Both children directly affected by crimes, as victims or offenders, and children who come to the police stations accompanying their mothers to file a complaint on domestic violence benefit from the child-friendly environment.

**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:
In 2016 UNICEF Ghana took stock of achievements in nutrition over the past five years, in light of the investments made and lessons learned, to determine future directions. Based on the 2014 DHS and previous national surveys, undernutrition in Ghana has declined considerably. In 2008, 2011 and 2014, stunting rates were 28, 23 and 18 per cent, respectively, while severe wasting rates were 2.2, 0.9 and 0.7 per cent, respectively. The 2016 Global Nutrition Report and the Global Scaling-Up Nutrition (SUN) Coordinator, who recently visited Ghana, acknowledged this improvement. While various contextual factors contributed to these gains, improvements in infant and young child feeding (IYCF) practices and better maternal and child health care also account for this change. UNICEF Headquarters is leading an analysis of key drivers from existing evidence, and the role of UNICEF-supported interventions. The Ghana Country Report will serve as a critical reference point for positioning the strategic direction of nutrition in the next CP. Additional documentation of nutrition interventions during the past five years was underway and will inform future nutrition programming.

With respect to IYCF, breastfeeding is the norm in Ghana (99 per cent), and investments are mainly to maximize the benefits through early initiation at birth and exclusive breastfeeding (EBF) in the first six months, which need more effort. While EBF rates increased from 46 per cent in 2011 to 52 per cent in 2014, overall, Ghana has struggled to maintain a higher EBF rate, which had reached 63 per cent in 2008.

The quality of complementary feeding (CF) practices is another area of concern. The proportion of children benefiting from all recommended IYCF practices was only 13 per cent in 2014; hence unmet macro and micronutrient needs that contribute to high levels of anaemia, as well as the remaining stunting and acute malnutrition.

To make further progress in nutrition, a bottleneck analysis on six nutrition-specific interventions was conducted with technical support from WCARO. The interventions included early initiation, EBF, CF, vitamin A supplementation, iodized salt consumption, iron and folic acid supplementation and community-based management of acute malnutrition. The critical bottlenecks and relative importance varied by intervention, but in general cut across the three major determinants: enabling environment, supply of services and demand for services. On enabling environment, the budget for nutrition commodities and activities is limited, and enforcement and provisions of breastfeeding regulations and maternity protection are inadequate. On supply of services, concerns include lack of ready-to-use therapeutic foods, iron supplements, poor staff attitude, inadequately trained staff, high staff attrition rate, limited human resource replacement plan and limited transport resources for outreach services. On the demand side, cultural practices and norms, poor utilization of services (especially for children over 12 months of age), uninformed reference networks and limited health promotion are major causes. A social norms study is underway, led by George Washington University.

To address some of the known concerns, in 2016 the scale-up of community IYCF counselling training was continued, reaching 36 additional districts for a cumulative total of 145 districts since 2013, out of 216 districts nationwide. A strategy for anaemia prevention was developed and roll-out imminent in three regions. A technical review of breastfeeding regulations was carried out with support from UNICEF Headquarters and awaits internal legal procedures in the coming year. Meanwhile, managers and staff at decentralised levels in all 10 regions were oriented and trained on the existing regulations and their roles and responsibilities for promoting, protecting and supporting breastfeeding. Work on the Mother and Baby Friendly Health Facility Initiative also continued, with over 200 facilities across 10 regions currently ready for external assessment and subsequent certification. Five regions
received support from UNICEF WCARO and the Micronutrient Initiative to sustainably strengthen routine vitamin A supplementation.

To consolidate and reflect on the achievements and bottlenecks at a strategic level, a high-level nutrition conference was organized in July by the Minister of Health, with support from UNICEF Ghana and WCARO. At this forum, the long-awaited national nutrition policy was finally launched, addressing the huge policy gap most government agencies and development partners were concerned about. The added value of this policy is the explicit commitment by Government to improve the nutrition of the population, with various multi-sectoral approaches and a clear statement on roles and responsibilities of key stakeholders. UNICEF Ghana embarked on developing the next CP (2018-2022). Results of the bottleneck analysis and findings from various national surveys and assessments MICS 2011, DHS 2014, Iodine Survey 2014, renewed efforts against child hunger and undernutrition (REACH) capacity assessment, SUN report on maximizing the quality of nutrition) informed the situation analysis and strategic moment of reflection held in October. There is need to update the situation on micronutrients; a national micronutrient survey is planned to begin in January 2017. The focus in 2017 will be on the CPD process, resource mobilization, addressing stunting and roll-out of an anaemia prevention strategy. The most urgent issue for the nutrition component is the exhaustion of donor funding. This will adversely affect procurement of strategic life-saving nutrition commodities and staff capacity. UNICEF will work with Government to prepare for the transition, with an emphasis on sustainable financing for essential life-saving commodities.

OUTPUT 1 Output 009- 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:
A high-level nutrition advocacy forum involving implementation and development partners was organized, during which the national nutrition policy was launched by the Minister of Health. The forum reflected on achievements in the area of nutrition, Ghana’s nutrition targets (based on global nutrition targets), constraints and the way forward.

UNICEF Ghana is developing a new CP for the period 2018-2022 and it became necessary to have a good understanding on the trends in nutritional status and the key drivers of stunting. Secondary analysis of national nutrition surveys and trends on stunting is now being conducted by UNICEF-New York, as part of a global evaluation of UNICEF strategies for reducing stunting. The report will be critical in influencing the design and content of the next CP.

Documentation of nutrition interventions in Ghana that received UNICEF support is also ongoing. A case study on BFHI was completed. Implementing partners were given the opportunity to share experiences from Ghana at several international conferences, namely: Vitamin A Summit in Dakar, BFHI in Geneva and Resource Tracking Workshop in Nairobi organized jointly with the SUN Secretariat.

UNICEF Ghana provided support for strengthening the country’s routine nutrition information system. A monitoring visit was conducted to all 10 regions to assess the rollout of revised nutrition reporting forms in the district health information management system. The visit also assessed data quality, identified constraints and sought to address the limiting factors.

A bottleneck analysis of six nutrition-specific interventions was undertaken, including: iron and folic acid supplementation for pregnant women, early initiation of breastfeeding, exclusive breastfeeding the first six months, vitamin A supplementation, complementary
feeding and community management of acute malnutrition. Bottlenecks ranged from limited provisions for breastfeeding and maternity entitlements and limited funding for nutrition commodities and activities to inadequate training of staff on social and behaviour-change communication.

Strategies to address these bottlenecks were developed and being used to strengthen programmes. For instance, a technical review of breastfeeding regulations was conducted and suggestions made to strengthen the provisions and incorporate new provisions contained in World Health Assembly resolutions passed after the year 2000, when Ghana’s regulations were passed by Parliament. The internal legislation process will take place in 2017. Other bottlenecks will be addressed by other relevant sectors.

**OUTPUT 2 Output 010 - USI National strategies and coordination: National USI Strategy and Action Plan finalized, disseminated and implemented.**

**Analytical Statement of Progress:**
Through the Ministry of Trade and Industry, Cabinet approved the universal salt iodization (USI) strategy III (2016-2020), and copies were printed and distributed to relevant agencies. To ensure compliance with the standards, a monitoring exercise on USI regulations was carried out by the Food and Drugs Authority (FDA) and the MLGRD, during which some prosecutions took place. Environmental health officers from 10 salt-producing districts underwent refresher training on law enforcement and prosecution. Weak enforcement of regulations continues to plague USI implementation in Ghana.

A regional study on the contribution of bouillon cubes to iodine nutrition was carried out in four countries, including Ghana. Major findings from the study showed increasing trends in bouillon cube consumption, and the willingness of manufacturers to use iodised salt in production of bouillon cubes, despite the lack of standards. The study in Ghana showed that salt regulations do not explicitly require the use of iodized salt in the food industry. However, law enforcement in Ghana argues that this is implied, as the law requires that salt meant for human and animal consumption should be iodized. This could be the reason for compliance by a food industry whose products contain significant amounts of salt, such as bouillon cubes, as they could technically lose their business license if they do not comply. Hence the combination of iodized salt in households and in processed food is contributing to iodine sufficiency in all age groups and across all wealth quintiles. This is a very interesting development that has mainly occurred in the last five years.

Ghana has never conducted a micronutrient survey, and data on vitamin A and iron are either non-existent or outdated. Learning from results on iodine nutrition, assessment of indicators at impact level is always useful for strategic direction. A protocol for a national micronutrients survey was developed and preparations are underway for implementation during first quarter of 2017. This survey will be conducted by a consortium comprising the University of Ghana, University of Wisconsin and GroundWorks to assess the status of Vitamin A and iron in children under five years and non-breastfeeding women in Ghana’s three main ecological zones.

Additionally, UNICEF Ghana’s anaemia prevention strategy experienced a breakthrough. The Government decided to implement a high-impact intervention to address the high levels of anaemia in children aged six-to-23 months, adolescents and menstruating women. UNICEF provided the initial supply of micronutrient supplements and will soon embark on capacity building in four regions; UNICEF will advocate for joint efforts with other development partners interested in this area until the Government and/or private sector distribution system is strengthened sustainably.
OUTPUT 3 Output 11 - 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:
Capacity of the health system to detect and manage severely malnourished children improved in Ghana through the support of UNICEF and USAID. As of November 2016, a total of 10,689 severely malnourished children had benefitted from the programme, with 7,233 new admissions in 2016. Data on severe, acute malnutrition (SAM) admissions was analysed to check for gender balance: 52 per cent of all SAM admissions were female and 48 per cent male, which is within the expected range. The quality of treatment met Sphere standards: 86.5 per cent were discharged as cured, with a defaulter rate of 11.6 per cent. Management of therapeutic supplies improved in 2016 with no stock-outs reported. A total of 600 frontline health staff were trained on community management of acute malnutrition (CMAM) outpatient care and 74 doctors and nurses on in-patient care, to enable them to identify and manage SAM cases in their respective health facilities.

While the CMAM programme has attained Sphere standards, coverage is far below the annual burden, estimated at 91,000. There is a need to review the formula in the context of low-burden countries, just as is being done for high-burden countries. Due to the expiration of non-UNICEF funding for Ghana, the CMAM programme may have to be stopped unless Government or another donor take over the ready-to-use therapeutic food supply component.

The findings of a social norms study underway will help refine strategies and interventions for the reduction of stunting and anaemia. One hundred eighty district- level trainers and 1,365 frontline health staff were trained on IYCF counselling, reaching 36 additional districts. Cumulatively, 145 of 216 districts have been covered with the IYCF programme, with UNICEF support.

To enhance breastfeeding promotion and support, staff from 200 facilities were trained in lactation management. Assessments are underway, to be followed by certification as Baby-Friendly. To ensure system strengthening and integration, the nutrition and health teams are working together to implement the Mother-Baby-Friendly Health Facility Initiative (MBFHI) with support from the Bill and Melinda Gates Foundation. A community and facility baseline assessment on breastfeeding and new-born care practices was completed in the pilot region (Upper East). This will be followed by quality improvement in new-born care, as reported under output 15.

A crèche was established at the UNICEF Accra Office to help promote breastfeeding practices among staff members.

With polio national immunization days (that have in the past provided the medium for mass vitamin A supplementation) phasing out significantly, routine supplementation becomes the most sustainable mechanism for delivering Vitamin A. Using the bottleneck analysis approach, five regions were supported to improve routine vitamin A distribution to children aged 12-to-59 months and ensure data quality in the district health information management system. Results to date show slow but impressive improvement, and require close monitoring.

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 overall survival rates and health outcomes of children in Ghana have improved over the past 10 years, with a 46 per cent decrease in under-five mortality – from 111 in 2003 to 60 per 1,000 live births in 2014. However, reduction in neonatal deaths advanced much more slowly, with a decline of only 33 per cent between 2003 (43/1,000 live births) and 2014 (29/1,000 live births).

Neonatal causes and three diseases (malaria, pneumonia/acute respiratory infection and diarrhoea) account for a significant proportion of the mortality among children under five. Immunization coverage has declined, from 79 per cent complete immunization in 2008 to 77 per cent in 2014. Paediatric HIV treatment still poses a significant challenge; only one in five HIV-positive children receives anti-retroviral therapy (ART).

According to the inter-agency group for maternal mortality estimation, Ghana’s maternal mortality ratio declined from 470 (2005) to 380 (2013) to 319 (2015) per 100,000 live births. Ghana records high ante-natal care coverage (87 per cent of women have four antenatal care visits), high facility-based delivery (74 per cent) levels, and improved PMTCT coverage (81 per cent of identified HIV-positive women receive antiretroviral prophylaxis) as reported by the GDHS of 2014. Teenage pregnancy has become an emerging challenge for the sector, with around 14 per cent of women aged 15-to-19 having begun childbearing and girls younger than 19 years contributing 11 per cent of all deliveries. Maternal and new-born quality of care at health facilities (health centres and hospitals) remains an area of concern, considering high rates of institutional maternal (144/100000 live births) and neonatal mortality (7/1000 live births).

In 2016 the focus of UNICEF’s support in this area was to assist the GHS to put in place quality of care systems for both mothers and new-borns, particularly during delivery and the immediate postnatal period and the early new-born period (0-7 days). With high-level advocacy with the MoH and technical support, a national quality of care strategy was developed and launched, as were an MBFHI Implementation guide, standards of care protocols and perinatal death audit tool. Basic E-MONC supplies and new-born care unit equipment were provided to improve the quality of maternal and neonatal health care, and 1,014 health staff (doctors, nurses and midwives) were trained on different components of high-impact interventions. Survival rates for sick new-borns and very low birthweight babies admitted in one supported hospital improved, respectively, from 91 per cent in 2015 to 94 per cent in 2016 and 83 per cent in 2015 to 99 per cent – the latter also thanks to consolidation of Kangaroo Mother Care.

In HIV and AIDS, a national paediatric HIV acceleration plan was finalized, an operational plan for PMTCT services was launched in three high-burden regions, and SOPs for integrating PMTCT into MNCH health services developed. Supervision and mentorship support was provided to Eastern Region’s efforts to reach all women attending ANC clinics with HIV testing and counselling (HTC). This contributed to 87 per cent of pregnant women reached with HTC in 2016. HIV prevalence in Eastern Region dropped from 3.7 per cent (2014) to 2.7 per cent (2015) a result of constant engagement, partnership and rollout of the PMTCT operational plan over the past four years. With UNICEF support, the National AIDS Control Programme trained 300 health workers on new PMTCT guidelines.

However, in 2016 anti-retroviral coverage for identified HIV-positive pregnant women dropped to 56 per cent (734 out of 1319 positive) from 74 per cent in 2015. Only 41 per cent (542) of 1,319 HIV-exposed babies identified in the ER were tested for HIV at six weeks or at 18 months, higher than the 2015 coverage of 30 per cent. Frequent stock-outs of HIV commodities, including ARTs, remained a major barrier to achieving the target of an AIDS-free generation in Eastern Region.
On immunization, the national expanded programme on immunization policy was updated, cold chain equipment procured and provided to the Government. Ghana successfully switched from trivalent Oral Polio Vaccine (tOPV) to bivalent (bOPV), as part of a global decision, and introduced meningitis A vaccine into routine immunization. Coverage for Penta 3 Immunization increased from 82 per cent in 2015 (920,509 children immunized) to 84 per cent in 2016 (964,819 children).

As part of UNICEF’s contribution to integrated community case management (iCCM) of pneumonia and diarrhoea, essential commodities (amoxicillin, zinc and oral rehydration salts) were procured and provided. In 2016, of 175,000 targeted children only 21,153 benefitted from iCCM interventions.

For emergency preparedness and response, SOPs for cholera were finalized in line with the latest WHO guidelines, and 75 master trainers and 670 health workers were trained to use them as part of preparations for a cholera outbreak. Thanks to this training, a cholera outbreak in the Cape Coast Metropolis was detected quite early and close to the nearly 700 cases recorded were properly managed, with no deaths reported.

The major constraints in maternal-child health are timely submission and analysis of data for informed decision-making and frequent stock-outs of essential health and HIV commodities. UNICEF collaborated with UN agencies, GAVI, Global Fund, the World Bank and bilateral donors (USAID, the UK Department for International Development (DfID) Japan’s International Cooperation Agency and KOICA) on health issues.

**OUTPUT 1 OUTPUT 013 - Scale-up of PMTCT services: Health system in the highest HIV prevalence region has capacity to provide integrated PMTCT services.**

**Analytical Statement of Progress:**
Using evidence from the paediatric HIV situation analysis, in 2016 UNICEF advocated with and provided technical assistance to the MoH and GHS to develop a paediatric HIV acceleration plan for 2016-2020.

An SOP document was developed for the integration of PMTCT into maternal, neonatal and child health (MNCH) services. The acceleration plan and SOP will enable the GHS to fast-track HIV response targeting vulnerable children, their mothers and adolescents, in line with 90-90-90 targets, and contribute towards an HIV-free generation. A nationwide joint monitoring of PMTCT/early infant diagnosis (EID) was undertaken by the GHS, National AIDS Control Programme and Joint United Nations Task Team on HIV/AIDS. Three hundred service providers from three HIV high-burden regions (Eastern, Ashanti and Greater Accra) were trained on the updated WHO guidelines for PMTCT.

Eastern Region continued to receive technical assistance to consolidate the gains achieved through implementation of their elimination of mother-to-child transmission plan (2013-2015). This contributed to a decrease in the HIV prevalence rate from 3.7 per cent in 2014 to 2.7 percent in 2015, as reported in the 2016 sentinel survey report. As per GHS/ER data through June 2016, HIV testing coverage for pregnant women reached 87 per cent (36,916 out of 42,574 antenatal care registrants tested for HIV). Fifty-six per cent of identified HIV-positive pregnant women (734 out of 1,319 tested positive) received antiretrovirals (ARVs), either as treatment or prophylaxis. This is 18 per cent lower than 2015 coverage for the same period. Of 1,319 HIV-exposed babies identified in Eastern Region, only 542 (41 per cent) were screened for HIV using polymerase chain reaction at six weeks or at 18 months. This is 11 per cent points higher than the 2015 coverage of 30 per cent.
In adolescent health and HIV, UNICEF and other partners supported the GHS to develop an adolescent health service policy and strategy, outlining plans to provide comprehensive adolescent sexual and reproductive health services, including for HIV. Major constraints included a shortage of test kits and ARVs to satisfy the needs engendered by the country’s transition from PMTCT Option B to Option B plus. Other constraints included inadequate tracking mechanisms for HIV-exposed babies, delays in sample collection, transport, testing and return of results. No data are available specifically on paediatric HIV and adolescents younger than 15 years. Sentinel surveillance in 2016 reported HIV prevalence of 0.7 percent among adolescents aged 15-to-19 years, a decline from 2014 (0.9 percent). Obtaining data for young adolescents aged 10-to-14 years remains a challenge.

In a bid to address these constraints, UNICEF is supporting the GHS to implement the paediatric HIV acceleration plan and the SOP for integration, and to develop an innovative EID tracking model using he e-tracker system, to be piloted in Eastern Region. Through joint UN programme, the Ghana AIDS Commission received support to develop the new national HIV/STI strategic plan 2016-2020.

OUTPUT 2 Output 14 - 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 diarrhea, LLIN) to all children under five years of age.

Analytical Statement of Progress:
In 2016 UNICEF continued to provide procurement services for vaccines and immunization devices through UNICEF’s Supply Division. These enabled the immunization of around 1 million children younger than one year. The national expanded programme on immunization (EPI) was reviewed and updated. Ghana conducted successfully the switch from trivalent tOPV to bOPV, and the introduction of meningitis A vaccine into routine immunization. Technical support was provided to conduct of a catch-up meningitis A campaign in three northern regions, where 173,236 (89 percent of the target) children were vaccinated. Cold chain equipment comprising 105 vaccine refrigerators, 1,500 vaccine carriers and 900 temperature-recording devices for refrigerators were procured and delivered to 15 districts and 85 hard-to-reach sub-districts in the three northern regions. Ten regional vaccine storage cold rooms were equipped with continuous temperature monitoring systems - Multilog. These steps will improve vaccine storage cold chain capacity and enhance cold chain management and conservation of vaccine quality and consequently, quality of immunization.

Fifty-eight newly qualified community health officers and disease control officers from 13 low-performing districts in Northern Region were trained on EPI management, including cold chain. Some 125 motorcycles were procured and provided to the Northern (45) and Upper East (80) regions to facilitate integrated MNCH and immunization service delivery. Routine immunization coverage for Penta 3 increased from 82 per cent in 2015 (920, 509 children immunized) to 84 per cent in 2016 (964,819 children immunized). A new child health policy was developed and the child health record book was revised. UNICEF printed and delivered 600,000 copies of the new child health record books to GHS. At the sub-national level, drugs – amoxicillin tablets (9,199 packs of 10x10) and zinc tablets (5,319 packs of 100 tablets per pack) – were provided to support ICCM of pneumonia and diarrhoea in the three northern regions, enabling the treatment of 21,153 children. UNICEF Ghana led advocacy at the national level to improve WASH in healthcare facilities, and as a result national standards and guidelines were developed by the GHS. An assessment was conducted at 26 healthcare facilities in the Kpandai and Tatale Sanguli districts of Northern Region, the results of which were used for further advocacy to improve
WASH in health facilities as part of efforts to prevent health-facility acquired infections and improve the quality of facility-based care in general.

Challenges for EPI include insufficient cold chain capacity, particularly at the operational level, untrained frontline staff (on EPI management), low data management capacity and limited outreach service delivery in hard-to-reach areas, due to lack of motorcycles. UNICEF supported the GHS to finalize the EPI training manual and roll out of the e-tracker electronic system to improve data capture.

OUTPUT 3 Output 14 - Quality of maternal and newborn care: Health facilities in the Northern and Upper East Regions have the capacity to provide quality maternal and newborn care services.

Analytical Statement of Progress:
In 2016 UNICEF provided technical assistance to the National Health Insurance Authority to update its health facility credentialing tools by incorporating a checklist on new-born care. This is an important social protection development as, when applied, it will enable the poor and most vulnerable to access quality healthcare. The MBFHI model and implementation guide were developed. Through UNICEF-supported trainings, the capacity of 33 national and 31 regional MBFHI coaches was built in preparation for the roll out of MBFHI the quality improvement initiative. The WHO, IHI/Ubora, PATH and JHPIEGO also contributed to the development of the MBFHI/QI initiative.

Quality Improvement teams were set up and trained in 63 per cent of targeted MBFHI facilities that currently are functional; 71 per cent of these initiated implementation of the model. Twenty of 24 implementing facilities received coaching support in line with MBFHI standards two (evidence-based safe postnatal care) and six (safe physical environment). Also in 2016, 24 health facilities received new-born care equipment to provide quality emergency obstetric and neonatal care services in six districts of Northern and Upper East regions. A total 1,044 sick new-borns were admitted in Upper East regional hospital, supported by UNICEF, of whom 982 (94 per cent) survived, compared to 91 per cent in 2015. Thanks to the consolidation of Kangaroo Mother Care, survival of very low birthweight babies rose from 83 per cent in 2015 to 99 per cent (280 out of 283) at the same hospital. With UNICEF support, national perinatal death audit guidelines and tools were finalized and 90 national and regional trainers trained to conduct lower-level trainings and mentorship on the guidelines; implementation started in all 10 regions.

UNICEF strengthened its partnerships with nursing and midwifery training schools in Northern and Upper East regions to improve pre-service training on essential new-born care. Training was supported for 50 tutors/lecturers from the University of Development Studies and nursing and midwifery training schools in the three northern regions on essential new-born care. In addition to the training institutions, UNICEF’s partnership with Latter Day Saints Charities enabled joint support for training of 43 midwives, doctors, nurses and anaesthetists from the three northern regions as master trainers in the “helping babies breathe” and “infection prevention and control protocols.

At the regional level, with UNICEF support GHS trained 30 regional master trainers from Upper East and Northern regions on new-born care, as well as 924 health staff (doctors, nurses, midwives and others) on facility- and community-based new-born care. As an essential part of quality of care, UNICEF strongly advocated for and provided support that enabled GHS to develop national standards and an assessment tool for WASH at healthcare facilities.
Timely data submission, lack of space for new-born care units, referral of sick new-born babies, transportation from communities and were among the major constraints. UNICEF constantly advocated with authorities at different levels to address these constraints.

**OUTPUT 4** Output 16 - National health sector policies: Ghana's maternal, newborn and child health policies, strategies and plans are evidence-based and equity-focused.

**Analytical Statement of Progress:**
In 2016 UNICEF Ghana made strategic use of evidence from the 2014 GDHS to advocate with the MoH and other development partners on the need for a national strategy to guide efforts to improve the quality of clinical health care. With MoH buy-in UNICEF provided technical support for the development of a national quality strategy that was completed and launched in early December 2016. The strategy identified maternal and neonatal health and health system strengthening as major pillars of quality improvement.

UNICEF’s consistent advocacy in the area of nutrition culminated in the launch by the Minister of Health of the national multi-sectoral nutrition policy. Also, its engagement with the MoH and other partners enabled finalization of the national paediatric HIV acceleration plan and SOPs for integrating PMTCT into MNCH services.

A bottleneck analysis conducted on nutrition revealed a clear need for an integrated approach to addressing multi-micronutrient deficiencies, including high levels of childhood anaemia, for which a strategy was in progress in late 2016. Support was provided for decentralization the BFHI to the regions for capacity building, assessment, certification and recertification of health facilities application of the 10 steps to successful breastfeeding.

SOPs for cholera prevention and control were developed, in line with latest WHO guidelines. The annual cholera-prevention campaign was launched in April by the Minister of Health. Seventy-five master trainers from the 10 regions were trained on the SOP, and in turn trained 670 health staff from Greater Accra (280), Eastern (70), Central (250) and Western (70) regions. These trainings contributed to building the skills of health workers for proper management of cholera cases. Collaborative work with the WASH programme during the cholera outbreak that hit the Central Region in the second semester, with close to 700 cases, enabled a rapid end to the outbreak and zero case fatality.

In a collaborative effort with the child protection programme to address child abuse and its impacts, a capacity assessment of GHS clinical care staff related to child abuse was conducted, a training manual developed and a national pool of trainers trained to later conduct cascade training of lower level staff.

UNICEF engaged partners (MoH, GHS, NGOs and development partners) in developing the new CP, sharing the updated situation analysis and jointly conducting causality analysis of key child deprivations, which identified the need to address issues of quality of MNCH care, high stunting levels, high prevalence of anaemia, paediatric HIV, adolescent health and health system strengthening.

**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:**
The 2015-16 annual education sector performance review highlighted that Ghana maintained universal gross enrolment at the primary level, while demonstrating an incremental increase at the junior high school (JHS) level. At the primary level, both gross enrolment (GER) and net enrolment (NER) rates increased from 110 and 91 per cent in 2014-15 to 111 and 92 per cent, respectively, in 2015-16. The JHS GER increased from 85
to 88 per cent during the same period, while the NER increased from 49 to 50 per cent.

The emerging trend for Kindergarten (KG) is different: the GER for KG declined from 129 to 124 per cent during the same period and, particularly worrying, the NER also declined from 83 to 80 per cent – despite more than 5 per cent growth in the availability of KG schools. Overall, the increase in enrolment was visibly higher in deprived districts, which can be partially explained by increased investment under the Global Partnership for Education (GPE) and Girls Pass. Additionally, the initial baseline was much lower in these districts than in the rest of the country. UNICEF also supported 10 of the deprived districts in the three northern regions, as part of its geographic focus.

Gender parity was achieved and maintained at the KG and primary levels, and steadily increased at the JHS level, reaching parity (0.97) for the first time in 2015-16. In the deprived districts gender parity as the primary level was reached during the same reporting period, but is yet to be achieved at the junior high school level. Adolescence is emerging as a critical area for girls’ education, especially completing JHS.

The difference between GER and NER represents the proportion of overage and underage children in the system. The NER and net admission ratio are better indicators to assess the extent of school access in Ghana, but are not used consistently for analysis and advocacy. The 2016 updated report on out-of-school children highlighted the increasing presence of overage children in the system – an immediate consequence of late entry into the system. New estimates suggest that nearly 1.3 million girls and boys between the ages of six and 14 are currently not attending primary school. However, this number declined sharply (to 453,000) when children of that age group who are currently attending KG are factored in, helping to understand the widening gap between GER and NER at the KG level. Further, net admission ratios of 55.6 and 81.6 per cent at the KG and primary levels, respectively, also raise the questions of whether there is an adequate supply of schools at the primary level. This implies that children who should be at primary school are in KG, and those who should be in KG are not in school. This has significant implications for system efficiency, universal access to KG and primary education as well as the quality of education in the early grades. The situation is further complicated in a sector where infrastructure is a local government responsibility and is not systematically considered as part of annual sector reviews.

UNICEF contributed towards the outcome through implementation of complementary basic education (CBE) in four districts, reaching nearly 3,500 girls and boys between the ages of eight and 14 through second-chance opportunities. It effectively advocated and championed for inclusive education and achieved a milestone with the national launch of the IE policy in April 2016 and a partnership with the Ghana Federation of Disability Organizations to promote and build capacity on inclusion. The policy, with its focus on children with a disability and special needs, created an enabling environment for promoting participation by all children and keeping them in school – thus contributing to the rising enrolment numbers.

UNICEF Ghana facilitated a more coordinated approach among key stakeholders working on KG to develop a common national framework on in-service teacher training, shifting in the direction of a systems approach to quality improvement in KG. Although relatively new, the C4D initiative supported by UNICEF has the potential to promote right-age enrolment and address the issue of overage children at time of school entry. UNICEF’s emerging work on adolescent girls – especially how to support those attending JHS and making the education sector aware and responsive to issues of teenage pregnancy and violence in schools – also contributed to keeping girls in school and supporting them to complete JHS.

The formative evaluation of the KG programme initiated in 2016 will be useful for understanding and addressing policy and implementation gaps in the sub-sector. In 2017,
the last year of the current CP, UNICEF will pay additional attention to support for research and analysis to unpack and analyse issues related to overage children and the risk of school drop-out, as well as exploring barriers and bottlenecks that prevent adolescent girls from completing JHS as part of its evidence-building for policy advocacy.

OUTPUT 1 IR17: 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:
The KG landscape in Ghana has increasingly seen a proliferation of actors active in promoting school readiness, which is a good thing. However, in the absence of strong sector coordination and common guiding principles to steer the work in the sub-sector, it is creating a degree of fragmentation. UNICEF facilitated a move to strengthen coordination and improve quality and content of KG delivery by the different partners.

UNICEF supported the basic education and the teacher education divisions (BED/TED) of the GES to initiate and lead the development of a national in-service teacher training framework for KG, through a consultative process. Participants included the national nursery teacher training centre, Learning (FHI360), Sabre Trust, the MGCSP's department of children, the national in-service unit, Right to Play, Lively Minds, Mashav and Innovations for Poverty Action. The framework identifies seven key domains for capacity-building of KG teachers – how children learn with a focus on play, classroom management, learning environment, literacy, numeracy, assessment, and community engagement – and provides guidance on possible content and methodology, based on existing good practices across participating actors. UNICEF supported GES to conduct a review of good practices in KG, with a particular focus on Mashav-led interventions and Lively Minds.

As part of continued support for improving teaching of pre-literacy/numeracy skills in KGs in focus districts, 271 (154 male, 117 female) district training support team members and 20 regional KG coordinators/training officers across 20 districts were equipped with skills to operationalize the agreed framework on in-service teacher training. Additionally, 3,445 (1,580 male, 1,865 female) KG teachers’/attendants’ knowledge and skills were also enhanced through refresher trainings in 15 districts. To strengthen appropriate assessment of learners at the KG level, 250,000 copies of assessment tools for KG teachers and national minimum guidelines for KG were finalized and disseminated.

To complement efforts to improve early grade reading, the GES' Curriculum Research and Development Division was supported to initiate the development of a draft national framework for the development of KG supplementary reading materials. This was necessitated by a realization that KG and early grades did not have access to appropriate supplementary reading materials. A first step was to develop a framework to guide GES, writers and publishers on the content and level to consider when writing for these grades. This draft framework was developed through consultative meetings held with various stakeholders, and will be finalized in 2017.

Continuous monitoring, evaluation and learning is key to improving the educational system and structures within which KG interventions operate in Ghana. UNICEF, in collaboration with the basic education division of the GES, initiated a formative evaluation of KG interventions in four districts. The findings will be finalized in January 2017, and will help identify gaps in current delivery models, good practices and recommend appropriate strategies to further strengthen implementation of KG interventions.
OUTPUT 2 IR18: Complementary basic education opportunities expanded to out-of-school children aged 8-14 years in at least 5 deprived districts

Analytical Statement of Progress:
The CBE intervention continued to provide over-aged OOSC between the ages of eight and 14 second-chance opportunities in four districts in northern Ghana, and supported them through nine months of instruction in foundational literacy and numeracy with a view to entering formal primary school. The programme was implemented with assistance by two NGOs: School for Life and Afram Plains Development Organization.

The 2015-16 cohort included 1,735 out-of-school children (1,231 boys, 504 girls), of whom 92 per cent graduated (1,593 children; 1,106 boys, 487 girls), and 84 per cent entered formal primary schools (1,339 children; 929 boys, 410 girls). The entering cohort of 2016-17 was 1,748 and reflected an appreciable rise in enrolment by girls (930 boys and 858 girls) – nearly double last year’s numbers. This is attributable to an intensive and targeted awareness-raising approach in communities to identify older out-of-school girls who are at risk of getting married, and motivating communities, families and the girls to aspire differently.

In rural communities with no formal school within walking distance and where a significant proportion of CBEs are located, bicycles can help children to access school. Through a strategic partnership with the Swedish National Committee, 1,970 bicycles (150 bamboo and remaining regular) were procured and supplied to 2015-2016 CBE graduates in the four districts. In addition, children who graduated last year in Afram Plains, where schools are far apart due to low population density, were also given bicycles. As part of an experiment, bamboo bicycles were procured from Boomer International, a social enterprise producing eco-friendly bicycles using bamboo produced in Ghana. However, the limited capacity of the production units and relatively higher unit costs raises questions about sustained supply of these bicycles.

Girls’ participation rates are more sensitive to distance, so girls were prioritized to receive the bicycles. One key condition was that the children who receive the bicycles will stay in school and complete the basic cycle. The NGOs will monitor to ensure that bicycle recipients honour their pledge and attend school regularly.

UNICEF and DfID successfully advocated to deploy nearly 80 national service personnel for CBE across 14 districts. In the UNICEF Ghana-supported districts, 20 personnel along with 51 community facilitators ran the classes; inclusion of the national service personnel in the programme helped to strengthen the quality of instruction and to run CBE in communities where literate facilitators were not available. This is also a sustainable approach, as they are managed and resourced by a Government entity, the National Service Secretariat, and seconded to different sectors.

UNICEF supported the updated study on OOSC through provision of technical inputs, including operationalization of the revised global framework on understanding out-of-school children. UNICEF also facilitated a regional sharing session in July 2016 in Dakar, where Ghana’s MoE presented the study and its plans to inform targeting of the CBE programme.

OUTPUT 3 IR19: 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:
UNICEF continued to champion the cause of inclusion and supported the Ministry of Education to finalize and launch the IE policy, together with standards and guidelines and a costed implementation plan. The policy outlines the Government’s vision and strategy for educating all children, especially those with special educational needs. The policy and accompanying documents were printed and disseminated among key stakeholders at the national, regional and district levels to ensure wide awareness; as an innovative, a limited number of copies were also printed in braille. The focus on inclusion was also mainstreamed into the new draft education sector plan for 2016-2030.

Partnership with the Ghana Federation of Disability Organizations focused on strengthening the capacity of member organizations to understand the new IE policy and further advocate for it. The partnership oriented 106 members (59 male, 47 female) on IE principles, and 130 stakeholders (89 male, 41 female) in two districts.

As part of continued capacity building and systems strengthening on IE, district inclusive education teams in the six new UNICEF-supported districts were established. The 10-member cross-sectoral teams were trained on IE principles and practices, basic screening and referral process, the use of the IE monitoring and data analysis tools. This equipped the district teams with skills and knowledge to better manage IE issues in the districts, in line with their coordination and oversight role. At the end of the workshop, the teams developed action plans for their respective district-level trainings for head teachers and teachers, community sensitization on IE principles and practices and screening.

In the remaining 14 districts, teams already established and oriented undertook follow-up monitoring and collated a database of children with special needs, including those with a disability identified during the 2015 screening process. The monitoring ascertained that sight and hearing impairments were the most commonly reported, representing about 16 per cent and 10 per cent, respectively. During the monitoring, it was evident that parental support for seeking medical treatment for these children will pose a challenge, calling for continued community sensitization.

To strengthen regional assessment centres, enabling them to provide the needed support for children with special needs, assistive devices and screening materials (including hearing aids, spectacles, crutches, wheel chairs, Snellen charts, complete drums, rattles and tennis balls) were procured. These items were delivered to the GES special education division for onward delivery to the 10 regional assessment centres.

OUTPUT 4 IR20: Awareness on and demand for education increased among disadvantaged groups, especially girls in at least 20 deprived districts

Analytical Statement of Progress:
The C4D strategy for education was finalized, with two key focus areas: promotion of right-age enrolment and retention and completion of quality basic education in a safe school environment. The C4D strategy also identifies vulnerable groups for a more targeted approach; children with special needs and older adolescent girls.

In August 2016 GES rolled out the strategy in 20 focus districts, beginning with the orientation and training of 200 GES officials from national, regional and district levels. Three NGOs (Afram Plains Development Organization, School for Life, and the Muslim Relief Association of Ghana also benefited from the training, supporting their work in CBE and sensitization for secular education, respectively. The training equipped participants with skills in developing district-specific C4D plans to support educational planning, implementation, and monitoring – with a focus on sensitization, awareness-raising and back to school
enrolment campaigns.

Feedback from the districts indicated that following the training, the district teams created a free-flowing network of nearly 300 individuals to support C4D messaging on both right-age enrolment and retention. The networks include members of the district assembly, GHS field staff, religious leaders, agricultural extension officers, market association leaders, traditional leaders and market women, among others.

In girls’ education, UNICEF focused attention on building capacity within the GES Girls Education Unit to better coordinate, manage and advocate for girls’ education. An initial mapping was conducted to identify the many CSOs supporting education in general, and particularly in girls’ education, across the country. The initiative mapped 748 organizations nationwide, of which 64 per cent (480) have interventions focused on girls education. Availability of such a database will be helpful for maintaining information on interventions, promoting collaboration and avoiding duplication. Plans to create an advisory group and initiate a network of organizations to support the coordination of activities in girls’ education were also underway.

In addition UNICEF in partnership with the gender education unit and other active CSOs, also began updating the gender in education strategy and developing guidelines for an education sector response to address emerging issues framing around adolescent girls and schooling. A technical team comprised of an international education and gender consultant, national gender consultant and national policy analyst was in place to oversee the work. Consultations began in 2016, and a series of focused interactions with regional and district directors, head teachers/teachers, parents and school-going adolescent girls and boys were completed across the three different geographical zones: northern (Tamale), southern (Accra), and middle (Kumasi), reaching nearly 600 participants.

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

**Analytical Statement of Progress:**
Despite overall gains in enrolment, late entry into primary school and irregular attendance continue to present barriers to learning in primary school. Despite overall improvements in access, the low net admission ratio highlights the fact that a large proportion of children of school-going age still are not in school. The rate for primary in 2015-16 was 81.6 per cent, which suggests that 19 per cent of children entering first grade were not six years of age. Learning outcomes in primary schools in Ghana continue to remain poor. The low quality of educational foundations established in the early primary grades has consequences throughout the education system.

No significant change was observed in pupil performance since the 2013 assessment; the 2016 assessment indicated that large numbers of pupils are struggling to master primary grade 4 and 6 curricular content. Less than 25 per cent of pupils met the proficiency cut-off in P4 and P6 mathematics, and fewer than 40 per cent achieved proficiency in P4 and P6 English. There were small but statistically significant differences between male and female pupils’ performance in P4 English (49.8 per cent correct for males, 52 per cent correct for females) and P6 mathematics (44.9 per cent correct for males, 42.8 per cent correct for females).

Learning outcomes varied substantially based on location (urban versus rural) and type of school (public versus private). Average performance among pupils in urban areas was significantly higher than for pupils residing in rural areas. The disparities were similar for pupils residing in deprived versus non-deprived districts. Not surprisingly, the performance of pupils residing in the three regions of northern Ghana (Northern, Upper East, and Upper
West) – where most of the pupils sampled reside in a deprived district – was poorest.

Poor learning outcomes are evident despite Ghana meeting the international benchmarks for key education budget allocations and expenditures. More scrutiny and analysis on what funds are spent on and how it contributes to better learning outcomes is needed. If most of the expenditures are focused on teacher salaries at the primary level, there is a need for more accountability to ensure trained teachers are deployed in schools where they are needed, are present, speak the local language and have the right skills to promote early grade reading and numeracy. As part of USAID support, national assessments have been institutionalized and are available every two years; however, they have yet to inform interventions to improve learning outcomes at scale. A recent development is the Partnership for Learning, with USAID support (2015-19), to address early grade reading; however it is too early to assess learning improvement.

The GPE project completion report, which resonates with UNICEF experience, highlighted the need for ensuring adequate and predictable financing to sustain and improve the quality of both school infrastructure and education. Despite the large proportion of the annual budget dedicated to the education sector, very little is spent on quality improvement and accountability for learning. Hence it is the larger systemic constraints of financing, governance, monitoring and accountability that need to be addressed, along with targeted interventions, to improve learning.

UNICEF contributed to improved quality through multiple interventions, which also support thinking about learning in a systemic and consistent manner. Support to KG helped lay the foundations for effective school-readiness by setting up standards, developing materials and improving quality of instruction. With USAID support, UNICEF reinforced the focus on enhancing the professionalism and effectiveness of primary school teachers, especially for early grade reading. It supported the national teacher education division to strengthen capacity of district training teams across the 20 focus districts, using the in-service education and training system. UNICEF also innovated, creating systems for generating real-time data to improve decision-making and accountability at the district and school level through the mobile school report cards (initially in piloted in 10 districts). Initial impact is evident in increased teacher attendance. The recently completed evaluability study of the USAID-supported Learning Support component will help us to better manage for results for learning.

UNICEF successfully built consensus around the need to address bullying, corporal punishment and sexual harassment in schools as an essential input into learning; development of a safe school resource pack was underway. It also made the transition to systematically addressing management for results and accountability at the district level through an evolving district systems-strengthening approach – with a focus on capacity to relate policies and plans to budgets and to monitor implementation in 20 districts.

As the lead and an active member of the development partners’ group UNICEF also worked with partners to ensure greater coherence and synergy across donor-supported interventions and an enhanced focus on learning and equity. At the end of the GPE grant, the partners made an effective case for consolidating and sustaining the gains of the project. Work in the 20 districts is also carried out through engagement with national-level actors and provides opportunities for advocacy and strengthening the policy and strategic direction of education. Going forward, UNICEF will strengthen its evidence-building function and engage with strategic policy advocacy more systematically in the new CP.
OUTPUT 1 IR21: 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:
In 2016 UNICEF continued its targeted support to strengthening leadership and management for effective service delivery, especially in the 20 focus districts. One of the persistent challenges in service delivery in Ghana is high turnover and limited capacity to lead and manage for results. UNICEF supported the GES to roll out its ‘leadership for change’ training (originally developed in 2014, with UNICEF assistance) for 200 officials from the 20 districts, 10 regional directorates of education and select participants from various national divisions and units. In addition, 2016-2017 annual district education operational plans were developed through a participatory process in all 20 districts. Nearly 500 people participated in consultations organized in the 20 districts between August and October of 2016.

Nearly 1,000 communities held school performance appraisal meetings and used the resulting recommendations to develop/review their school performance improvement plans. These processes helped to strengthen the role of parent-teacher associations (PTAs) and school management committees (SMCs). However, it is too early to conclude that all SMCs and PTAs are functional at the desired level. In Upper East Region, UNICEF entered a partnership with a local NGO (AfriKids) to support PTAs and SMCs to become more effective. The lessons learned highlight the significance of the process, the need to go beyond one-off orientations and the role of GES (strengths and limitations) in supporting the process of community empowerment, as well as the role of community organizations in supporting the process.

Acknowledging the importance of decentralized planning and monitoring, UNICEF also initiated a conversation with GES and the Institute of Educational Planning and Administration at the University of Cape Coast to further understand the major constraints that contribute to weak service delivery and accountability for results. Consultations resulted in an agreement to map district structures – education and non-educational, that have impact on education delivery and outcomes – and conduct an operational assessment of the capacities, constraints, and opportunities to seek contextualized, targeted solutions. The focus will include the functioning of SMCs, PTAs, relationships between the GES and District Assemblies, financing and other essential inter-sectoral mechanisms.

In sector coordination, UNICEF served as the lead agency of the education sector development partners group and co-chair of the education sector working group from July 2015-July 2016. Additionally, UNICEF was the coordinating agency for the GPE in Ghana. Key opportunities leveraged included the conclusion of GPE, putting a spotlight on the constrained fiscal space in the sector and implications for sustaining the gains and the need to use a stronger equity and diagnostic lens to support the development of the new education sector plan to align with the SDGs. UNICEF supported the 2016 national education sector annual review, to ensure the participation of various grassroots stakeholders.

OUTPUT 2 IR22: 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:
To strengthen management and supervision for learning in schools, the GES, with support from UNICEF, trained district education officials, head teachers, circuit supervisors and newly deployed teachers in six focus districts on “Leadership for Learning” and provided
orientation to districts on the new policy on pre-tertiary teachers professional development and management. The policy focuses on issues related to teacher development, linked to an evidence-based system of career advancement and promotion. Seventy district officials (53 male, 17 female), 505 head teachers and circuit supervisors (402 male, 103 female) and 292 newly deployed teachers (182 male, 110 female) participated in the training. The remaining 14 focus districts were covered through leveraging of GPE funds and reached an additional 84 participants.

A cadre of 80 district master trainers (72 male, 8 female) from all 20 districts completed training-of-trainers workshops. Further, 1,495 primary grade one-to-three teachers (971 male, 524 female) were equipped with knowledge and skills on teaching early grade literacy and numeracy. The content of the training included phonic methodology and sharing experiences in using locally available materials to make teaching and learning materials.

To strengthen reading habits, UNICEF and the GES procured 61 titles of supplementary reading materials, for a total of 209,606, for 1,322 schools in the 20 focus districts. The supplementary readers are in the eleven approved local languages and English for children in KG to third grade.

To improve the availability of real-time data at schools and districts, in 2016 the mobile school report card was introduced in seven additional districts (for a cumulative total of 10). The districts were equipped with tablets to facilitate use of the mSRC and involved 708 primary school headmasters across 10 districts and 70 circuit supervisors. Monitoring reports, both field-based and generated by the dashboard, indicate that the mSRC is generating quick and up-to-date school-level data on key education indicators. Key results reported by the districts were increased teacher attendance and preparation of lesson plans. At the district level, anecdotal evidence suggests that districts are using the data to inform their field monitoring of schools. The mSRC also generated interest in non-focus districts, with an emerging willingness to use the application on personal devices.

At the national level, using mSRC as an entry point, UNICEF worked with partners involved in the USAID-supported Partnership for Education to support and advocate for an integrated education data management system with the Ministry of Education and GES. The intent is to develop interface between the education management information system and the school report card (both paper based and mobile), thus strengthening the potential for progressive digitization of the school report card across the country.

Finally, an evaluability study of the USAID-UNICEF learning support programme was completed; the recommendations will be acted upon in 2017 to strengthen the programme logic.

OUTPUT 3 IR23: Healthy, Safe and gender-sensitive environments established in primary schools in at least 20 deprived districts

Analytical Statement of Progress:
A formative assessment of the Enhanced School Health Education Programme (E-SHEP) – jointly developed by UNICEF and GES and operationalized with UNICEF support in 14 districts – was completed. The assessment focused on the implementation of E-SHEP at the national, sub-national and school level, and explored the factors that potentially contributed to or constrained effective programme implementation. The assessment provided evidence on the need for clarity, consistent leadership, financing and institutionalization of interventions to achieve impact at scale. While emerging evidence indicates that where E-SHEP is working well it has the potential to achieve educational and health outcomes for children, there is considerable variation in capacity and performance and lack of a strong
monitoring and evaluation framework to conclude in favour of scaling-up. Going forward, UNICEF will share the findings and explore avenues to strengthen a national approach to school health.

UNICEF also supported the GES to develop a safe school resource pack, aimed primarily at teachers to support them to create safe school environments. A safe school environment is understood as a learning space free of corporal punishment, bullying and sexual harassment. The GES guidance and counselling unit leads development of the resource pack, through a consultative and highly participatory process involving multiple stakeholders, including teachers and teacher unions, principals, families and communities, and traditional and faith leaders among others. Three stakeholder consultations were completed in 2016, involving nearly 250 participants, including children.

Simultaneously, UNICEF supported a small-scale pilot to explore how to introduce teachers to positive discipline as an alternative to corporal punishment in two focus districts. The pilot was in response to increasing demand and pressure on GES to address the glaring issue of corporal punishment in schools and provide teachers with alternative skills to maintain discipline in classrooms. A total of 1,440 head teachers and teachers in two demonstration districts were introduced to the approach, and are subsequently being supported and monitored to assess the impact. Emerging evidence from the pilot indicates that despite initial resistance by teachers to banning corporal punishment, through dialogue and training they have realized the positive impact of alternative approaches and are adopting the practices. The results of the demonstration in two districts will inform guidance on eliminating corporal punishment in schools and offering alternative methods to support children and teachers.

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:
To ensure that families with children across the country access and utilize improved social services, UNICEF supported the MoGCSP in two areas: (i) strengthening the efficiency and effectiveness and increasing the reach of the LEAP cash transfer programme and Ghana School Feeding Programme (GSFP), and (ii) improving the policy, coordination and legal framework for the social protection system.

UNICEF continued support to the MoGCSP to deliver on its commitment to expand national coverage of the LEAP programme by an additional 65,000 families – from 147,000 in 2015 to 213,000 in 2016. The new households are also now entitled to free enrolment in the national health insurance scheme provided to all LEAP households. Following the success of the LEAP 1000 pilot in 2015, the recent expansion also included families with pregnant women and children below one year of age, making LEAP more inclusive of a key target group. Other vulnerable groups also benefitted; by end-2016 LEAP had reached approximately 943,439 people, of whom 375,141 were children, 193,629 were working age women and 205,183 were elderly.

While investing extensively in the expansion of LEAP, UNICEF continued working with the MoGCSP to improve its operations on e-payment, impact evaluation, monitoring system, management information system, targeting and communications. Preliminary results from the third wave of the LEAP impact evaluation released in November 2016 confirmed that LEAP Programme operations have greatly improved since the 2012 evaluation (particularly in regard to transfer size and payment regularity). Similarly, the baseline evaluation for LEAP 1000, released in April 2016, demonstrated the effectiveness of the revised targeting
modality in reaching Ghana’s poor. Findings from both evaluations were disseminated through several channels, including panel discussions with the public and policy-makers nationally, and through videos accessible to an international audience. In addition to LEAP, improving the effectiveness of the GSFP was also a key priority for UNICEF this year. In collaboration with the MoGCSP, GSFP and World Food Programme, UNICEF led an independent assessment of GSFP operations, which served to inform changes in programme implementation and management that are expected to improve the delivery of school meals to children across the country.

UNICEF’s direct technical involvement in support of LEAP and the GSFP served to catalyse efforts to strengthen the broader social protection system. Since 2014, UNICEF has directly supported the MoGCSP to improve the SP Policy, establish institutional oversight, and develop a legal framework for SP, all of which will improve the coordination, delivery and quality of SP interventions. After approval of the new SP policy in December 2015, UNICEF supported the MoGCSP in 2016 to disseminate the policy and operationalize some of its key elements, focusing on coordination, national targeting system, SP monitoring and legal frameworks. In collaboration with the Government, UNICEF supported the restructuring and strengthening of the SP Directorate (under the MoGCSP) in charge of coordinating SP, roll-out and adjustments to the Ghana national household registry (that aims to develop a nationwide single registry for SP interventions), development of a broad M&E framework for SP and preparation of the draft SP bill and draft implementation plan (still at the drafting stage in late 2016).

The C4D unit continued to further refine its delivery of the entire basket of 12 behaviours through UNICEF’s multi-pronged approaches: interpersonal communication, mass and traditional media, innovative technology and entertainment education.

In 2016, UNICEF supported the enhancement of capacity for 6,599 Government and CSO frontline workers, improving the quality of communication undertaken by partners in five focus regions.

The unit also led the support for designing national indicators on key health behaviours, which were subsequently rolled out nationwide and can be used to track C4D change across the country, promoting the idea that changing behaviour is a core component of improving healthcare.

In terms of strategy, multi-sectoral C4D work has expanded to smaller-scale grassroots partners, signing on 12 new NGOs to deepen impact in the north of the country.

Overall reach achieved an impressive 70 per cent of all communities in the priority five regions of the country: 312,608 households in 5,656 communities in five regions, as well as over 12 million people indirectly across the country.

Behaviours related to malaria, routine immunization, cholera and hand-washing received extra promotion at the national level due to mass media campaigns run in 2016.

An assessment of media promotion of the Agoo 5100 call centre and messaging service estimated that around three-quarters of people are aware of the promotional material.

OUTPUT 1 Output 025: 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 support to the Government, building on the gains made in previous years, by providing direct support to the Livelihood Empowerment Against Poverty cash transfer programme and the GSFP, to enhance their internal operations and performance, and by continuing to strengthen the policy, coordination and legal framework for social protection.

The targeting performance and reach of LEAP was enhanced through UNICEF’s support to the LEAP Management Unit (LMU) to adapt the targeting approach used during the LEAP 1000 targeting process. The new approach improved the quality of targeting data and speed of data transmission. In addition, the new approach proved to be more inclusive and effective. The implementation of this approach on a national scale led to the inclusion of 65,000 new families, including for the first time in a scheduled expansion, pregnant women and children under one year. This also supported Government commitment to expand the programme to new categories of beneficiaries.

To ensure that beneficiaries had access to their cash grants and to reduce fiduciary risks, UNICEF supported the national roll-out of an e-payment system by conducting joint field monitoring with LMU to measure the performance of partner financial institutions. LEAP quarterly reports and independent monitoring check reports continue to be used by LMU as routine programme management tools. The LEAP management information system continued to be improved, to serve as a fulcrum for information relating to the programme, enabling LMU to access and analyse programme data. UNICEF supported the MoGCSP to conduct the third wave of LEAP impact evaluation, which confirmed improved performance of LEAP on key operational indicators.

An independent operational assessment of the GSFP identified implementation challenges. Recommendations from this assessment, supported jointly by UNICEF and the World Food Programme, were captured in the revision of the programme’s operations manual, with the aim of strengthening oversight, accountability and service delivery.

To ensure effective and coordinated delivery of SP, UNICEF continued to support the MoGCSP to actualize the objectives set out in the social protection policy of 2015. This includes drafting an implementation plan to become operational in 2017, and defining key roles and responsibilities for all stakeholders. Additionally, UNICEF supported the restructuring of the social protection directorate, to facilitate better oversight to policy implementation. UNICEF provided technical support to the roll out of the Ghana national household registry, which will improve coordination and harmonize targeting among programmes. Finally, drafting of a new bill entrenches social protection as a right for all Ghanaians.

Thematic and secondary studies in social protection were carried out to provide evidence, as well as to guide UNICEF and Government work in social protection. Three papers were completed and ready for external review, two were being finalized for publication. The results of the LEAP impact evaluations were used to advocate for further improvements in programme delivery, including stronger linkages with other programmes.

**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:**

At the national level, UNICEF Ghana supported the GHS to re-vamp its M&E system for behaviour tracking. New monitoring tools and indicators were developed to track both
process and behaviour change at all level. The indicators are included in national and district health information systems, to facilitate mainstreaming in regular Government monitoring systems. In 2016, some 4,510 people were trained as master trainers.

UNICEF’s work with the AGOO platform, using mobile phones to provide access to information through voice-to-voice service, an interactive voice response (IVR) system and an SMS platform continued, reaching over 758,104 people (51 per cent women) with messages on malaria and cholera. Additional messages on ending child marriage, right-age enrolment and stopping open defecation were also developed for the IVR system and added to the 3-2-1 Vodafone platform. A youth poll (5Q4U) was conducted through Agoo to gather youth voices on matters tied to education, employment and social services. The poll results were widely shared on media before the presidential election.

UNICEF partnered with 21 artists to produce artworks on open defecation called, ‘Let’s Talk Sh*t’, which were exhibited to challenge social norms on open defecation. One central level exhibition and three community exhibitions generated media attention and community dialogue between communities and the artists. Assessment of a hand-washing video revealed that 80 per cent of respondents recalled the key messages.

Continued support was provided to cholera and avian influenza preparedness and response. Some 127,690 pre-recorded voice messages on cholera were sent out through the AGOO platform to targeted population in the affected region. Malaria and routine immunization mass media campaigns were also concluded in 2016. Cumulatively, they reached over 12 million people across the country with positive behaviour messages. Also, UNICEF supported the Government to develop an avian influenza C4D strategy to strengthen Government preparedness and response capacity.

At the regional level, UNICEF continued to support sectoral partners in the five focus regions by building capacity in communication planning, strategy development and building interpersonal communication skills. A total of 6,599 Government, civil society and frontline workers had their capacity built in 2016.

Multi-sectoral C4D work expanded to smaller-scale grassroots partners with a focus on capacity-building and more sustainable community reach. New partnerships with 14 NGOs were formed in 2016 to continue implementation, and a total of 5,656 communities were reached with the basket of 12 key behaviours – about 70 per cent of all communities in the five focus regions.

In particular, the ‘talking book’, a low-cost audio device to engage and provide information on behaviours reached approximately 40,000 people in 49 hard-to-reach communities of Upper West Region. According to midline data, talking book users showed much higher levels of positive practice in malaria prevention, hand-washing, and birth registration.

The end-line data of the randomised control trial evaluation of five behaviours in the three northern regions was collected in 2016; the final report will be ready by April 2017.

**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:

**Policy.** In light of persistent poverty and rising inequality, UNICEF Ghana’s policy analysis and advocacy in 2016 was primarily driven by the design and implementation of a poverty and inequality policy advocacy strategy. The strategy comprises six streams (high-level policy, technical level, civil society/partners, political influencing, academia and media), and seeks to bring about a shift in national dialogue to see poverty and inequality as central issues that need tackling. It is backed by evidence, particularly the March publication and dissemination of the Ghana Poverty and Inequality Report led by UNICEF. In May, UNICEF worked with several Government agencies to hold a National Forum on Inclusive Development, bringing together over 150 national organizations, leading to a national consensus on the need to address inequality, and specifying policy actions needed.

This established national consensus on poverty and inequality fed into a further strategy to influence national dialogue around the December Presidential elections through a series of partnerships and informal collaborations to spread the message to policy-makers, youth and the public at large. UNICEF set up a small partnership with IMANI, a highly influential political think-tank, to ensure that their high-visibility statements captured the need to reduce poverty and inequality. In June, UNICEF worked with the Institute of Economic Affairs to liaise with the heads of Ghana’s main political parties, to raise a select handful of top priority issues for improving child wellbeing. Furthermore, collaboration with high-profile media personalities and a partnership with Ghana’s most prominent TV and radio station (JoyTV) generated a series of TV and radio discussions with political parties, influential actors and the public, plus a series of documentaries on poverty. A youth poll of Ghana’s senior high-school students was also carried out and aired on television. As a result, media engagement on the issues of poverty and inequality greatly increased (around 20-fold) compared to last year.

Civil society capacity was also strengthened, through technical engagements to increase collaboration and advocacy on poverty and inequality and in the area of social accountability. An advocacy partnership with Oxfam, SEND Ghana and the Ghana Anti-Corruption Coalition was established for implementation in 2017.

The 2016 District League Table was effectively planned and launched for the third year in a row in December, with strong national buy-in. Engagement with Government resulted in commitments to use the table for discussion with the President and informing resource allocation. In addition, agreement was reached with the Ministry of Finance to design a new public finance monitoring tool to simplify budget reporting and boost accountability.

**Monitoring and evaluation.** In the area of strengthening 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.

A memorandum of understanding was signed with the GSS to implement the MICS 2017, an important source of data on maternal and child health, nutrition, education, WASH and child protection issues.

Advocacy efforts were intensified to strengthen the sharing and use of data for decision making and for developing a national evaluation policy in Ghana, in collaboration with the joint advisory committee on statistics for development set up by the National Development Planning Commission (NDPC) and GSS. Ministries, departments and agencies that own and maintain the main administrative data sources are the primary focus of this effort, to make these important sources of information accessible to and usable by decision makers. UNICEF Ghana also continued its efforts to strengthen sectoral monitoring systems by
working with programme teams to review the structural setup of these systems and recommend sustainable changes, where possible.

A national evaluation policy would define the minimum requirements for when, where and how evaluations need to be conducted in the policy-making process, and would represent a milestone in Ghana’s efforts to strengthen evidence-based policy and programming. A roadmap for developing the policy was put in place and will be implemented in 2017, aiming to have a draft of the policy ready for cabinet review and approval in late 2017 or early 2018.

Communications. The 2015-2016 external communication objective of reaching more than 100,000 people was surpassed, with a total reach of 2.5 million people across various platforms (mainly Facebook and Twitter), and an average of 77 mentions in the traditional media.

Through this media and digital outreach, multiple levels of society were informed about children’s rights and needs. The poverty and equity campaign successfully reflected the message that focusing on the most disadvantaged children builds stronger societies and a more equitable world for all children.

Through the several media partnerships, evidence-based messages related to children’s rights and needs were delivered to the public, decision-makers and stakeholders. Widespread awareness was raised on the situation of children and the growing inequality gap, that is at it’s highest-ever point in Ghana.

By engaging with influencers, UNICEF’s messages were amplified and reached new audiences, mainly through digital and audio-visual platforms.

Through partnerships with the private sector, support and momentum was generated to advocate children’s rights with the business community and decision-makers.

OUTPUT 1 Output 27: 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:
Ghana has made substantial progress on reducing poverty, meeting the MDG1 target. However, one in four people remain poor, progress has slowed and inequality risen to its highest level. Therefore, a key achievement led by UNICEF’s policy unit was the design and implementation of a poverty and inequality policy advocacy strategy, comprising six streams: high-level policy, technical level, civil society/partners, political influencing, academia, and media.

Publication of the “Ghana Poverty and Inequality” report in March created a flagship programme publication and a source of evidence to promote national dialogue. The report was central to the organization by UNICEF and key Government counterparts (Planning, Finance, Social Protection, Agriculture and the Savanna Accelerated Development Authority) of the national forum on inclusive development in May, bringing together 150 national organisations, which led to a national consensus on the need to address inequality and recommendations for policy action.

This national consensus on poverty and inequality fed into a further strategy to influence national dialogue around the Presidential elections. Activities included collaboration with two of the country’s most influential political think-tanks (IMANI) to drive analysis of party manifestos and debate and to facilitate engagement with, heads and senior staff of Ghana’s main political parties, raising issues crucial for children in Ghana (Institute of Economic
Affairs, June and August). In addition, a partnership with Ghana’s most prominent TV and radio station (JoyTV) was established to execute a series of TV and radio discussions with political parties, influential actors and the public, as well as a series of documentaries on poverty. Further, a national poll of Ghana’s senior high-school population was carried out to promote youth voices (results aired on national television), as well as a social media series. A further series of media engagements were arranged for influential speakers to raise issues of poverty and inequality throughout the year (TV3, JoyNews, Adom, GTV, ViaSat etc). As a result, media coverage of poverty and inequality increased by around 20-fold compared to 2015. Furthermore, civil society was engaged through a national workshop on CSOs and inclusive development, from which a partnership to scale-up advocacy on the issues was later crafted with Oxfam, SEND Ghana and the Global Alliance against Cholera (GACC) for implementation in 2017.

In relation to social accountability, a national partners’ workshop was held on the issue in October, which succeeded in finding support for uptake of a national platform among partners and improved coordination. The 2016 the district league table was effectively planned and launched in December, for the third year in a row, and engagement with the Government resulted in commitments to use the table for discussion with the President and for informing resource allocation.

Cross-sectoral policy advocacy improved with the further refining of annual policy briefs and budget analysis to target specific priorities for the 2017 budget. In the second half of the year an agreement was reached with the Ministry of Finance to design a new public finance monitoring tool to simplify budget reporting and boost accountability.

**OUTPUT 2** The Government of Ghana 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 decentralized levels.

**Analytical Statement of Progress:**
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.

**Data generation.** UNICEF Ghana has worked intensively with the GSS, UNICEF Regional Office and the Headquarters MICS survey team to prepare for the 2017 MICS in Ghana. An MoU was signed between the GSS and UNICEF to carry out the survey, fundraising efforts started and a survey plan, including several sampling scenarios, was developed. The Ghana delegation, comprising GSS and UNICEF, was sponsored to attend the MICS design workshop in Dakar.

**Data utilization.** The M&E team continued to advance the data initiative, aiming to strengthen data-sharing and use for decision making at all levels. At the national level, the team worked with the NDPC to hold a national forum on ‘statistics for development’, which took place in November 2016. The forum called for increasing data accessibility through Government agencies, and for strengthening statistical capacities in these agencies. With UNICEF’s support, the NDPC also implemented an assessment of statistical capacity in all 216 district administrations and all ministries. The results are expected in early 2017.

At the sub-national level, the M&E team worked with and through the regional planning and coordinating units of the three northern regions and SADA to strengthen cross-sectoral data sharing at the district level. Prototype tools to facilitate cross-sectoral data sharing, management and use were being piloted at end-2016. UNICEF also supported SADA to hire an M&E specialist whose role is to support the regional units in their M&E work.
**Systems strengthening.** UNICEF worked with sector ministries and agencies to strengthen their monitoring and evaluation systems to generate relevant data for programme decision making. This included the mSRC and the pilot roll-out of mobile birth registration systems. The Ghana Monitoring and Evaluation Forum, with support from UNICEF, continued to support CSOs and M&E practitioners in monitoring and evaluation, through training seminars and public forums.

UNICEF worked jointly with the Forum and the NDPC to hold a national evaluation policy dialogue in April 2016. The event generated a declaration and call for a national evaluation policy for Ghana, to define the role and minimum requirements for evaluation in the policy making process. A roadmap for policy development was established, and implementation will begin in early 2017. Increased use of evidence generated through evaluations is expected to yield greater efficiency and effectiveness of policies and programmes. The evaluation policy is expected to constitute a new pillar in the national M&E system, leading to increased budget allocations and frequency of evaluations being carried out. UNICEF’s M&E unit further strengthened the Office’s internal monitoring system by scaling up the use of TrackME, a powerful Excel-based tool to record and visualize activity progress and results indicators.

**OUTPUT 3 IR 029:** 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:**
A child poverty and equity campaign was launched in 2016, with the goal of putting the issue of the most marginalized in the forefront. New partnerships were established with institutions and personalities to explore new platforms. These platforms created space within which to raise issues and amplify the growing inequality gap, currently at its peak in Ghana. UNICEF Ghana’s main advocacy asset to engage with key audiences was a video that subtly tells the story of the most disadvantaged. A concert launch of the video, an interactive session on broadcast media and messages on billboards supported overall messages on child poverty, reaching the broad public.

A deliberate sanitation-focused campaign, including awards for three journalists who championed the cause through their platforms, resulted in a major public commitment by the highest office to end open defecation by 2020; this issued also featured in the manifestos of the political parties.

UNICEF Ghana’s advocacy efforts were strongly supported with a monthly communication package, including 24 media interviews, six opinion-editorials, 10 field visits, 22 press releases, digital messages and human interest stories. With the rapid growth of Ghana’s online presence, a digital & online strategy was implemented to increase visibility on children issues. This was achieved with high-quality photographs and personal stories collected directly from Ghanaian children. Vibrant online engagement took place as we partnered prominent bloggers, musicians, media personalities, student leaders and lawyers who shared key messages on the situation of children on their platforms.

UNICEF’s work to influence the way private sector relates to and invests in children, partnering with the Ghana Investment Promotion Centre and using the Child Rights and Business Principles to influence the operations of private sector companies. Building on the Coalition for Children initiative started last year, UNICEF Ghana explored innovative ways of investing in children and looks forward to concrete investments by the private sector.
OUTCOME 9: 54% 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:
The launch of the SDGs came at a time of significant challenges for Ghana, particularly in sanitation, with only one in seven Ghanaians having access to improved sanitation. The national strategy to raise rural demand for sanitation facilities achieved only limited success, while the poor in flood-prone areas were particularly vulnerable, without appropriate, affordable flood-resilient technologies. The complex nature and high cost of urban environments, and the lack of a national strategy for urban sanitation, meant that millions of urban poor relied on shared and public toilets, with the poorest 15 times less likely to have access than the wealthiest. The 2014 DHS highlighted associated health challenges, and it is likely that the poor sanitation situation contributed to frequent urban cholera epidemics. Hygiene challenges were further exacerbated; only one in-five Ghanaian homes has handwashing facilities.

The situation in schools was similarly challenging, with two of every five schools lacking toilets and three out of five lacking a water supply.
While Ghana achieved the MDG for access to improved water supply early, the SDG targets highlight Ghana’s poor water quality; fewer than two-in-five Ghanaians drink safe water. Despite poor drinking water quality, only 7 per cent of Ghanaians treat drinking water at home.

Challenges for improving WASH services were exacerbated by the challenging macro-economic situation in Ghana, with limited available Government funding and high interest rates (typically 30 per cent+), limiting options for the poor.
As the first step in 2016 to addressing Ghana’s sanitation challenges, UNICEF advocated for higher prioritization of sanitation by political leaders through direct engagement, mass media and even an art exhibition, successfully raising the profile of sanitation, leading to the President’s pledge to make Ghana ODF by 2021.

UNICEF Ghana supported the Government's strategic review of the behaviour-change components of the rural sanitation model and strategy (RSMS), identifying key bottlenecks, including: limited political engagement, decentralized accountability, management, financial and technical capacity, supply challenges and human resources. Innovative approaches were implemented to build decentralized technical, management and financial capacity and accountability, including partnering with CSOs to work directly in district government offices and financial consultants to build district financial and programmatic accountability through development of a results-based financing approach. An incremental approach to implementing CLTS was demonstrated in 2016, focusing on natural leaders engaging neighbouring communities as part of a district-wide approach. This collection of approaches resulted in rapid improvements in ODF conversion rates.

Innovative behaviour-change approaches were piloted to address low demand for household sanitation in poor, high-density urban areas, complemented by development of technical solutions to sanitation challenges in urban and flood-prone communities. However, an affordability study identified significant challenges to bridging the gap between household affordability and available options in Ghana’s challenging economic environment, particularly for the poorest. UNICEF is currently working collaboratively with other partners to reduce current costs, identify new more affordable options, and identify scope for innovative financing mechanisms and systems that use existing social protection mechanisms to increase access to household sanitation for the country’s poorest people.
Challenges to low handwashing with soap (HWWS) rates and poor water quality were addressed through support to implement national strategies incorporating private-sector approaches for HWWS and HWTS, including building Government capacity to facilitate and regulate the private sector. These strategies were complemented by a campaign to support handwashing at all schools in Mion District, using Tippy Taps, resulting in a low-cost and near universal (95 per cent) solution for district schools – regional replication will test a potentially equitable solution to HWWS in schools.

Market-shaping solutions were piloted to meet urban and rural sanitation demands, supported by efforts to identify suitable financing mechanisms for rural and urban sanitation and community water supply. A study on rural sanitation financing provided options for targeted investment in financing pro-poor sanitation, and is providing an approach acceptable to all partners.

UNICEF supported ongoing work to reduce costs of school sanitation infrastructure, demonstrating cheaper options for urban school construction.

In supporting the Government to develop strategic solutions for delivery of sustainable, resilient WASH services, UNICEF support enabled 117,000 people to access latrines, over half of whom live in ODF communities. Water supply reached over 73,000 people and an additional 49,000 people are practicing HWTS. In all: more than 225,000 additional people were practicing HWWS, over 200 schools now have sanitation facilities, 72,000 more pupils now have HWWS facilities and 68,000 were reached with behaviour-change programming. Despite these successes, implementation challenges remain. District assemblies still require more support to deliver on sanitation results at the scale required; the innovative approach of utilizing CSOs to support them should help to resolve this problem in 2017. HWTS monitoring remains a challenge, but alignment with CLTS implementation and tailored training should improve results in 2017. The WASH in schools (WinS) approach remains high-cost, limiting capacity to scale solutions nationwide. The development of a costed strategy in 2017 will be a key advocacy tool to ensure children can gain equitable access.

While some results fall short of 2016 targets, ongoing rollout of refined programmes means that 2012-2017 targets should be met and/or exceeded.

**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 2016 UNICEF supported the development of revised approaches for sanitation behaviour-change in urban, rural and small-town communities. These approaches were being demonstrated at scale in over 50 districts – with over 117,000 people using toilets and over 230 communities declared ODF – and will be refined over the next two years through sector-wide operational research to improve implementation by Government and all partners in Ghana. Key studies were completed to identify appropriate, flood-resilient sanitation technologies and to assess affordability and develop financing frameworks for the poor. A national social norms campaign, targeting key sanitation behaviours, was developed and will launch during 2017.

A review of RSMS implementation in Ghana identified key constraints to scaling-up, including limited political engagement, decentralized accountability, management, financial and technical capacity, supply challenges and human resources.

Strategic advocacy for greater political engagement included targeted op-eds, advocacy sessions with district leaders and other key stakeholders, targeted media messages,
engagement of journalists via competitions, collaborative development partner messaging and an innovative art exhibition (Let’s talk Sh*t). The success of this campaign was reflected in a President pledge to achieve ODF Ghana by 2021.

UNICEF supported increased decentralized government accountability through the establishment of partnerships with CSOs in 40 targeted districts; partners will assign staff to work directly with the district assemblies. This innovative approach provides support for the district environmental health team to better manage and monitor programme implementation, track funding flows and programme delivery and engage natural leaders. This approach also provides an opportunity to explore potential linkages between CSOs and decentralized government. Decentralized financial management was further strengthened through the development of a results-based financing approach for sanitation implementation and associated capacity building.

RSMS implementation was refined, with greater engagement by natural leaders, based on incremental implementation. In three urban districts, community level urban environmental sanitation planning, urban CLTS and community development for health approaches were adopted and adapted, and a modified form of CLTS was being rolled-out in small towns. District staff in 50 districts were trained in implementation of relevant strategies, and are currently supporting implementation. Over 64,000 people now live in ODF communities, and more than 640 flood-resilient toilets were constructed.

As mentioned above, technical solutions to addressing challenges in high-density poor urban areas and flood-prone communities were identified. UNICEF continues to work toward closing the gap between the cost of sanitation products and services and how much the poorest can pay.

Market-shaping approaches resulted in district technical staff and local artisans being trained in sanitation technologies. Tools were under development to assist households to select services, as part of sanitation marketing approaches. Selected artisans and entrepreneurs were also trained to develop businesses, to address growing demand for toilet construction/service in 41 districts. Support for a sector-wide sanitation financing strategy provided key guidance on how sector investment can support national ODF.

OUTPUT 2 Output 31 An additional 500,000 people in 5 most deprived regions practice handwashing with soap/ash

Analytical Statement of Progress:
In 2016 UNICEF supported Government partners to promote HWWS as an integral part of CLTS programming. Hand-washing promotion messages resulted in 227,000 people practicing HWWS. To facilitate the promotion, approximately 300 trainers learned to facilitate downstream training for promoters.

A national social norms campaign was initiated in 2016 with a launch planned for 2017. The inception and material development stage involved working with a series of four creative agencies to develop a range of materials – including videos, animations and storybooks among other printed materials. The campaign will address deep-rooted social norms on open defecation, hand washing and building a household latrine. The Government of Ghana will launch the campaign during 2017 at both a national level and through targeted launches in selected districts, including schools and religious institutions. The campaign will continue for two years.

UNICEF supported the Government to address low national school handwashing rates through an innovative ‘Tippy-Tap’ campaign, engaging all schools throughout Mion District in
a single short-term campaign. As part of this campaign successful targeted media
engagement, including key media houses, resulted in high levels of national and regional
radio, print and on-line coverage. Core government liaison training, combined with the media
coverage, contributed to high awareness in the district and resulted in 95 per cent of district
schools constructing and using HWWS facilities via the Tippy Tap technology. The number
of facilities continued to increase several months after the initial campaign. The success of
the programme enabled scale-up at the regional level in 2017.

OUTPUT 3 Output 32: An additional 500,000 people in 5 most deprived regions use HH
water treatment and safe storage systems

Analytical Statement of Progress:
In 2016 UNICEF supported the Government to demonstrate and document implementation
of the national strategy to promote HWTS. This was complemented by work with WHO to
demonstrate community and household water safety plans in flood-prone communities.
Challenges to decentralized M&E capacity for HWTS were identified as significantly
impacting on the results. Thus capacity was built in 25 districts to address these issues,
supported by CSOs (Safe Water Network and Intagrad). Improved monitoring capacity will
help to ensure that results achieved are accurately measured and reported in a timely
manner. A further challenge was availability of recurrent budgets at the district level for
monitoring, which presents an obstacle to ongoing sustainability. This will be mitigated by
linking HWTS monitoring with CLTS implementation, particularly the roll out of the basic
sanitation information system.
An estimated 49,000 people are now practicing HWTS because of 2016 UNICEF Ghana
programming. Ongoing programming is expected to result in exceeding the 2016 target of
350,000 people practicing HWTS, with results anticipated in 2017.
UNICEF worked with CSOs to test the HWTS private sector participation model, which is a
component of the national HWTS strategy that was developed previously, with UNICEF
support. The work with CSOs includes developing Government capacity to facilitate private
sector engagement at the decentralized level, both to generate demand for simple, cheap
HWTS products and to establish supply chains to meet the demand. Formative work
was completed in 2016; the expected 2017 results should provide invaluable grounding for the
strategy.

OUTPUT 4 Output 33: 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 2016 UNICEF provided support to the Government to disseminate, implement and
document roll-out of national WinS standards and implementation guidelines for the child-
friendly school framework in 44 districts.
In 2016, all annual targets for WinS programming were achieved, with over 60,000
schoolchildren engaged in hygiene behaviour change programmes to develop lifelong
habits. These programmes were further reinforced through interventions that provided over
59,682 pupils in 201 schools with WASH facilities. Over 13,300 school children were
provided with safe, sustainable water supplies (target: 29,000), with the remainder expected
to be completed in February 2017. More than 53,443 were provided with child-friendly,
gender- and disability-sensitive, sustainable sanitation (target: 65,000) and over 72,000 with
HWWS facilities. Over 68,000 children also were exposed to behaviour-change programmes
to improve hygiene. Sustainability of these facilities was demonstrated through the
development of multi-stakeholder (school/district assembly/parent teacher association)
facility management plans in all 201 intervention schools, plus other schools previously
supported by UNICEF WASH programming. Work at these schools will inform studies
underpinning the national costed strategy and refining of national guidelines.
UNICEF supported the Government to model the concept of children as change agents through the development of 150 child and youth WASH ambassadors, whose media training enabled them to advocate for improved WASH behaviours and facilities in schools and communities on numerous radio and television broadcasts, including radio stations with national coverage and one Ga language station that reaches 6 million people. UNICEF supported formative Government research on menstrual hygiene management (MHM) in schools, which identified approaches to address the impact on adolescent girls of capacity and knowledge gaps, perceptions, practices and poor/non-existent MHM facilities. This research, which identified infrastructure, operational and communication needs, is informing ongoing refinement of MHM programming in schools, for implementation in 2017. Initial work involved roll-out of MHM programmes to 4,400 school children.

**OUTPUT 5**  Output 34 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:**
In 2016, UNICEF supported publication and dissemination of the National Drinking Water Quality Management Framework to provide a basis for ensuring that drinking water supplies sustainably meet risk-based safety/quality standards on a consistent basis at the point of use. The framework is also expected to strategically position the country in terms of preparations for achieving the SDGs.

UNICEF supported the completion of improved water facilities to an estimated 73,900 people in the Central, Volta, Northern, Upper East and Upper West regions of Ghana (2016 target: 66,000 people). This included 17 piped schemes and the rehabilitation of 18 point sources.

A total of 362 gender-sensitive community water and sanitation management teams were also trained, or re-trained, to ensure that the facilities are equitably and sustainably managed (target: 365), with ongoing training of an additional 60 teams to be completed in the first quarter of 2017. This capacity building was completed in parallel with water supply construction and service management strengthening activities, including area mechanic training.

New approaches to private sector delivery and management of community water services are being piloted with the Government and a CSO (Safe Water Network) to demonstrate the sustainability of water supply facilities through a market-based approach to service delivery.

**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:**
While Ghana’s WASH sector generally has a sound policy and strategy framework, key capacity, commitment and information gaps remain within Government and communities to support the implementation of strategies and delivery of equitable, sustainable outcomes. In 2016 UNICEF focused on supporting research to inform sector strategies, and built on previous work to strengthen coordination mechanisms.

Future capacity building needs were identified in several areas, including sector coordination mechanisms at both the national and decentralized levels, and district leadership and staff capacity to manage decentralized WASH interventions and implement core behaviour-change and outreach programmes. Meeting these needs requires the support of coordinated and functional sectoral information systems.
Equity is poorly reflected across the sector, with limited scope in existing indicators to reflect equity challenges and limited understanding of how to implement national gender mainstreaming guidelines – an example of a sound strategic framework.

Key research/information gaps dictated by the main challenges facing the sector include: lack of affordable options for high-density poor urban sanitation services and flood-resilient household sanitation, insufficient understanding of sanitation service affordability in high-density poor urban settings, capturing lessons from the 2014/5 cholera epidemic to inform future preparedness and response and information on menstrual hygiene management behaviours and practices to inform national strategies.

UNICEF supported national forums to review progress against national targets and strategic planning for ministerial commitment. However, delays in implementation of the sanitation and water for all commitments constrained progress, particularly with limited funding provided for the sector and limited high-level engagement in national coordination mechanisms in late 2016. UNICEF will work to address these challenges in 2017.

Significant progress was achieved in strengthening lower-level cross-sectoral coordination mechanisms, with significantly increased frequency of meetings of regional and district inter-agency coordinating committees on sanitation across the five target regions. As the national sector working group lead, UNICEF supported establishment of a water quality national technical working group and reinvigoration of the sanitation working group. Cross-sectoral work with the health sector included development of national ‘WASH in Health Centre’ guidelines, enabling facilities to be more effectively planned and costed nationally.

UNICEF supported decentralized capacity building in five target regions, building the capacity of leaders and management staff to track the effectiveness, efficiency and equity of WASH interventions through the incorporation of sanitation targets into 38 medium-term district plans. Targeted financial management capacity building was undertaken, based on capacity gap analysis, to support the districts to better deliver WASH services. This support included promotion of social inclusion principles to ensure that vulnerable persons, particularly persons with disabilities, are mainstreamed into an inclusive WASH programme in communities. The engagement of CSOs in direct support for district governments, and financial consultants to develop a results-based financing framework (Outcome 9), also strengthened decentralized government capacity to deliver WASH services.

UNICEF strengthened sector knowledge management, supporting a review of national sectoral information systems, together with IRC (a Dutch NGO working on WASH), and development of a sector-wide knowledge management and sector learning plan. UNICEF supported roll-out of the basic sanitation information system in five target regions and provided guidance on improving WASH indicators in the education management information system. This work was supported by the development of more than 10 UNICEF knowledge management products during 2016 (e.g., research briefs, baseline surveys and sector overview documents).

The WASH gender mainstreaming guidelines were demonstrated by establishing and building the capacity of 362 functional, gender-responsive water and sanitation management teams and empowering 25,000 women and girls to engage in WASH service delivery. These women now hold key decision-making positions in WASH governance, developing income-generation and business skills as latrine artisans, and taking on hygiene promotion responsibilities. Documentation of these gender mainstreaming approaches in WASH governance and service delivery will provide tools for replication.
UNICEF worked with Ghana’s School of Hygiene and School of Nursing to develop draft curricula for hygiene and sanitation behaviour-change components to be incorporated into training courses for environmental health officers and nurses. The results will be included in national professional diploma and certificate courses for environmental health officers and community nursing roles.

The technology options identified by urban sanitation research are technically suited to Ghana’s slums; however an affordability study identified significant challenges for bridging the gap between household affordability and these technology options given Ghana’s challenging economic environment. UNICEF continued to work with partners to reduce costs; identify new, more affordable options; and identify scope for innovative financing mechanisms.

UNICEF supported a study of the 2014/5 cholera epidemic, which identified important lessons on Government and partner coordination and response that were subsequently incorporated into the national emergency preparedness and response plan. Improved understanding of roles and responses was demonstrated early in the rapid cross-sectoral response to a subsequent cholera outbreak in Cape Coast, resulting in early containment.

In 2016, the first DGIS project sustainability check was completed, identifying constraints to sustainability at both national and implementation levels. Responses to the sustainability check recommendations should improve delivery of sustainable WASH services nationally.

During 2016 key research commenced, including a WASH equity study, multi-year operational research on rural sanitation strategy implementation, health and hygiene education through play and sports and sanitation and hygiene budget monitoring analysis and monitoring tool development. These studies will address key gaps in sector understanding and support the sector to refine national strategies and indicators.

**OUTPUT 1** Output 35 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:**
UNICEF supported the Government to strengthen cross-sectoral coordination at the national, regional and district levels, with significantly increased frequency of meetings of the (RICCS regional interagency coordinating committees on sanitation across the five target regions, and of district interagency coordinating committees on sanitation. UNICEF was lead for the national sector working group of development partners, and supported establishment of the national technical working group for water quality and reinvigoration of the working group on sanitation. High-level national coordination mechanisms faced a challenge in the second half of 2016 due to lack of availability of Government staff and ministers; UNICEF will continue to address this challenge in early 2017.

Key research completed to inform decision-makers included an assessment of urban sanitation options, research into sanitation affordability in poor urban areas, formative research on menstrual hygiene management (currently informing ongoing development of C4D materials), lessons from the 2014/5 cholera epidemic and a Tippy Tap pilot study in schools to enable region-wide scale-up.

Urban sanitation research identified a range of technology options suited to Ghana’s slums, however the affordability study identified significant challenges to bridging the gap between household affordability and the cost of sanitation. UNICEF continued to support work on reducing the cost of current options and identifying new, more affordable, options.
UNICEF supported a review of national WASH guidelines for health facilities, currently being used to plan and cost WASH facilities nationally, in collaboration with the UNICEF Ghana health team.

UNICEF support for the study into the 2014/5 cholera epidemic identified important lessons on Government and partner coordination and response. These lessons were incorporated into the national emergency preparedness and response plan, providing clear roles and responsibilities across partners. This improved understanding of roles and responses was demonstrated early, during the rapid cross-sectoral response to a subsequent cholera outbreak in Cape Coast, resulting in early containment.

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During 2016 key research commenced, including a WASH equity study, multi-year operational research on rural sanitation strategy implementation, health and hygiene education through play and sports and sanitation and hygiene budget monitoring analysis and monitoring tool development. These studies will address key gaps in sector understanding and support the sector to refine national strategies and indicators.

UNICEF strengthened internal and sector knowledge management in 2016, including a review of national sectoral information systems in partnership with IRC, and development of a sector-wide knowledge management and sector learning plan. UNICEF supported roll-out of the basic sanitation information system in five target regions and provided guidance to improve WASH indicators within the education management information system. In 2016 UNICEF also generated 10 knowledge management products (including research briefs, baseline surveys and sector overview documents).

**OUTPUT 2** Output 36: 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:**
UNICEF supported decentralized capacity building in five target regions by building the capacity of district chief executives and management and planning staff to track the effectiveness, efficiency and equity of WASH interventions through the incorporation of district environmental sanitation strategic action plan targets into 38 medium-term district plans. Targeted financial management capacity building was undertaken, based on capacity gap analysis, to support the districts to better deliver WASH services. This capacity-building support also included promotion of social inclusion principles to ensure that marginalized persons, particularly persons with disabilities, are mainstreamed into programmes to achieve inclusive WASH programmes in communities.

UNICEF supported the Government to commence the roll-out of WASH gender mainstreaming guidelines through the establishment and capacity building of 362 functional, gender-responsive water and sanitation management teams in 26 districts in the five UNICEF-supported regions of Ghana (Central, Northern, Upper East, Upper West and Volta). At least 40 per cent of the members of these community-level WASH institutions are women.

Additionally, 170 communities in 26 districts of the five regions were supported to mainstream gender in CLTS implementation, including empowering 25,000 women and girls in the target communities to participate actively in all stages of programming. As a result,
women and girls in the target communities are holding key decision-making positions, developing income-generation and business skills as latrine artisans and are taking on hygiene promotion responsibilities. Moreover, 1,718 women and girls identified as natural leaders in 26 districts were trained to play critical decision-making and leadership roles in communities. Documentation of these approaches to gender mainstreaming in WASH governance and service delivery will provide tools for other districts to replicate the approach.

UNICEF worked with the School of Hygiene and School of Nursing to develop draft curricula for hygiene and sanitation behaviour-change components to be incorporated into training courses for environmental health officers and nurses. These curricula will be piloted in 2017, for inclusion in national professional diploma and certificate courses.

**OUTPUT 3** Output 37 Drinking Water Quality Management is institutionalised at national level and in 5 most deprived regions

**Analytical Statement of Progress:**
Discontinued - Output absorbed into Output 34

**OUTCOME 11**: Cross cutting and programme coordination

**Analytical Statement of Progress:**
Major achievements of 2016 were the preparation for the new CP 2018-2022 and organization of the strategic moment of reflection (SMR), and endorsement of the new CP strategic direction by Government, NGOs and donor partners. As part of the preparations, a plan was drafted with a timeline. Despite some major unforeseen glitches at the start, the Office brought activities back on track. A reference group was created with experts from academia, donors, civil society partners and representatives from the Ministry of Finance to oversee the process.

A desktop situation analysis based on equity was undertaken and presented to the reference group and a larger group of Government and NGO representatives for validation. Simultaneously, an internal gap assessment, feeding into a larger programme assessment and analysis (including a separate gender analysis of programmes conducted by external experts) were made available. An online feedback platform was also created to ensure wider engagement with stakeholders. Parallel to this process, the programme section worked internally and with stakeholders on causality analysis and theory of change to delve deeper into causes and responses related to issues highlighted by the situation analysis. All of these documents were further scrutinized and deliberated on to provide broad direction for the new CP.

WCARO provided onsite and offsite sectoral guidance during the year, and the SMR provided an opportunity to validate the findings and direction. The SMR was followed by an external meeting for final endorsement by the Government. The programme section began working on “programme strategy notes”, in close collaboration with Government counterparts, to detail programme components and the final CPD. WCARO expressed appreciation for UNICEF Ghana’s background preparation, deliberations and direction.

Annual management plan commitments set out at the beginning of the year were followed up at mid-year and end-year. Office-wide priorities were met, e.g., SMR, smooth transition to GSSC, follow up on staff survey through staff retreat and systems put in place for grant management and HACT compliance. Some programme priorities had commenced but were not completed. Critical among them were the assessment of support to KG, assessment of capacity building in education, tracking of WASH commitments to donors, social norms study and discussions on the future direction of C4D. Areas that made less headway were
fundraising for nutrition, although donor proposals were prepared and a high-level advocacy meeting was held to raise funds, under MoH leadership.

Cross-sectoral work continued to be a priority. The year under review saw increased levels of cross-sectoral collaboration due to the frequency of programmatic interactions and exchanges in programme group and section chiefs meetings as well as recognition of the need to work with other programmes to achieve respective programme goals. Child protection, education and health worked together to develop tools for preventing violence in schools and identification and response to child abuse for health workers; assessments were undertaken for programming for WASH in health facilities and menstrual hygiene management and WinS progressed in a more systematic and coherent manner. While C4D worked with all programmes, it assisted in designing national indicators on key health behaviours that were subsequently rolled out nationwide and can now be used to track C4D core components for improving healthcare. Under the leadership of the deputy representative, programmes worked together to put forward a proposal on adolescent girls, which now has assured funding from KOICA for the next three years. Significant progress was also achieved in strengthening lower level cross-sectoral coordination at national, regional and district level.

The WASH, health and C4D programmes worked together during the year in emergency preparation and response. Improved understanding of roles and responses was demonstrated early, during the rapid cross-sectoral response to a subsequent cholera outbreak in Cape Coast, resulting in early containment.

Regular M&E learning sessions were organised for programme staff. An M&E resource pack was developed for on-boarding and existing staff. TrackME, the Office’s programme monitoring system, became an integral part of Office programme management. In-depth support was provided for a wide range of IMEP activities.

In prioritising UNICEF’s work on gender, technology and innovation, two positions were created and filled. The technology for development national officer position supported programmes, such as mobile school report cards, mobile birth registration and functioning of the IVR-based Agoo platform.

The international gender specialist TA position initially worked through an external consultant to assess gender UNICEF Ghana programming, and later engaged in discussions with the sections to strengthen gender analysis and monitoring and tracking progress. Ending child marriage was the primary targeted gender priority for UNICEF Ghana in 2016. Gender mainstreaming was strategically embedded in sectoral initiatives on WASH, social protection, health and nutrition, child protection and education. Adolescent programming beyond the gender focus gained prominence; the new CP is aligned with global guidelines.

The Office continued to deliver high quality donor reports, which was recognized by an independent evaluation conducted by UNICEF WCARO.

Due to transfer of the chief of field office, the Accra Office put a plan in place to regularly support the Tamale office through frequent visit by the deputy representative and chief of operations to ensure continuity.

OUTPUT 1 Output 40 - Programme support and Field Monitoring

Analytical Statement of Progress:
To ensure adequate resources for the effective and efficient management of Accra operations, a total of US$394,120 was earmarked for salaries and travel costs for Accra-
based cross-sectoral operations staff during 2016. Of this amount, US$340,000 was from regular resources whereas other resources provided US$54,120. All funds were fully utilized.

Systematic grant management and meeting of donor expectations were facilitated through different tools and mechanisms. Contribution management was reinforced through internal support mechanisms under the deputy representative. Fund tracking was accomplished by generating quarterly reports on utilization of expiring grants and close monitoring of expected fund releases. HACT compliance particularly internal staff training and learning, were conducted and follow-up on HACT commitments became a standard agenda item for the CMT.

The Office effectively completed 97 per cent (161/165) of planned programme monitoring visits, 91 per cent (64/70) of required spot-checks, 97 per cent (28/29) of micro-assessments and 100 per cent of audits of Government and NGO partners.

As part of capacity building, three office-wide HACT all staff meetings were organized. The capacity of 498 implementing partners was enhanced on HACT, financial management and supply and procurement through 10 training sessions in seven regions of the country.

As part of supply chain system strengthening at UNICEF, the supply unit participated in nine HACT training programmes to orient and build the capacity of the Government and other implementing partners in supply management. This forum was also used to share information on UNICEF procurement services.

To ease internal logistical challenges related to field monitoring and other work-related travels, four new Land Cruisers were procured and in use. During the year, two new long-term agreements for in-country haulage services were established to improve UNICEF’s service delivery and programme efficiency. In addition, another new agreement was in process, for taxi shuttle services to minimize the pressure on official vehicles.

UNICEF and other UN agencies plan to conduct a joint market survey to explore whether there are new entrants in the market.

UNICEF Ghana actively took part in UN operational management team, both in Accra and Tamale.

**OUTPUT 2 Output 41 - Programme Support and Field Monitoring - Tamale**

**Analytical Statement of Progress:**

During the year 2016, a total of US$ 991,751 was earmarked for ensuring the smooth, effective and efficient management of the operations of the Tamale office. Of this amount, US$605,392 came from regular resources and the balance (US$386,359) from other resources. These funds were mainly utilized for staff salaries, hiring of consultants to augment staff capacities, travel, operating costs, furniture and equipment and common services.

To ensure sustained and quality of support to the Tamale office, a schedule of Tamale programme meeting was developed and section chiefs were allocated to attend the meetings on a rotating basis. The deputy representative systematically visited the Tamale office once every two months. Work plan discussions and Tamale management plan priorities were facilitated by Accra office. The mid-year review was held in Tamale to give an opportunity to Tamale colleagues to participate in programme discussions. All programme staff also participated in the SMR as part of the CPD process. The Office will assess the present and future role of Tamale office to better deliver the programme in line with the new
Due to the transfer of the chief of field office, senior management (representative, deputy representative and chief of operations) visited the Tamale office every week to provide management oversight and support. The Office also organized a two-month stretch assignment by the deputy representative of Congo Brazzaville to ensure continuity and leadership for the Tamale office.

The chief of operations, finance officer, senior ICT assistants and other staff provided adequate technical support and peer review to the operations of the Tamale sub-office including HACT training and public financial management and procurement related to implementing partners. Field monitoring by programme colleagues was regularly conducted to provide oversight support in the areas of programme management and monitoring.

The Tamale office was also instrumental to hosting donor visits, which were highly commended by the donors, hence playing a critical role in donor engagement and visibility.

OUTPUT 3
Output 39 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:
Strategic planning for 2016 commenced with the development of a comprehensive annual work planning template incorporating components on HACT, supplies and human resource requirements (contracts) and identification of cross-sectoral work. Annual work plans were signed with the Government within the first quarter, ensuring timely commencement of programme implementation.

The annual management plan – with key performance indicators and other programme priorities incorporated – was completed on time. Progress was regularly tracked and implementation bottlenecks were brought to the attention of the CMT.

Internal coordination meetings (mid-term and annual programme and operations reviews, head of sections and programme group meetings) were held systematically, with strategic discussions and concrete resolutions. The standard template followed by the Office allowed compliance with all key performance indicators and facilitated cross-sectoral work. TrackMe, the internal system for results monitoring, was strengthened by introducing trackers for all outputs in the annual work plans.

UNICEF Ghana published “Really Simple Stats” periodically, an email newsletter covering M&E and technology topics across sections. The M&E team worked with and through the regional planning and coordinating units of the three northern regions and SADA to strengthen cross-sectoral data-sharing at the district level. An M&E specialist was selected to provide sustained, hands-on technical M&E services to the RPCUs. Prototype tools to facilitate cross-sectoral data sharing, management and use at the district level were being piloted in late 2016.

The Government launched the ‘End Child Marriage’ campaign and finalized the first cross-sectoral national strategic framework to end child marriage (2017-2026). In the course of 2016, gender-responsive adolescent health and girls’ secondary education have progressively emerged as possible gender priorities for UNICEF Ghana in 2017, especially in view of the Government’s finalization of the adolescent health policy and strategy, as well as successful fundraising for cross-sectoral programming targeting adolescent girls.
UNICEF Ghana’s support for a study on the 2014/5 cholera epidemic identified important lessons on Government and partner coordination and response. These lessons were incorporated into the national emergency preparedness and response plan, providing clear roles and responsibilities across partners. The communication group for emergency response, coordinated by the National Disaster Management Organization, received UNICEF support to develop a C4D strategy on preparedness and response to Avian influenza. Also, UNICEF supported GHS communication and social mobilization efforts in cholera response in the Greater Accra and Central regions, using mass media and community engagement.

In preparation for developing the new CP, an innovative online partner feedback survey was launched. Fifty multi-sectoral partners (Government, development partners, CSOs, UN agencies and private sector) responded to the online survey. Their responses were analysed and reports were generated to present an objective partners’ view of UNICEF, while eliciting partners for possible engagement in emerging areas such as adolescent programming and climate change. The findings guided conversations with key stakeholders in subsequent programme assessments and at high-level meetings on the strategic direction of the new CPD.

UNICEF Ghana was in 100 per cent (52/52) compliance on timely donor reporting.

**OUTCOME 12 004: 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 HR) provide the needed technical support to all staff for efficient and effective management and programming.

UNICEF Ghana has successfully integrated into the GSSC. A total of 772 finance, 202 MDM and 35 HR cases were submitted through MyCase. The success was due to dedicated local focal points trained by WCARO, who transferred the knowledge acquired to all staff.

As part of cross-sectoral budget management and in the interest of tracking donor-funded posts and utilization, the CMT reviewed on a quarterly basis budget plans and utilization of the cross-sectoral budget. The monitoring resulted in timely utilization of funds and ensured transparency.

Due to financial control systems in place and periodic spot-checks, no major fraud was recorded. Issues arising out of spot-checks were followed up at the senior management level.

All audit recommendations were closed and periodic follow-ups made to ensure compliance. As part of HACT implementation, the supreme audit authority undertook an audit of 21 Government partners and Price Waterhouse Cooper conducted audit of four NGO partners.

HACT implementation was prioritized; micro-assessments of 28 implementing partners facilitated and 64 spot-checks were completed. Capacity-building sessions were also conducted for UNICEF staff and 208 implementing partners in Greater Accra, Volta, Central, Western, Ashanti, Brong Ahafo, Northern, Upper West and Upper East regions on public financial management. This resulted in improved HACT compliance related to both funding request and reporting, thereby reducing transactions processing time and improving the efficiency of operations.
The supply unit continued to provide support to programmes, with a combined value of local and offshore procurement estimated at US$4,329,201 in 2016.

Recruitments were completed for 25 positions (18 fixed-term, seven temporary) and were quickly approved indicating the Office’s thoroughness, efficiency and compliance with staff selection policy. Fourteen recruitments were completed through TMS, in alignment with the new procedures to ensure quality assurance and effective collaboration with hiring managers. Nineteen new staff joined the office in 2016.

The ICT unit introduced OneDrive to remotely access work files without requiring extra resources. All senior management use smart phones, with the introduction of Office 365, assuring business continuity. Outlook was used to run quick opinion polls for pre-staff retreat assessment, and Skype for Business for global meetings and online interviews.

The current year also witnessed a steep rise in the value and volume of institutional and individual contracts over US$50,000. The contract review committee met regularly to deliberate on the submissions. The Office also regularly held PCA and property survey board meetings.

**OUTPUT 1** 2 Travel (Core Staff) and Country Programme Implementation  
**Analytical Statement of Progress:**
Due to the Office’s expanding budget, the segregation of duties and table of authority were updated for financial risk management, in recognition of Office needs and high staff turnover.

Eleven CMT and three joint consultative committee meetings were held in 2016. CMT deliberations focused on efficient operations and programme delivery, based on results outlined in the annual management plan and key performance indicators.

The enterprise risk management risk library was updated in August 2016. Only one risk level changed – from medium to high – related to funding and leveraging resources. This was due to Ghana being declared a lower-middle-income country, which was foreseen to affect donor perceptions. One successful business continuity plan simulation was conducted during the year at an off-site facility.

Security features at both the Accra and Tamale offices were enhanced through procurement of visitor and vehicle screening devices, CCTVs and digital access controls. All four newly acquired vehicles were also fitted with vehicle tracking devices to facilitate determining their actual location. All field vehicles were also equipped with digital high frequency radios.

A communication tree was devised and tested, the list of staff and dependents and the warden list were updated before the national Presidential elections. Staff were sensitized on codes of conduct by the UN staff during the election. No security incidents were reported by staff or their dependents.

A total of 79 contract review committee submissions for supply and service related contracts were processed.

The deputy representative chaired 13 PCA committee meetings. In total 21 partnerships were reviewed and recommended, valued at US$5.8 million. All proposals involving more than US$50,000 were submitted to the committee. The new threshold set in the global guidelines on committee streamlining will be applied as of 2017; i.e., the PCA committee will deliberate on proposals of more than US$100,000.

Due to office renovation, refurbishing and refurbishing in 2015, many disposable items were
submitted by both Accra and Tamale to the property survey board. Around seven vehicles and furniture were donated to counterparts, some were sold and some were destroyed through proper channels. Two meetings of the property survey board took place during the year.

OUTPUT 2 1 Salary and Allowances

Analytical Statement of Progress:
UNICEF Ghana’s staff structure had 122 established positions with a mix of international professional (IP), national officer (NO) and general service (GS) positions. Following the MTR and programme budget review approval, staff positions increased to 130, with structural re-alignments to ensure that staff capacity and competencies were strategically targeted at specific programme outcomes/outputs.

A total of 18 fixed-term and seven temporary assistant positions were filled, 14 through the new TMS, bringing the gender ratio to 51 per cent female and 49 per cent male, and geographical diversity to 43 per cent industrialized and 57 per cent programme countries. Five staff were promoted, demonstrating increased opportunity for career advancement. The existence of a local talent group made up of NO and GS staff facilitated timely filling of vacancies. Some 124 individual consultants/contractors were recruited in 2016 to provide expertise for successful programme implementation.

In addition to coordinating implementation of the 2016 learning plan, the HR unit built staff capacity for successful roll-out of TMS, Achieve and MyCase/GSSC. Six individual external learnings were completed. Staff continued to learn through AGORA on-line courses. Four staff received development opportunities through international stretch assignments. To address emerging priority needs, unplanned group orientation sessions on prevention of sexual exploitation and abuse by humanitarian workers, and security awareness and preparedness trainings were conducted for all staff. As a result of these unplanned sessions and the time required for developing the new CPD, only four of seven group trainings were implemented; and other three were postponed to 2017.

Status of e-PAS was reported at CMT meetings. The 2015 performance evaluation report was 100 per cent completed by April 2016, and the 2016 Achieve work plan recorded 97 per cent by June 2016.

UNICEF Ghana’s global staff survey action plan had been 100 per cent implemented by April 2016, addressing key areas of office leadership/management, inclusive workplace, standards of conduct, supervisor interaction and staff association. Feedback indicated improved staff morale and management/staff association commitment for continued collaboration.

MyCase/GSSC go-live for national was successful, including rigorous digitalization of 98 staff official records.

Two SOPs were developed relating to stretch/mission assignments and internships, providing an effective approach for enhancing staff capacity and managing temporary HR needs.

The UN HR network conducted pre-retirement training for 30 staff from all agencies. Joint UN Cares/HIV in the workplace sessions are planned for 2017.

Constraints related to staff resistance to the change to TMS, Achieve and resolving inconsistent staff records for GSSC roll-out were successfully managed.
Lessons were learnt on how to streamline the process of hiring and managing individual consultants to ensure timeliness and quality deliverables will be consolidated into a new SOP.
Re-aligning HR responsibilities by prioritizing ongoing global and regional HR reforms offers opportunity for more strategic and efficient future service delivery.

OUTPUT 3 005: Travel of Core Staff and Country Programme Implementation

Analytical Statement of Progress:
Total institutional budget funds received by the Office in 2016 amounted to US$1,301,277. Out of this amount, US$1,231,191 (94.6 per cent) was spent on staff salaries and other related operational costs. During 2016, 37 cash forecasts were conducted. A total of US$20,699,365 was remitted to UNICEF Ghana by UNICEF’s treasury, of which 99 per cent was utilized during the year. Expiring grants and RR funds were fully expended at the end of the year. Bank signatories were updated regularly, and all bank reconciliations performed and submitted to DFAM on a timely basis with no unreconciled items during the year.

The operations team and programme staff conducted HACT assurance activities, which identified some bottlenecks and weak internal controls of some implementing partners’ (IPs) HACT implementation. The Office further engaged the service of Price Waterhouse Coopers and completed micro-assessments of 28 IPs. The micro-assessments defined the risk rating of the IPs as follows: 24 were rated low-risk (32 per cent), 45 were rated moderate risk (59 per cent), five were rated significant (6 per cent) and two were rated high (3 per cent). The Office 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 senior members of Ghana Audit Services to discuss continuous partnership with UNICEF, and especially conducting audits of 22 Government implementing partners. This yielded good results and during the last quarter of 2016 Ghana Audit Services made presentations on the government financial administration act, government procurement act and the audit service act during UNICEF-organized HACT trainings for IPs in Northern, Upper East and Upper West regions.

Due to rigorous reviews of programme implementation, timely grant utilization and the status of cash transfers at CMT, programme and operation group meetings, UNICEF Ghana was able to sustain outstanding DCT below the agreed threshold during all quarters. As of 31 December 2016, outstanding DCT over nine months was .3 per cent, while six-to-nine months outstanding DCT was 2.5 per cent.

UNICEF Ghana continued to manage risks associated with the management of assets through clear identification and 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 standards and procedures.

### Document Center

**Evaluation and research**

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Assessment and Development of Sanitation Technology Options Manual for Urban and Peri-Urban Areas 2016/020 Study
Urban Wash Baseline Survey 2016/018 Study
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Bottle Neck Analysis (BNA) for operational plan development on PMTCT/EID/Paediatric ART 2016/016 Review
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UNICEF - USAID Partnership on Learning Support Programme in Ghana: Evaluability Assessment 2016/014 Study
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Complementary Basic Education: A Literature Review. 2016/012 Study
Assessing the Effectiveness and Capacity building needs of the National Service personnel and National Service Secretariat for their integration to scale-up in the Complementary Basic Education programme 2016/011 Study
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Lessons learned

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Programme Documents

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