Executive Summary

2014 began with training of UNICEF staff on Programme, Policy and Procedure, Monitoring of Results for Equity System and Theory of Change towards establishing a strong foundation for results-based programme design and Mid Term Review preparation. Major achievements in systems strengthening, service delivery and fundraising in Ghana followed.

The first ever national policies on Child and Family Welfare and Inclusive Education, preparation for accession to The Hague Convention and draft regulations for child adoption and social protection policy framework were finalized, and some were tabled before the Cabinet.

Policy frameworks were strengthened through national strategies on Newborn, Household Water Treatment and Hand-washing with Soap with a role for the private sector, national guidelines for Water. Sanitation and Hygiene (WASH) in Schools, Nutrition strategic plan and a Child Protection baseline study. After analysing the results from the new Household Survey, UNICEF led international and national media engagement to emphasize the increasing threat of inequality levels.

A total of 500,000 people were reached with community led total sanitation, creating 1,700 open defecation free communities. The community-based management of acute malnutrition programme was rolled out to 86 per cent of districts of four deprived regions. The communication for development programme to promote 12 key behaviours was expanded from 12 to 44 districts.

Innovation as a major tool for programming resulted in structured partnerships with Meltwater and Reach for Change, demonstration of e-payment for cash transfer, mobile solutions for school report cards, use of interactive devices for behaviour change, introduction of sanitation marketing to address rural sanitation supply challenges and ranking of development status by the first ever District League Table for promoting social accountability.

UNICEF Ghana achieved 143 per cent of its fundraising target, demonstrating its credibility as a trusted partner in Ghana.

UNICEF assumed a leadership role and coordinated the social mobilization interventions for Ebola preparedness, secured funding through bilateral and regional mechanisms, supported the local private sector organisations for an Ebola Education Fund to assist Government’s preparedness for Ebola, and provided administrative support to UN Mission for Ebola Emergency Response (UNMEER) to establish a mission in Ghana.

UNICEF also managed an office-wide Harmonized Approach to Cash Transfer (HACT) compliance, including a long term arrangement for micro-assessments, audit, submission for Global Shared Service Centre (GSSC) and Programme and Budget Review (PBR) (15 additional positions across programmes), a programme Mid-Term Review (MTR) for improving alignment with the strategic plan, expansion of the office, major construction works in the Accra
office and Tamale sub-office, and strengthening security. Major savings through cost sharing were achieved by fostering partnerships with the US Agency for International Development (USAID) and other UN agencies on construction and refurbishment of the Tamale sub-office.

**Equity Case Study**

Operating in a middle-income country, UNICEF Ghana’s work has an increasingly strong focus on equity issues and the reduction of poverty and vulnerability. The Country Programme is underpinned by an emphasis on data production and analysis, rigorous research, and upstream policy advocacy. This work was scaled-up in 2014 through the expansion and introduction of core, equity-focused activities as detailed below.

In early 2014, UNICEF Ghana and the Poverty and Economic Policy (PEP) Network published a research paper on the impact of fuel subsidy reforms, carried out largely in 2013. The publication fostered a renewed dialogue at a more senior level of Government, which provided support for UNICEF’s advocacy efforts to expand social protection in Ghana as a response to the subsidy reform. As a result of UNICEF’s advocacy, social protection, particularly Ghana’s national cash transfer program, is more firmly established as a central piece of the Ghanaian Government’s national strategy for development.

In early 2014, the Government suggested that equity should become a core focus of its strategy. Subsequently, UNICEF Ghana took on the national lead role in supporting the Pan-African Conference on Inequalities, which was held in Accra in April. The event brought together a wide range of experts, advocates, and campaigners to agree on a new development narrative for Africa based on equitable social and economic development. The President of Ghana opened the event, committed to tackling inequity for sustainable development, and laid out his vision for doing so. He emphasized the benefits of social protection, not just in boosting human development, but also in promoting productivity and economic growth with rural communities. To support these statements, the President drew directly on one of UNICEF’s recent ‘fact sheet’ publications on social protection and development.

UNICEF Ghana’s Social Protection Unit led the provision of technical assistance to the Government. The Government drew on the Unit’s high-level technical expertise, on a demand-driven basis, to greatly strengthen the Livelihood Empowerment Against Poverty (LEAP) cash transfer program (in areas such as establishing a Monitoring & Evaluation system, a communication strategy, and supporting key initiatives such as the introduction of an electronic payment system). The Social Protection Unit also provided the technical oversight for the development of the new National Social Protection Policy (due 2015) and application of key lessons from LEAP to the rest of the sector.

The collaboration established with the International Monetary Fund (IMF) in 2013 to support fuel subsidy removal and expansion of LEAP was further developed in 2014 and the Government agreed to enter into discussions with the IMF on a program of assistance.

UNICEF led the evidence preparation and organization of a meeting between the IMF mission and the Minister of Gender, Children and Social Protection. Based on UNICEF analysis, the meeting focused on specific ‘asks’ to protect social protection spending, and to scale-up the LEAP cash transfer program to cover all households living in extreme poverty. This means an expansion from 77,000 households in mid-2014 to 550,000 households by early 2018, when the IMF program is expected to conclude. The UNICEF subsidy paper also provides the basis for the calculations of the impact of expanding the LEAP programme on poverty and inequality.
reduction. The calculations show that expanding the program to 500,000 households would reduce poverty by 2.3 percentage points – equal to lifting more than 600,000 additional people out of poverty. As a result of UNICEF’s IMF collaboration, the forthcoming IMF programme will include a specific, concrete benchmark on expanding LEAP. The majority of IMF programmes, while they may include the monitoring of social spending, do not include such specific social benchmarks.

In early 2014, UNICEF identified that while Ghana produces plentiful and good quality data, it is not used effectively for national or local planning, largely due to limitations in capacity, analysis and dissemination and transparency of the data itself. By mid-2014, UNICEF had designed Ghana’s first ever national tool for social accountability using District level data. The Ghana District League Table (DLT) was launched in late November. It makes public basic indicators on district level development and service delivery, aggregating them into a single score by which all Districts can be ranked. The level of national interest and debate on the new league table proves the extent to which citizens want such data in order to be able to discuss and question development in their own communities. The DLT found that there is substantial inequity between the top and the bottom of the table, with a five-fold difference between the District in top position and the one in last place.

In August 2014, Ghana published the new results of its Household Survey, finding that although it had met the first Millennium Development Goals (MDG) target of halving poverty, the rate of poverty reduction had slowed by two-thirds in recent years and Ghana’s high level of income inequality had continued to rise. UNICEF led a round of international and national media engagement to emphasize the increasing threat of inequality levels.

As a result of these engagements, inequity is now firmly positioned on the Government’s agenda. UNICEF Ghana’s position as a leader in evidence, technical expertise, and independent analysis and advocacy has been reinforced.

Summary Notes and Acronyms

ACRONYMS
BCP - Business Continuity Plan
BNA – Bottleneck Analysis
CBE - Complementary Basic Education
C4D - Communication for Development
CLTS - Community Led Total Sanitation
CMAM - Community Management of Acute Malnutrition
CMT - Country Management Plan
CRF – Core Results Framework
DCT - Direct Cash Transfer
DLT – District League Table
eMTCT - Elimination of Mother to Child Transmission of HIV
ERM - Enterprise Risk Management
FDA – Food and Drugs Authority
GCO - Ghana Country Office
GES – Ghana Education Service
GHS - Ghana Health Service
GLSS – Ghana Living Standards Survey
GoG - Government of Ghana
HACT - Harmonized Approach to Cash Transfer
UNICEF’s advocacy and technical support led to the adoption and roll out of the Bottleneck and Barrier Analysis (BNA) approach at the national, regional and district levels by Ghana Health Service (GHS). The analyses influenced the newborn health strategy and action plan, the regional and district newborn health action plans and the elimination of Mother-To-Child Transmission (eMTCT) of HIV plan.

The roll out of the Simulations for Equity in Education model in 39 districts in the Upper East/Northern regions and capacity building of Planning/Statistics Officers in results-based planning enhanced the focus, efficiency and cost-effectiveness of district plans. Strengthening of BNA skills in 14 deprived districts helped improve the Annual District Education Operational Plans by making the process more participatory and efficient with realistic targets and SMART monitoring indicators.

UNICEF contributed to the national capacity development for WASH by supporting results-based financing by Government, and development of national sanitation monitoring and reporting mechanisms and systems. The district assemblies were introduced to BNA by identifying and addressing impediments to rural sanitation programmes by upscaling CLTS,
empowering communities, and engaging with the private sector on supply side issues. A capacity gap analysis with a detailed strategy for addressing the gaps was also undertaken in 20 key districts.

The roll-out of a Child Protection Communication for Development Strategy was initiated to address violence against children in homes, schools and institutions. A ‘communication facilitation toolkit’ was piloted to support the Government and civil society in promoting positive social norms and behavioural change through community-dialogue and community-driven solutions to protection issues.

UNICEF assisted the Ministry of Gender, Children and Social Protection in operationalizing the M&E system for the LEAP cash transfer programme, providing technical support with the design of a new M&E system, the Core Results Framework (CRF) and the Operational Management Framework (OMF), manuals for operational and impact analytics, and standard decision-making procedures.

**Evidence Generation, Policy Dialogue and Advocacy**

In 2014, UNICEF Ghana supported several evidence-generation initiatives to inform national policies, advocacy efforts and programme interventions. The District League Table (DLT) is a tool developed for the first-ever ranking of each of Ghana’s 216 Districts. It is aimed at strengthening social accountability between the state and its citizens for development, and enhancing access to information and knowledge. Using indicators from official Government databases in health, education, sanitation, water, security and governance, a single index was developed for the ranking. The DLT supports Government and partners to better monitor development inequities, and promotes citizen’s access to information and knowledge on development rights. In 2014, the DLT sparked more than a dozen animated discussions in the print and electronic media on district level development.

The Inclusive Education Policy was drafted and submitted to the Ministry of Education in 2014. It was largely built on the evidence generated by a qualitative Baseline Study on Learning Disabilities and from the results of the disability screening in 14 districts, which revealed that children with learning disabilities are excluded from regular education. The study produced evidence on the need for changing systems, creating mechanisms, equipping schools and changing perceptions.

In 2014 UNICEF also supported the first baseline study of Child Protection. Building on an earlier mapping and analysis of the Child Protection system, the baseline provides a comprehensive insight of the scope of child protection issues affecting children. Evidence from the study informed the Child Welfare Policy (currently in Cabinet for final approval), which promotes a strong focus on the family unit as central for the care and protection of children.

UNICEF also supported a study on Business Solutions and Microfinance for Basic Sanitation in Ghana. The study provided information on product availability, supply chain and current prices. The results of the assessment were used to inform the first Sanitation Marketing Operational Guidelines for Ghana, which will be rolled out by districts in 2015.

**External Communication and Public Advocacy**

UNICEF focused its external communications and public advocacy work in seven key areas: brand building, digital engagement, media engagement, knowledge sharing, strategic partnerships, internal communications and communication support.
UNICEF Ghana’s website is its most visible branding platform. It attracted nearly 63,000 people with messages, advocacy and public information materials around children’s rights in Ghana. Digital content was posted daily on Facebook and Twitter, the office’s digital platforms, with a 15,000 strong following. Postings focused on monthly themes which related to country-level and global advocacy priorities. UNICEF Ghana’s Twitter following has increased from 1,000 in 2012 to 5,500 as of December 2014, and Facebook increased from 800 to 11,100. Targeted messages on Ebola content promoted on Facebook reached nearly 1.7 million people in Ghana, the majority of Ghanaian users.

Relationships built with local media houses by strategically engaging with their senior management teams around key advocacy priorities resulted in almost 300 media hits including press releases, media spreads, op-eds and general reportage. A media assessment was carried out, a database of journalists actively reporting on children’s issues was created. Press releases proved to be a cost-effective way of engaging local media, moving away from paid press conferences and media tours.

UNICEF commenced engagement with journalism students at leading universities in a long term effort to improve ethical reporting on children in the leading papers. UNICEF supported the One UN Joint Public Advocacy pilot undertaken by the UN Communications Group on behalf of the UN Country Team for a period of one-month in November, resulting in several media hits and positioning of key messages on maternal health and girls’ education in the public domain. UNICEF partnered with the Meltwater Entrepreneurial School of Technology to encourage innovations by Ghanaians, for Ghanaians for children. The result was the launch of a pilot with Ghana Education Service (GES) for the mobile School Report Card, a mobile platform that captures school-level monitoring data in real time, with funding from USAID.

South-South Cooperation and Triangular Cooperation

South South Cooperation was facilitated between Brazil and Ghana on Social Protection, aimed at fostering the exchange of technical lessons, policy solutions and strategies in the implementation of social protection programmes.

The first mission from Ghana to Brazil included one Minister, two Members of Parliament, one senior advisor in the Office of the President and other Government senior staff. The participants met with their Brazilian counterparts to enhance understanding and knowledge on political and fiscal issues regarding major investments in social protection.

As a follow up to the interest generated by the first mission and to galvanize support for the submission of Ghana’s social protection policy framework to the Cabinet, at the invitation of the Ministry of Gender, Children and Social Protection, UNICEF facilitated the visit of the former Brazilian Minister of Social Development and Fight Against Hunger to Ghana in November, 2014. The visit included several interviews with national TV and radio stations and with senior Government and political stakeholders and contributed to creating a more favourable environment for the expansion of social protection in Ghana.

UNICEF Ghana took a catalyst role in organizing the Global Integrated Community Case Management (iCCM) Symposium in Accra, which brought together experts, scientists, academics and donors to deliberate and share experiences on scaling up iCCM of childhood illnesses. UNICEF Ghana also facilitated a learning exchange on community health interventions.
**Identification Promotion of Innovation**

In 2014, UNICEF Ghana established tangible mechanisms to identify, develop and deploy new solutions with the potential to effectively reach the most disadvantaged and make a positive impact in their lives.

In January 2014, a Hackathon was organised in collaboration with the Meltwater Entrepreneurial School of Technology in Accra. Over three days, more than 20 teams of developers worked to generate solutions for real problem sets that had been proposed by UNICEF programme specialists. The three winners, selected by a jury of UNICEF staff and Ghanaian entrepreneurs, were awarded financial support to further develop their ideas. One of the finalist teams was subsequently successful in bidding on a UNICEF contract to develop a mobile school report card for the Ghana Education Service.

The Hackathon demonstrated that there is extensive innovation capacity and problem solving potential in Ghana, but that UNICEF Ghana did not have the absorptive capacity to adopt or further support all promising solutions. In December 2014, UNICEF Ghana signed a partnership cooperation agreement with the Reach for Change (R4C) Foundation in Ghana to establish an innovation incubator for UNICEF. The incubator programme will provide needs-based cash grants, business coaching and mentoring to Ghanaian innovators with viable solutions in any of UNICEF’s core programme areas. In a competitive process, up to ten innovators will be selected to enter the programme and receive tailored support to further develop and scale up their ideas to achieve tangible results for children.

In 2014, UNICEF Ghana further expanded the use of the Talking Book, an interactive radio cube that delivers entertaining behaviour change messages (e.g. to promote exclusive breastfeeding and hand washing with soap) in local languages in Ghana’s rural north.

UNICEF organised Ghana’s first Activate Talk, a live broadcast talk show event similar to the TED series. Viewers from around the world watched engaging presentations on the mobile school report card, VOTO Mobile, the Talking Book, and the new e-payment system for LEAP, Ghana’s social cash transfer programme.

**Service Delivery**

UNICEF supported national up-scaling of WASH and nutrition services for implementing the Rural Sanitation Models and Strategy (RSMS) and community-based management of acute malnutrition (CMAM). Regional and district level local governments and partners were introduced to bottleneck analysis (BNA) to help them surmount constraints and effectively and efficiently deliver community-led total sanitation (CLTS) and CMAM, and monitor, evaluate and report on programmatic progress every quarter.

Rural households and communities gained access to sanitation facilities as a result of CLTS under RSMS, communication for development, and capacity development of Government and NGO workers for community behaviour change. More than 600,000 people were reached by the end of 2014, including about 500,000 of the national population now living in communities which are open defecation free (ODF). Although this approach has influenced key development partners into aligning with Government’s no-subsidies policy, the low conversion rates to ODF status have led the district and regional governments to revisit bottlenecks and their strategies with partners.
Active case searches enabled 4,968 children in targeted districts to access and utilize CMAM services in 2014 (a 40 per cent increase over the last quarter of 2013). A system of monthly and quarterly case monitoring and reporting by district and regional governments was established to support resource mobilization for serving the increased number of children.

The BNA training of District Education Officials in 14 districts promoted effective responses to the key barriers to schooling of out-of-school children, equitable access and learning outcomes. There has been an increase in the number of children in these districts attending mainstream schools and accessing Complementary Basic Education (CBE).

UNICEF facilitated the training of 120 District Social Welfare Officers and the LEAP Management Unit on the new M&E plan and data collection tools, and provided technical support to the M&E team of the Management Unit for improved data entry, reporting and analysis. National quarterly and annual reports on LEAP were introduced and have resulted in an increased focus on efficient payments, effective case management mechanisms and operational capacities of LEAP districts.

Human Rights-Based Approach to Cooperation

UNICEF Ghana supported the Government of Ghana, in particular the Ministry of Gender, Children and Social Protection, as the lead Ministry in advancing the Convention on the Rights of the Child (CRC) and its Optional Protocols. The Government of Ghana submitted its third to fifth combined periodic reports to the CRC Committee, which will be considered in May/June 2015. In 2014, UNICEF Ghana participated in a pre-session working group with the CRC Committee. The list of issues as observed by the Committee is being considered in ongoing programming efforts.

Progress was made with regard to the ratification of the Optional Protocols to the CRC. The Optional Protocol to the CRC on the involvement of children in armed conflict was ratified on 9 December 2014. The Cabinet has been asked to endorse ratification of the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography. Both Optional Protocols were signed by the Government of Ghana in 2003 and ratification has been pending since.


UNICEF played a critical role in its normative standard setting role on non-discrimination across UN agencies. It coordinated gender-related work through the UN gender group. Staff capacity to understand and apply principles of a human rights-based approach to programming was enhanced through the Programme Planning Process (PPP) training held in the beginning of the year for 33 staff members.

Gender Mainstreaming and Equality

UNICEF efforts on gender equality in 2014 ranged from gender sensitive programming to gender specific programming.

A staff capacity assessment in Ghana Health Services involving 186 male and female staff at all levels was conducted, which revealed that while gender policy and guidelines exist, staff lacked adequate knowledge and skills on gender mainstreaming. Focal points were then trained to pursue gender mainstreaming in their respective departments.
UNICEF supported the Ministry of Gender, Children and Social Protection (MoGCSP) to implement a project on ending child marriages (2014-2016) that includes strategies on media advocacy, community engagement, and livelihood skills for girls. The development of a standard (inter-agency) child protection training and resource package for addressing beliefs/practices contributing to gender inequalities and child violations is also underway. The Child Protection programme recruited a dedicated international staff member on gender and also chairs the UN Gender Team and co-chairs the MoGCSP-led committee on Gender.

The WASH programme focussed on menstrual hygiene management aimed at keeping girls in school. A total of 342 teachers from 90 schools were trained in play methodology to provide knowledge and break the silence around menstruation among boys and girls. UNICEF supported seven basic schools to have changing rooms for girls in sanitation facilities.

UNICEF supported MoGCSP to add a new component to the LEAP cash transfer programme to contribute to stunting reduction in selected districts, targeting 6,000 households with pregnant women and children under 12 months over the next four years. Funding of US$7million has been mobilised from USAID and the cash transfer to identified households will start in 2015.

Skills training was provided to 250 girls’ education officers at the national and sub-national level, to improve their advocacy skills, with a focus on performance monitoring and strategies for using sports to attract and retain girls in school.

### Environmental Sustainability

UNICEF Ghana’s programmes are implemented with concern for the entirety of a child’s environment, considering all factors that influence child survival and development, particularly at the local level, including home, school and community. 2014 strategies included approaches focusing on assessing and mitigating environmental impacts of major national interventions, reducing the generation and disposal of wastes to the environment, safely managing hazardous medical wastes and reducing resource use.

UNICEF supported the construction of high-temperature incinerators in 33 health facilities for the safe disposal of medical waste to reduce the impacts of medical waste and vaccine disposables.

UNICEF also supported a Strategic Environmental Assessment (SEA) of the national Rural Sanitation Model and Strategy (RSMS) to ensure that the strategy to eliminate open defecation will reduce environmental impacts at community, district and national scales. The RSMS has significant positive environmental benefits at the local scale, most importantly to children, including improving community waste management and reducing uncontrolled waste disposal, ensuring a safer and more sustainable environment for children. The WASH in schools programme complements the community sanitation strategies by eliminating open defecation in schools, eliminating the uncontrolled disposal of faecal waste to the environment.

Strategies to ensure that water supplies in communities and schools are sustainable include technical and financial support to build capacity in well maintenance and repair and improving community management team capacity in water supply management and financial sustainability. This is expected to significantly reduce plastic waste in communities (from water sachets) as well as reduce use of fuel and other resources to supply water.
Efforts are ongoing to localize the implementation of community led total sanitation (CLTS), the national strategy to address sanitation, through the use of local natural leaders to lead community CLTS processes. Localizing this process is increasing fuel efficiency by more than one-third, with an associated reduction in associated greenhouse gases.

**Effective Leadership**

The Country Management Team (CMT), which meets every month, has evolved more as a strategic discussion forum on issues of programme convergence, positioning of UNICEF within the UN forums, donor visibility, efficiency in terms of programme delivery at both Accra and the field office level, and fundraising. The 2014 CMT agenda was also dominated with issues on MTR and audit, both on process and agreement of outcomes.

Operations and Programme meetings addressed the key performance indicators (KPIs) and brought major issues of decisions and information to every CMT for oversight. Discussion on an office-wide monitoring system, particularly HACT implementation, including financial and programme spot checks, was given priority. Two HACT retreats were organized to address these issues. UNICEF Ghana contracted Price Waterhouse Coopers (PWC) to undertake micro-assessment of 29 key implementing partners.

As of the end of 2014, there were 14 open audit observations. The audit action implementation report was provided to the Office of Internal Audit and Investigations (OIAI) on 14 November 2014. All the audit recommendation are being institutionalised in day-to-day work activities, including ensuring that role conflict mitigation measures are reported to Division of Financial & Administrative Management (DFAM) on a monthly basis; continuous end-user monitoring is done; contracts processing period is shortened; funds transfer to donors are accurate and spot checks and programmatic visits of implementing partners are escalated.

Enterprise Risk Management (ERM) has been institutionalized through undertaking risk assessments before contracting and making payment to vendors; using the database inSight to monitor KPIs and quarterly updates on audit recommendations and action plan implementation. Business continuity issues are addressed in Annual Work Plans. The Business Continuity Plan (BCP) has been updated to reflect the current Ebola virus disease (EVD) and day-to-day mitigated risks. The BCP site has been relocated in the residence of the chief of operations. The data back-up continues to be stored off site and backed up on a daily basis. The office has an enhanced fire-alarm system and the building has also been insured against fire. Management has implemented Minimum Operating Security Standard (MOSS) by ensuring that vehicles travelling to the field are MOSS compliant.

**Financial Resources Management**

Work processes on travel, procurement, and direct cash transfers (DCTs) were reviewed to fine-tune existing business processes to align staff responsibilities and accountabilities as defined in the table of authorities. Staff were oriented accordingly. A checklist on processing payment was developed and briefing sessions were held for staff.

A five member task force drafted a revised HACT implementation manual for use by the office and implementing partners. Two office-wide half-day retreats were organized to define parameters and guidelines on HACT. Thirty eight spot checks were carried out (out of 65 planned), along with micro-assessments for 29 implementing partners, and 15 simplified financial assessments for NGOs who received funds from UNICEF amounting less than US$00,000. UNICEF Ghana also entered into a long term arrangement for micro-assessment of partners for 2015.
Quarterly cash forecasts were prepared and used as a basis for requesting funds from Headquarters to replenish the local bank accounts. Financial resource allotment and utilization are monitored through programme and operations meetings on a monthly basis, and recommendations are sent to the Country Management Team for further decisions and approval.

UNICEF Ghana successfully met all the deadlines for completing and uploading bank reconciliations.

An internal audit was carried out in 2014. At year's end, there were 14 open audit observations. The audit action implementation report was provided to the OIAI on 14 November 2014.

The overall funds utilization rate was 73 per cent (43 per cent for Other Resources Emergency [ORE]; 70 per cent for Other Resources-Regular (ORR) and 80 per cent for Regular Resources [RR]). There is no outstanding DCT over nine months.

**Fund-raising and Donor Relations**

UNICEF Ghana has raised US$54 million of the total US$140 million Other Resources/Other Resources Emergency (OR/ORE) planned budget (44 per cent) and US$90 million has been secured and is in the pipeline from bilateral donors, new and emerging donors such as Korea International Cooperation Agency (KOICA), the private sector including the Bill and Melinda Gates, Unilever and Hilton Foundations, and bilateral donors and UNICEF national committees.

The funding trend remained strong and promising across sectors. The total funding in hand and funds secured as of the last quarter of the year total approximately US$147 million (113 per cent of the total Country Programme Other Resources (OR) budget. The OR ceiling will be increased in February 2015. The strong fundraising base is the result of a reinvigorated fundraising strategy developed in 2013 anchored on a strong programme design, credibility with government, and knowledge leaders on emerging areas including demonstrated capacity for scale up.

The building blocks of a private sector engagement action plan commenced with a mapping and assessment of the private sector landscape in Ghana conducted by a specialist from Procter & Gamble under their sabbatical programme with UNICEF. The focus going forward is to spearhead child-focused Corporate Social Responsibility that is beyond philanthropy with key businesses.

**Evaluation**

During the first quarter of 2014, management responses were prepared and submitted for the evaluations completed in 2013, including the LEAP quantitative impact evaluation and the evaluation of Ghana’s long lasting insecticide net (LLIN) hang-up campaign.

The midline survey for the randomized controlled trial (RCT) of Communication for Development (C4D) interventions in Ghana was undertaken and the results are expected by the first quarter of 2015.

UNICEF Ghana forged a strategic partnership with the UNICEF Office of Research, Florence, to support the comprehensive evaluation and research programme around the new LEAP 1000 social cash transfer programme for pregnant women and mothers. The collaboration will
produce a range of research products that will inform programming in Ghana and the social protection discourse more broadly. For 2015, a comprehensive evaluation of the UNICEF education and nutrition programme is envisaged, and evaluation opportunities in child protection will be explored. UNICEF Ghana will seek the collaboration of the UNICEF Regional Office and the HQ Evaluation Office on evaluation questions that are of potential strategic relevance for UNICEF.

Efficiency Gains and Cost Savings

UNICEF Ghana made progress on cost saving and achieving efficiency gains through strategic partnerships both at Accra and at the Tamale field office level.

At Accra level:
• US$6,800 was saved through negotiating a full board package deal with the hotel for the staff retreat.
• US$24,000 was saved through organizing a residential operations review meeting and using the Food and Agricultural Organization (FAO) conference facility.
• US$70,000 in utilities (electricity and water) was saved through exemption of payment of utilities in Accra as part of delivering as one – UN common services.
• Five Long Term Agreements (LTA’s) were used by other UN agencies which resulted in efficiencies through Delivering as One.

At Tamale, field office level: UNICEF Tamale’s leadership and negotiation on acquiring more space from the Government, in modernising and equipping the conference room and expanding the drivers’ room, and in strengthening of MOSS compliance benefitted all UN agencies and other users like USAID. UNICEF entered into successful partnerships to enhance the overall infrastructure, security and refurbishment of the premises.

Supply Management

UNICEF continued to support Ghana Health Services in procuring vaccines, cold chain equipment and related medical devices through Procurement Services (PS), Supply Division-Copenhagen and the GAVI Vaccine Alliance, including Anthropometric supplies through PS for World Vision-Ghana. The total value of supplies handled under PS was US$3.88 million, and supplies received under GAVI amounted to US$21.95 million. In addition to supplies under PS, some of the major regular programme supplies procured were play materials and furniture for schools, printed materials, hand pumps and computers/IT related supplies.

To address the issue of non-compliance of vaccine, which is a major constraint, the Supply Division-Copenhagen has been requested to ensure that all global suppliers are registered in line with FDA directive.

The combined value of local and offshore procurement was estimated at US$3.07 million. In 2014, a total of 27 Contracts Review Committee submissions for supply and service related contracts were reviewed. With the outbreak of Ebola, UNICEF Ghana also assisted UNICEF Liberia with printing of advocacy materials.

During the year, two new Long Term Agreements for Clearing and Forwarding Services and Micro-assessment of implementing partners were established.

Three field visits for end user monitoring of supplies were jointly undertaken by supply/programme staff and government counterparts.
Security for Staff and Premises

The security and safety of staff and property is one of UNICEF Ghana’s top priorities. UNICEF ensures that the office premises are MOSS compliant - field vehicles are equipped with VHF radios, first aid and trauma kits, and drivers and staff are issued with mobile phones and air-time top-ups to enable them to be connected. Staff travelling to security phase one areas are security cleared.

The premises are secured, protected and monitored 24/7 by Edern security firm and CCTV cameras are installed around the office. A walk-through metal detector is maintained at the security entry points for screening visitors. UNICEF diligently adheres to the practices of registering visitors and screening of vehicles entering or exiting the premises.

UNICEF Ghana received US$490,000 to enhance security features of the office premises and funds were effectively utilised to strengthen the perimeter fence of the Tamale zone office. Fire detectors and blast resistant films on all the windows were installed in both Accra and Tamale. The Accra premises have also been insured against fire.

The International Professionals residential premises are MOSS compliant and are supported with hired guards as needed. There are weekly mandatory radio checks (on every Tuesday) from the UN Control Room for all UNICEF staff. SMS-based automatic reminders have also been put in place.

UNICEF drivers have been trained on first aid and defensive driving.

Critical data was backed up off site on a daily basis. A Business Continuity Plan (BCP) site exists where business can continue as usual should the office become inaccessible during a crisis.

The conflict in the Northern region occasionally creates security concerns and hampers programme delivery. This is mitigated by working closely with law enforcement agencies and UNDSS through security advisories and taking precaution when travelling to the field.

Human Resources

Due to increased funding, UNICEF Ghana had a special PBR, which led to the creation of 15 new positions. Staff profiling continued both as part of the PBR exercise and as part of strategic human resources management.

The Human Resources Development Committee (HRDC) provided guidance for the preparation and implementation of the 2014 Learning Plan by reviewing the global, regional and office priorities. The HRDC focused on improving staff knowledge in the evolving global context of UNICEF programming while strengthening skills on equity in programming. Group training in Programme Planning Process and Monitoring Results for Equity Systems was conducted. Overall, UNICEF Ghana carried out 50 per cent of the planned group training events. The rest were postponed to 2015 due to the audit and MTR process.

Four staff had the opportunity to enrich their knowledge, skills and share best practices by undertaking mission assignments in UNICEF emergency programmes in South Sudan, Cameroon, Iraq and Liberia.
UNICEF Ghana stepped up to the response planning on Ebola and recruited an international specialist on C4D who was supported by a colleague from Malawi on stretch assignment for contingency planning. UNICEF also facilitated recruitment to UNMEER.

A staff retreat was organised in August 2014, where outstanding issues from the 2013 retreat were addressed.

Overall guidance was provided for compliance with the Performance Assessment System (PAS) processes by ensuring that individual work plans, annual work plans and office priorities were aligned to Regional Office priorities and the Strategic Plan.

UNICEF Ghana has three Peer Support Volunteers; two in Accra and one in Tamale. Staff continued to be trained on HIV/AIDS in the workplace through joint UN activities. The Caring for Us Committee ensured the replenishment of male and female condoms in the office washrooms.

Fifty two per cent of UNICEF Ghana’s staff are female and 48 per cent are male.

**Effective Use of Information and Communication Technology**

UNICEF staff are using OneDrive to remotely access work files and senior management are using smart phones with Office 365, both greatly enhancing productivity and business continuity in the event of file loss. Outlook has been used to run quick opinion polls, and Lync was used for meetings across the two country offices and for online interviews. Digital desk phones were gradually phased out in favour of IP-based desk phones to allow for (among others) sharing of data points and therefore reduced network infrastructure investment. Printers are set to economy-mode to optimize toner usage and defaulted to two-sided printing for cost efficiency.

The Tamale sub-office was migrated to a virtualized server system, which will mean minimal overall future investment in hardware resources while allowing for scalability, and reduced energy consumption.

The ICT Unit continued to provide technical support to programmes on technology based initiatives, including the Mobile School Report Card, mobile-based solution to improve birth registration system, and the cash transfer programme.

UNICEF Ghana continued to be a leader in social media on development issues in the region, with nearly 16,500 members in its social media community. In 2014, daily digital content was posted on monthly themes relating to country-level and global advocacy priorities (a total of more than 1,000 posts). The UNICEF website (www.unicef.org/ghana) continued to bolster UNICEF Ghana’s role as a knowledge leader on the situation of children in the country, offering a single online portal for the latest reports, studies and press releases.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By the end of 2016, a National Child Protection system that better protects children (especially orphans, the most vulnerable and marginalised) from violence, exploitation, abuse and discrimination will be functioning in 5 most deprived regions and during emergencies.

**Analytical Statement of Progress:**
The Child Protection Programme made significant progress in strengthening the enabling environment for child protection by advancing the finalization of the Child and Family Welfare Policy, which was submitted to the Cabinet for approval before the end of the year. Together with the forthcoming Justice for Children Policy, the Policy provides a new framework for child protection and supports the establishment of a stronger child protection system fit for Ghana. Better protection of children from harm through engagement and partnership with community structures, traditional and religious leaders is an important element of the policy, which also promotes inter-sectoral collaboration. It also clearly articulates the roles and responsibilities of all key state institutions and major stakeholders. The Policy will also help drive legislative reform in coming years.

New Regulations on Adoption and Foster care were finalized and preparations were undertaken to establish a Central Authority on Adoption. At the end of the year, the Cabinet was asked to approve Ghana’s accession to the Hague Convention on Inter-country Adoption.

A comprehensive baseline research – the first of its kind in Ghana – was completed and research findings were used to inform the development of the Child and Family Welfare Policy as well as the new Communication Strategy on Child Protection.

Engagement commenced with the Schools of Social Work and Community Development for curriculum reform and development of operational procedures in line with the new Child and Family Welfare Policy.

Communication for Development continued aimed at reducing levels of violence, abuse and exploitation of children. A new Communication Strategy for addressing violence against children at homes and in schools was finalized and a new toolkit for community engagement was developed and pre-tested with community facilitators. The toolkit will be rolled out in at least 70 districts in early 2015. Engagement with a number of civil society organizations and close partnership with the Department of Community Development continued to support community-based social change processes through child participation, radio and television broadcasting, engagement of traditional leaders and local advocacy.

Notable progress was made in addressing violence in schools with the development a final Guidance and Counselling Policy that has a child protection component with the support of the Ghana Education Service (GES). A Guidance and Counselling manual to accompany the policy will be disseminated to all schools in 2015.

Support was provided to Ghana Statistical Services (GSS) to commence the Civil Registration and Vital Statistics (CRVS) system reform, with the first step being a comprehensive assessment, to be completed in the first quarter of 2015. UNICEF facilitated a partnership between Ghana Birth and Death Registry (BDR) and the telephone operator TiGo/Millicom. Steps were taken to pilot SMS technology for capturing birth registration data in districts with low registration rates and in hospitals in urban areas. Mobile registration was carried out in ten districts in three regions resulting in more than 8,000 children under the age of one being registered. A total of 43,000 children were registered with the collaboration of Ghana Health Service during the Child Health Welfare Promotion Week.

**OUTPUT 1** By 2016, Child Welfare and Protection Laws and Policies are increasingly aligned with international standards and made appropriate for Ghana and resources are increasingly available for its application.
Analytical Statement of Progress:
The Child and Family Welfare Policy was finalized through a participatory and consultative process at the national and sub-national levels under the overall leadership of the Ministry of Gender, Children and Social Protection. The Policy was submitted to the Cabinet in December 2014 for expected approval in the first quarter of 2015. The Policy provides for the first time a comprehensive vision and strategic roadmap for child protection system strengthening in Ghana. Key features of the Policy include enabling better protection of children from harm through engagement and partnership with existing community structures, traditional and religious leaders, and promoting inter-sectoral collaboration. The Policy articulates the roles and responsibilities of all key state institutions and major stakeholders, including Ministries, Departments and Agencies and Metropolitan, Municipal and District Assemblies and the relationship between the formal and informal structures.

A comprehensive Baseline research report was finalized, providing much needed data on a number of child protection issues. Findings from the baseline were used in the process of developing the Child and Family Welfare Policy as well as the new Communication Strategy on Child Protection.

Using evidence from the baseline and on the basis of the Child and Family Welfare Policy, preparations for subsequent legislative reform were undertaken. The Cabinet was asked to endorse amendments to the Children’s Act 1998 (Act 560).

A moratorium is currently in place prohibiting adoption of children from Ghana while efforts are undertaken to ensure greater transparency and accountability in the adoption and foster care system. The Cabinet has been asked to endorse Ghana’s accession to the Hague Convention on Inter-country adoption. Approval is expected first quarter of 2015. UNICEF is assisting the Government in the establishment of a Central Authority for Adoption and Adoption. Foster care regulations have been finalized.

A study commenced on the current levels of budgetary allocations and expenditures in child protection from Government and civil society. The study is exploring focus on investments (prevention, early intervention or response) and is also seeking to establish the financial cost of current levels of child abuse, exploring both immediate, direct cost of child abuse as well as the longer term financial impact (such as lost job opportunities and long-term health and psychosocial impact).

OUTPUT 2 By 2016, child protection service providers demonstrate strengthened and coordinated capacity to prevent, promote and respond to child protection abuses in line with national policy and standard operational procedures.

Analytical Statement of Progress:
UNICEF engaged with the Department of Social Work of University of Ghana and the University for Development Studies on curriculum reform and integration of child protection in their respective programmes. The intention is to ensure future alignment between expectations of the Child and Family Welfare Policy, child protection system strengthening and the learning offered for social workers and community workers. These initiatives will build and strengthen the operational capacity of social and community workers to better respond to the needs of vulnerable children, families and communities.

Support was provided to the change management process of the Ministry of Gender Children and Social Protection, with the ultimate aim of ensuring a common understanding of the
Ministry’s vision and mission among all of its civil servants, and improving communication, planning and performance management. UNICEF’s leadership as the Chair of the UN gender team also helped facilitate greater coordination among UN Agencies providing support to the Ministry of Gender, Children and Social Protection.

Twenty residential care institutions were closed, bringing more than 450 children back to family-based care. As of the end of 2014, Ghana has about 113 residential children’s homes, with close to 4,000 children remaining in care, compared to 2013 when there were 133 institutions with close to 4,500 children in care.

**OUTPUT 3** By 2016, parents, care-givers and community members in at least 5 regions understand and are able to practice positive behaviour that protects children from violence, abuse and exploitation.

**Analytical Statement of Progress:**
A Communication Strategy addressing violence against children in the home and in schools was finalized. A new ‘toolkit’ for community engagement was pre-tested with community facilitators. The toolkit includes pictures/illustrations and games for parents, community members, children and traditional leaders to stimulate dialogue on child protection. It will be rolled out in at least 70 districts in early 2015.

The Departments of Social Welfare and Community Development received support for mobilizing communities on child protection. In two regions, (Upper West and Northern regions), parents and caregivers in some 190 communities reported decreased incidents of child labour, increased awareness of the risks of child marriage and female genital mutilation/cutting (FGMC). A training on Most Significant Change (MSC) qualitative monitoring was conducted with Government and civil society counterparts. The training strengthened the capacity of field workers to collect stories of change from the community and more systematically document impact.

A final Guidance and Counselling Policy for schools that for the first time includes child protection has been produced with strong support from Ghana Education Services (GES). Accompanying the Policy is a Guidance and Counselling manual, which will be disseminated to all schools in 2015. A new facilitation manual on non-violence was introduced for more than 340 teachers and patrons in close partnership with the National Commission for Civic Education (NCCCE) in the Upper East and Northern Regions of Ghana. The initial feedback on results are positive, with teachers supporting children in Civic Education clubs in 235 schools to acquire skills on conflict resolution, effective listening, and confidence building.

UNICEF also undertook specific efforts to address child marriage. Six new Small-scale Funding Support Agreements (SSFSA) were signed with local NGOs operating in five regions where child marriage is particularly high. The NGOs implemented activities aimed at community dialogue through activities such as community drama, radio broadcasting, and engagement with traditional leaders. UNICEF also worked closely with the newly established Child Marriage Unit of the Ministry of Gender, Children and Social Protection in its coordinating role. Work began for the development of a strategic framework and a communication plan to more effectively address child marriage.

UNICEF also continued its partnerships for specific interventions against child trafficking and children involved in “galamey” (small-scale gold mining). International Organization for Migration (IOM) rolled out the “Free to be Me” toolkit in 10 communities prone to trafficking, resulting in a
decrease in the number of children trafficked. “Free the Slaves” continued its community engagement in 20 communities where involvement of children in galamsey is high. The partnership is based on a post-intervention assessment that confirmed the positive results of increased awareness and behavioural change with regard to sexual abuse and exploitation of children.

**OUTPUT 5** The electronic process for birth registration is improved, including equipping Upper East Region with necessary ICT resources; up-dating and streamlining current software practices and processes.

**Analytical Statement of Progress:**
In collaboration with other UN Agencies, support was provided to Ghana Statistical Services (GSS) in commencing the Civil Registration and Vital Statistics (CRVS) system reform. A comprehensive assessment of the system expected to be completed in the first quarter of 2015. The assessment will serve as a basis for development of the Strategic Plan for reforming the system.

UNICEF facilitated a partnership between Ghana Birth and Death Registry (BDR) and the telephone operator Tigo/Millicom. Preparations were undertaken to launch a pilot of use of SMS technology to capture birth registration data in districts with particularly low registration rates and in some hospitals in urban areas. This is the first step towards migration from a paper-based, manual system to a more effective electronic platform for data generation and storage.

The Birth and Death Registry (BDR) intensified its efforts to reach out to ‘hard-to-reach’ areas in districts with birth registration rates below 50 per cent. Mobile registration was undertaken in ten districts in the Brong Ahafo, Ashanti, Eastern and Western regions, registering more than 8,000 children under the age of one. An additional 43,000 children were registered during one week in May as a result of the collaboration between BDR and the Ghana Health Services in conjunction with the annual Child Health Welfare Promotion week. Awareness on the relevance and need to register children at birth was promoted through a number of radio discussions.

**OUTCOME 2:** By 2016 capacity of justice system strengthened to deliver justice services for children.

**Analytical Statement of Progress:**
Significant progress was made in the drafting of a new Justice for Children Policy. A broad-based “Child Protection Advisory Committee” made up of government and non-governmental organizations provided the forum and platform where the overall future direction and approaches for justice for children were discussed. The drafting process involved wide-ranging technical and community consultation and also heavily drew from evidence gathered through specific research on justice for children.

UNICEF strengthened capacity and understanding of child justice among several critical stakeholders. In collaboration with UNICEF, the Ghana Police Service embarked upon a process of developing Standard Operating Procedures (SOP) for Police handing cases involving children and integration of such SOPs in the training curriculum of Police training schools.

The Ministry of Chieftaincy and Traditional Affairs welcomed UNICEF to engage with Chiefs and traditional Authorities, leading to direct consultations on child protection and justice with the “National House of Chiefs,” where the key traditional authorities of the country are represented. This will pave the way for more close engagement in 2015 with Chiefs and Queen mothers in
their role as administrators of justice at local levels.

Other capacity building efforts included support to the Legal Aid Scheme for the development of training and operational manuals. In 2014, 35 children received legal representation, specialized services and support, and 15 of the cases were brought to a complete closure and discharged by the end of the year.

In 2014, the Ministry of Local Government trained 15 planning officers and 15 budget officers from 15 District Assemblies. The objective of the training was to ensure adequate planning and budgetary allocations to child protection/child justice issues at the decentralized level. The decentralized structures will become the basis for rolling out the implementation plan of the new Justice for Children’s policy.

To ensure a certain level of consistency in services for provided for children within the requirements of the Justice for Children’s policy, a mapping of child protection services was undertaken to identify the various actors in the sector. The Commission on Human Rights and Administrative Justice has identified more than 12,000 child protection service providers to date. The mapping, which is expected to be finalized by end of February 2015, will provide an overview of the various actors whose partnerships will be beneficial for rolling out the Justice for Children’s policy and designing targeted training for the various stakeholders.

**OUTPUT 1** Juvenile Justice laws and policies are increasingly aligned with international standards and made appropriate for Ghana and resources are increasingly available for its application

**Analytical Statement of Progress:**

The new Justice for Children’s Policy and the Child and Family Welfare Policy will help drive reform of the child protection and child justice sector in Ghana. The Justice for Children Policy was developed through broad-based consultations with a range of stakeholders, including children, and draws on existing evidence and research. Consultative meetings were held with the National House of Chiefs and with Queen mothers on the Policy directions. The Justice for Children Policy is expected to be submitted to Cabinet by the second quarter of 2015.

An assessment of Ghana’s “Child Panel” system was conducted. The Child Panels were originally set up to offer children access to justice at district level but were not found to exist in most parts of the country. The majority of districts never established the panels, and where they were established, they have not been effective in delivering child-focused justice. A reform of the justice process delivered locally is expected as a result of these findings. The research on Child Panels also confirmed the dearth of systematic data on justice for children, leading to the recommendation of investing in a more efficient and regular system for data management across justice service institutions.

UNICEF Ghana collaborated with the Ministry of Local Government in piloting a child protection orientation programme for 30 planning and budget officers of 15 District Assemblies from the three Northern regions. While the mandate for child protection and justice for children is not new to District Assemblies, many never had any orientation on the issues and why they should be concerned with planning and budgeting for protection and justice related programmes for children.
Support was also provided to the Government in advancing subsidiary legislation on specific protection issues. For example, progress was made in finalizing the Legislative instrument on Trafficking, which will complement the Trafficking Act.

**OUTPUT 2** By 2016, justice system actors apply principles and laws on child justice and programmes are increasingly available in support of young offenders, child victims and witnesses.

**Analytical Statement of Progress:**

In partnership with the Ghana Police Service, UNICEF carried out a gap analysis to assess the strengths, weaknesses, opportunities and challenges of the selected police training institutions with regard to child rights and protection.

Support was provided to the Legal Aid Scheme, assisting 35 children in conflict with the law during the year. UNICEF, together with UNDP, contributed to the development of a new training manual and Operational Procedures for Legal Aid Scheme.

**OUTPUT 3** There is increased effort to prevent children coming in conflict with the law and effective and appropriate mechanisms exists for dealing with cases of juvenile offending through informal, community-based processes.

**Analytical Statement of Progress:**

UNICEF undertook a dialogue with the Ministry of Chieftaincy and Traditional Affairs and with the National House of Chiefs to strengthen community protection of children in contact with the law, support reintegration programs and reduce re-offending. UNICEF also continued its partnership with the Commission for Human Rights and Administrative Justice (CHRAJ) to better understand the level of engagement, organizations and focus of child protection related work at district and community level. A nation-wide mapping was undertaken of all organizations working with child protection. This mapping will form the basis for future partnerships and for evidence-based advocacy in UNICEF’s efforts to mobilize more support and resources for child protection in coming years.

**OUTCOME 3** 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 national nutrition policy was validated in November 2013. Government ministries, are in the process of producing a multi-sectoral nutrition strategic plan with coordination by NDPC. Mixed progress has been made in the development of the plan with the nutrition specific plan in advanced stage, while planning for nutrition sensitive actions has stalled due to limited capacity and coordination mechanisms. The baseline for the result areas was MICS 2011 and the next update will come from DHS 2014 report which is underway.

With respect to iodised salt at household level, the rates had improved only slightly from 32% in 2008 to 35% in 2011. An update of the situation will come from the end of BMGF/GAIN/UNICEF partnership project (2008-2015) assessment and the 2014 GDHS, both currently underway.
Stunting rates in children aged 0-59 months at national level had dropped from 28% in 2008 DHS to 23% in 2011 MICS, with concerns for a worse situation in Northern (37%) and Upper East region (32%) but also unexpected large reductions in Central and Eastern regions. Given the results of SMART nutrition surveys in the three northern regions which show relatively lower levels of stunting, one would expect further reduction in stunting in the 2014 DHS. Recent analysis of the stunting problem shows that other regions such as Ashanti, WR and GAR have a bigger case burden in terms of numbers of stunted children.

With respect to acute malnutrition, as this is a short term indicator for nutrition status, the trend over the years is variable depending on the prevailing situation of infections and food security at the time of measurement. The district geographical coverage of the CMAM programme in focus regions has been scaled up from 29% in 2011 to 50% in 2014 while the coverage in non-focus regions has only reached 18%. To ensure access, the programme should move towards increasing treatment coverage through addressing social cultural factors, and scaling up facility coverage in addition to district coverage.

In conclusion, while the analysis of results shows challenging bottlenecks across all result areas, the real situation on progress will be reported by 2014 DHS, and depends on how the population has adapted to the economic challenges, and taken advantage of the information and services being provided through these programmes. Lasting results will come from government funding allocation to these programmes for all regions and that should be the focus of the remaining period of the country programme.

OUTPUT 1 Women and children in the four most deprived regions of Ghana have access to high impact nutrition interventions for reduction of vitamin and mineral deficiencies, protecting, promoting and supporting appropriate IYCF and management of acute malnutrition among children.

Analytical Statement of Progress:
UNICEF, in collaboration with REACH partners, supported the planning process at National Development Planning Commission (NDPC), GHS, Social Protection and WASH sectors for development of the national strategic plan for the nutrition policy. When finalised, both the policy and strategic plan will be submitted to the Cabinet for approval.

Early in 2014, UNICEF supported a self-assessment process of the Scale Up Nutrition (SUN) movement in Ghana which revealed a number of weaknesses, bottlenecks and barriers in the CSPGN coordination mechanism, and made recommendations for improvement. Coordination mechanisms in the three northern regions have been strengthened. UNICEF supported regional review meetings by GHS involving multiple sectors and facilitated dissemination of findings from nutrition surveillance and progress on various interventions.

Seven nutrition officers in Ghana were trained as nutrition SMART Survey Managers by ACF/UNICEF. The training helped ensure that nutrition assessments for DHS 2014 and future national surveys are well standardised, paving the way for improved nutrition data quality. During the GHS annual nutrition review meeting, supported by UNICEF, participants reviewed indicators in the District Health Information management System and also went through routine data validation procedures.

A gender assessment of the health and nutrition sector was conducted and revealed knowledge gaps on gender policies and how to mainstream gender at various levels. The process significantly strengthened the gender awareness of key officials at the strategic level of the
Ministry of Health, who have drafted a strategic plan to guide gender mainstreaming in the sector.

UNICEF supported the development of the Salt Iodisation Strategy III which is currently in advanced stage and expected to go through the cabinet approval process during the first half of 2015. A cabinet memo has been drafted and needs to be endorsed by all key stakeholders before cabinet submission and approval.

USI Work plan development and implementation: USI is reflected in work plans of Ministries, Departments and Agencies (MDAs) at national level. However, the consolidated work plans for focus districts have been developed with all key stakeholders including private sector - both producers and traders, for implementation in 2015. The national iodised salt campaign has been completed in 65 districts in all ten regions. Communication channels included media (radio, television, print), inter personal communication, mobile van publicity, market and community storms, church/mosque and school activations.

UNICEF supported coordination meetings of the National Salt Iodisation Committee and its subcommittees at national level. Three out of four planned NSIC meetings were held. The meetings resulted in successful implementation of the national iodised salt campaign which is expected to increase awareness and change consumer attitudes on iodised salt.

Legal framework: The Food and Drugs Authority is finalising guidelines for implementing regulations on salt iodisation. This needs to be complemented with by-laws at district level. With UNICEF support, one district has developed and gazetted its by-laws; five districts have by-laws in draft status which include relevant clauses on iodised salt.

OUTPUT 3 Women and children in the four most deprived regions of Ghana have access to high impact nutrition interventions for reduction of vitamin and mineral deficiencies, protecting, promoting and supporting appropriate IYCF and management of acute malnutrition among children.

Analytical Statement of Progress:
Capacity building for scale up of the community infant and young child feeding counselling approach (C-IYCF) continued in 2014. Since 2013, 1,475 health workers have been trained in C-IYCF and are implementing the approach in 59 districts (61 per cent) in the five UNICEF focus regions. UNICEF supported the mentoring and supervision of 2,405 counsellors who have been trained by GHS in 10 regions.

UNICEF continued to support GHS in ensuring adequate supplies of vitamin A. With support from the Micronutrient Initiative, the required quantities of Vitamin A capsules (3,516 pac-500 blue capsules and 12,656 pac-500 red capsules) were provided to Ghana Health Service for biannual supplementation of all children ages 6-59 months through routine services, child health promotion weeks and National Immunization Days (NIDs). Coverage of mass Vitamin A Supplementation as of October was 96.8 per cent.

Reports on CMAM implementation from the focus regions show that with UNICEF support, the geographic coverage at district level increased from 29 per cent in 2012 to 50 per cent in 2014. The number of new admissions was 4,968) at end of September 2014 compared with 3,753 at the same time in 2013. The overall cure rate was 77.5 per cent in the focus regions, with a defaulter rate of 19.3 per cent, which is below the latest SPHERE standard. UNICEF supported the first revision of the national CMAM protocols since their introduction in 2008. Among other things, the revisions include new World Health Organisation-recommended discharge criteria,
which ensure that all children, including those admitted in a very bad state, stay in the programme long enough until recovery.

OUTCOME 4 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 Government of Ghana has prioritized maternal and newborn health care improvement in the country to address the high burden of maternal (MMR 380/100,000 live births) and newborn (NMR 32/1000 live births) deaths. It is also committed to attain the global target of eMTCT of HIV by 2015.

In 2014, the National Newborn Strategy and Action Plan for 2014-2018 was launched. The strategy, developed with UNICEF’s technical assistance and in line with the Every Newborn Action Plan (ENAP), aims to reduce the NMR rate by 5 percentage points per annum and to reach the target of 21/1000 live births by 2018. All ten regions of GHS have developed their respective regional action plans to operationalize the strategy.

UNICEF provided technical and financial resources to the Northern Region (NR) and Upper East Region (UER) to develop their work plans using the BNA tool. With UNICEF’s support, essential newborn care interventions are being implemented in 20 districts of the Northern and Upper East Regions. As a result of these interventions and prioritization of skilled delivery by the Government of Ghana, there has been an improvement in skilled delivery in both regions (NR 2011- 48 per cent, 2014 – 53 per cent -53,000/100,000, UER– 2011-68 per cent, 2014 – 73 per cent -29,200/40,000). The home-based postnatal care between two and seven days of life by CHO/CHN has also improved (NR 2011- 0 per cent, 2014 – 48 per cent, UER– 2011-0 per cent, 2014 – 52 per cent). UNICEF provided support for the capacity building for skilled delivery, essential newborn care, joint monitoring and establishment of Newborn Care units in six hospitals in NR and UER. This contributed to reducing the institutional neonatal mortality rate from 7/1000 (2011) to 4/1000 live births in NR and from 5/1000 (2011) to 3/1000 live births in UER.

Ghana’s HIV prevalence is on a downward trend. As of September 2014, 66 per cent of identified HIV positive pregnant women (6,114/9,160) received ARV prophylaxis for prevention of mother to child transmission (PMTCT) of HIV. The overall coverage of ARV prophylaxis was 38 per cent. Only 44 per cent of the pregnant women were tested during ANC due to lack of test kits. National coverage of HIV-exposed infants at 6 weeks of age by DNA/PCR remained low (7 per cent).

UNICEF continued to support the Eastern Region to implement the eMTCT plan developed in 2012.

Major challenges continue to plague the implementation of EID and Paediatric ART intervention and include limited skills of health providers, weak defaulter tracing of positive mother-baby pairs, erratic supply of commodities and inefficient system of EID sample collection, transmission, testing and reporting back. UNICEF provided technical assistance to the National AIDs Control Programme (NACP) to conduct a Paediatric ART needs assessment and with the report expected, it is hoped that the real gaps will be established and follow-up actions developed to address the issues of low EID and Paediatric ART coverage.
Overall, UNICEF’s support to the GoG on health sector has contributed to improve core Maternal, Neonatal and Child Health (MNCH) indicators mainly in Northern and Eastern Focus Regions. Still, there is a long way to go to reach the national targets on RMNCH in the country.

OUTPUT 1 GHS has capacity and resources to plan, coordinate, implement and monitor scale-up of PMTCT and EID services for women and children in at least two regions with the highest HIV prevalence.

Analytical Statement of Progress:
Eastern Region (ER) continued to implement eMTCT plan developed in 2012. Implementation of this plan has contributed to improve coverage of ARV prophylaxis for HIV-positive pregnant women, EID and Paediatric ART services. GHS data in March 2014 indicated that PMTCT testing coverage reached 77 per cent, 7 per cent higher than before implementation. Eighty six per cent of HIV positive pregnant women (1,408 out of 1,632 identified) are either on ART treatment (680) or ARV prophylaxis (728). This is highest coverage in the country and ER is aiming to reach the PMTCT Scale-Up Plan Target of 90 per cent

In 2014, UNICEF supported training on PMTCT/EID for 120 health staff from six high prevalence Districts of the ER. An additional 75 doctors, nurses and midwives were trained on Paediatric ART Services. UNICEF supported NACP to train 70 health staff from three Northern Regions on EID. At the national level, UNICEF worked with the World Health Organisation (WHO) to develop national guidelines for transition from PMTCT option B to B+. UNICEF provided technical assistance to NACP to conduct an assessment of Paediatric ART services in Ghana. As a GF/CCM member, UNICEF supported the development of the country’s concept note for submission to the GF within the new funding model. The concept note prioritized eMTCT services in four high-burden regions where more than 60 per cent of the country’s HIV-positive pregnant women live. The regional targeting on the basis of HIV prevalence rate (above 2 per cent) will contribute to increased eMTCT coverage.

OUTPUT 2 High immunization coverage is sustained nationally and prevention and treatment of malaria, pneumonia and diarrhoea is scaled up in all districts of the four deprived regions of Ghana

Analytical Statement of Progress:
UNICEF continued to provide procurement services for all the country’s vaccines and immunisation devices. In 2014, no stock-outs of vaccines and other immunisation devices were reported. During the first half of 2014, EPI coverage for all vaccines, except rotavirus, either stagnated or declined when compared with the performance for the same period in 2013. The coverage at the end of the first half of 2014 for selected antigens was as follows: BCG 102 per cent, OPV3 – 84 per cent, Penta3 – 84 per cent PCV3 – 84 per cent, MR – 88 per cent. The Penta3 coverage over the years has stagnated at around 86 per cent and has not reached the target of 90 per cent.

The third dose of the human papilloma vaccine was delivered to girls ages 9-10 years in selected sub-districts of all four districts participating in the HPV demonstration project. A total of 6,847 girls out of the 6,981 who received the first dose effectively received the third dose (98 per cent). Management of immunization waste has been a challenge as health facilities, especially the smaller hospitals and health centres, do not have incineration capacity. Such health facilities resort to burying or open burning of health care waste. With financial assistance
from UNICEF, 13 incinerators were constructed early this year and funds have been made available for the construction of 20 additional incinerators. These incinerators will contribute to improve health care waste management in the targeted districts.

UNICEF, together with other partners, organised an international symposium in Ghana on integrated community case management (iCCM). Experiences and evidence from various countries were presented, following which a workshop was held to identify and quantify the logistics and other resources needed to implement iCCM at scale. UNICEF provided technical assistance to Ghana Health Service to quantify the gap in iCCM commodities and this was incorporated into the malaria concept note submitted to the Global Fund under the New Funding Model (NFM).

The Government of Ghana celebrated the 10th Anniversary of the Child Health Promotion week during which various advocacy events were held to highlight the urgent need to address the high neonatal death rate in the country. Routine services such as immunization and birth registration were provided during the week.

**OUTPUT 3** Mothers in the four most deprived Regions of Ghana have access to appropriate maternal and new born care services for themselves and their children at facility and community level

**Analytical Statement of Progress:**

Ghana has committed to improve health care for newborn babies, especially during intra-partum and early newborn period. The key achievement for 2014 was the launch of the National Newborn Strategy and Action Plan for 2014–2018, which aims to reduce neonatal mortality by 5 percentage points per year and reach the neonatal mortality rate target of 21/1000 live births. UNICEF facilitated the strategy development process and its launch by supporting the organization of a National Executive Forum on Newborns during which ‘A Promised Renewed’ (APR) was also launched. UNICEF supported the Northern and Upper East Regions to implement essential maternal and newborn care interventions in twenty districts (11 in NR and 9 in UER).

In 2014, 30 health staff were trained as master trainers on essential newborn care in the two regions. These master trainers trained an additional 275 CHO/CHN from nine districts (four in NR and five in UER). Refresher trainings were organized for CHO/CHNs who were initially trained in 2012. These trainings have strengthened their skills to improve post natal care via home visits (HBPNC) during the early newborn period. Approximately 40 per cent of babies in Northern Region and approximately 60 per cent of babies in Upper East Region receive home-based postnatal care by CHO/CHN. There are challenges to implement HBPNC due to shortage of motorbikes and fuel to carry out home visits. The supervision of districts and sub districts and the quality of data is also an issue and a number of health facilities do not capture and report the data on newborn health in DHIMS2. UNICEF’s technical assistance, advocacy and leveraging resources at national, regional, district and community levels has contributed to bringing the issues of maternal, newborn health to the central stage of health programming in Ghana.

**OUTPUT 4** National Health Sector policies, strategies, budgets and plans are evidence-based and prioritize equitable attainment of health-related MDGs particularly at sub-national level and amongst the most vulnerable women and children in Ghana.
Analytical Statement of Progress:

The Ministry of Health, with support from various partners, developed a Health Sector Medium Term Development Plan (HSMTDP) to guide health sector action during the period 2014-2017. The HSMTDP focuses on bridging equity gaps in access to health care and nutrition services; ensuring sustainable financing arrangements that protect the poor; and strengthening governance as well as improving the efficiency and effectiveness of the health system. It also aims to improve access to quality maternal, neonatal, child and adolescent health services; to intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyle; and to improve institutional care including mental health service delivery.

UNICEF provided financial support for the costing of the plan, using the marginal budgeting for removing bottlenecks (MBB) approach.

UNICEF also provided technical assistance to GHS for documentation of the MNCH and HIV Sector bottleneck analysis. UNICEF has also supported GHS to adapt and introduce RMNCH score card at national and regional levels. Support was also provided to conduct a gender gap analysis in the health and nutrition sector.

With Financial assistance from UNICEF, the Human Resource Division of the Ghana Health Service trained eight district teams (40 staff) in the Northern region as part of the Leadership Development Programme (LDP). The teams of managers acquired skills to identify and address key leadership challenges within their programmes and in their districts in order to achieve the desired results and impact. UNICEF, as an active member of Health Sector Group, member of CCM, ICC on immunization, was engaged in policy dialogue, generation and dissemination of evidence and advocacy, and contributed to highlighting and bringing to centre-stage the issues of MNCH and Nutrition Programming in Ghana.

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:

Ghana deserves praise for many of its achievements in the area of education. Since 2005 the abolition of school fees and the provision of assistance to schools through a government subsidy called the “capitation grant” have had a great impact on boosting school enrolment and narrowing the gender gap between girls and boys in schools. For instance, at the primary level, the gross enrolment ratio (GER) increased from 78.4 per cent in 2003–2004 to 107 per cent in 2013–2014 and the net enrolment ratio (NER) increased from 55.6 per cent to 89 per cent. Ghana has also expanded its formal education system to include early childhood education for children ages 4-5 years.

OUTPUT 1 Young children's school readiness improved through increased access to quality pre-school education programmes in at least 10 deprived districts

Analytical Statement of Progress:

Efforts to improve Early Childhood Education services focused on improving quality learning outcomes for young children and also improving accountability of both school level personnel and parents. Orientation of District Education Oversight Committees and continuous training of
School Management Committees and Parent-Teacher Association Executives has created better awareness of their roles and responsibilities to children in kindergartens (KGs) as evidenced by KG issues being discussed in meetings. The documents Standards for establishing KGs and Assessment tools for KG teachers were reviewed and made more user-friendly. A pupils’ version of those tools has also been completed that will make it possible for schools to dialogue with parents and guardians about children’s progress in school. To ensure effective use of the tools, 200 District Teacher Support Team members were trained from the 14 focus districts and will in turn train KG teachers to use the tools. All 95 Circuit Supervisors and almost 1,000 head teachers in the 14 districts have been trained and are supporting KG teachers to work more efficiently.

The 12 training modules developed by Ghana Education Service (GES) with financial and technical support from UNICEF have been reviewed and are serving a dual purpose. Firstly, they are fulfilling the initial intention of using them to conduct in-service teacher training for 1,385 KG teachers (only 44.7 per cent of whom are trained) in 14 focus districts and eventually being rolled out to cover 36,724 teachers in public KGs throughout the country, out of whom only 54.8 per cent are trained. Secondly, the modules are being mainstreamed into the curricula for pre-service ECE teacher training. The GES and the University of Cape Coast, which designs curricula for pre-service teacher training, have begun the mainstreaming process and have submitted a memorandum to the Academic Committee of the university for approval to pave the way for the modules to be used to train non-professional KG teachers in a programme due to commence in March 2015, toward earning the trainees diplomas in ECE.

The Chief examiners of KG courses for the seven Colleges of Education which are offering KG courses have found the modules to be useful, and this has made some tutors in the Colleges confident to use the modules for pre-service teacher training even before they are formally approved for use at that level.

OUTPUT 2  Complementary basic education opportunities expanded to out-of-school children aged 8-14 years in at least 10 deprived districts

Analytical Statement of Progress:

The 97 CBE classes that were established in the three districts (22 in KEEA, 30 in Savelugu-Nanton and 46 in Afram Plains) with a total enrolment of 2,203 (97.9 per cent of the target), completed the cycle with 1,955 students (88.7 per cent) graduating. Savelugu-Nanton district graduated 728 students (473 boys, 255 girls), representing 97.6 per cent of students who enrolled. Afram Plains District graduated 88.7 per cent of students who enrolled (927 students; 661 boys and 266 girls) and KEEA graduated more than 87.4 per cent of the students who enrolled in the programme (360 graduates, 202 boys and 148 girls). Data on the number of graduates who continued in mainstream formal schools is still being collected, but data collected so far indicates that 68.8 per cent of the graduates (1,335 students, 917 boys and 639 girls) had enrolled in formal primary schools in their communities. It is expected that the total number of students who will enrol in mainstream primary schools will exceed the 80 per cent of the target when the exercise is completed.

Through intensive community animation exercises and registration of out-of-school children, a new cohort of students has been enrolled into CBE classes in the three districts for the 2014/15 academic year. In Afram Plains, more than 1,000 children have been enrolled in 40 CBE classes; in Savelugu-Nanton, 750 children were enrolled in 30 classes; and in KEEA, where the enrolment process was delayed, 450 children were enrolled as at the end of the year.
The experiment of using National Service Personnel (NSP) as a potential route for the Ghana Government to continue large scale CBE implementation after 2015 continued in the three districts, with 23 personnel participating in the programme in 2014. This represented 51 per cent of the requirement.

As part of generating research data and feeding it into policy development and a sustainable government-led model for CBE, the CBE implementation process, especially the prospects and challenges of using NSP, has been documented. The findings will form part of a major evaluation of the programme to be conducted in 2015.

OUTPUT 3 Capacity of primary schools enhanced to provide appropriate care and support for children with special needs including children with disabilities in at least 10 deprived districts

Analytical Statement of Progress:
With UNICEF’s support, every one of the 933 basic schools has at least two resource persons (head teachers/one other teacher) with appropriate knowledge to provide care/support and better manage children in classrooms in all 14 districts. According to Ministry of Education’s Education Management Information System (EMIS) data, the total number of children with disabilities (CwDs) enrolled in the 2013/14 school year accounted for 1 per cent of the 0.3 per cent of the total enrolment. This represents a 47 per cent increase over the 2012/2013 figures (from 1,125 to 2,116). The Child Friendly School (CFS) standards contributing to inclusive schools also increased from 20 per cent to 21 per cent in 2013/2014.

The District Inclusive Education Teams involving district education/health personnel in five districts conducted screening for support. Out of 25,248 children screened (13,411 boys and 11,837 girls) from lower primary schools, 60 per cent came from the three Northern Regions (Northern, Upper East and Upper West Regions). Approximately 4,805 who were identified with hearing, visual, dental and other health conditions received free health care from either the screening team or the National Health Insurance Scheme (NHIS). More than 850 also were referred to the health facilities for further diagnosis/support. Parents were sensitized to pay attention to the health conditions and send their wards to the health facilities for appropriate diagnosis and follow-ups.

The inclusive education practices survey conducted in schools is being disseminated to 400 stakeholders (district personnel, head teachers, teachers, traditional rulers, chiefs, Christian and Muslim leaders, SMC/PTAs, district assembly personnel, queen mothers and NGOs) in eight districts.

OUTPUT 4 Awareness on and demand for education increased among disadvantaged groups, especially girls in at least 10 deprived districts

Analytical Statement of Progress:
A total of 250 National, Regional and District Girls’ Education Officers were trained and now have skills on the Child-friendly School concept and practice, including the use of sports as a tool to attract marginalised and vulnerable children, especially girls, to school. The Officers are now better equipped and are using sports as a tool to attract children and keep them in school, to advocate and to sensitize parents to allow their daughters to participate in sports, convince teachers to promote participation of girls in sports, help girls to practice healthier menstrual hygiene as well as value and celebrate diversity. The knowledge and skills acquired by the officers is also helping them to mentor and advocate for the more than 2.7 million girls in basic schools as well as help to attract many others who are not currently enrolled in school across
An annual review on girls’ education was organised for 100 participants to discuss ways of fostering stronger collaboration among stakeholders and foster sharing of information on best practices. The review renewed faith in Girls’ Education Unit as the coordinating institution on girls’ education in the country. Stakeholders also agreed to hold annual reviews on emerging issues in girls’ education, to enable them present a common front during policy level discussions.

Support was provided to the Ghana Education Service (GES) to develop a C4D strategy to support the implementation of the country’s 2010 – 2020 Education Strategic Plan. The strategy, to be used mostly by community-level practitioners, will support children’s on-time enrolment in kindergarten at age four and primary grade one at age six. It also address the challenges related to drop out, especially among girls.

A total of 1,359 basic schools (933 primary and 426 Junior High Schools) in 14 focus districts have become more child-friendly with the supply of basic sports equipment, which has helped to improve opportunities for sports and physical education for approximately 261,000 pupils (2013/2014 EMIS data). It is also expected that the sporting equipment will help to attract the many out of school primary school-aged children, especially in five districts with high rates (for the 2012/2013 academic year, 12 per cent in Komenda-Edina-Eguafo-Abrem; 50 per cent in Afram Plains; 22 per cent in Savelugu Nanton; 13 per cent in Garu –Tempane; and 24 per cent in Lambussie-Karni; compared to the national rate of 8 per cent.)

OUTCOME 6 Educational quality and outcomes of pre-primary and primary schools improved in five focus regions.

Analytical Statement of Progress:
UNICEF contributed to the Child Friendly School (CFS) interventions at decentralized levels, including safe learning environments (including protection from sexual abuse; teacher education, provision of learning and teaching materials, school health activities and facilities, complemented government efforts to improve the quality of children’s learning in schools in the 14 focus districts. The number of schools meeting the CFS standards in the 2013/14 academic school year increased by 21 per cent, from 9 per cent to 30 per cent over three years in 3 out of 14 districts which started implementing CFS in 2012.

The capacity of GES district officials (Directors, Planning, Budgeting and Statistics Officers) to identify the key barriers and bottlenecks keeping children out of school and provide quality education has been strengthened. Through evidence and analysis, the districts have improved planning, budgeting, reviews and effective reporting systems up to the circuit level to ensure alignment and coherence with the Annual District Education Operational Plans (ADEOPS) and Annual Sector Education Operational Plans (AESOP). To address managerial weaknesses identified in Circuit Supervisors and Head teachers, two manuals, “Leadership for Learning for Head Teachers and Circuit Supervisors”, and “Leadership for Change for Management Staff” were developed.

The use of the School Report Card (SRC) and the School Performance Plans as accountability tools is gradually improving school performance, especially teacher attendance and teachers’ time on task. School Management Committees (SMCs) and Parent-Teacher Associations (PTAs) can now perform evidence-based teacher support and monitoring. Evidence generated from real time monitoring of teachers’ attendance, using mobiles for SRC, enabled discussions...
amongst the District Directorate and head teachers to improve children’s learning outcomes and informed parents and communities on school performance.

Implementation of the harmonized enhanced school health programme (e-SHEP) package, which provides a strategy of realising the three CFS dimensions (healthy, safe and gender-sensitive school environment), began in 2014. District Directors’ and District Trainers’ capacities have been built. Some 2,218 head teachers were targeted for further orientation. The e-SHEP teachers’ Manuals will guide the integration of HIV prevention and life skills education into their lessons. Strengthening child-led activities was introduced with the signing of MoUs with three NGOs on a trial basis.

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

Analytical Statement of Progress:
With financial and technical support from UNICEF, the Ministry of Education and Ghana Education Service organised reviews at national and district levels during which issues of learning outcomes, exclusion, and marginalization were discussed and mainstreamed into national/district education plans. All 14 focus districts reviewed performances in education, focusing on critical indicators like enrolment rates, measures to improve teaching/learning, community engagement in education and disparities. The outcomes of those reviews influenced the quality of Annual Sector Education Operational Plans (AESOPs) and Annual District Education Operational Plans (ADEOPs). The reviews also helped to bring various stakeholders, including District Education Oversight Committees, School Management Committees and Parent–Teacher Associations, together to set new targets, develop effective strategies for achieving the targets, and find ways to address issues of disparities and inefficiencies in education in the various districts.

As a follow-up to the reviews, all focus districts used the bottleneck analysis process to revise their ADEOPs and used this planning process to harmonise ongoing interventions at the district level. Nine of the focus districts that received funding from the Global Partnership for Education harmonised UNICEF funds with funds from other sources. The rolling out of the bottleneck analysis tool in 39 districts in the Upper East and Northern regions in early 2014 and capacity building of the Planning/Statistics Officers in results-based planning enhanced the quality and depth of district plans, making them more focused on addressing priority challenges in an efficient and cost effective manner.

As a result of the success of the planning process in the nine focus districts, the exercise was extended to 50 other districts in the Northern, Upper East and Upper West regions. This has made the development of ADEOPs and planning process more participatory and efficient. With the skills in Bottleneck Analysis, officers are able to set realistic targets and SMART indicators to monitor progress. In 2014, all the ADEOPS from the 14 focus districts were found to be of high quality by the Basic Education Division of the GES.

OUTPUT 2: Quality of teaching and learning improved through the practice of child-centred, activity-based teaching in primary schools in at least 10 deprived districts

Analytical Statement of Progress:
With the completion of the two manuals “Leadership for Learning for Head Teachers and Circuit Supervisors”, and “Leadership for Change for District Level Management Staff”, the Ghana
Education Service now has the tools to improve managerial capacity of personnel at both district and school levels. The trial testing of the manuals in the 14 focus districts helped to lay the foundation for improvement of supervisory skills of head teachers and Circuit Supervisors, and is expected to bring about improvements in the quality of teaching and learning in more than 2,200 schools in the 14 focus districts. The officials who participated in the trial testing of the manuals reported that their understanding of financial and human resources issues has improved and that this has had a positive impact on their performance. The GES, noting the huge potential offered through the use of the two manuals, decided to use the documents to improve supervision and management at both school and district levels throughout the country. The Institute for Educational Planning and Administration of the University of Cape Coast also intend to use the manuals to train leaders for the Education sector.

Support was also provided to strengthen school-community linkages through capacity building of statutory district and community level institutions mandated to support and manage schools at community levels. District Education Oversight Committees, School Management Committees and Parent-Teacher Associations in the 14 focus districts now have knowledge and skills about their roles and are empowered to support the Education Service to implement education programmes in the focus districts more efficiently, to benefit more than 261,000 pupils in 2,200 schools. Reports from the districts indicate that the SMCs/PTAs have started adopting strategies for improving child-friendly learning environments and School Performance Plans to ensure better accountability by school authorities.

With support from UNICEF, the Physical Education (PE) and Sports in schools policy was finalised through an exhaustive consultative process, to guide PE and sports promotion in schools in the country. The Policy will help to ensure that stakeholders incorporate relevant portions of this Policy in their sector plans.

**OUTPUT 3: Healthy, Safe and gender-sensitive environments established in primary schools in at least 10 deprived districts**

**Analytical Statement of Progress:**

This Output contributes to the CFS dimensions of health-promoting schools, safe protective schools, and gender-sensitive schools. The baselines at programme inception were 16 per cent, 21 per cent, and 15 per cent, respectively, with the target of reaching 70 per cent on each dimension by 2016. The initiative commenced in three of the 14 focus districts. In 2014, a progress report indicated 23 per cent, 34 per cent and 26 per cent, respectively.

To operationalise the School Health Policy which GES developed with UNICEF support, the partners agreed to harmonise six priority programmes from the policy document, to be known as enhanced school health programme (e-SHEP) and delivered as a package. e-SHEP encompasses HIV prevention, nutrition, water, sanitation and hygiene, sports for development, disaster risk reduction and guidance /counselling. Lessons on the programme will be documented to influence policy formulation and scaling up. Manuals on the six e-SHEP components were printed after pretesting processes involving training of 14,198 head teachers and teachers and 15,200 students (8,500 boys and 6,700 girls) as peer educators. Teachers will use the manuals as guide to integrate/infuse HIV prevention and life skills education into their lessons, The peer educators manual is intended for use by peer educators to organise education sessions at class levels and the school community manual is for use to inform and mobilise parents participation on the programme at parent teacher association (PTA) meetings.
OUTCOME 7 Vulnerable and marginalized families across Ghana access and utilize improved social services and are empowered to adopt key family practices.

Analytical Statement of Progress:
In 2014, UNICEF Ghana continued its efforts to empower vulnerable and marginalized families to access and use improved social services by reinforcing its support to the Government to strengthen the social protection sector and systems, and by building capacity and broadening partnerships using a multi-pronged and multi-channelled approach at national and regional levels to encourage communities to adopt key family practices.

UNICEF reinforced its support to the Government to strengthen the social protection sector and systems by helping to move the National Social Protection agenda forward using a twin track approach of strengthening LEAP programme operations, advocacy and communications, enabling LEAP’s expansion; and ensuring broader political support on social protection through improved policy dialogue and South-South cooperation, to enable sustainable financing for more effective and targeted interventions in Ghana.

UNICEF contributed to improving social services to vulnerable and marginalized families through its support to LEAP programme operations and expansion. UNICEF successfully supported DSW/MGCSP to operationalize the new LEAP M&E, Management Information System and case management system. The first phase of operationalization led to the development of targeting, enrollment and payment modules in LEAP’s MIS, an operations manual on case management and the production of three quarterly reports. Lessons learned from the preliminary phase of LEAP’s M&E system are being applied to GSFP. UNICEF also supported LEAP to assess mechanisms to manage payments more effectively and efficiently through an E-payment Assessment. The rollout of those systems is helping to improve the management and coordination of LEAP, to better serve LEAP beneficiaries.

UNICEF improved access of social services to vulnerable and marginalized families with children through its support to LEAP’s advocacy and communication, including the production of fact sheets, human interest stories, and a LEAP video. These tools enabled a policy environment that successfully led resource mobilization and expansion of LEAP to poor households with pregnant women and infants. This beneficiary group will be targeted and enrolled into the LEAP programme in 2015.

As part of UNICEF’s efforts to strengthen the social protection sector and ensure broader political support on Social Protection, UNICEF supported the development of a temporary framework for Ghana’s Social Protection system through a cabinet memo. The cabinet memo sets the foundation for establishing a Social Protection policy. UNICEF also led the Social Protection Sector Working Group in partnership with the government, engaging key national stakeholders, government partners and donors to improve policy dialogue both within the sector, and across sectors. This advocacy led to the reclassification of LEAP from ‘goods and services’ to ‘transfers’ enabling automatic and timely transfer of funds directly from the budget of the Ministry of Finance for LEAP payments. The reclassification will be rolled out in 2015.

UNICEF contributed to knowledge sharing through South-South cooperation between the Governments of Ghana and Brazil through high-level missions, improving Ghana’s understanding of the mechanisms needed to establish a successful and sustainable social protection system.

UNICEF empowered vulnerable and marginalized families with children to adopt key family practices by using a multi-pronged, multi-channelled strategy to expand its outreach to
approximately 2.8 million people across Ghana. The C4D project was implemented in 54 districts in five regions to promote a basket of 11 behaviours. C4D also incorporated an additional 12 districts to promote the utilisation of LLINs. In addition to the five key behaviours (IYCF, Hand washing with soap, Management of diarrhoea with ORS, using LLINs, delivery with a skilled birth attendant), an additional six behaviours were included (early marriage, birth registration, early universal enrolment, retention and completion of basic education, elimination of open defecation and routine immunization).

By broadening partnerships at national and regional levels, C4D interventions were rolled out at community level. Key partners included the Health Promotion Department, Ghana Red Cross, Christian Council, Ghana Community Radio Network, Coastal Television, VOTO Mobile, Centre for Nation Culture, Ghana Education Services – School Health Project, National Malaria Control Programme, National Disaster Management Organisation, Environmental Health and Sanitation Directorate and the Council of Women Traditional Leaders.

Other channels used to roll out the C4D included mass media, community volunteers who conducted house to house visitations, peer educators who worked in communities, community durbars, advocacy meetings, school quizzes, live drama performances, screening of videos, voice messaging using mobile phones, community radio and innovations such as Talking Books.

 Adoption of key family practices were closely measured through the Randomized Control Trial mid-line survey conducted in the latter part of 2014. The survey results will provide information on the success of C4D interventions in creating behaviour change.

**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:**

In 2014, Communication for Development (C4D) unit supported all of UNICEF Ghana’s programmes, providing strategy development, technical assistance, capacity building and implementing C4D interventions at community level.

The C4D project was implemented in 54 districts in five regions to promote the basket of behaviours. C4D incorporated an additional 12 districts to promote the utilisation of LLINs. The five key behaviours (IYCF, Hand washing with soap, Management of diarrhoea with ORS, using LLINs, delivery with a skilled birth attendant), were expanded to include an additional six behaviours (early marriage, birth registration, early universal enrolment, retention and completion of basic education, Elimination of Open Defecation and Routine Immunisation) to constitute the basket of behaviours.

C4D provided support during the Cholera outbreak and on the national Ebola response by spearheading the National Communication Task Force and by developing and rolling out the National C4D strategies.

A multi-pronged, multi-channel strategy was employed to implement the C4D project. The channels used included mass media, community volunteers who conducted house to house visitations, peer educators who worked in communities, community durbars, advocacy meetings, school quizzes, live drama performances, screening of videos, voice messaging
using mobile phones, community radio and innovations such as Talking Books. These C4D interventions and strategies reached approximately 2.8 million men, women and children across the country.

C4D reinforced its efforts to measure the progress in knowledge, attitudes and behaviour adoption through the mid-line survey on the Randomized Control Trial. The survey results will provide information on the degree of success C4D interventions.

The C4D unit expanded its partner base in 2014 to include partnerships at national and regional levels to facilitate the roll out of interventions at community level. Key partners included the Health Promotion Department, Ghana Red Cross, Christian Council, Ghana Community Radio Network, Coastal Television, VOTO Mobile, Centre for Nation Culture, Ghana Education Services – School Health Project, National Malaria Control Programme, National Disaster Management Organisation, Environmental Health and Sanitation Directorate and the Council of Women Traditional Leaders.

C4D mobilized approximately US$9.5 million (to be rolled out over the next several years) to support C4D interventions directly through the C4D unit or through the sectoral programs.

Two C4D programme staff participated in Ohio University/UPenn C4D courses, bringing the total number trained to 12. C4D staff was increased in Child Protection and Emergency C4D (Ebola and Cholera) with two L3 recruitments. Two additional C4D positions in WASH will be recruited in early 2015.

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

Analytical Statement of Progress:
In 2014, UNICEF Ghana succeeded in positioning inequality high on the government’s agenda, using evidence to advocate for policies that contribute to an increasingly equitable development of Ghana.

UNICEF reached more than 200,000 people through its external communications efforts in 2014. UNICEF Ghana also supported initiatives that enable the transparent monitoring of wellbeing across the country and provide access to information on inequities.

Equitable development / evidence / M&E and policy analysis
In 2014, UNICEF Ghana guided the strategic dialogue on rising inequality and its implications for Ghana and was a strategic partner in the Government of Ghana’s Pan African Conference on Inequality, hosted by the National Development Planning Commission (NDPC) in Accra. As a result of those efforts and extensive UNICEF media advocacy, the President of Ghana made tackling inequality a priority in his subsequent speech to Parliament.

UNICEF led discussions with the IMF mission, resulting in a commitment to support measures (e.g. LEAP programme) to mitigate the negative impacts of any fiscal adjustments on Ghana’s poorest households. The UNICEF fuel subsidy policy research paper, published in January 2014, was instrumental in engaging the IMF and Ministry of Finance on these issues and achieving agreement to expand social protection in the new IMF programme.

In the area of strengthening the generation and use of evidence, UNICEF Ghana pursued two
main strategies: strengthening systems for the reliable generation and use of data, and establishing new partnerships to support this endeavour and create new opportunities for the effective achievement of UNICEF’s strategic objectives. UNICEF strategically supported evidence generation systems and the use of data through the national Joint Agenda on Strengthening M&E and Statistics (JASMES), which was signed into action in 2014 as a high-level agreement between government and development partners. The key activity under JASMES for 2014 was the completion of the Citizens’ Assessment on the effectiveness of the capitation grant in making quality basic education more accessible in Ghana. UNICEF was the main driver and supporter of this study.

New partnerships were established with Reach for Change Foundation to establish an innovation incubator that will support equity-focused new solutions for children in Ghana, and with the Red Cross/Red Crescent Climate Centre, to develop educational games for positive behaviour change in Ghana.

**Advocacy/accountability**
UNICEF conceived and launched a District League Table with the Centre for Democratic Development (CDD), engaging all 216 Districts and a range of key civil society and government actors on Ghana’s development at the District level. The DLT enables for the first time the transparent monitoring of progress in wellbeing across the country and provides valuable information to key stakeholders on geographic inequities.

UNICEF focused its work in external communications and public advocacy on eight key areas: brand building, digital engagement, media engagement, knowledge sharing, strategic partnerships, internal communications, communication support and private sector engagement. These efforts reached more than 200,000 people.

UNICEF continued to use social media as a strategic tool for advocacy. UNICEF Ghana’s Facebook and Twitter platforms had a following of 15,000 in 2014. Digital content was posted daily on monthly themes which related to country-level and global advocacy priorities. Targeted messages on Ebola promoted through Facebook reached nearly 1.7 million people in country, representing the majority of Ghanaian users.

Partnerships, coalitions and alliances were formed with Facebook, Meltwater, Savanna Signatures, Junior Graphic, Daily Graphic, Ghana News Agency, Curious Minds and Ghana Broadcasting Cooperation to support and implement actions that contribute to the fulfilment of children’s rights.

**OUTPUT 1** Annual research and advocacy outputs on child poverty and inequality lead to increased equitability of resource allocation.

**Analytical Statement of Progress:**
In 2014, UNICEF Ghana succeeded in positioning inequality high on the government agenda; achieved the agreement of the IMF to protect and expand social protection in its new programme; and designed and launched Ghana’s first ever nationwide tool for social accountability.

UNICEF led the execution of the Pan African Inequalities Conference and supported the Government to strategise on reducing inequality. As a result, the President has placed the issue of inequality firmly on the national agenda. Extensive UNICEF media advocacy on Ghana achieving the MDG1 in spite of increasing inequality has begun to broaden this conversation.
The UNICEF fuel subsidy research paper, published in January, was instrumental in engaging the IMF and Ministry of Finance on these issues and achieving agreement to expand social protection in the new IMF programme. UNICEF led discussions with the IMF mission, resulting in a commitment to dramatically expand LEAP to the 2.2 million extreme poor.

UNICEF conceived and launched a District League Table (DLT) with CDD, engaging all 216 Districts and a range of key civil society and government actors on Ghana's development at the District level. The DLT enables the transparent monitoring for the first time of progress in wellbeing across the country and provides valuable information to key stakeholders on geographical inequities.

In 2014, UNICEF completed pre-budget analysis to define clear advocacy messages to influence the 2015 budget during development. The resulting budget for next year was subject to rapid annual budget analysis which ISODEC disseminated to all partners.

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:
In the area of strengthening the generation and use of evidence, UNICEF Ghana pursued two main strategies: strengthening systems for the reliable generation and use of data, and establishing new partnerships to support this endeavour and create new opportunities for the effective achievement of UNICEF’s strategic objectives.

System strengthening
UNICEF Ghana began restructuring its internal programme monitoring system for the collection, storage and analysis of routine programmatic data flows. Possible interfaces with existing government administrative data systems were explored and will be gradually put into practice to ensure the use of up-to-date equity-focused data for decision making.

UNICEF strategically supported evidence systems and the use of data through the national Joint Agenda on Strengthening M&E and Statistics (JASMES), which was signed into action in 2014 as a high-level agreement between government and development partners. The key activity under JASMES for 2014 was the completion of the Citizens’ Assessment on the effectiveness of the capitation grant in making quality basic education more accessible in Ghana. UNICEF was the main driver and supporter of this study, the results of which are expected to be released in the first quarter of 2015.

UNICEF supported the finalization of the Ghana Living Standards Survey (GLSS6), with particular emphasis on the child labour and water quality components. Results were released in August 2014 with equity-focused disaggregation. UNICEF obtained the data set to conduct further specialized analysis on inequality and poverty trends in Ghana. The results of this analysis will reinforce advocacy efforts in 2015.

UNICEF Ghana was instrumental in the preparation of the Demographic and Health Survey (DHS) 2014, shaping the questionnaires and providing specialized enumerator training on the collection of error-sensitive indicators such as Mid-Upper Arm Circumference (MUAC) measurement. Preliminary results are expected to be released in the first quarter of 2015.

The Ghana Monitoring and Evaluation Forum (GMEF), with support from UNICEF, has
continued to support CSOs and M&E practitioners in monitoring and evaluation through training seminars and public fora on M&E.

Establishment of new partnerships
New partnerships were established with Reach for Change Foundation to establish an innovation incubator that will support equity-focused new solutions for children in Ghana, and with the Red Cross/Red Crescent Climate Centre, to develop educational games for positive behaviour change in Ghana. The effectiveness of the games will be evaluated, with the potential of shaping future interventions geared towards effective behaviour change.

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

Analytical Statement of Progress:

UNICEF focused its public advocacy and communications work in seven key areas: digital, media and private sector engagement, brand building, knowledge sharing, strategic partnerships, internal communications, and communication support. These efforts reached more than 200,000 people.

The UNICEF Ghana website is the most visible branding platform and attracted nearly 63,000 people with messages and advocacy and public information material for National Committees, development partners, bilateral donors and the general public around children’s rights in Ghana.

UNICEF continued to use social media as a strategic tool. UNICEF Ghana's Facebook and Twitter platforms had a following of over 10,000 in 2014. Digital content was posted daily on monthly themes which related to country-level and global advocacy priorities. Targeted messages on Ebola promoted through Facebook reached nearly 1.7 million people in-country, representing the majority of Ghanaian users.

UNICEF Ghana continued to build relationships with local media houses, both print and broadcast, by strategically engaging with their senior management teams and editors around key advocacy priorities in an effort to give UNICEF a greater profile. This resulted is almost 300 media hits, including press releases, media spreads, op-eds and general reportage reaching more than 150,000 people.

UNICEF commenced its engagement in a phased manner with journalism students at leading universities via lectures in a long term effort to mitigate unethical reporting of children in the leading newspapers. This strategy is expected to influence students in the long term before they enter the workforce.

Partnerships, coalitions and alliances were formed with Facebook, Meltwater, Savanna Signatures, Junior Graphic, Daily Graphic, Ghana News Agency, Curious Minds and Ghana Broadcasting Cooperation to support and implement actions that contribute to the fulfilment of children’s rights.

A mapping and assessment of the private sector landscape in Ghana was conducted by a specialist from Procter and Gamble under their sabbatical programme with UNICEF. New types of action for children related to the core business of companies commenced with Tigo and the MTN Foundation.
UNICEF Ghana continued to be a trusted and credible advocate for children. Through the strategic use of new and traditional media, the communications team engaged the public on children’s rights, equity issues and increased allocation of resources for children, in the belief that greater understanding of the challenges faced by children will result in action and change. Strategic engagement with local media around key advocacy priorities resulted in several media hits and op-eds being published in newspapers. UNICEF Ghana continued to be a social media leader on development issues, with more than 10,000 members in our social media community. Daily digital content was posted on monthly themes which related to country-level and global advocacy priorities. Donor visibility plans are in place for all key donors and all donor reports now have an accompanying human interest story.

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

**Analytical Statement of Progress:**

UNICEF support enabled more than 350,000 people (2014 Target: 250,000 people) to achieve ODF Basic status.

UNICEF continued to provide ongoing technical and financial support for the supply of water to communities which had recently become guinea-worm free, as part of Ghana’s ongoing campaign against guinea worm. A WHO assessment was completed in the second half of 2014 and Ghana is currently awaiting confirmation of certified status.

UNICEF provided support for improved water supplies for 56 under-served communities, about 16,800 people (against the 2014 target of 33,000 people). Boreholes to provide a further 16,200 people with water are on-track for completion in early 2015. More than 10,000 children (target: 39,000) gained access to sanitation facilities in schools. Hygiene and sanitation behavioural change interventions reached more than 60,000 children (target: 39,000). More than 54,000 children improved their hand washing behaviour due to hand washing facilities provided under the programme.

Indicators for sanitation, HWWS and water supply are on-track. The sanitation target was surpassed, reflecting the ongoing success of CLTS in Ghana. Achievement of HWTS outcomes and for sanitation and water access in basic schools are currently constrained, however it is still anticipated that all Output-level targets will be achieved over the 2012–2016 cycle. The constraints associated with the water and sanitation facilities in schools reflected dramatic country-wide cost increases for service delivery; however, this is being addressed through a combination of innovative design and collaborative work with NGOs. Delays to HWTS were associated with challenges engaging the private sector; however the recent successes in the Northern Region indicate that these constraints are being addressed.

**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 2014, UNICEF supported the Government to consolidate the scaling-up of the national strategy for Community-led Total Sanitation (CLTS). The focus was on supporting the Government to convert triggered communities to Open Defecation Free (ODF) status. This was facilitated by the introduction of national sanitation marketing and social norm strategies and the
implementation of a sector-wide approach (SWAp) to planning at the district level. In 2014, UNICEF’s technical and financial support enabled 1,779 rural communities (approximately 350,000 people) to achieve ODF Basic status.

UNICEF provided technical and financial support to develop operational guidelines for SanMark, which were subsequently rolled out in 13 pilot districts. UNICEF also provided technical and financial support to the Government to introduce social norms programming as a driver for sanitation social change. UNICEF’s support covered the training of key national and regional Government staff as well as the development of a national strategy framework. UNICEF is currently providing technical and financial support to enable strategy implementation at the district level.

UNICEF also provided technical and financial support to the Government for the development of guidelines for district-wide planning for ODF using the SWAp, as a practical application of the Paris Declaration on Aid Effectiveness at Decentralised Levels. Financial and technical support was provided to finalize the Basic Sanitation Information System (BaSIS), an MIS system for capturing and analysing all stakeholder sanitation activities in the district. A total of 38 districts were trained on the use of the guidelines and the BaSIS system and were equipped with computers and accessories for the effective implementation.

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

Analytical Statement of Progress:

In 2014, UNICEF Ghana focused on two key strategies for scaling-up coverage of handwashing with soap (HWWS) practice, through increasing capacity to link HWWS with Community Led Total Sanitation (CLTS) interventions and increasing the quality of the HWWS messages and delivery into communities (through CLTS facilitators and district-level support staff).

The national HWWS strategy was launched in four regions (Upper East, Upper West, Volta and Central), and was supported by the training of 720 government extension staff (2014 target: 1,110 staff) with skills to scale up and improve the quality of HWWS interventions at the field level. These interventions targeted staff across all sectors to ensure consistency of messaging and approaches, reinforcing messages through a network of extension staff, including environmental health officers, community nurses and school teachers.

Linking the rollout of HWWS sensitization to implementation of community-led total sanitation (CLTS), and specifically linking the certification of ODF status to household handwashing practices enabled HWWS sensitization to be successfully undertaken in 566 communities (approximately 350,000 people) across Northern, Upper East, Upper West and Volta regions. Of these, CLTS monitoring has confirmed that an additional 104 communities, comprising approximately 31,200 men, women, boys and girls, are practising handwashing. Results of CLTS district-level declarations indicate that a further 319,000 people are likely to be hand washing with soap. Additional monitoring results will be available at the end of March 2015.

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

Analytical Statement of Progress:
UNICEF supported the Government to finalise, publish and disseminate the national household water treatment and safe storage (HWTS) strategy, together with a Scale-up Model and a partnership framework for private sector participation in scaling up. Those documents significantly enhance the enabling environment to facilitate scale-up efforts beginning in 2015.

HWTS promotion, undertaken as part of as part of the CLTS implementation approach, resulted in approximately 37,500 people practising effective HWTS as a result of community level promotion (2014 Target: 250,000 people), through pilot NGO partner implementation in the Central and Northern Regions. Completed HWTS programs in the Eastern and Brong Ahafo Regions also reached a significant number of households. Exact figures will be available March 2015.

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

**Analytical Statement of Progress:**
In 2014 UNICEF provided technical and financial support to finalise the National WASH standards and implementation guidelines for the Child-Friendly School Framework. This work was complemented by the piloting of learning through play and sports approaches, construction of school toilet facilities to improve service delivery and building capacity and support for the implementation of menstrual hygiene management initiatives.

A total of 120 GES officials received capacity building, together with 30 NGOs, to enable them implement the new standards and guidelines. UNICEF supported the rollout of the Health and Hygiene through Play and Sports (HHETPS) and Menstrual Hygiene Management (MHM) Initiatives in six districts. The innovative approaches being adopted are expected to result in sustained behaviour change of school children. The capacities of 300 district GES officials and teachers have been built to roll out the two initiatives in schools.

The programme also focused on delivering services in schools whilst generating evidence for advocacy work. UNICEF introduced mass-hand washing facilities to support school behaviour change programmes.

Service delivery in hygiene and sanitation promotion and construction of water and sanitation facilities were carried out in more than 250 schools with UNICEF technical and financial support. Through this work, more than 48,000 children (target: 39,000) in schools gained access to water facilities on the school compound and more than 10,000 children (target: 39,000) gained access to sanitation facilities in schools. Hygiene and sanitation behavioural change interventions reached more than 60,000 children (target: 39,000). More than 54,000 children have improved their hand washing behaviour due to hand washing facilities provided under the programme.

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

**Analytical Statement of Progress:**
Ongoing technical and financial support from UNICEF in 2014 in supply of water into recently freed guinea worm endemic communities, combined with awareness programs, significantly contributed to Ghana’s ongoing campaign against guinea worm. A WHO assessment was completed in the second half of 2014 and Ghana is currently awaiting confirmation of certified status.
In 2014 UNICEF supported the completion of improved water supplies for 56 out of 100 target communities, providing safe drinking water to an estimated 16,800 out of 30,000 targeted people in under-served and at-risk communities in the Central, Volta, Northern, Upper East and Upper West Regions of Ghana. This was achieved through installation of 56 hand-pumps on 56 drilled boreholes in the UNICEF-supported districts of the above-mentioned regions.

UNICEF efforts to support the establishment of gender-sensitive water and sanitation management teams will ensure that these facilities are equitably and sustainably managed. National commitments to support sustainable WASH interventions are being made under a sustainability compact.

OUTCOME 10 Accra - Support the Establishment and Capacity Building of 200 gender responsive WATSANs and WSDBs at the community level

Analytical Statement of Progress:
In 2014 UNICEF focused on supporting the Government of Ghana (GoG) to establish an enabling environment with demonstrable, sustainable, equitable WASH governance and interventions. At the district and community level the GoG-UNICEF programme addressed capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district and community-level interventions and high-level advocacy.

National fora were supported to provide a national platform for review of government progress toward national targets and as strategic planning fora for Ministerial commitment.

UNICEF provided technical and financial support to address strategic gaps in sanitation monitoring and evaluation through the implementation of the Basic Sanitation Information System (BaSIS), enabling government at all levels to have a current understanding of the sanitation sector status, rolling up data from community to national levels. This was supported by the provision of computers to 38 districts.

District level capacity to track effectiveness, efficiency and equity of WASH interventions was enhanced. Similar support was provided to build capacity on gender mainstreaming in WASH. Bottleneck analysis workshops were undertaken in five regions to identify bottlenecks and barriers to implementing CLTS at the district level and develop district plans to address those bottlenecks. These interventions position district governments to make evidence-based decisions on WASH, with the capacity to track outputs and outcomes with a focus on equity.

At the community level, support was provided to form and to prepare 171 gender-responsive water and sanitation management teams (WSMTs) to sustainably manage community WASH interventions.

In 2014 UNICEF supported GoG to assess national drinking water quality as part of the Ghana Living Standards Survey, piloting the mainstreaming of water quality surveys into national statistical surveys. This survey indicated that most of the water drunk in Ghana may be polluted. A National Drinking Water Management Framework is being developed to enhance the management of drinking water risks in the country, and is expected to be completed by the end of July 2015.

UNICEF provided technical and financial support to address Ghana’s largest cholera outbreak, with the introduction of a strategic preparedness and response strategy (Sword and Shield) and training of emergency response personnel in the 20 most impacted districts. Financial and
technical support was provided to field officers to enable household and community-level responses during the cholera epidemic. These interventions contributed to dramatic reductions in cholera cases in Ghana.

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

Analytical Statement of Progress:
UNICEF provided technical support for the engagement in the Sanitation and Water for All (SWA) High Level Meeting in Washington, which resulted in a commitment of US$170 million additional funding annually into the WASH sector, and the commitment to attaining national open defecation free (ODF) status by 2020.

The Strategic Environment Assessment of the Rural Sanitation Model to validate the national CLTS approach was completed, with strategies to enable this national approach to rural sanitation to be implemented in a sustainable manner.

UNICEF provided technical and financial support to address strategic gaps in sanitation M&E and Management Information Systems (MIS), particularly the capacity to monitor key outputs and outcomes at the community level and roll that up for strategic regional and national reporting. The Basic Sanitation Information System (BaSIS) was implemented as part of the government sector MIS, with baseline data collection and entry ongoing. For the first time, this enables government at all levels to have a current understanding of the status and challenges in the sanitation sector.

Technical and financial support was provided to increase emergency preparedness through the establishment of an emergency roster, providing government with timely access to technical expertise during emergencies.

Major steps toward safer drinking water nationally were supported, including assessment and reporting on the status of drinking water quality nationally as part of the drinking water quality assessment module of the Ghana Living Standards Survey (GLSS) VI. This study identified significant pathogenic and chemical water quality challenges. These challenges will be addressed through the development of the national drinking water quality management framework, currently under development with UNICEF technical and financial support.

While considerable progress has been made in building sector capacity, the limited government funding to the national sector-wide approach (SWAp) and recommitment to the Sanitation and Water for All (SWA) Compact were bottlenecks for progress.

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

Analytical Statement of Progress:
UNICEF supported the Government to address key capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district and community-level interventions. Approaches included targeting advocacy at the district decision-makers to raise awareness of and to prioritise WASH issues; increasing district staff capacity in gender mainstreaming and monitoring and evaluation (M&E) to support more equitable governance and the capacity to
assess progress; and increasing the capacity of communities and individuals to engage in WASH decision-making and management of projects.

In 2014, UNICEF supported the Government to carry out capacity gap analyses in 20 MMDAs toward achieving targeted capacity strengthening. At the district level, UNICEF held three advocacy fora (target: five) with District Chief Executives (DCEs) to raise political awareness of WASH challenges, impacts on fundamental district outcomes including health, nutrition and education, and options for districts to remove bottlenecks to addressing these challenges. Advocacy targeted at the Regional Minister and DCEs in the Upper East Region resulted in the inclusion of targets for community led total sanitation in the district development plans.

District-level planning and M&E capacity was increased to support DCEs and management staff in tracking effectiveness, efficiency and equity of WASH interventions through the development of 23 DESSAPs and DWSPs, and training of 145 district-level staff (from 23 districts) in WASH M&E. Capacity in gender mainstreaming in WASH was also built through the training of 76 representatives from government and civil society WASH stakeholders from six regions.

At the community level, technical and financial support was provided to establish and train 171 (target: 229) new gender responsive water and sanitation management teams (WSMTs) with skills to facilitate the effective management of water supply facilities to ensure the sustainability of WASH interventions. WSMTs were supported through the training of 20 mechanics in hand pump installation and repairs as part of strengthening the systems for operation and maintenance of water facilities.

UNICEF provided technical and financial support to address Ghana’s largest cholera outbreak, with the introduction of a strategic preparedness and response strategy (Sword and Shield) and training of emergency response personnel in the 20 most impacted districts. Financial and technical support was provided to field officers to enable household and community-level responses during the cholera epidemic. These interventions contributed to dramatic reductions in cholera cases in Ghana.

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

Analytical Statement of Progress: Data assessment and reporting for the rapid drinking water assessment was undertaken as part of the drinking water quality assessment module of the Ghana Living Standards Survey (GLSS) VI with UNICEF technical and financial support. The GLSS VI was a pilot for mainstreaming water quality surveys into national statistical surveys. The summary report for the GLSS report indicates that most water drunk in Ghana is polluted. The thematic report for the WASH Sector is currently being developed.

A National Drinking Water Management Framework is being developed to enhance the management of drinking water risks in the country, and is expected to be completed by the end of July 2015.

OUTCOME 11: Effective and efficient programme and cross sectoral management. Effective coordination of emergency preparedness and response interventions.

Analytical Statement of Progress:
UNICEF Ghana conducted a Mid-Term Review (MTR) in 2014 to assess progress, challenges, and opportunities in advancing the rights of children and women. A major adolescent situation analysis in partnership with DFID and UNFPA initiated in 2013 and coordinated at the UNICEF Deputy Representative’s level was completed. As a result of the situation analysis, Adolescent Development and Participation was discussed as an integrated programme during the MTR process.

Programme coordination was strengthened through several fora, including Programme Group meetings, HACT coordination meetings, and Heads of Sections meetings, where programme issues were openly discussed and consensus built on strategic direction. The 2014 indicator targets for internal management results utilizing cross-sectoral budget were successfully met. Performance management indicators were tracked at programme level and issues of major importance or attention were taken to CMT for final decision. Communication between Accra and the field office in Tamale was strengthened through participation in major cross-sectoral events, including internal review meetings by key technical colleagues and senior management from Accra.

Emergency preparedness and response in the wake of the Ebola and cholera crises included close collaboration between WASH, Health and C4D. Donor proposal development and reporting provided an excellent platform for cross-sectoral work and engagement.

UN Inter-agency Programme Group meetings were attended on a regular basis and UNICEF continued to take a lead on adolescent research and programming. UNICEF led the Education, Social Protection, WASH and M&E UN sector groups and actively participated in the others.

OUTPUT 1 Programme Support & Field Monitoring - Accra

Analytical Statement of Progress:
Eight staff members’ salaries and operating costs contributed to effective and efficient programme coordination resulting in timely delivery and distribution of all supplies/assets/consumables.

OUTPUT 2 Programme Support & Field Monitoring - Tamale

Analytical Statement of Progress:
Sixteen staff members’ salaries, field monitoring, travel and operating costs contributed to effective and efficient programme coordination resulting in timely delivery and distribution of all supplies/assets/consumables.

OUTPUT 4 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:
In early 2014, UNICEF staff were trained on Programme, Policy and Procedure, Monitoring of Results for Equity System and Theory of Change, with a goal to establish a strong foundation for results-based programme design and Mid-Term Review preparation.
The MTR focused on progress and programming priorities in line with the Strategic Plan 2014-2017 and Ghana's lower middle income country status. Recommendations of the MTR included demonstrating results, innovation, evidence generation for advocacy and scale up and evaluation. An audit was conducted in the second half of the year and a phased plan has been developed for the closure of the audit.

Internal coordination meetings and reviews (mid-year and annual reviews, programme group meetings, head of sections meetings, HACT coordination meetings) were held regularly during the year, which served as mechanisms/systems for monitoring progress toward achievement of programme targets, as well as learning and sharing of lessons learned from implementation. These fora also provided the platform for discussions on cross-sectoral issues and consensus building on strategic directions and inputs for improvements in the quality of programming.

In consolidating the work done on the implementation of the Harmonized Approach to Cash Transfer (HACT) in 2013, micro-assessments of 29 government partners were initiated with the final reports expected by the end of January 2015. Results should enable UNICEF to better define the capacity gaps of partners in relation to HACT implementation and to support them in enhancing their knowledge and skills for effective programme implementation.

Building on work instituted in 2013, a Regional Advocacy Forum was institutionalized in the Northern and Upper West Regions, providing a platform to enhance the capacity of Metropolitan, Municipal and District Assemblies, and equipping District Chief Executives, district coordinators and planners with skills to conduct bottleneck analysis for decentralized monitoring. The District League Table was introduced in these forums, for further launch and implementation in 2015. A Regional Development Partners Forum institutionalized in the three northern regions also continued to provide a platform for dialogue and advocacy for coordination of development programmes.

In 2015, focus will be on leveraging the Savannah Accelerated Development Authority (SADA) facilitative and transformative role to strengthen sector coordination at regional and district levels, and to strengthen data management, M&E and research to enhance evidence-based advocacy, planning and budgeting.

**OUTCOME 12 Effective and Efficient Programme Management and Operations Support to Programme Delivery**

**Analytical Statement of Progress:**
Through Delivering as One, UNICEF Ghana has significantly reduced transaction costs in common services. UNICEF/ UN agencies have an LTA on travel, which gained 2 per cent discounts on all commissionable tickets. Through the UN operations management team ICT task force, the cost of internet service per month was reduced from $974 to $485, a cost saving of 50 per cent.
## Evaluation

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