1. EXECUTIVE SUMMARY

Achievements

- Through the advocacy efforts of UNICEF and other partners, the Ghana Sanitation and Water (SWA) Compact was launched. This document outlines the efforts of the Government of Ghana and partners to speed up progress to achieve the MDGs on sanitation and water by committing more than US$ 350 million on sanitation, hygiene and water initiatives annually.
- The procurement of 2.35 million LLIN bed nets at USD12 million with funds from DfID will significantly enhance the achievement of universal coverage of ITNs. The UNICEF office in coordination with the UN Humanitarian Response Depot (UNHRD) and the Regional Office in Dakar got the nets into the country and delivered on site within a record time of 3 months.
- The number of Guinea worm cases reduced significantly from 242 in 2009 to 8 in 2010. Ghana is now on the brink of eradicating Guinea worm.

Shortfalls

- Procurement of supplies and consultancy services were major challenges in constructing community water systems as part of the efforts to eradicate Guinea worm in Ghana. As a result only 18 of the planned 33 water systems were constructed in 2010.
- It was difficult for the Ghana country office (CO) to raise funds for 2011 and beyond. Major funding gaps exist for 2011 for the Health/Nutrition/WASH programmes (ca USD 10 million) and for the Education and Child Protection programmes (ca USD 3 million each).

Collaborative Partnerships

- The Guinea Worm Eradication Programme (GWEP) Partnership, a successful platform comprising of the Ghana Health Service, the Water Directorate, Community Water and Sanitation Agency, UNICEF, EU, The Carter Center, and WHO has been very instrumental in the eradication of Guinea worm in Ghana.
- In its capacity as Co-lead of the Education Sector Group in 2010, UNICEF is leading the EFA-FTI application process which could potentially generate over USD 100 million for education in Ghana.
- ILO, IOM, and UNICEF have been working bilaterally with the GoG to address issues of child labour and trafficking. This has resulted in an increase in the number of arrests, prosecutions and convictions of child traffickers.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Ghana has earned international credit as a model of political stability, good governance and democratic openness. Ghanaians enjoy political rights, civil liberties, a free press and access to a justice system that sets them apart from most of the people of sub-Saharan Africa.

The Ghanaian economy continues to expand by around 6% a year. The re-basing of the GDP to a 2006 base-year increased Ghana’s GDP per capita to over USD1,000, propelling Ghana into the ranks of middle-income countries. Ghana has achieved the MDG 1 target by reducing the proportion of population living below the poverty line from 51.7% in 1991/92 to 28.5% in 2005/06, while the population living in extreme poverty decreased by half, from 36.5% in 1991/92 to about 18.5% in 2005/06. The start of oil production is projected to generate new budget resources of up to 7% of GDP annually, yet this new industry may lead to increased sex trafficking in the Western Region.

Despite the reduction in poverty, the benefits of economic growth have not been distributed equitably. The northern regions account for over 50% of the country’s poor (in 2006) compared to around 30% in 1998. Poverty is worst in the northern regions, with the poverty gap index reaching 50% in districts of Upper West Region. In addition, poverty worsened in Accra between 1998 and 2006.
Basic education became compulsory, free and universal in 2005. The national Net Enrolment Rate (NER) was 88.5% in 2008/09, up from 69.2% in 2005/06. While Ghana has achieved gender parity in primary education (0.96), regional disparities in enrolment, attendance and transition persist, and it is estimated that 450,000 children are still out of school. The quality of education is a major concern; only 11% of grade-6 students achieved proficiency in mathematics in 2008.

Since 2003, Ghana’s under-five mortality rate has declined from 111 to 80/1000 live births. The rate declined by over 30% in the wealthiest two quintiles, but by only 20% in the poorest quintile. Malaria is the main child-killing disease, yet only 28% of children sleep under insecticide-treated mosquito nets. Routine immunization coverage is high, and over 90% of one-year-olds are immunized against measles. Protein energy malnutrition, resulting from seasonal food unavailability and poor child feeding practices, contributes to 40% of all childhood deaths.

The rate of pregnancy-related deaths stands in sharp contrast to Ghana’s other achievements in maternal and child health. Ghana’s maternal mortality ratio stands at 350 deaths for every 100,000 live births. While the proportion of pregnant women attending the recommended four antenatal visits was 78% in 2008, access to skilled care at delivery is dependent on regional location and income status. The three northern regions have the worst access to skilled birth attendants (less than 50%) and the capital, Accra has best access (84%). Also, 95% of women from the wealthiest quintiles delivered with assistance of skilled attendants, compared to 24% from the poorest quintile.

The HIV prevalence was estimated in 2009 at 1.9% within the general population and 2.9% among pregnant women. The proportion of babies born to HIV infected women who received antiretroviral drugs for prophylaxis was only 30%.

The 2008 DHS indicated that 83% of Ghanaian population has access to improved water sources (93% urban; 77% rural). However, only 12% of Ghanaians have access to improved sanitation (35% urban; 7% rural). The incidence of Guinea Worm disease has declined radically from 7,275 cases in 2004 to less than 10 new cases reported in 2010. Ghana was the first country to ratify the UN Convention on the Rights of the Child. However, only 61% of Ghanaian children are registered at birth; an estimated 1.3 million children are engaged in child labour activities, and about 3.4 million children live in poverty, with 2.2 million living in extreme poverty. Additionally OVCs and children living with disabilities, whose estimates are unknown, do not have equal access to basic social services. Harmful traditional practices such as female genital mutilation, child marriage and the misuse of foster care systems are also prevalent in some parts of the country.

Sources:
http://www.measuredhs.com/countries/country_main.cfm?ctry_id=14

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:
Ghana attained Middle Income status in 2010, following the re-basing of the GDP with GDP increased from USD 753 to USD 1318. The first oil was harvested from the Jubilee Oil Field in December, providing additional revenue to enhance Ghana’s development efforts. The long-awaited Ghana Shared Growth and Development Agenda (GSGDA) for 2010-2013 was finalized in August, providing the basis for the development of the 2012-2016 UNDAF.

The fourth MDG progress report (2008 MDG Report) launched in September 2010 showed that significant progress has been made towards achieving almost all the MDGs, but huge disparities persist by gender, group or geographic location in child survival and nutrition interventions, access to education, improved sanitation and child protection services (such as birth registration). The country is way behind in achieving MDG 5 (350/100,000 compared with the target of 185/100,000) and the sanitation target of
MDG 7 (12% compared with target of 52%). More than 6.7 million Ghanaians (28.5%) are poor, 4.2 million (18.5%) severely poor in spite of the country having achieved MDG1 for poverty.

A major constraint in progress towards the adopted goals for children and MDGs has been the dwindling resources for the implementation of UNICEF supported interventions, especially with regards to multi-year funds. Ghana is becoming a hard case to sell due to (i) the global economic crunch (ii) Ghana becoming MIC and the discovery of oil (iii) the perception that Ghana is doing well regarding the MDGs. The Government’s 2011 budget does not reflect significant increase in funding in the social sector, with deficits reported in some areas. Reduction of resources at this time could jeopardize the successes achieved.

In this context it becomes even more important for UNICEF and the UN to continue to play a key role in advocating to the Government and development partners to ensure that the commitments to achieve the MDGs are met, maintaining a clear focus on human development and achieving the MDGs in an equitable and sustained manner.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

Over 800 community-based Child Protection Teams (CPT) exist in the 3 most disadvantaged regions in the north of Ghana. UNICEF strengthened the capacity of these teams based on a needs assessment conducted at district, regional and national levels during the previous year. Training sessions, review meetings and on the spot coaching were undertaken. A cascading model of training was used, with a refresher training for the district officers of the Department of Social Welfare (DSW) and Department of Community Development (DCD) who trained their field officers. The latter in turn trained the various CPTs under their jurisdiction. DCD, DSW and some chiefs and elders of the various communities have also been capacitated to monitor the teams.

UNICEF, in partnership with Christian Children’s Fund of Canada, is providing intensified monitoring and support for the CPTs. With their capacity strengthened, the CPTs were instrumental in the drastic reduction of “kayayee” (a local term for female head porters) who accounted for almost 90% of school drop outs among girls in the three northern regions in 2006. Today, it has reduced by more than 50%, with nineteen ‘kayayee free communities’. Child migration from these communities down south in search of work has been reduced by 30% according to the database maintained by the Regional DCD. With their capacity enhanced, eleven communities have enacted bye-laws against teenage pregnancy which will enable them to sanction offenders and ensure provision of alternative care to the victims.

The HIV/AIDS alert model has now been rolled out nation-wide to all Junior High Schools. UNICEF supported the Teacher Education Division (TED) of GES (Ghana Education Service) to mainstream the Alert Model into colleges of education. Two manuals for tutors and trainees on effective teaching and learning were developed and distributed to all the 38 colleges and staff trained on their use. This process ensured that trainee teachers have the competence to integrate HIV and AIDS into their lessons. This capacity building model to make schools HIV alert has proven to be very cost effective with an approximate cost of USD 1.6 per student.

3.1.2.2 Effective Advocacy:

Significant progress was made towards the provision of free health service to all children (up to 18 years) following advocacy aimed at senior MOH officials and parliamentarians to de-link children from their parents under the National Health Insurance Scheme (NHIS). A draft bill was submitted to Parliament stipulating that all children should receive free coverage under the NHIS.

UNICEF supported the Ministry of Finance and Economic Planning to introduce Programme-based Budgeting (PBB) in Ghana. UNICEF organized a study tour to the South African Treasury for officials of MoFEP and MOH and the Co-Lead of the PFM Sector Group (Government of the Netherlands). UNICEF also provided technical
expertise to guide MoFEP in developing the necessary ToRs and guidelines to pilot PBB in two Ministries for the 2011 Budget. This will ensure that scarce resources are spent on interventions that benefit children. This experience, which grew out of a report on children and budgets commissioned by UNICEF in 2008, demonstrated the need to be more strategic in the choice of partners with focus on the ones who are very influential in budget preparation and resource allocation. This strategic approach is especially critical as Ghana moves towards greater financial independence with expected oil revenues.

The ‘HIV Alert Model’ has been scaled up nationwide as the ‘Ghana Education Service HIV education programme’ for children at Junior High School levels (aged 10-11 year). UNICEF’s advocacy efforts were key to the scaling up and mainstreaming of this model. In 2009/2010 the implementation of the model expanded to all the 7,769 Junior High Schools (up from 5,328 schools in 2008/2009). After the initial support provided by UNICEF in which the model was implemented in 5 regions, the HIV/Alert model was rolled out in 5 other regions with support from the Ministry of Education, the UK Department for International Development and the Global Funds on Tuberculosis, AIDS and Malaria (GFTAM). Beginning this academic year 2011-2012, the model will be rolled out into Senior High Schools (15-18 year olds).

3.1.2.3 Strategic Partnerships:
The strategic partnership with DfID in malaria control continued in 2010 with the donation of £10 million by DfID for the procurement and distribution of 2.35 million long lasting insecticide treated bed nets (LLINs). International Development Minister Stephen O’Brien visited Ghana in November 2010 to see the success of a previous distribution of bed nets in the Northern region. Through this funding, an estimated 4.7 million people in Ghana, of which 940,000 are children under 5 years of age, will have access to the treated bed nets.

UNICEF in partnership with UNFPA, PLAN and the Births and Deaths Registry supported the strategy to increase birth registration in Ghana. Fifteen community population registers were established in communities with the lowest registration rates in the Northern and Upper East regions resulting in 100% registration in these communities. In the area of child labour and trafficking, ILO, IOM, and UNICEF have been working together with GoG, resulting in an increase in the number of arrests, prosecutions and convictions of traffickers.

One of the main challenges to achieve universal salt iodization (USI) in Ghana has been the presence of many small scale salt producers (with a market share of 35-40 per cent), who did not have the capacity to iodize salt. Through the UNICEF-GAIN partnership on USI, GAIN is providing technical expertise to establish salt banks as profitable and sustainable business ventures, while UNICEF is implementing strategies to increase the demand for iodated salt and advocating to the Government to enforce the USI law. This partnership has resulted in an increase in the amount of iodized salt available in the market. According to the Trade Survey and Mapping of Salt Distribution Network Study in Ghana the total volume of salt traded stands at 51,000 metric tons of which 90% is iodated salt (no baseline available).

The Sector Working Group mechanism is an important partnership strategy in Ghana through which development aid is coordinated. UNICEF continued to lead the Social Protection sector working group and co-lead the Education, M&E and Water and Sanitation groups. The CO was an active participant in the health, MDBS and decentralization sector groups.

3.1.2.4 Knowledge Management:
The Child Protection Systems Mapping for Ghana designed to build the required evidence for a regional knowledge base, as well as systems mapping and analysis methodology at country level was undertaken in 2010. The main purpose of the exercise was to: provide national decision-makers with a comprehensive overview of the existing components of the Child Protection system; assess the effectiveness of these components; and identify
possible entry points to strengthen the system. The mapping provided an analysis of legislations, institutions and their capacity, and service provision gaps.

A key finding was the existence of a wide disconnect between law and practice, and between formal and informal approaches of dealing with child protection issues. The recommendations of the mapping exercise are expected to shape the Child Protection system in Ghana. A comprehensive legislative reform (including a review of the Children’s Act) will be undertaken after the CP systems framework has been designed and piloted.

The knowledge management activity yielded some positive gains in 2010 from the wide dissemination and use of the findings of the Participatory Poverty and Vulnerability Analysis (PPVA) that UNICEF supported together with the World Bank in 2009. DFID’s keenness to extend the analysis led to the signing of a tri-partite MOU between DFID, the World Bank, and UNICEF to facilitate further analysis and dissemination. A consolidated report of both rounds of PPVA analysis now exists and two videos have been created to explain the findings of the PPVA. Development Partners who lead MDBs sector groups are briefed and the findings were used extensively in discussions with the Ministry of Education to finalize the new Education Strategic Plan. UNICEF worked with the World Bank to organize a Senior Policy Dialogue with the Ministry of Finance on the findings of the entire Poverty Assessment, including the PPVA. Participatory Development Associates (PDA), the organization that undertook the PPVA research, has created a workplan for its further dissemination in 2011.

3.1.2.5 C4D Communication for Development:

A comprehensive baseline study and formative research on the five priority key health and hygiene behaviours was completed and used to support the Health Promotion Department (HPD) of the Ghana Health Service (GHS) to develop a comprehensive C4D Strategy. This strategy covers 5 key health behaviours and is ready to be implemented in 2011 under the oversight of a Government led Inter-Agency Coordinating Committee (ICC). The ICC brings together all relevant stakeholders and will serve as an advisory and inter-sectoral coordinating body for all health promotion and C4D work.

The C4D strategy focuses on essential family practices that a) have the greatest impact on reducing under-five mortality and morbidity; and b) can best be addressed by changing behaviours at individual level and social norms at community level. The five behaviours are infant and young child feeding, hand washing with soap, malaria prevention, diarrhoea prevention and treatment, and deliveries by skilled attendants. Partnerships with the National Association of Community Radio stations and a community TV station have been established to increase community engagement for promoting key health and hygiene behaviours using community dialogue and mass media techniques.

To facilitate the creation of SMART communication plans, a number of capacity building workshops were held for all key stakeholders at both the national and regional levels. C4D methodologies were also used to raise awareness on H1N1 through development of a communication plan, the publication of IEC materials and the organisation of media trainings. Over 15,000 schoolchildren in 5 regions benefited from hand washing demonstrations and over 5 million people in 6 out of the 10 regions were reached with media messages. According to NADMO reports and research assessments, there was an increased awareness (from 50% to over 80%) in these regions knowing the causes, symptoms and ways to prevent H1N1.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:

UNICEF contributed to the constitutional review process in Ghana, with the provision of technical support (an international and a national consultant) to the Constitutional Review Commission. The objectives of the support are to ensure that the review is conducted with a particular focus on the provisions affecting children’s rights and that problems with the operation of the constitution against the backdrop of the Convention
on the Rights of the Child are identified and recommendations to address these are included. Through the organisation of special mini-consultation with children UNICEF is helping to ensure that children’s own perspectives and submissions are considered and reflected. The recommendations from the review will feed directly into the national constitutional conference to be held in March 2011.

In line with the above, UNICEF enabled increased dissemination of children’s voices and their concerns through building the capacity of children in print journalism, media features, regional debates and events such as the CRC @ 21 dialogue between children and Parliamentarians of the three Northern Regions of Ghana which was organized in November 2010. Children from the most disadvantaged regions were included in these activities.

3.1.3.2 Gender Equality and Mainstreaming:

Fifteen districts in remote parts of the north of Ghana where girls’ education used to be a serious issue, made considerable progress by providing access to primary education to an additional 30,000 girls (which translates into a 0.05 points increase of the GPI (source: GES).

In 2010, UNICEF continued to support the Forum for African Women Educationalists and the Muslim Relief Association of Ghana in their efforts to get more girls into school. These two NGOs, together with regional, district and central education officials have been providing targeted support to districts that showed the Gender Parity Index (GPI) for primary schools lower than 0.90. The capacity of Girls’ Education Officers in all the 15 targeted districts was built, through support for district-level performance reviews and training of District Teacher Support Teams. Community-based monitoring systems, monitoring both out-of-school children and teacher attendance, were implemented in all 15 districts. In addition, entire communities and their traditional and religious leaders were sensitized, enrolment campaigns were organized and girls’ clubs were formed at schools. Some 460 girls also received bicycles to make it easier for them to reach school on time.

3.1.3.3 Environmental Sustainability:

A number of initiatives have been undertaken in Ghana to address environmental sustainability issues. Fifty-nine communities in the Northern region have reduced the risk of contaminating their drinking water sources by effectively managing their household waste through Community Led Total Sanitation (CLTS) as they become open defecation free. Till date, more than 400 communities located in remote and disadvantaged northern part of the country have engaged in CLTS and are at different levels of initiating and implementation. Over 4000 household latrines and 164 institutional latrine compartments have been constructed and are in use. In partnership with the Catholic Relief Services (CRS), UNICEF supported the School Health Education Programme (SHEP) to improve hygiene and sanitation practices in 298 schools in the Northern region. This is not only helping to improve and maintain clean environment in the schools, but also engaging the pupils to act as agents of change in the wider community. Poor environmental sanitation practices contributed to the flooding in Central and Greater Accra regions. UNICEF and other Development Partners have worked together with the Environmental Health and Sanitation Directorate to finalise strategies for effective integrated solid waste management. This will help clear drainage channels and allow free passage of storm water.

UNICEF supported the Government’s response to flooding in the Northern Region and around Accra which affected more than 170,000 persons, through support to coordination of the response and the provision of essential drugs (ACTs, ORS, IV fluids, antibiotics), ITNs (480 pieces), and WASH supplies (4,800 water purification tablets, 5 water tanks, 50 basic family kits and ceramic filters).
3.2 Programme Components:
Title: Education

Purpose:
The purpose of the Education Programme was that by 2010:
1. 100% gross enrolment ratio and gender equity in enrolment, retention, and completion will be achieved in basic education especially in the most deprived districts;
2. a model to enhance the quality of preschools and improve the developmental readiness for learning of children aged 4-5 years will be in place for national replication; and
3. 80% of all children, 10-18 years, possess information and skills to reduce their risks and vulnerability to HIV/AIDS.

The main expected results for 2010 were:
1. Universal primary enrolment (UPE) achieved by 2010;
2. Gender parity in enrolment, retention and completion at primary level attained nationally by 2006 and sustained;
3. Teaching and learning improved in primary and Junior High Schools (JHS);
4. Improved coordination and planning in 5 focus regions;
5. National ECD policies and strategies developed and implemented;
6. Cost-effective, quality pre-school model developed and replicated nationally;
7. Both pre-service and in-service teacher training developed and implemented for KG teachers;
8. Capacity of key GES officers particularly circuit supervisors and head teachers strengthened to implement the Alert Model;
9. Increased visibility of the Alert model as the school-based HIV prevention programme;
10. Teaching and learning continues within a safe environment; and
11. Capacity building for effective conflict prevention through peace education

Resources Used:
Total approved for 2010 as per CPD: US$6,678,426
Total available for 2010 from all sources: RR: US$1,543,999; OR: US$2,921,193;
Total: US$4,465,192.00

List of donors:
• Thematic Funds for Basic Education and Gender Equality
• Thematic Funds for HIV-AIDS and Children
• United States Committee for UNICEF
• United Kingdom Committee for UNICEF
• New Zealand Committee for UNICEF
• The Government of the Netherlands
• Irish Aid
• United Nation Trust Fund for Human Security
• Funds raised by MTN partners through SMS campaigns during the Cup of African Nations Tournament.

Result Achieved:
Basic Education
• Although good progress has been made, Universal Primary Enrolment has not been achieved yet. In 2008/2009, the national Net Enrolment Rate (NER) was 88.5%, up from 69.2% in 2005/06.
• The National Child-friendly School (CFS) Standards as well as the School Health Education Strategic Plan were drafted. These standards provide a practical framework to holistically measure and act on the quality of teaching and learning in school.
• Gender gaps in the 15 most disadvantaged Gender Parity Index (GPI) districts were reduced and contributed to the attainment of gender parity nationally.
• District planning capacities were strengthened through training on school mapping methods which enable them to systematically analyse education situations and project future needs.
• An analysis of out-of-school children (using the Demographic Health Survey data) found that despite substantial increases in school participation, significant disparities remain. It recommended the implementation of more targeted interventions to reach the most disadvantaged children.

Pre-school Education
• Quality standards for kindergarten (KG) education were drafted based on the pilot implementation of a quality KG model in two districts, which will help implement and regulate quality KG programmes in the country.
• More than 3,000 teachers in five regions (out of a total planned number of 10,000 in 2 years) were equipped with essential skills to conduct continuous assessment of children’s developmental progress, using the Early Learning and Development Standards (ELDS) tool. This means that 58% of the 5,120 KG schools in Ghana have at least 1 teacher who can use the assessment tool effectively. In addition, ToT was conducted for personnel from all the 76 districts in the 5 regions.
• An evaluation of the ECD programme in Ghana (implemented with support from the Netherlands) recommended the need for a methodological approach to KG teacher training and a more rigorous monitoring of early learning and development indicators.

HIV/AIDS Education
• The Alert Model was fully integrated into the pre-service teacher training curricula offered by colleges of education (COEs). Two manuals on the methodology of teaching HIV/AIDS prevention were developed, and Principals/Vice Principals/tutors in all the 39 COEs were trained.
• A series of HIV/Alert branding materials are being developed and mass media campaigns are due to start in early 2011.
• The Alert school monitoring system has been integrated into the routine monitoring arrangements of circuit supervisors. Reports on the HIV Alert certification will be compiled by the end of the year.
• A comprehensive assessment of the impact of the Alert Model revealed that the model has made significant impacts on knowledge, attitudes, behaviour and practice of junior high school students concerning HIV/AIDS.

Education in Emergencies
• Education in emergency training was conducted in five regions, including Central and Northern Regions which faced serious flooding this year. The affected communities were provided with School-in-a-Box kits and classroom furniture.
• As part of the joint UN programme on Human Security a peace education manual was finalized and head teachers and circuit supervisors in four conflict-affected districts were trained.

Constraints and opportunities
Coordination of external assistance in the education sector remains a challenge. The new Education Strategic Plan and the Education for All Fast Track Initiative (EFA-FTI) application process have provided a significant opportunity for further alignment and harmonisation of DP support through a sector-wide approach.

Key strategic partnerships
UNICEF became Co-lead of the Education Sector Group in 2010. In this capacity, UNICEF has been playing facilitating roles in strengthening strategic sector planning and review processes. UNICEF has also been leading the EFA-FTI application process.
**Future Workplan:**

- Using the finalised CFS standards, school quality situations will be assessed to establish baselines for future evaluation. A key intervention package will be identified and implemented in focus districts.
- The baseline for children’s developmental progress will be established in focus districts using ELDS tools. A comprehensive in-service training programme for KG teachers will be developed.
- The mass media campaign on the Alert Model will be implemented. The roll out of the curricula on the Alert Model in COEs will be monitored and supported. Sports component will be strengthened in the Alert Model.

**Title: Protection**

**Purpose:**
The overall aim of the Child Protection programme is to support the Government and other stakeholders in the design and implementation of social policies, legislative measures and budgetary allocations to prevent and respond to violence, exploitation and abuse of children. The eight main results planned for 2010 are:

- Juvenile Justice system strengthened and service delivery improved
- Legislation for protection and care of children reviewed and at par with international protocols and conventions
- Capacity of stakeholders at all levels enhanced to protect children
- Duty bearers ensure children are empowered to voice their opinions on key issues relevant to them
- Access to and quality of services for abused children improved
- Children are better protected during emergencies
- Child Protection systems in Ghana mapped and areas for strengthening identified
- Child protection networks and regional and national level functioning.

**Resources Used:**
Total approved for 2010 as per CPD: US$2,169,580
Total available for 2010 from all sources: RR: US$ 1,063,473; OR: US$1,076,127; Total: US$2,139,600
List of donors:
- USAID
- Global Child Protection Thematic Fund
- Finnish Nat Committee, through the Thematic Fund
- Thematic Fund: Young Child Survival and Development
- Thematic Fund: Policy Advocacy and Partnership
- UN Trust Fund for Human Security
- Irish AID.

**Result Achieved:**
Ghana has made important progress towards ratification of the Hague Convention on inter-country adoption. Through UNICEF’s advocacy with key MDAs and technical assistance, the Department of Social Welfare (DSW) and the Minister of Justice reviewed the current legal framework on adoption and obtained the approval of the GoG for the ratification of the Hague Convention on inter-country adoption. UNICEF supported a situational assessment on the status of juvenile justice and the development of a comprehensive juvenile justice policy. The 10 probation committees established have supported the reformation process of children in conflict with law, facilitating diversion interventions.
Significant progress was made in addressing child trafficking through the establishment of three Anti-Human Trafficking offices and two desks of the Ghana Immigration Service. This has effectively prevented cross-border and domestic trafficking as reflected by an increase in the number of prosecutions of traffickers (20 prosecutions in November 2010 as compared to 5 in 2009). Ghana’s ratings in the US Department of State Trafficking In Person (TIP) Report improved, moving to tier two.

UNICEF and ILO supported MESW to launch the NPA on Worst Forms of Child Labour (WFCL) which aims at reducing WFCL to the barest minimum by 2015, while laying a strong social, policy and institutional foundation for the elimination and prevention of all forms of child labour. It has been incorporated into the 2011 national budget and mainstreamed into the Development Agenda 2010-2013. Child Labour was incorporated into the sectoral plans of 36 MDAs leading to child labour prevention efforts across these sectors.

With continued support from UNICEF a NPA for Orphans and Vulnerable Children was launched. It is structured around the goals for OVC adopted at the UNGASS on HIV/AIDS and aims to mitigate the social and cultural impacts of HIV/AIDS and to ensure improved care and access for OVC to essential services including health care, birth registration etcetera. Implementation of social service components resulted in strengthening of families and communities to provide care for over 450 children (against a target of 300) placed in family based care, and the improvement of quality of care in residential homes.

Birth registration continues to be a challenge. To improve access 15 community population registers were established in communities with the lowest registration rates in the Northern and Upper East regions resulting in 100% registration in these communities. Improved efficiency resulted from an increase to five, functional computerized systems, and the required expansion at the national level to facilitate speedy registration and verification processes.

The Child Abuse Network has been re-established. Medical and legal standard operating procedures for responding to VAC are being developed while pro-bono legal and child-friendly medical and psychosocial support continues to be offered to child victims and children in conflict with law.

Assessments, evaluations and research were conducted on: Child Protection systems, Juvenile Justice, skills training and OVC. With an aim to establish a Child Protection System in Ghana, a systems mapping has been completed.

New partnerships with two INGOs - World Vision and Christian Children’s Fund of Canada - have been developed to expand the community based child protection approach, while continued partnerships with ILO, IOM and UNFPA have led to joint activities in Child labour prevention and Birth Registration promotion. Entry into the Governance Sector group has ensured the inclusion of child justice on the agenda.

UNICEF supported the capacity development of partners of the 3 Regional Networks on Child Protection in Emergencies.

**Future Workplan:**

In 2011 the focus will be:

- Development of a national child protection system/framework with strategies for linkages and service provision of social welfare and justice sectors.
- National implementation of the NPAs on OVC and WFCL.
- Capacity strengthening of MOWAC to enable coordination and advocacy.
- Supporting Human Trafficking Board to manage and respond to trafficking of children and women at par with international agreements.
- Strengthening networks in Accra and the three Northern Regions with CBOs, NGOs, etcetera in the area of child protection, and the development of a continuum of services to address VAC.
- Systems based approach to civil registration while creating awareness and demand for birth registration.
Expansion, strengthening and community ownership of community based child protection in three additional districts in the three Northern Regions.

**Title: Advocacy, Communication, Monitoring, Analysis (ACMA)**

**Purpose:**
ACMA aims to support the Government of Ghana to use data, information, and analysis to plan, budget, implement, monitor, and evaluate programmes that benefit the poorest children. In addition, ACMA provides communication expertise to the Government and other UNICEF sections to help them identify ways to change behaviours that are harmful to children.

The main expected results for 2010 were:
- **Output 1.1:** Government supported to conduct key surveys as outlined in the Long-term Survey Calendar.
- **Output 1.2:** Availability of data on issues affecting children and women reflected in all surveys and special studies.
- **Output 2.1:** GhanaInfo database operational at national/regional levels by 2010 and GhanaInfo staff and relevant stakeholders trained to use the system.
- **Output 3.1:** Activated and strengthened M&E systems and networks involving Government, UN, civil society, Development Partners (DPs) etc.
- **Output 4.1:** DAs, DCEs and their staff in the 3 northern regions have the information necessary to ensure that next District Medium Term Development Plans and expenditure frameworks that begin in 2010 adequately reflect children's issues.
- **Output 4.2:** Key decision makers at national level use data and results from key studies and budget analysis to influence the 2011 and 2012 budgets.
- **Output 4.3:** MESW has data and analysis necessary to demonstrate the impact of the NSPS & to create a package of complementary services.
- **Output 5.1:** The media, traditional/religious leaders and civil society organisations have adequate information to make increased efforts to disseminate information on children's issues.'
- **Output 5.2:** An integrated C4D approach is implemented to influence the behaviour and social change efforts among the target audience in 4 regions.

**Resources Used:**
Total approved for 2010 as per CPD: US$2,977,400.00
Total available for 2010 from all sources: RR: US$1,513,176; OR: US$1,058,408;
Total: US$2,571,584
List of donors:
- Irish Aid
- United Kingdom
- USAID
- Italian National Committee for UNICEF
- UN Trust Fund for Human Security
- Thematic Fund: Young Child Survival & Development
- UNICEF Set Aside Fund
- Thematic Funds: Policy Advocacy and Partnership

**Result Achieved:**
UNICEF continued to support the Government of Ghana (GoG) by initiating an urban MICS in Accra and supporting the National Statistical Development Strategy, which has changed the statistical landscape by establishing qualitative standards for data emanating from administrative systems and registers. The National Development
Planning Commission (NDPC) created planning and M&E guidelines for the medium-term development strategy. As a result of UNICEF-sponsored training, all MDAs and MMDAs are now able to prepare plans to monitor the medium-term development plan. (Outputs 1.1, 1.2, and 3.1)

District Chief Executives and Coordinating Directors have deeper appreciation of children’s issues through a series of presentations organized by UNICEF, MLGRD, and the Regional Administrations. In order to enhance planning for children’s services at district level, UNICEF continued to support mentors for 21 districts, though the impact of the mentoring services is not yet evident. (Output 4.1)

While at the district level use of data to plan and budget the services for children remains challenging, there is progress at the national level. The Ministry of Finance and Economic Planning has introduced Programme-Based Budgeting (PBB), supported by a consultant to work with the ministries piloting PBB. The Ministry of Employment and Social Welfare commissioned a review of its expenditure patterns and the Ministry of Education has a similar review scheduled for 2011. Parliamentarians are now more informed and better able to analyze the budget due to a series of workshops aimed at discussing major issues affecting children in Ghana. (Output 4.2)

Although progress on the Institutional Strengthening Plan for MESW was slow, advances were made in some areas of social protection. Four MDAs agreed to create a common targeting mechanism that Government can use to identify the poorest Ghanaians who qualify for social assistance. Some 35,000 households registered for LEAP against a target of 55,000. The MESW reviewed the operations of LEAP and drafted an Operations Manual. The World Bank and DFID have pledged to invest an additional US$130 million in social protection in Ghana over the next five years. (Output 4.3)

UNICEF increased attention to children’s issues and voices through building the capacity of children in print journalism, media features, regional debates and events such as the CRC @ 21 dialogue between children and Parliamentarians of the Northern sector. Children from the most disadvantaged regions were included in these activities. (Output 5.1)

A National Communication for Development (C4D) Strategy, based on evidence gathered during 2009 and 2010 is now in place. Findings from the UNICEF-supported research on the determinants of four key behaviours informed the development of the Strategy. A National Interagency Coordination Committee (ICC) on Health Promotion endorsed by the Director General of Ghana Health Service was established. (Output 5.2)

Competing priorities sometimes affected performance and meant that only a limited number of activities could be undertaken. For example, GhanaInfo was not rolled out as planned in 2010 because human resources were diverted to the national census. This hampered achievement of Output 2.1.

**Future Workplan:**

- In 2011, additional efforts will be made to help the GoG gather, process, and analyze data to inform planning and budgeting for children. The urban MICS will be completed and a full-scale MICS will be launched. The GhanaInfo Hub will create profiles demonstrating how development indicators vary by region or wealth quintile.
- ACMA will help MESW utilize the analysis of its allocations and expenditures to improve its 2012 budget, while financial analysis will be initiated with the MoE. The findings of the Situation Analysis, which includes equity analysis, will be disseminated to decision-makers. ACMA will commission a review of the district plans, budgets, and services delivered for children. Additional support for district planning processes will be discontinued pending the results of this review.
- The LEAP Operational Manual will be completed, thereby resolving critical design questions and creating a system that can facilitate a rapid increase in the number of people benefiting from LEAP. A comprehensive M&E system for LEAP and other social protection interventions will be developed.
The C4D strategy will be implemented in two northern regions and Central Region. In addition, a strategy to create demand for iodated salt will be designed and implemented and Facts for Life will be used to encourage use of soap while washing hands.

**Title: Cross-sectoral costs**

In line with the stated objectives for 2010, the CO ensured the use of the cross sectoral funds towards effective and efficient:
(i) Programme Management and Operations Support
(ii) Governance and Systems
(iii) Management and Stewardship of Financial Resources
(iv) Management of Human Capacity.

The activities under this component helped, among others, to support:
- UN coordination and UN coordination specialist
- UN learning strategy
- Creation of CA, UNDAF, CPD
- PRG/OPS reviews, mid-year and annual review meetings.

Future work will continue to focus on efficiency and effectiveness of UNICEF interventions.

**Resources Used:**
- Total approved for 2010 as per CPD: US$1,200,000
- Total available for 2010 from all sources: RR: US$1,698,966 ; Total: US$1,698,966.

**Purpose:**
- Effective and Efficient Programme Management and Operations Support
- Effective and Efficient Governance and Systems
- Effective and Efficient Management and Stewardship of Financial Resources
- Effective and Efficient Management of Human Capacity

**Result Achieved:**
- Effective and Efficient Programme Management and Operations Support
- Effective and Efficient Governance and Systems
- Effective and Efficient Management and Stewardship of Financial Resources
- Effective and Efficient Management of Human Capacity
- Support UN coordination and UN coordination specialist
- Support UN learning strategy
- Support creation of CA, UNDAF, CPD
- Support PRG/OPS reviews, mid-year and annual review meetings

**Future Workplan:**
- Effective and Efficient Programme Management and Operations Support
- Effective and Efficient Governance and Systems
- Effective and Efficient Management and Stewardship of Financial Resources
- Effective and Efficient Management of Human Capacity
Title: Health/Nutrition

Purpose:
1. HIRD implemented and scaled up nationally and intensified in four focus regions
2. Evidence base for policy and operational decision making strengthened
3. Policy framework for child health strengthened
4. Health and Nutrition programme harmonised and aligned with Government planning and review systems
5. Adequate Emergency supplies maintained throughout the year
6. Single digit guinea worm case reported (242 reported in 2009) (UNDAF outcome 1, output 5)
7. Proportion of GW endemic villages with safe water increased from 73% to 85% (UNDAF outcome 1, output 5)
8. Rural Sanitation model finalized and accepted by Government (UNDAF outcome 1, output 5)
9. A Strategy document on School Sanitation and Hygiene Education component of the School Health Education Programme developed and accepted by Government (UNDAF outcome 2, output 3)
10. A Framework for WASH sector M&E system fully developed and integrated into the SWAp roadmap (UNDAF outcome 5, output 2)
11. A national WASH Emergency cluster established (UNDAF outcome 3, output 5)

Resources Used:
Total approved for 2010 as per CPD: US$ 31,217,275
Total available for 2010 from all sources: RR: US$3,917,000 ; OR: US$25,444,000 ; Total: US$29,361,000
List of donors:
- AusAID
- Bill & Melinda Gates Foundation
- Canadian International Development Agency
- Conrad N Hilton Foundation
- European Commission
- German National Committee for UNICEF
- Italian National Committee for UNICEF
- Netherlands Government
- New Zealand Committee for UNICEF
- Rotary International
- Swiss Committee for UNICEF
- United Kingdom Committee for UNICEF
- The United Kingdom of Great Britain and Northern Ireland
- United Nations Foundation Inc.
- Irish Aid
- United Nations Trust Fund for Human Security (UNTFHS)
- United States Agency for International Development (USAID)
- United States Fund for UNICEF
- Thematic Fund: Young Child Survival & Development
- Thematic Fund: Basic Education and Gender Equality

Result Achieved:
Health and Nutrition
The High Impact Rapid Delivery (HIRD) package of interventions for MDG4 including effective community based treatment for the three major childhood killer diseases (malaria, diarrhoea and pneumonia) were scaled up in 4 of 10 regions of the country. As
at mid-year 2010, 24,530 (15%) of total malaria cases treated in the Upper East and West regions were done by Community Based Agents (CBAs). In addition, 90% (Source: GHS, routine data) of the 5 million U5 children were vaccinated against measles in the 2010 supplementary immunization campaign.

As part of a strategic partnership between UNICEF and DFID, 2.3 million LLINs were procured. Ghana’s Health Sector Medium Term Development Plan (HSMTDP) 2010-2013 was finalized and UNICEF support for it’s costing and impact assessment using the MBB tool contributed to an increased Government commitment to the plan for the attainment of MDGs 4, 5 and 6. This will also enable UNICEF and other Development Partners to better align with government planning and review systems.

Internationally accepted quality of care standards were achieved in the CMAM programme which treated 2,423 children U5 against a target of 4,560. Interventions for addressing high levels of stunting, especially improved infant and young child feeding (IYCF) practices with focus on complementary feeding were accelerated. Successful national campaigns for vitamin A supplementation resulted in 94% coverage among children 6-59 months (4,314,638 children reached, out of 4,585,540 planned, Source: GHS routine data). Public education on the benefits of iodized salt is contributing to national efforts to achieve USI.

The national PMTCT scale-up plan was finalized and Early Infant Diagnosis of HIV (EID) services were started in the region with the highest prevalence of HIV. Pregnant women accessing HIV testing as part of PMTCT services nationally increased by almost 30 per cent compared to 2009 (source: Ghana HIV/AIDS strategic plan).

UNICEF and partners supported the development of an evidence-based MDG Acceleration Framework (MAF) for accelerating progress towards MDGs 5 in Ghana. A national assessment of Emergency Obstetric and Newborn Care was supported by UNICEF and other partners and will feed into the Government’s plans for attainment of MDGs 4 & 5.

Water and environmental sanitation

The Government adopted the Sanitation and Water for All (SWA) Compact, committing more than US$350m for water and sanitation. UNICEF supported the development a national Strategy for Community Led Total Sanitation (CLTS) and a School Health Education Programme (SHEP) strategy. The Water and Sanitation Sector Monitoring Platform continues to spearhead key research and monitoring at the national level. The District Monitoring and Evaluation System (DiMES), a tool to improve the WASH data collection and management at district levels, is being rolled-out across the country with UNICEF support.

More than 300 schools (298 planned) in 12 districts have instituted hygiene behaviour change interventions, including school health clubs and hand washing with soap activities, benefiting nearly 120,000 pupils (100,000 planned).

In partnership with the Ghana Health Service, the Water Directorate, Community Water and Sanitation Agency, UNICEF, EU, The Carter Center, and WHO, over 60,000 persons gained access to safe water bringing the total number over the last four years to 175,912. Only eight cases of Guinea worm were reported from January to November 2010, as compared to 242 during the same period last year. More than 40,000 people in the Northern Region gained access to improved sanitation facilities through CLTS initiatives led by Environmental Health and Sanitation Directorate (EHSD). UNICEF supported the development of a Rural Sanitation Model which will enable sustainable sanitation service delivery at scale.

During floods in 2010, UNICEF (Health, Nutrition and WASH sections) collaborated with partners, including NADMO and the Water Directorate to ensure a coordinated response to the floods in July (Accra) and October (Northern Region). A donation of USD200,000 by the Brazilian Government enhanced the availability of critical supplies.
Future Workplan:
In the coming year, additional resources shall be allocated to capacity building of managers and frontline workers and strengthening health systems for data management and the sustained availability of essential health and nutrition commodities. Continued advocacy and implementation of USI activities will also be a priority.
In WASH, four priority areas have been identified: Sanitation, Emergency WASH, WASH in Schools, and continued work on the sector wide approach.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:
The management priorities in the CO’s 1st Biennium Management Plan (BMP, 2009-2010) include the strengthening of the use of HACT by all partners, including follow up on spot checks and the further reduction of UN transaction costs by using common security, banking, UN clinic and travel services.
Governance structure includes weekly senior management (Representative, Deputy Representative and Chief of Operations), monthly Country Management Team (CMT) meetings and oversight by Section Chiefs at the Section level. The CMT regularly monitored the progress towards the BMP priorities and the management indicators consolidated in the Country Programme Management Report (CPMR). The Chief of the Tamale Office participates in the CMT through teleconference and actual visits on alternate months.
There are 16 office committees which are confirmed once a year by the Representative. Office statutory committees such as CMT, ZMT, CRC, PCARC, CRB and HRDC continued to function effectively. Strategic guidance to management is mainly provided through the CMT. In 2010, the CMT took major management decisions to address risks related to HR, IT and knowledge management functions in the office. The CO conducted the RCSA exercise following new ERM guidelines.
The CO reviewed and amended its Standard Operating Procedures (SOPs) on institutional contracts, revised travel policy, project cooperation agreement and small scale funding agreement in line with the guidelines from Head quarters (HQ). A total of 21 briefing sessions were conducted on organisational improvement initiatives, the BMP and SOPs to update staff knowledge and awareness.
All staff were trained on the use of the new CCC guidelines and the CO started uploading the EWEA formats on the intranet. UNICEF supported the capacity development of partners of the 3 Regional Networks on Child Protection in Emergencies. All actions from the last audit have been implemented and closed.

4.1.2 Strategic Risk Management:
The country management team assessed business processes and response to changes in the internal and external environment. These include adequately delegated staff roles and responsibilities on Risk Control Self Assessment (RCSA) findings, mid-year and annual sector reviews which are opportunities to assess inherent risks in the country programme. During the RCSA, the CO’s internal control environment was reviewed and a risk profile and risk library prepared. Self assessment was conducted in nine areas in both programme and operations domains to review and examine the sustained adherence to external and internal audit recommendations and to identify risks that threaten the achievement of results for children. No high risk areas were identified in the CO Risk Profile; the main medium to high risk areas included limited progress to tackle USI fund raising and ICT and HR capacity. The ICT and HR sections were subsequently strengthened and a new fund-raising strategy was used with the development of fund-raising one-pagers. Some progress was made in USI, mainly through an innovative partnership between GAIN/UNICEF. The final RCSA reports were submitted to the Office of Internal Audit and RO.
The CMT made a concerted effort to strengthen systems, procedures, and staff capacity in order to improve the risk control environment and efficient use of UNICEF’s financial resources and monitoring of results.

The Business Continuity Plan (BCP) and ICT Disaster Recovery Plan are in place and up-to-date and alternative site was tested regularly. The BCP has provided policy guidance to ensure CO capacity to continue critical process and operational services during crises situations such as natural disasters, critical infrastructure failure, and while extending support to neighbouring country offices (Togo and Ivory Coast) in crises situations.

4.1.3 Evaluation:
In 2010, the office continued efforts to improve the quality of studies and evaluations in the IMEP. The staff underwent an orientation on UNICEF’s evaluation policy, to ensure that the IMEP studies and evaluation were strategically focused to provide objective information on the performance of UNICEF’s areas of support.

Progress of studies and evaluations were discussed on a regular basis with Sections, and in the CMT on a quarterly basis. Emphasis was on ensuring the quality of studies and utilization of results by working with partners in determining the scope of studies, review of TORS, review of draft reports, and providing support in the dissemination of results.

Inter-Agency studies included an EMONC Needs Assessment covering about 1,300 health facilities, implemented by UNICEF and UNFPA, and the LEAP Baseline Survey conducted by ISSER, with support from the MESW/DSW, UNICEF and DFID. A full-scale evaluation of HIV/AIDS supported by UNICEF and UNFPA with funding support from Irish Aid was commissioned.

A long-term survey calendar (2010-2025) to strengthen local capacity to produce key data for M&E was finalized. UNICEF, UNFPA and UNDP provided financial and technical assistance for implementation of the 2010 Population and Housing Census. UNICEF is working with partners to ensure a strengthened, sustained routine data system with anticipated funding from the Statistics for Results Facility through the World Bank.

The UNCT took measures to strengthen a coordinated country-led M&E system by preparing the M&E Workplan and identifying key activities that would be supported by the UN. Also, all three ex-com agencies supported the NDPC in the development of the Planning and M&E guidelines for Ghana’s medium-term policy framework. UNICEF further supported the training of all Ministries and District Assemblies in the use of M&E guidelines to enable them to prepare costed M&E plans to monitor the sector/district plans.

4.1.4 Information Technology and Communication:
In 2010, the Ghana CO employed business solutions such as WebEx and Video conference to improve communication system and curtail costs for travel and telephone. The UNICEF office LAN has been secured and access for visitors and consultants separated by setting up a 2Mbits wireless internet access. UNICEF has an established working relationship with UN agencies resulting in the mutual provision of support services and sharing of equipment (one VSAT, video conference system). Internet Access for Citrix has been upgraded to dedicated 1M/1M with technical guidance from Regional Chief of ICT, which resulted in faster business process for remote workers and Tamale zone office users. The aging LAN infrastructure in the Tamale zone office has also been overhauled to a new Cat-6 network to improve access and wide area connectivity.

The Property Survey Board mechanism was employed to dispose of old computer equipment and roll back revenue into the organization.

All computer and telecom related purchases were done through Long Term Agreements (LTAs) with vendors. As a result, high quality ICT equipment and accessories were delivered with the right specifications at a reduced cost.

BCP is regularly tested as well as office data backup in the Representative’s residence. UNICEF Ghana has agreed with UNICEF Liberia and Gambia offices to host their BCP. A strict implementation of access and use of computer equipment has been applied as
dictated by the ICT policies which have been distributed twice this year. Alerts and security advice are shared with staff on specific issues.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:
The CO maintains strong relationships with key donors and raised over USD 25 million in other resources in 2010 (up from USD 10 million in 2009). Although no major emergency appeals were made in 2010, the CO mobilized USD 200k from the Brazilian Government to respond to the floods in the Northern regions.

All 19 donor reports due this year were sent timely. Their quality was assessed as ‘good’ by the regional office after a donor reporting quality assurance exercise.

As a result of close monitoring of PBAs by the CMT, Heads of Sections, Programme and section meetings, all PBAs were fully utilized (100%) before their expiry dates. Only one request for PBA extension was made in 2010 because additional funds were received into the PBA in the 2nd week of December, 2010.

Public–private partnerships such as UNICEF/GAIN on USI; UNICEF/Network of community radios on C4D; and CRS/UNICEF in implementing SHEP among others greatly contributed to the achievement of results for children and women in the various sectors.

In line with the principles of UN Coherence UNICEF is implementing joint projects/programmes with other UN agencies. These include the UNICEF and UNFPA HIV/AIDS project funded by Irish Aid; a UNICEF-WFP Nutrition project funded by CIDA; and a Human Security Project in Northern Ghana undertaken jointly with a number of UN agencies.

4.2.2 Management of Financial and Other Assets:
The CMT reviewed the Country Programme Management Report (CPMR) monthly to ensure timely allocation and utilization of resources. Close monitoring by the CMT resulted in good performance on indicators: 100% 2009 PER completion, 93% financial implementation (as of 30/12/2010), 99% requisitioned budget increased (from USD 25m in 2009 to USD 40m in 2010 due to OR fund raising), and 100% of PBAs utilised within their original life in 2010.

DCT outstanding at year end stood at US$26,708 amounting to less than 1% of >9 months outstanding. Harmonised Approach to Cash Transfer (HACT) spot checks for selected partners enabled the office and partners to address the weaknesses identified in partners’ institutional and financial management capacity, following which training was conducted as appropriate. Micro-assessment of 34 implementing partners (IPs) by UNICEF and UNDP, and HACT training for 140 key staff of IPs contributed to the reduction of outstanding DCT > 9 months to <1% in December 2010.

Bank reconciliation and review process was improved. Effective Planning and monitoring of cash forecast resulted in timely replenishment of bank accounts. Operations support services were improved in 2010 with the recruitment of additional staff (Administrative Officer, ICT Assistant, Driver). Office assets were managed effectively with all assets properly inventoried and categorized. Old office vehicles and equipment were disposed off through the PSB process. Senior management decentralised the zone office operations to enhance timely, effective and efficient programme implementation at the field level.

The office MOSS compliance has been enhanced by installing additional communications equipment.

DFAM and CO’s joint effort on local currency (Ghanaian Cedi) purchase arrangement continued in 2010 and resulted in a saving of ca. USD 216,000 in 2010.
4.2.3 Supply:
In 2010, the CO undertook USD 12 million worth of procurement representing 30% of total Country Programme implementation. An office supply plan was completed in March 2010 with 87% on time delivery.

The CO continued to work with partners to create awareness of UNICEF’s procurement services especially for vaccines and related devices. The Ministry of Health remains the largest user of these services with other UN Agencies i.e. UNHCR, UNDP, JICA and NGOs also benefiting from UNICEF’s procurement services in Ghana. The Government continued to provide warehouse facilities in Accra and Tamale. In close collaboration with central medical stores, an electronic stock management system has been piloted to be extended to all regional warehouses. Monitoring and coordination with programme and Government were improved to keep minimum stock.

Under the national malaria programme for universal coverage of ITNs, procurement of 2.35 million LLIN bed nets at USD12 million is an example of an excellent programme-supply collaboration, resulting in the net being procured and in country in just over 2 months instead of the six months global lead time. GCO supply coordinated UNHRD roll out activity in collaboration with RO. The office was successful in aggregating needs through better forecasting and encouraging local industry to improve availability, pricing, quality and innovation of new products. It also involved communicating the needs of children to suppliers to ensure fit-for-purpose commodities with improvement of product suitability through guidelines and specifications. The supply unit collaborated with H&N in developing prototype bags for CBAs suitable for local use and sustainability. Procurement of hygiene kits sourced and consolidated locally played an important role during the emergency.

Supplies end user monitoring was done by the supply unit together with programme staff on a regular basis as part of field visits ensuring in efficient and effective use of resources. This will be further strengthened in 2011.

4.3 Human Resource Capacity:
HR capacity was strengthened in 2010 in programme and operations sections to achieve the programme results. Critical posts were established to support GCO capacity in programme implementation as well as to address the identified risks in the RCSA.

The CO management identified gaps in staff competencies and capabilities and recommended appropriate learning. The local human resources development committee recommended office wide learning events to help improve knowledge and skills of both programme and operations staff. The CO invested USD 334,921 as of 6 December 2010 in both group (15) and individual (45) learning. While returns on this investment will be fully realised only later, the office has already started reaping results in areas such as improved report and proposal writing, and better understanding and implementing of the organisation’s improvement initiatives. The office has a certified CBI trainer. Most supervisors and other staff members who sit on interview panels are certified to participate in competency based interviewing (CBI) techniques. PPP and P2D training events strengthened programming skills and helped professional and personal development respectively. The CO has been developing the leadership skills of its professional staff through the Leadership Development Initiative (LDI). Three staff members completed the programme this year and one is selected for the training next year. The office achieved 100% completion rate in 2009 PER.

The CO has three Peer Support Volunteers and two Workplace Advisors and staff are aware of these resources. HIV/AIDS training session was conducted by Right to Care under the auspicious of Van-Breda. Staff were trained on the new CCC guidelines and key staff completed the EWEA analysis and documents.

There was renewed energy by the Caring for Us committee to implement effective activities under the ‘Caring for Us’ strategy. These included information sharing and voluntary counseling and testing session on HIV and AIDS. The committee also organized staff members to visit and present gifts to colleagues who were on long-term
sick leave. The committee ensured the supply and replenishment of male and female condoms in the office washrooms.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

DFAM and the CO’s joint effort on local currency (Ghanaian Cedi) purchase arrangement resulted in a saving of ca. USD 216,000 in 2010. Travel transaction costs were reduced due to implementation of revised travel policy and introduction of standing travel advance for frequent travellers. GCO actively implemented 2010 UN Operations Management Group (OMG) Common Services Work Plan including common operational services such as travel agency and banking services, 24 hour radio room and UN clinic operations. Tamale UN common services MOU was revised and signed with UN agencies (WFP, WHO, UNFPA and UNICEF) using UNICEF facilities.

4.4.2 Changes in AMP:

The 2011-2012 Biennium Management Plan will include detailed activities to roll out VISION and IPSAS. GCO will prepare the new Country Programme Management Plan (CPMP) 2012-2016 by January 2011. The Country Management will conduct skills and competence gap analysis during the CPMP process to ensure that the new GCO structure and staffing reflects the technical, managerial and leadership skills required to achieve 2012-2016 PCRs and IRs.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. 2nd Evaluation of Strategy for Scaling up Community-led Total Sanitation (CLTS) in Ghana
2. 2nd Performance Monitoring of the IWASH Project
3. Assessment of Vocational Training Centres in Ghana
4. Study on the development of the Community AIDS Care and support component for the Ghana Country CCM proposal for GFATM Round 10
5. Review and mapping of community-based approaches for improved health outcomes
6. Mapping of Salt Routes on USI
7. Baseline and Formative Study on Key Health and Hygiene Themes in the Three Northern Regions and the Central Region of Ghana
8. Mapping of Child Protection Systems
9. National KABP Study on HIV and AIDS Alert Model
10. Analysis of out-of-school children using 2008 DHS data
11. Baseline Study on KAP in IWASH Schools
12. Study on assessing commodity and service security for children
13. Study to compare cost-effectiveness of mass campaigns and routine service delivery
14. Costing of the Health Sector Medium-term Development Plan using MBB
15. Quality Assessment of the Health Routine Data Systems
16. Operational Research on the use of Zinc for treatment of Diarrhoea
17. Trend Analysis and triangulation of key health indicators

5.2 List of Other Publications

1. National Plan of Action for OVC
2. National Plan of Action for the Elimination of Child Labour in Cocoa
3. Realising the Rights of Children in Ghana
4. Youth in Journalism
6. INNOVATION & LESSONS LEARNED:

**Title:** The Ghana Sanitation and Water for All (SWA) Compact

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**Abstract:**
The establishment of the Sanitation and Water for All (SWA) Compact by the Government of Ghana (GoG), facilitated by UNICEF and other Development Partners (DPs), enabled the GoG to commit more than US$ 350 million annually to meet the MDG targets for improved basic sanitation and drinking water and sustain the efforts beyond 2015. This innovation is being shared to show that evidence-based advocacy implemented collaboratively with other DPs can leverage substantial resources from governments.

**Innovation or Lessons Learned:**
The Ghana SWA Compact initiative showed that global initiatives can translate into concrete actions at the country level through strong partnerships between governments and DPs. In Ghana, considerable efforts were made in the preparatory process for participation of the country at the SWA global high level meeting. This enabled all the three Ministers (for Finance and Economic Planning; Local Government and Rural Development; and Water Resources, Works and Housing) to participate at the meeting and subsequently pursue the finalization and launching of the Compact. Ghana was the only country that developed a Compact.

**Potential Application:**
The success of the Ghana Compact has been shared at the World Water Week, Africa Water Week, Ghana Water Forum and the National Environmental Sanitation Conference in 2010. Copies of the Compact have been disseminated within and beyond the country. The compact and the experience with how it was brought about can be applied to other sectors and developing countries which seek to raise the profile of a development issue or challenge within the government’s development agenda. Critical to the success of such an initiative is building the evidence to develop a strong case, understanding and communicating the messages in ways that the Ministry of Finance and the Minister heading it can best appreciate, and galvanising developing partners to work together in pursuing the process for the development of the Compact aided by global high level meetings where appropriate.

**Issue/Background:**
SWA, a global framework for action, is a partnership that brings the governments of developing countries which are off-track on the MDG sanitation and water targets, together with donors /DPs and civil society organizations enabling them to work together to raise political support for and prioritization of sanitation and water issues. Despite concentrated efforts by the GoG and DPs, Ghana is off track in respect of reaching the MDG target for basic sanitation. According to the JMP, sanitation coverage currently is 13%, far from the MDG target of 53%. The Ghana SWA Compact was drawn up to address the above gap, and after its finalization and approval, was launched by the Vice President of Ghana providing the details of its commitments.

**Strategy and Implementation:**
Through the Ghana Compact, the Government has committed to spend more than US$350 million annually to increase access to improved sanitation and drinking water by 2015 and to sustain efforts towards universal coverage.

The compact includes 5 key commitments:

1. Enhancing political prioritization and commitment, whereby the GoG formally joins the SWA Initiative and prioritises sanitation and water as essential services.
2. Linking policies to plans, programmes and projects, wherein national plans concretely reflect sector priorities and full alignment of GoG and Development Partners’ programmes and projects to national plans.

3. Improving investments to meet sector priority challenges, whereby the GoG ensures that costed items of the Medium Term Development Policy Framework reflect sector investment plan levels and strongly advocate for hygiene behaviour change.

4. Strengthening ownership and leadership, whereby the direction of sector development is country led, country owned and country managed.

5. Achieving good governance and accountability, whereby the GoG pursues the SWA framework for good governance and works to achieve MDG 7 and mainstreams environmental sustainability.

**Progress and Results:**
The SWA Compact has been implemented with significantly increased financial allocation to the water and sanitation sector in the 2011 budget. It is also serving as an added impetus to pursuing the development of a sector strategic development plan within the sector wide approach process. The dissemination of the Compact is providing the required vital information to DPs, NGOs, CSOs and the public to ensure persistent advocacy and participation for its full implementation.
The main enabling factors were decisive government leadership, strong development partners’ engagement with the GoG, and evidence-based advocacy resulting in increased awareness of sanitation and water issues and commitment to tackle them more effectively.

**Next Steps:**
The next step is ensuring the allocation of the Compact financial commitments into the annual budgets and incorporation of its main principles into the development of the Sector Strategic Development Plan. Further dissemination of the Compact will be done through public and media fora to increase awareness on the Government commitments and increase the urgency of, and popular call for, its full implementation.