

## Executive Summary

### Most Important Achievements

- In early 2012, Ghana signed on to 'A Promise Renewed', a global effort to hasten the decline in preventable maternal and child deaths. In response, UNICEF increased its support to the Government of Ghana to accelerate progress towards achieving the Millennium Development Goals (MDGs) 4 and 5 by undertaking the following activities:
  - UNICEF and the GAVI Alliance supported the introduction of two new vaccines in Ghana against diarrhea and pneumonia.
  - UNICEF, with funds from the Government of Japan, supported the implementation of a 'jumpstart' package of newborn care interventions targeting 22,400 women and newborns.
  - UNICEF, with support from the UK Department for International Development (DFID), freely distributed 2.3 million long-lasting insecticidal nets (LLIN), reaching 1.15 million households.
  - UNICEF, with support from the European Union (EU), provided safe drinking water to 73,760 people living in areas recently freed from guinea worm disease.
- UNICEF, DFID, the World Bank, and other partners supported the Ministry of Employment and Social Welfare (MESW) to advocate for a 300% increase in the monthly social protection grant to poor families. The increase leveraged an additional US\$90 million to enhance Ghana's social protection system.
- UNICEF, Ghana Education Service (GES), DFID, and nongovernmental organizations (NGOs) scaled-up a Complementary Basic Education model. A total of 2,250 vulnerable children were enrolled, of which 730 have completed the programme (including children with disabilities) and 61% were mainstreamed into the formal school system.
- Results of the urban Multiple Indicator Cluster Survey (MICS) and national MICS 2011 (with an enhanced malaria module) were finalized; providing new evidence for the roll out of equity based approaches.

### Most Significant Shortfalls

- The Child Protection Programme embarked on a major strategic shift in 2012, moving from issue-focused programming towards a child protection systems approach. As a result, programme implementation slowed down to ensure that all partners supported this new approach.
- Progress on the roll out of the Communication for Development (C4D) strategy on the five key behaviors (5KB) was somewhat constrained in 2012, mainly due to rapid turnover of UNICEF staff and the response to the cholera epidemic in Ghana.

### Most Important Collaborative Partnerships

- Global Unilever Foundation partnered with UNICEF Ghana to enable 50 communities to attain Open Defecation Free status and 25,000 people to adopt healthy hygiene behaviors (by the end of 2013).
- UNICEF in collaboration with DFID, the World Bank, and others supported Ghana's application to the Global Partnership for Education (GPE), which leveraged US\$75.5 million. A substantial proportion of these funds will directly benefit deprived districts.
- UNICEF engaged the private sector through the release of the 'Children's Rights and Business Principles' to Ghanaian corporate executives in September 2012, advocating for child-focused corporate social responsibility (CSR) that goes beyond philanthropy.
- UNICEF supported in-country preparations for the Sanitation and Water for All (SWA) high-level meeting in Washington, DC, where the Government of Ghana committed that ten million Ghanaians will gain access to improved sanitation by 2015.

## Country Situation as Affecting Children & Women

In December 2012, Ghanaians elected a new president and parliament. Ghana's reputation for political stability, good governance, and democratic openness remained largely intact, and the ruling National Democratic Congress (NDC) retained their slim majority.

Ghana's economy has been strengthened by 25 years of relatively sound management, an increasingly competitive business environment, and sustained reductions in poverty levels. In 2011, GDP growth was boosted to 14% (largely spurred by new oil production), but slowed down to a projected growth of 8.2% in 2012 (note 1). With an estimated gross domestic product (GDP) per capita of \$1318 (note 2), Ghana falls within the lower middle-income country category. The rapid and severe depreciation of the Ghana Cedi recovered towards the end of 2012, promising some stability for inflation.

The proportion of Ghanaians living in poverty halved between 1996 and 2006. However, persistent areas of poverty exist in parts of the country. As overseas development assistance (ODA) declines, there is a higher risk of inequality in Ghana. A key strategy to tackle extreme poverty is strengthening the national social protection system through the flagship Livelihood Empowerment Against Poverty (LEAP) cash transfer programme with an effective Common Targeting Mechanism (CTM), as well as other programmes promoting access to social services.

Ghana remains unlikely to meet the MDG 4 target for reducing the mortality rate of children under five years old by two-thirds by 2015. The UN Interagency Group for Child Mortality estimates under-five mortality to be 78 deaths per 1,000 live births in 2011, still far from the MDG target of 40 deaths per 1,000 live births. The 2011 MICS revealed that neonatal deaths accounted for nearly 60% of deaths in infancy, unchanged from the situation in 2008. Malaria remains a leading cause of morbidity and mortality in Ghana, representing about 40% of outpatient attendance and about 30% of under-five mortality. Recognizing that one of the most effective measures for preventing malaria is the use of long-lasting insecticidal nets (LLINs), the government launched a free mass distribution campaign with the goal of achieving universal coverage of LLINs by 2012. Approximately 50% of households now own a least one LLIN, an increase from 33% in 2008. The MICS results also reveal that 38% of children under five years old sleep under a net, up from 22% in the 2006 MICS.

Malnutrition is one of the main contributors to child mortality in Ghana. It is estimated that 40% of childhood deaths are due to malnutrition (note 3). According to the 2011 MICS, stunting still affects 23% of children under the age of five, down from 28% in 2008. In Ghana, 13% of children are underweight, barely reduced from 14% in 2008, making the 2015 target of 11.5% a substantial, but feasible challenge. The national Expanded Programme on Immunization (EPI) has achieved equitable immunization coverage across regions and wealth quintiles. Ghana is on track to meet the MDG 4 indicator target of 100% coverage of immunization against childhood diseases by 2015.

However the MDG 5 target on maternal mortality reduction (MMR) is not likely to be met. The Global Interagency Maternal Mortality Estimation Group estimates Ghana's MMR at 350 deaths per 100,000 live births, against a target of 185 per 100,000 live births. The 2011 MICS revealed that although 87% of pregnant women attended the recommended four antenatal visits, only 68% had access to skilled birth attendants. However, this figure has been steadily increasing from the 2006 access level of 50%.

With 80% of the population having access to improved water sources, Ghana has achieved the target of MDG 7 for water. However, access to improved sanitation is only 15%, indicating that the 2015 target of 54% is unlikely to be met.

Compulsory and free basic education has contributed to an increase in the national net enrollment rate, from 69% in 2005/2006 to 84% in 2009/2010. However, an estimated 450,000 children remain out of school, although this figure has declined from 650,000 in the 2007/2008 academic year according to the Education Management Information System (EMIS). Poor quality education is also still a major concern. Proficiency in mathematics increased only slightly, from 14% of students in 2009 to 16% in 2011 (MICS 2011). Regarding early childhood education, the starkest inequality remains in the poorest group which is around 40% less

likely than the national average to attend kindergarten (41% attendance, compared with national average of 68%, MICS 2011).

Ghana has one of the highest rates of violence against children in the world. With close to 90% of children reporting violence, Ghana places eighth in a comparison of global surveys assessing children who have experienced violence in the past month. Child labor also continues to be a major problem, especially in rural areas where the quality of education is particularly poor. Two surveys conducted in 2006/2007 and 2007/2008 discovered that about 186,000 children in the cocoa-growing areas of Ghana (about 10% of the area's child population) were working in at least one hazardous cocoa-related activity.

According to the 2010 Population Census, there are 737,743 persons with disability (PWD) in Ghana, representing about 3% of the country's total population. Visual or sight impairment (40%) is the most common type of disability in Ghana, with speech (35%) and intellectual disabilities (26%) being the most common among children aged 0–14 years. Generally, educational attainment is low among PWDs, with over 40% never attending school (Census 2010).

Overall, Ghana has a large amount of data with a new MICS finalized this year, a national household survey underway, and a demographic and health survey (DHS) due to commence in 2013. The challenge is to use this information in a way that raises awareness and understanding of the bottlenecks to progress, particularly for the poorest groups. At the subnational level, districts and communities remain insufficiently resourced. Accelerating Ghana's decentralization policy, plus enhancing targeting and pro-poor policy-making, will be crucial to improving the lives of the poorest women and children.

## Country Programme Analytical Overview

Three key strategic shifts in 2012 will enhance the relevance and effectiveness of the Country Programme, including: (1) implementing and rolling out equity-based programming and monitoring strategies, (2) developing and strengthening strategic partnerships with the private sector and UN agencies, and (3) scaling up the social media strategy.

1. Equity-based programming and monitoring activities were strengthened with the roll out of the Monitoring Results for Equity Systems (MORES) approach, with strong government ownership and an emphasis on the strengthening of existing national monitoring and evaluation (M&E) systems.

In the health and nutrition sector, evidence-based planning at the decentralized levels using the bottleneck analysis (BNA) approach for a number of key issues, such as neonatal health, acute malnutrition, malaria, and Elimination of Mother to Child Transmission (EMTCT) of HIV, helped districts and regions to plan and implement priority interventions at scale. Attaining MDGs 1, 4, and 5 remains central to the new Country Programme (2012-2016), with 7 out of the 11 Programme Component Results (PCRs) focusing on these MDGs. UNICEF supported the development of key institutional partnerships focusing on building capacity in Ghana for decentralized monitoring of bottleneck indicators. The Institute for Health Metrics and Evaluation (IHME) partnered with the Ghana Health Service Research Division to undertake the Access, Bottleneck, Cost and Equity (ABCE) Study. The Liverpool School of Tropical Medicine was partnered with the Navrongo Health Research Centre to provide data for 28 districts in Northern Ghana using the Lot Quality Assurance Sampling (LQAS) methodology.

In the education sector, UNICEF helped to build capacity at the district and national levels in using the BNA approach to plan and implement priority interventions. UNICEF also supported the design of a Simulation for Equity in Education (SEE) model, which will be introduced to support the district education annual planning process.

2. UNICEF commenced its engagement with the private sector through the release of the 'Children's Rights and Business Principles' to Ghanaian corporate executives in September 2012, advocating for child-focused CSR. This resulted in ongoing consultations with three key private sector partners to jointly support children's rights and well-being in the workplace, community, and home.

As a 'Delivering as One' self-starter, the UN system in Ghana started implementing the UN Development Action Framework (UNDAF) Action Plan, with UNICEF leading 3 of the 11 outcome groups (i.e., sanitation and water; education; and social protection).

3. In 2012, UNICEF strengthened and scaled-up the use of social media to consolidate its position as a knowledge leader that achieves clear results for children in Ghana. Facebook and Twitter were harnessed as advocacy tools to rally support, influence offline media, disseminate success stories, and mobilize resources. A survey was conducted amongst 300 young people in the deprived Northern regions to help develop a robust social media strategy, which was piloted successfully as a strategic tool linked to Country Office (CO) priorities.

### **Humanitarian Assistance**

UNICEF responded to a cholera emergency (9,417 cases, 100 deaths as of December 8, 2012) by providing access to safe drinking water to 57,000 people through disinfecting 1,670 wells and distributing water purification tablets. With support from both UNICEF financial and human resources, and a CERF grant of US\$188,004, about 245,000 people were reached through interpersonal communication channels. As well, one million people were reached with priority behavior change messages through radio and television programs, focusing on disease prevention, recognition, and treatment seeking practices, as well as good hygiene practices. The implementation of the CERF grant was slightly delayed due to the challenge of finding appropriate implementing partners, but all activities will be completed by the end of March 2013.

UNICEF, in collaboration with UN High Commissioner for Refugees (UNHCR) and Christian Council of Ghana (CCG), provided teaching and learning materials for children in the two camps set up in 2011 in Ghana for Ivorian refugees. With UNICEF technical and financial support, 2,000 people gained access to improved sanitation through the construction of 124 Kumasi ventilated improved pit (KVIP) latrines and hand washing facilities at the refugee camps. As well, UNICEF continued to support creating child-friendly spaces and strengthening referral pathways for reporting and responding to violence and abuse.

## **Effective Advocacy**

### *Mostly met benchmarks*

UNICEF continued to draw on a rich evidence base to advocate for improved pro-poor policy-making and budgeting. As well, UNICEF encouraged better targeting of resources to the most disadvantaged households by highlighting the situation of the most excluded children, while demonstrating how UNICEF and its partners could and are making a difference.

New evidence from the LEAP cash transfer programme demonstrated that the grants were too small to adequately impact poverty. UNICEF (in collaboration with DFID, the World Bank and other partners) supported MESW to advocate for increased resources from the Ministry of Finance (MoFEP) given LEAP's economic potential and its role in fostering a social protection system. Following this intense advocacy, MoFEP with financial support from DFID, agreed to triple the size of the monthly grant from an average of GH¢12 (US\$6) to GH¢36 (US\$18), allocating an additional US\$90 million to LEAP.

In the run-up to the presidential election, UNICEF presented information on children's issues and equity to the leadership of all major political parties. As well, UNICEF supported the Institute of Economic Affairs to organize the presidential debates, which were broadcast live on all television and radio networks. The highlight was a UNICEF question on maternal mortality which elicited clearer positioning from the presidential candidates, and was followed up by an article in a national newspaper; reaching millions nationally.

Through the M&E Sector Working Group, UNICEF supported the development of the Joint Agenda for Strengthening M&E and Statistics (JASMES), which aims to support the development of a results-based culture. To move the equity and MORES agenda forward, UNICEF advocated for the use of BNA and other equity monitoring tools with key ministries and departments (at national and regional levels including the Coordination Councils in the three Northern regions and a selected number of districts), as well as members of the UN interagency programme group.

In the WASH sector, UNICEF supported in-country preparation for the SWA high-level meeting which took

place in April 2012 in Washington, DC. As part of the preparations, UNICEF established the SWA technical group to review progress made in implementing the 2010 SWA compact. A positive outcome of the meeting was the government's commitment to ensure that ten million Ghanaians gain access to improved sanitation by 2015.

In the health sector, following a meeting between the UNICEF Executive Director and Ghana's Speaker of Parliament, UNICEF engaged with the Parliamentary Select Committee on Health to highlight the issue of undernutrition with a focus on reducing child stunting. Using data from the recent MICS, parliamentarians were apprised of the developmental and economic impact of stunting, resulting in the Select Committee's commitment to debating the issue and holding the concerned departments accountable to deliver results for Ghana's children.

As sector lead for education, UNICEF coordinated the government's successful application for a US\$75.5 million GPE grant, ensuring an equity focus, in particular expanding inclusive education for children with special needs in 57 deprived districts.

## Capacity Development

### *Mostly met benchmarks*

UNICEF increased its efforts to build capacity for implementing and using BNA and other MORES tools. In the education sector, district education officials in three focus districts were trained and equipped to use the BNA tools to identify key bottlenecks, leading to planning and implementation of priority interventions. UNICEF also played a crucial role in testing and designing the SEE model, which will be introduced to support the district education annual planning process.

In the health and nutrition sector, the BNA approach was used for evidence-based planning at the decentralized level (district and regional) for a number of key issues, such as neonatal health, acute malnutrition, malaria, and EMTCT. More specifically, UNICEF supported the Ghana Health Service (GHS) to develop and finalize a capacity development plan for facility and community level health workers in two of the most deprived regions of the country. The plan focuses on one of the major bottlenecks in addressing neonatal mortality in Ghana; inadequate human and material resources to identify and manage neonatal conditions in most health facilities below the level of hospitals. Almost 2,700 frontline health care providers (double the target of 1,200 providers), including community volunteers (for whom skills for managing newborn conditions is not part of their training), have been capacitated to contribute to neonatal mortality reduction efforts in the most vulnerable populations in Northern Ghana. The results from these processes were integrated into the GHS regional annual review and planning processes, to help GHS plan and implement priority interventions at scale.

Recognizing the oversight role that civil society organizations (CSOs) play in national policy formulation and implementation, and in its quest to strengthen evaluation capacity in Ghana, UNICEF supported the Ghana Monitoring and Evaluation Forum. Two capacity development sessions were held on impact evaluation for CSOs and academia, in which there were more than 120 participants. While evaluations are often donor-driven, there was consensus that Ghana was at a point in its development where findings from evaluations needed to be harmonized and used to improve policy and services. The formation of a Community of Practice will ensure continued dialogue and collaboration with government to improve the use of evaluations.

Capacity development continued to be at the core of the Child Protection Programme. There was continued analysis of institutional and organizational barriers and limitations within the various institutions with a role in preventing and responding to child protection issues. Support was provided to the Department of Children through the provision of pro bono services to improve justice for children in contact with the law. Out of the 59 cases before the court, 24 have been completed and 34 were also granted bail.

## Communication for Development

### *Partially met benchmarks*

UNICEF supported four major C4D activities, namely: (1) rolling out the C4D campaign focusing on the 5KB; (2) promoting hand washing with soap (HWWS); (3) implementing an intense insecticide treated net (ITN) 'keep-up' campaign in three regions; and (4) responding to the cholera outbreak.

1. UNICEF continued to support the promotion of the 5KB through radio and television messages. In addition, three of the five behaviors (i.e., HWWS, using oral rehydration solution [ORS], and using LLINs) were successfully launched in 12 selected districts using community radio, theater for development (live and recorded drama), and interpersonal communication by Community Health Workers (CHWs) and Community Based Agents (CBAs). An Interpersonal Communication Manual, and information, education and communication (IEC) materials were developed and pretested across the country. So far, 1.735 million people (exceeding the target of 1.4 million people) were reached with C4D messages through the organization of community (theatre) events, durbars, broadcasts by community radio stations (with phone-ins), child welfare clinics, and house visits. An Interagency Coordination Committee for Health Promotion (ICCiHP) was formed and met regularly at the national and regional levels. The Health Promotion Policy was reviewed and the 'Good Life' logo (sponsored by USAID and GHS) was endorsed on C4D print materials. A baseline survey was conducted in the beginning of 2012 for a randomized control trial (RCT) to measure the impact of the 5 KB Project. The RCT (planned to end in 2014) is scheduled to collect the mid-line information in July 2013.

2. Major malaria control efforts continued in 2012. Three regions successfully conducted a free distribution and hang-up campaign of 2.3 million LLINs, reaching 1.15 million households. The hang-up was followed by an innovative 'keep-up' campaign, to follow up on the consistent use of LLINs by all recipients, including children and pregnant women. Evaluation results from the Brong Ahafo region showed that household ownership has increased from 54% to 98%, and usage by children under five years of age has increased from 65% to 77%.

3. UNICEF supported a number of strategic efforts to promote HWWS, including the following: training 154 government extension staff from various agencies in the implementation of the HWWS strategy, reviving the HWWS working group comprising public and private partners, and celebrating the fifth anniversary of Global Hand Washing Day (GHD). HWWS promotion was also carried out systematically as part of post-triggering activities from the implementation of Community-Led Total Sanitation (CLTS), resulting in 215,500 people from 431 communities reached with HWWS messages and receiving support from field staff to adopt the practice.

4. UNICEF responded to a cholera emergency. With support from UNICEF, about 245,000 people were reached through interpersonal communication. As well, approximately 1 million people were reached with priority behavioral change messages through radio and television programmes focusing on disease recognition, treatment seeking practices, and good hygiene practices.

## Service Delivery

### *Mostly met benchmarks*

Malaria is the biggest cause of morbidity and mortality of children under five years of age in Ghana. In collaboration with DFID, UNICEF supported GHS with distributing and hanging-up 2.3 million LLIN in three regions (i.e., Upper West, Upper East, Brong Ahafo), covering 1.15 million households. The hang-up was followed by an innovative 'keep-up' campaign that ensured the nets were used consistently by all recipients, including children and pregnant women. Preliminary data from the Brong Ahafo Region shows that as a result of the campaign, LLIN ownership (% of households owning at least one LLIN per two persons) went up from 21% to 69% and use of LLIN among children under-five increased from 40% to 75%. These results will contribute significantly to improving child survival in Ghana and the achievement of MDG 4.

As part of efforts to ensure the complete elimination of guinea worm in Ghana, UNICEF collaborated with the

Guinea Worm Education Programme (GWEP) to provide potable water supplies to 73,760 people in communities at risk of reinfection. This project targeted vulnerable communities that have been recently freed of guinea worm disease, a disease that the world is working to eradicate. Through the efforts of UNICEF and the other partners in the GWEP, Ghana officially broke guinea worm transmission in 2011. Disease surveillance and continuous monitoring of water supply schemes is ongoing to ensure that Ghana can be certified as 'Guinea Worm Free' in 2014.

Malnutrition, one of the main contributors to child mortality in Ghana, remains a severe issue for children under five years, with 23% of children being stunted and 13% underweight (MICS 2011). UNICEF supported GHS to scale-up implementation of the Community Management of Acute Malnutrition (CMAM) in 22 selected districts in the three Northern regions. As of mid-2012, UNICEF provided 435,000 sachets of ready-to-use therapeutic food (RUTF) and anthropometric equipment to treat 2,390 children (target of 5,857) as part of the CMAM programme. Routine GHS Health Management Information System data indicated that the programme coverage has also increased from 30% to 40% in the districts.

UNICEF also supported GHS to carry out decentralized monitoring of CMAM. Further analysis of the routine CMAM data has been used to produce a CMAM league table which is used to galvanize support from authorities (e.g., regional, deputy, and district directors) for implementation. The CMAM league table was also used as a benchmark for performance, highlighting areas for optimal improvement. For example, more emphasis is now being put on population access and case search, and this is weighted twice as much as targeting cure rate, defaulter rate and death rates; leading to improvements in the poor performing districts.

## Strategic Partnerships

### *Fully met benchmarks*

The government, in partnership with UNICEF, the GAVI Alliance, and the World Health Organization, took a giant leap forward in ending the deadly scourge of pneumonia and severe infant diarrhea. On April 26, 2012, Ghana became the first African country to simultaneously introduce the pneumococcal and rotavirus vaccines, tackling the two leading global causes of childhood deaths.

UNICEF continued to work in a close partnership with the World Bank and DFID on social protection. In 2012, the LEAP Programme and the National Health Insurance Authority used CTM to identify 10,000 households for both programmes. UNICEF also initiated a dialogue on the appropriateness and poverty impacts of fuel subsidies. UNICEF, the World Bank, and DFID collaborated with the IMF to support a symposium on 'Social Protection as an Alternative Use of Funds for Fuel Subsidies', which began to build political support for the policy shift.

UNICEF, in conjunction with the Ghana UN Global Compact Network, released the Children's Rights and Business Principles during a meeting with more than 30 representatives from the business community. This meeting was the first step in a process to help guide Ghanaian businesses on the range of actions they can take in the workplace, marketplace, and community to support children's rights.

The Unilever Foundation partnered with UNICEF at a global level to support UNICEF's Community Approaches to Total Sanitation (CATS) programme. In Ghana, the partnership will support the attainment of ODF status in 50 communities, and enable 25,000 people to adopt sanitation and hygiene behaviors and practices for better health by the end of 2013.

UNICEF led and coordinated Ghana's application to the GPE fund, bringing together expertise and other resources from the government, World Bank (supervising entity), DFID, Japan International Cooperation Agency (JICA), US Agency for International Development (USAID), and other development partners. In July 2012, the GPE Board approved the US\$75.5 million application for Ghana. This process provided an opportunity for UNICEF to influence programme design of a large-scale investment in basic education from an equity point of view.

UNICEF Ghana became part of the Football for WASH (F4W) initiative, which is a public-private partnership

between the Royal Netherlands Football Association (KNVB), UNICEF Netherlands, and a number of Dutch NGOs. The goal is to improve access to WASH infrastructure and establish behavioral change for children in basic schools. The initiative is being implemented by GES, in collaboration with UNICEF Ghana and a number of other institutions. UNICEF Ghana also receives support from the Barcelona Football Club.

In collaboration with the NDPC, and other UN agencies and development partners, UNICEF supported the post-2015 consultation process in Ghana. As well, UNICEF provided leadership to the local Inequality Theme Group, which is helping the government to prepare for a high-level meeting to take place in Denmark in February 2013.

## Knowledge Management

### *Mostly met benchmarks*

UNICEF prepared its Knowledge Management (KM) strategy in 2012, which focuses on aspects of internal and external KM and is built around key issues affecting the rights and well-being of Ghanaian children. Sanitation and out-of-school children (OOSC) were two priority KM issues which emerged in 2012.

Regarding sanitation, UNICEF supported establishing the Sanitation Knowledge Management Initiative (SKMI), which will be implemented under the leadership of the government by a consortium of partners, including IRC International Water and Sanitation Centre, Resource Centre Network (RCN), TREND (a Ghanaian NGO specialized in water), Kwame Nkrumah University of Science and Technology (KNUST), and Emory University. The aim of SKMI is to facilitate systematic learning, reflection, sharing, and documentation so that lessons from monitoring and research activities are fed into programme interventions for continuous improvement. The expected outputs of SKMI include the development of a systematic knowledge management agenda for the sanitation subsector, and operational research and case studies on outcomes, impacts, adaptations, and innovations.

In the education sector, UNICEF supported education data analysis from the 2010 National Population and Housing Census as well as the 2011 MICS, focusing on disparity and equity analysis. The analysis provides an up-to-date and reliable profile of OOSC, disaggregated by different socioeconomic factors, including age, sex, residence, region/district, wealth level, disability, and labor status. Strategic dissemination of both reports is planned for early 2013 to inform key stakeholders of school attendance and retention, and to advocate for effective and specific strategies to address the needs of the most disadvantaged populations.

The equity-focused 2011 Situation Analysis was disseminated to agencies, organizations, and hundreds of individuals. As a follow-up in 2012, members of Parliament, CSOs, and the three major political parties were provided with a special orientation on the findings to inform their policies, manifestos, programming, monitoring, and advocacy activities. Also, messages on 5KB and corporal punishment were developed using the results and shared as inputs into a CCG booklet distributed to over 20,000 affiliates. The messages were then discussed with over one million members through direct access and follow up group discussions.

As part of efforts to strengthen internal KM, UNICEF conducted a mapping exercise by gathering available district level information on UNICEF supported interventions. This information was visualized with a simple mapping tool and will be used to monitor progress and enhance coordination and convergence of activities. A Microsoft SharePoint platform was designed to facilitate internal knowledge sharing and seven staff learning events were organized and facilitated by staff and external facilitators.

## Human Rights Based Approach to Cooperation

### *Mostly met benchmarks*

Human rights and equity are central to the new five year Ghana Country Programme (2012-2016), which seeks to create a rights-based environment enabling children to participate in decision-making on issues

affecting their lives. The geographic focus of the Country Programme is on the most disadvantaged regions (the three Northern regions and Central region), with some special thematic focus on other regions such as the Eastern region (EMTCT, nutrition, and education), Volta region (WASH and child protection), Greater Accra (WASH and child protection), and the Western region (child protection).

An example of the human rights-based, equity focused approach is the Child Friendly School (CFS) programme in education. It is inspired by and has embedded children's right to health, education, a safe and protective environment, and participation. As part of the CFS initiative in 2012, UNICEF supported an inclusive education programme targeted at children with disabilities. While reliable data is scarce, children with disabilities are considered to be one of the most disadvantaged groups when it comes to educational opportunities. Preliminary results of an education data analysis from the 2010 National Population and Housing Census indicates that 20% of primary school-age children with a disability are not attending school, while only 10% of children without disabilities are out of school. The analysis also indicates that as high as 27% of children with intellectual disabilities are not attending school.

To address the needs of this disadvantaged group, the Ministry of Education initiated an inclusive education programme in 2004 and has implemented the programme in 479 schools in 29 districts in 7 regions. Inclusive education requires that all children, including those with disabilities, not only have access to schooling within their own community, but that they are provided with appropriate learning opportunities to achieve their full potential.

UNICEF started supporting the inclusive education programme in 2012 to further expand and consolidate this important initiative aimed at including disadvantaged children into basic education services, targeting 3,500 children (aged 6-14 years) with disabilities. UNICEF supported implementing the programme in five districts, focusing on training regional/district teams, head teachers, and teachers. The training addressed the principles of inclusive education, organizing an inclusive class, screening and early detection of children who need special attention, as well as sensitizing communities to reduce stigma and discrimination associated with disabilities.

According to the EMIS data, 564 children with disabilities were enrolled in regular basic schools in the five districts in the 2011/2012 school year. While this figure increased from 371 children in 2010/2011, it accounts for only 16% of the target population.

In early 2012, UNICEF met with consultants of Human Rights Watch and provided information on the status of children with mental disabilities in Ghana and offered suggestions on the way forward.

## Gender Equality

### *Mostly met benchmarks*

Data on living conditions of young people aged 10-24 years, especially adolescent girls, is scattered and not readily available in Ghana. To fill this gap, UNICEF and UNFPA, in close collaboration with the Ghana Statistical Service (GSS), NDPC, and a number of stakeholders from government ministries, UN agencies, NGOs and development partners, completed preparations in 2012 to conduct a comprehensive situation analysis of adolescents and young people, aged 10-24 years. The aim of this analysis is to determine priority areas for action, focusing on existing laws and policies, bottlenecks and constraints in the provision and use of basic social services, as well as prevailing social and cultural norms that perpetuate the vulnerability of adolescents, with a special focus on gender issues.

Timely school enrollment of four- and five-year-old children, especially girls, also remains a problem in some districts. As a response, UNICEF supported establishing and using trained community-based C4D multisectoral sensitization teams to identify, analyze, and address the various sociocultural bottlenecks inhibiting the enrollment of children aged four and five years, particularly girls. These resource teams, in turn, selected and sensitized opinion leaders, traditional leaders, School Management Committee members, the Parents and Teachers Association (PTA) executive, and leaders of women's associations from communities with low school enrollment. Non-prescriptive, culturally sensitive messages were designed and used for the

enrollment drive in 200 communities (50 more than the target). A cluster-based approach was adopted by these influential traditional leaders and change agents, spreading the message of school enrollment, especially of girls, at the right age. They targeted households prior to the start of the 2012/2013 academic year in September 2012.

Official data validating the impact of this exercise will be available by March 2013. However, monitoring by district officials and UNICEF already shows a marked increase in enrollment in some of the communities. Another noticeable effect of the exercise is that 17 communities in 3 districts (Garu-Timpone, Savelugu-Nanton, Lambussie-Karni) which have no kindergarten are lobbying their respective District Education Offices for preschool facilities.

UNICEF supported training 78 (target of 150) gender responsive Water and Sanitation Management Teams (WSMTs) to manage water supply facilities at the community level in the Northern region. This is in accordance with the Community Water and Sanitation Programme Guidelines which stipulate that at least 40% of all WSMT members be women to ensure that both practical and strategic gender interests of women in WASH service delivery are met. Another 63 WSMTs will be formed and trained by February 2013, in tandem with the installation of improved water supplies.

Anecdotal evidence shows that WSMTs ensure sustained water supplies in communities, reducing the burden of water collection on women and children. Including women in the WSMTs is reported to build women's capacity to speak out about WASH issues that affect them in traditionally male dominated societies. UNICEF plans to support a study in 2013 to scientifically document the contribution of the WSMTs to WASH service management.

## Environmental Sustainability

### *Mostly met benchmarks*

Environmental sustainability is a key underlying principle for programme implementation in the WASH sector. Currently, UNICEF is supporting the government to scale-up implementation of CLTS to reduce surface water and ground water contamination through the reduction of open defecation.

In collaboration with UNICEF Education Programme Division (in HQ), a policy meeting was organized in Accra to pilot test a resource manual for mainstreaming and scaling up Climate Change Adaptation and Disaster Risk Reduction (CCA/DRR) in the education sector. A multisectoral representation comprising of 52 participants attended the two day meeting. The participants, including representatives from Nigeria and Sierra Leone, identified a number of issues to inform policy and plan for integrated action across sectors to benefit all children in education. These include mechanisms to ensure visibility of CCA/DRR issues and coordinate efforts towards mainstreaming CCA/DRR in education. UNICEF is following up with GES to implement effective teaching and learning on CCA/DRR through the mainstreaming approach.

The policy meeting was followed with a Trainer of Trainers workshop on CCA/DRR in the 11 districts where UNICEF is supporting the CFS Programme. The 57 participants will use the knowledge and skills acquired to train head teachers and teachers in the districts. Training school teachers, which will start in January 2013, will be delivered as a comprehensive school health package within the context of promoting a safe, healthy school environment. The CCA/DRR capacity building effort will help children and teachers (especially in schools in flood prone areas) to better plan for disasters and put measures in place to reduce the risks of flooding.

## South-South and Triangular Cooperation

Following the successful introduction of two new vaccines in Ghana's EPI calendar, the Tanzanian Ministry of Health and Social Welfare through its Immunization and Vaccines Development Program conducted a high-level visit to Ghana in October. The visit, supported by UNICEF, provided an opportunity for the Tanzanian

team to learn about the lessons, the key to the successes achieved, and possible challenges that could be encountered in preparation for their double vaccine launch in January 2013. The team met with top GHS officials who oversaw the launch of the two new vaccines in Ghana in April 2012. They were able to discuss issues of cold chain capacity, storage and distribution of vaccines, mainstreaming the two new vaccines in the existing vaccination schedule, training of health care providers, advocacy, communication, and public awareness. On December 5, the President of Tanzania announced the introduction of the two new vaccines during the 5th Annual GAVI Partners Forum, and plans are on track for their introduction in Tanzania in January 2013.

In the social protection sector, DFID and UNICEF sponsored a Ghana team (key officials from MESW and MoFEP) on a study tour of Colombia's *Familias en Accion* cash transfer programme. Sessions with different Colombian institutions helped MoFEP to visualize how to resolve common challenges faced by cash transfer programmes, particularly with regards to the financial sustainability of social protection interventions. It also helped MoFEP to better appreciate the economic and developmental impacts of social protection and contributed to advocacy by all partners that led to the tripling of Ghana's cash transfer payment. This increase in the monthly payment will improve the lives of vulnerable children in more than 70,000 households across the country.

In the education sector, UNICEF supported a four member government delegation from GES and the National Sports Authority to undertake a five day study visit to Kenya. The team interacted with high-level government officials in the Ministry of Education and Ministry of Youth and Sports and visited a number of UNICEF supported initiatives. The support was aimed at enabling schools to develop the sports potential among children as an alternative pathway for career development. The visit coincided with the National Schools and Sports Festival, which is a platform for active private sector participation. The private sector uses the festival to scout for talent – signing up young people for sponsorship deals and offering employment opportunities. The lessons and experiences were incorporated into the manual being developed to integrate human immunodeficiency virus (HIV) prevention education into physical education.

UNICEF and key counterparts took part in the China South-South Poverty Alleviation Symposium, in recognition of Ghana's ongoing work in poverty reduction and cash transfer programmes. Ghana's participation resulted in recommendations for: (1) further research focusing on Multiple Overlapping Deprivation Analysis (MODA) by Innocenti Centre, (2) identifying and implementing strategies to sustain the existing programme with internal funding, and (3) identifying opportunities and strategies to expand the programme to include the urban poor.

## Narrative Analysis by Programme Component Results and Intermediate Results

### Ghana – 1620

#### PC 701 - Child Protection

 On-track

**PCR 1620/A0/04/001 PCR 001 Child Protection Systems:** By the end of 2016, a National Child Protection system that better protects children (especially orphans, the most vulnerable and marginalized) from violence, exploitation, abuse, and discrimination will be functioning in the five most deprived regions and during emergencies.

##### **Progress:**

The programme made substantial progress towards strengthening the National Child Protection system. The development of a new Child Protection Policy started with strong ownership and engagement by government and civil society partners. It is expected that the new policy framework will clarify aspirations, philosophy, roles, and responsibilities within the strengthened Child Protection system (i.e., Child and Family Welfare and Juvenile Justice). To ensure a Child Protection system that is appropriate for Ghana, the policy development process is combined with a research process that will help galvanize support for system changes at national and subnational levels. In 2012, 650 children (target of 200) were deinstitutionalized with 22 residential homes closed (target of 10). Twenty-five officials from the Ghana Immigration Service were trained in preventing cross border trafficking of children resulting in an increased understanding of the modus operandi of traffickers and how to counter their activities. The officers are now able to provide more detailed situational report to their headquarters.

Community child protection teams continued to create awareness in the communities about child protection issues. However, challenges remain in linking these systems to the district and the regions. The 2013 work plan will ensure more engagement between these institutions.

As part of efforts at enforcing minimum standards for residential homes, 35 orphanages were closed for non-compliance. Four Child Protection Networks have been established and are functional.

 On-track

**IR 1620/A0/04/001/001:** 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.

##### **Progress:**

The development of a new Child Protection Policy to strengthen the National Child Protection system (i.e., Child and Family Welfare and Juvenile Justice) in Ghana has started. An international technical organization, Child Frontiers, has been contracted to help facilitate the process. A local research organization has been contracted to assist with the research being conducted in conjunction with the policy development process. The research will explore issues of current system limitations and incongruence with local traditions, beliefs, and practices; and recommend ways to ensure the strengthened Child Protection system is more appropriate for Ghana. The research will also provide baseline data for indicators in the current programme cycle.

Two partners meetings were held during the year (mid-year and year-end) which served as a forum to galvanize support for the approach to strengthening the system. An advisory committee, chaired by the government, has also been formed to lead the process of system reform and policy development. The programme has also started a budget analysis to provide a baseline for what is currently being spent (at national and subnational levels) by various government stakeholders in relation to child protection.

 Constrained

**IR 1620/A0/04/001/002:** By 2016, child protection service providers demonstrate strengthened and coordinated capacity to prevent, promote, and respond to child protection abuses in line with the national

policy and standard operational procedures.

### Progress:

The forthcoming Child Protection Policy framework (see IR 1) is expected to bring greater clarity on roles and responsibilities, function, and approaches for child protection service providers. Draft operational procedures exist for social workers, police, health professionals, etc., but these need to be finalized considering the Child Protection Policy and better integrated into each department, ministry, and agency's own operational mandate and procedures.

The broad engagement in the process of strengthening the Child Protection system is expected to increase appreciation for the work at the national and subnational levels on child protection. Hopefully it will increase the number of service providers dedicated to child protection work and increase linkages between different levels. Existing Child Protection Regional networks have continued to share information on child protection issues in their respective region. The Department of Social Welfare (DSW) continued its efforts within the Care Reform Initiative, aimed at supporting family-based care instead of residential care of children. Since 2006, about 1,500 children have been 'deinstitutionalized' and residential care centers closed down. In 2012, 650 children (triple the target of 200) were deinstitutionalized with 22 residential homes closed (target of 10). However, a recent count confirmed that the total number of children in residential care and the total number of centers has increased from 4,000 to 4,457 due to new children being accepted and new centers emerging. More efforts to change the social practices and support to families in need will be reflected in the 2013 work plan with the aim of stemming this trend. Several other activities were put on hold due to programme changes in moving to a system-strengthening approach.

### Constrained

**IR 1620/A0/04/001/003:** By 2016, parents, caregivers, and community members in at least five regions understand and are able to practice positive behaviour that protects children from violence, abuse, and exploitation.

### Progress:

The programme continued supporting community-based Child Protection Teams, in particular in the Northern region. The Child Protection Teams in the three Northern regions educated 400 communities (target of 500) about issues on child abuse, violence, and exploitation.

There is an increased appreciation amongst partners (through consistent dialogue and engagement) for the need to support more focus on 'prevention' of child protection abuses as opposed to 'rescue and response'. There is also appreciation for more strength-based, community engagement communication for social change approaches. A concept note was developed with partners, outlining the approach in relation to Communication for Development/Social Change that the programme wishes to take in the coming years to address the issues under this IR. A Communication for Social Change/Development Plan will be developed in the first quarter of 2013 for the period 2013-2016.

A research process is currently underway (see IR 1) that will provide the baseline for indicators under this IR.

### On-track

**IR 1620/A0/04/001/005:** More children under the age of five have their births registered.

### Progress:

The programme supported interventions to increase birth registration rates, including computerization of the birth registration process in the Central and Brong Ahafo regions, resulting in nine out of ten regions having computerized systems. The computerization process facilitates the capture, storage, processing, and retrieval of information on births and deaths, as well as eliminating multiple registrations and minimizing fraudulent registrations. Security features incorporated into the birth certificates have improved their credibility. As of October 2012, 371,052 births have been registered out of a targeted 559,097 births.

The first phase of a birth registration bottleneck analysis (BNA) has been concluded. The BNA, which uses the determinant framework, has revealed a number of organizational barriers impeding the registration of children which were not commonly known. Such barriers include issues of leadership and accountability; unavailability of essential commodities; human and financial resources not being used in an optimal way; technical constraints (software and hardware); capacity of staff; and attitudes and perceptions. The BNA will continue into 2013 and final results and recommendations will assist in developing the 2013 work plan. However, it should be noted that the research process is already helping find solutions to certain concerns.

 On-track

**PCR 1620/A0/04/002 PCR 002:** By 2016, the capacity of the justice system is strengthened to deliver justice services for children.

**Progress:**

The programme continued to build partnerships with Judicial Services, Ministry of Justice and Attorney General's office, and Legal Aid Scheme. UNICEF's partnership with the Ghana Police Service was strengthened. As noted under PCR 1, the programme made significant progress towards a system-strengthening approach with partners. The new Juvenile Justice Policy, which has been in draft for several years, was brought into the process of developing a new, overarching, and comprehensive framework for a National Child Protection system that is appropriate for Ghana.

With UNICEF's technical support, the Department of Social Welfare carried out a capacity assessment of key personnel in the justice system in one region. The outcome indicated that the same assessment has to be carried out in all regions in order to be comprehensive in capacity building efforts for efficient service delivery for children. The 2013 work plan will emphasize efficient service delivery through capacity building on needs assessment, reviewing existing legislations, and improving legal services for victims and witnesses.

 On-track

**IR 1620/A0/04/002/006:** By 2016, Juvenile Justice laws and policies are increasingly aligned with international standards and made appropriate for Ghana and resources are increasingly available for its application.

**Progress:**

The development of a new Juvenile Justice Policy to strengthen the National Child Protection system in Ghana has started. An international technical organization, Child Frontiers, has been contracted to help facilitate the process. A local research organization has been contracted to assist with the research that is currently being rolled out in conjunction with the policy development process. The research will explore issues of current system failures and limitations and incongruence with local traditions, beliefs, and practices; and recommend ways to ensure the strengthened Child Protection system is more appropriate for Ghana.

Exploring the functioning of and alternatives to existing 'Child Panels' (i.e., lay tribunals for children established by district assemblies with nonjudicial function to deal with civil and minor criminal cases involving children aged 12-17 years) will be undertaken along with other forms of alternative dispute resolution which may better serve justice for children.

 Constrained

**IR 1620/A0/04/002/007:** By 2016, justice system actors apply principles and laws on child justice and programmes are increasingly available in supporting young offenders, child victims, and witnesses.

**Progress:**

The programme has continued to support efforts by Legal Aid and the Department of Social Welfare in providing pro bono services (i.e., legal assistance and representation) to children in contact with the law. In 2012, 59 children in contact with the law received legal assistance. Specific assistance has been given to probation officers to help provide Social Enquiry Reports (SER); reports made by a probation officer or social worker on a person's character and circumstances of the offence and which are required by the court to

facilitate sentencing. Most of the cases completed in the juvenile court are based on SERs. UNICEF's assistance supported the probation officers in conducting proper investigations and producing SERs. Challenges still remain, including the need for refresher training for the probation officers to improve the quality of written SERs.

Efforts also continued in building partnerships with stakeholders (e.g., government, civil society, other agencies and donors) with a role and interest in the justice sector. As a result, some of the agencies (e.g., Commission of Human Rights and Administrative Justice) are in the process of creating a unit specifically for addressing children's issues.

Several activities were put on hold due to programme changes in moving to a system-strengthening approach. Implementing other activities was slow due to two key staff leaving early in the year, including the section chief.

 Constrained

**IR 1620/A0/04/002/008:** There is increased effort to prevent children coming in conflict with the law, and effective and appropriate mechanisms exist to deal with juvenile offenders through informal community-based processes.

**Progress:**

Most activities under this IR were put on hold due to programme changes in moving to a system-strengthening approach.

In 2013, through the process of policy development, increased efforts will be made to focus on diverting young offenders away from the formal justice system. Efforts will also be made to gather more robust baseline data in relation to children in conflict with the law to measure more change against the indicators.

## PC 702 - Health and Nutrition

 On-track

**PCR 1620/A0/04/003 PCR 003:** Maternal and child undernutrition are strengthened through the scale-up of integrated, evidence-based, high impact nutrition interventions with a special focus on the five most deprived regions.

**Progress:**

Considerable progress was made in reducing undernutrition amongst children in Ghana. The results were particularly encouraging for chronic undernutrition (i.e., stunting among children below the age of five years) which showed a decrease from 28% to 23.4% between 2008 and 2011 (MICS 2011). Similar progress was also seen in most of the deprived regions, indicating that the benefits were reaching many of the most marginalized populations. Reductions were also noted for acute undernutrition (i.e., wasting among children below the age of five years) which decreased from 8.5% to 6.2% (MICS 2011), but the gains were greater in the regions with the highest prevalence of wasting among children and in the vulnerable Northern regions which have benefited from sustained support from development partners including UNICEF. More attention needs to be paid to promoting, protecting, and supporting exclusive breastfeeding in the first six months of life, which showed a steep decline from 63% to 48% between 2008 and 2011 (MICS 2011). The government showed leadership in moving forward on the Scaling-Up Nutrition (SUN) agenda through multisectoral collaboration under the auspices of the NDPC. However, more needs to be done to make non-health sectors more nutrition-sensitive in their planning and implementation.

 On-track

**IR 1620/A0/04/003/009 IR 009:** Evidence-based and equity-focused national nutrition policy is being fully implemented, harmonized systems for collection and utilization of data on child undernutrition is in place in at least four of the most deprived regions, and information is fed into the FSNMS.

**Progress:**

While the development process for a Nutrition Policy and costed Plan of Action has been slow, the Ministry of Health and the NDPC are committed to a timeline for submission to cabinet by March 31, 2013. Nutrition data (obtained from the UNICEF-supported Nutrition Surveillance System in the three deprived regions of Northern Ghana) has enabled GHS to carry out decentralized monitoring of Community Management of Acute Malnutrition (CMAM) and other nutrition interventions. Further analysis of the routine CMAM data has been used to produce a CMAM league table that is used to galvanize support from authorities (i.e., regional, deputy, and district directors) for implementation. The analysis was shared widely with stakeholders and used as the benchmark for performance. More emphasis is now placed on population access and case search leading to some improvements in the poor performing districts. A joint UNICEF, GHS, and Institute of Health Metrics and Evaluation analysis of the prevalence and determinants of stunting in Ghana, presented at a national consultation on nutrition, identified intervention areas that need to be strengthened with support from WASH and social protection.

 On-track

**IR 1620/A0/04/003/010 IR010:** USI Nat. Strategis & Coordination is available and being implemented for addressing demand and supply side bottlenecks achieving USI in Ghana, and an effective government-led national mechanism for coordinating USI activities is in place.

**Progress:**

Universal salt iodization (USI) has been repositioned within the government's agenda, with the Ministry of Trade and Industry (MOTI) leading many aspects of the programme. However, this hasn't yet translated to increased consumption of adequately iodized salt at the household level, which is 35% according to MICS 2011. Identified bottlenecks are being addressed through the development of the new National USI Strategy 2013-2017 and the Ministry of Health's Nutrition Policy, which has included the elimination of Iodine Deficiency Disorders as one intervention area to be funded by the government. The enabling environment for enforcing USI standards has received a boost. The Ministry of Local Government and Rural Development (MLGRD) is supporting the district assemblies that account for most of the salt production to draft a model by-law, but this is yet to be adopted by the district assemblies. While the Food and Drugs Board (FDB) has carried out some salt inspections at the markets and production sites, their capacity is limited to do this on a wider scale in the districts. In response, UNICEF is assisting MLGRD to strengthen the capacity of market officers in salt-producing districts to undertake salt inspection to support FDB enforcement.

 On-track

**IR 1620/A0/04/003/011 IR 011:** Women and children in the four most deprived regions of Ghana have access to high impact nutrition interventions for reducing vitamin and mineral deficiencies; protecting, promoting, and supporting appropriate Infant and Young Child Feeding (IYCF); and managing acute malnutrition among children.

**Progress:**

The coverage of high impact nutrition interventions increased in the focus regions. Preliminary survey results from Northern Ghana show that access to routine vitamin A supplementation is relatively high in surveyed areas (70%), despite not having a mass distribution campaign in 2012. Increased attention to CMAM has improved population coverage of children less than five years old benefiting from CMAM, from 30% in the second quarter of 2012 to 40% in the third quarter of the same year in implementing districts. Capacity building efforts are underway to expand further in the North, East, and Central regions. Capacity building on IYCF was slightly delayed due to the unavailability of appropriate trainers, but it is now on track with enough master trainers ready to roll out community based IYCF promotion in all regions.

 On-track

**IR 1620/A0/04/003/012:** REACH approach operationalized and contributing to harmonized action by all development partners in the nutrition sector in alignment with national plans

**Progress:** After delays due to administrative formalities within the hosting agency, REACH was launched in Ghana and aligned to support the Cross-Sectoral Planning Group on Nutrition chaired by NDPC. REACH facilitators, with close support of the steering committee and core group, have initiated various aspects of the REACH work plan with leadership from key government ministries. UNICEF's strategic inputs and multisectoral focus is contributing significantly to all four main outcome areas of REACH: situation analysis, policy and programme development, capacity building, and enhancing efficiency and effectiveness of nutrition programming.

 On-track

**PCR 1620/A0/04/004 PCR 004:** Women and improved and equitable access to and utilization of quality, high impact maternal, neonatal, and child health interventions with a special focus on the five most deprived regions.

**Progress:**

Considerable progress was made in increasing skilled attendance at birth, which showed an increase from 59% to 68% between 2008 and 2011 (MICS 2011). Accelerating national efforts for attaining MDG 5 targets received a boost with the health sector developing a detailed operational plan for implementing the MDG Acceleration Framework (MAF) for MDG 5, focusing on skilled delivery at birth, emergency obstetric and neonatal care, and family planning. Children continued to benefit from immunizations to protect against vaccine preventable deaths. The proportion of children fully immunized by the age of one year was 77% by the end of 2011. In addition, two new vaccines to protect against the major killers of childhood pneumonia and diarrhea were introduced in 2012.

The health sector developed a roadmap for tackling the unacceptably high level of neonatal mortality. Implementation of a more comprehensive package of evidence-based newborn care interventions was initiated in 11 districts in 2 deprived regions of the country. The government was supported by UNICEF to build the capacity of workers in the two regions with the highest prevalence of HIV (Eastern and Central regions) and to use the BNA approach to plan, budget, implement, and monitor programmes for elimination of mother to child transmission (EMTCT) of HIV. The evidence suggests that access to EMTCT interventions has increased nationally. According to routine service data, 73% of HIV-positive pregnant women received antiretroviral drugs (ARVs) for EMTCT as of September 2012 compared to 51% at the end of 2011. Three regions successfully implemented LLIN distribution and hang-up campaigns and attained over 90% ownership. LLIN use by children under the age of five years increased from 41% to 77% between 2011 and 2012 in one of the regions.

 On-track

**IR 1620/A0/04/004/013 IR013:** GHS has the capacity and resources to plan, coordinate, implement, and monitor scale-up of prevention of mother to child transmission (PMTCT) and EID services for women and children in at least two regions with the highest HIV prevalence.

**Progress:**

UNICEF supported the two regions with the highest HIV prevalence (Eastern and Central regions) to build capacity for evidence-based planning, budgeting, and monitoring for EMTCT. Capacity development for service delivery increased the access to interventions for EMTCT in eight of the most deprived districts in these two regions, which contributed to scaling-up coverage with maternal ARVs among women attending antenatal clinics nationally from 51% in December 2011 to 73% in September 2012. The National AIDS Control Program was supported to update the costing of the EMTCT program through the Interagency Task Team on Prevention of HIV Among Mothers, Pregnant Women, and Their Children (IATT).

 On-track

**IR 1620/A0/04/004/014 IR014:** High immunization coverage is sustained nationally and prevention and treatment of malaria, pneumonia, and diarrhea is scaled-up in all districts of the four most deprived regions.

**Progress:** Ghana continued to increase its coverage of preventive vaccines for pneumonia and diarrhea. By the end of September 2012, 30% had received PCV2 and 27.1% received Rota 2 vaccines. Communication

activities are ongoing to increase awareness about these new vaccines and improve coverage. Major efforts to control malaria have continued with three regions successfully carrying out free distribution and hang-up of LLINs covering 98% of households. Evaluation results from one of the regions (Brong Ahafo) showed that household ownership has increased from 54% to 98%, and usage by children under five years of age has increased from 65% to 77%. Integrated Community Case Management of malaria, diarrhea, and pneumonia was made operational in 50 districts in four of the most deprived regions (90% of the districts covered).

 On-track

**IR 1620/A0/04/004/015:** Mothers in the four most deprived regions have access to appropriate maternal and newborn care services for themselves and their children at the facility and community level.

**Progress:**

Ghana moved closer to a structured and holistic national response for reducing neonatal deaths and accelerating progress on MDG 4. A multistakeholder consensus meeting in July reached agreement on the development of a national roadmap for newborn health focusing on access, supplies, coverage, and quality of newborn interventions. UNICEF supported the implementation of a 'jumpstart' package of evidence-based, cost effective neonatal care interventions at various levels of the health care system. The package has strong referral linkages in 11 of the neediest districts of the Upper East and Northern regions, targeting about 22,400 expectant mothers. These districts will serve as learning districts for the national response.

Reduction of maternal deaths continued to be a major priority for the health sector and the operational plan for the MAF for MDG 5 was finalized and costed. All regions have developed region-specific MAF operational plans taking into account their particular context.

 On-track

**IR 1620/A0/04/004/016 IR016:** National health sector policies, strategies, budgets, and plans are evidence-based and prioritize equitable attainment of health-related MDGs, particularly at the subnational level and amongst the most vulnerable women and children in Ghana.

**Progress:** Decentralized monitoring of results for children continued to drive UNICEF's support to the highest level policy dialogue in the health sector. Evidence-based analysis (using data from the 2011 MICS and routine data on perinatal and neonatal deaths) enabled the health sector to prioritize reducing stunting and neonatal deaths, both of which are major challenges hampering equitable attainment of MDGs 1 and 4 in Ghana. Evidence-based planning at the decentralized level using BNA has been adopted to develop the next medium-term plan for the GHS. With UNICEF financial and technical support, all of the districts in the Central and Eastern regions also used BNA to develop district and regional plans for EMTCT. Catalytic investments by UNICEF in removing structural bottlenecks in the health sector, such as weak leadership at the subnational level, through support to the GHS Leadership Development Program is empowering the lowest level workers of the health care system to be leaders in delivering results for children.

## PC 703 – Education

 Constrained

**PCR 1620/A0/04/005 PCR 005:** The needs of out-of-school children (OOSC) aged 6-14 years (especially girls), children with special needs, and OVCs are systematically assessed and addressed in disadvantaged areas in five focus regions.

**Progress:**

A mixed trend is observed: while three districts, all in the Northern region, show good progress in reducing the proportion of OOSC, the percentage of OOSC in seven other districts has increased compared to the baseline. Combining the ten districts together, the percentage of OOSC increased from 19% (baseline) to 26% in the 2011/2012 school year. The accuracy of the data needs to be investigated, as there are some unrealistic figures in the EMIS 2011/2012. Another explanation is the consistency of the 2011/2012 EMIS data with those of previous years since the EMIS started using the new age-specific population data (denominators) in 2012 based on the 2010 National Population and Housing Census. A detailed assessment of the OOSC trend is underway (based on the 2010 Census data) and the results will be available in the first quarter of 2013.

 On-track

**IR 1620/A0/04/005/017 IR17:** Young children's school readiness is improved through increased access to quality preschool education programmes in ten deprived districts.

**Progress:**

An overall positive trend is observed in terms of kindergarten (KG) enrollment: seven out of the ten focus districts show significant increases in KG net enrollment rate (NER), while the other three show no improvement or a slight reduction. Right-age enrollment (net admission rates) also showed mixed trends with increases in five districts and decreases in the other five.

In partnership with GES and the Department of Children of the Ministry of Women and Children Affairs, qualitative improvements were achieved in the KG situation in five focus districts. The skills of thirty Early Childhood Development (ECD) multisectoral team members were improved in advocacy, planning, community sensitization, and monitoring of ECD issues. The trained teams were able to reach the target of 200 communities with messages aimed at improving enrollment of disadvantaged children in KG at the right age. The joint programme implementation and meetings also led to better coordination and networking among the team members, Parent Teacher Associations (PTA), and School Management Committees (SMC) on ECD issues, thereby minimizing duplication of effort.

A comprehensive in-service training (INSET) programme for KG teachers, attendants, head teachers, circuit supervisors, and schedule officers was introduced in five out of the ten focus districts, using new INSET modules developed with UNICEF support. Using a cascading approach, all 1,400 KG teachers and attendants, 400 head teachers, 42 circuit supervisors, and 60 schedule officers in the five districts benefitted from the INSET programme. It is expected to improve teaching and supervision and, eventually, learning outcomes for about 40,000 pupils in all 400 schools in the five districts. Forty curriculum development officers from teacher training institutions and KG chief examiners were also oriented on the INSET modules in an attempt to integrate the modules into pre-service teacher training.

 On-track

**IR 1620/A0/04/005/018 IR18:** Complementary basic education (CBE) opportunities are expanded to out-of-school children aged 8-14 years in at least ten deprived districts.

**Progress:**

With support from UNICEF and School for Life (an NGO), a CBE programme was successfully implemented in the Savelugu-Nanton district in the 2011/2012 school year, targeting 750 OOSC. Out of the 750 children who enrolled, 732 children (411 boys and 321 girls), including 6 disabled children, successfully completed the nine month, mother tongue-based programme and acquired basic literacy and numeracy skills. Of those who graduated, 443 (61%) have been mainstreamed into the formal school system, which is far below the target of 90%. More boys (65%) than girls (51%) were mainstreamed. Some of the reasons for this low integration in the formal system include migration of the graduates to other communities, a weak tracking system, and the direct and opportunity costs of children's schooling. School for Life is further investigating the low integration trend in the district.

For the 2012/2013 school year, an additional 1,500 OOSC have been enrolled in the CBE programme (a

cumulative total of 2,250 children) with the inclusion of another district (Afram Plains) with technical support from an NGO, Afram Plains Development Organisation. Materials written in Ewe and Akwapim Twi languages were developed for the implementation of CBE in Afram Plains. To increase the government's ownership and the sustainability of CBE, discussions are ongoing to involve national service volunteers as CBE facilitators in Afram Plains. A new funding agreement was signed with DFID to support the implementation and evaluation of this new CBE modality using the National Service volunteers. UNICEF has strengthened partnerships with GES, CBE NGO Alliance, DFID, and other stakeholders to expand the coverage and improve the quality of the CBE programme for the most disadvantaged and marginalized children. Further expansion of the CBE programme is planned for 2013 onwards with DFID and other funding to achieve an enrollment target of 15,000 OOSC by 2016.

 On-track

**IR 1620/A0/04/005/019 IR19:** The capacity of primary schools is enhanced to provide appropriate care and support for children with special needs, including children with disabilities, in at least ten deprived districts.

**Progress:** UNICEF supported the introduction of an inclusive education program (IE) in five of the ten focus districts. According to the 2010 national census, there are 3,500 school age children (6-14 years) with disabilities in these five districts. According to the EMIS data, 564 children with disabilities were enrolled in regular basic schools in the five districts in the 2011/2012 school year. While the figure increased from 371 children in 2010/2011, it accounts for only 16% of the target population. The 2011/2012 figures set the baseline. The impact of the IE programme on the enrollment of children with disabilities will be assessed using the 2012/2013 EMIS data, available in April 2013.

The IE programme aims to create child-friendly environments and support systems for students with disabilities and special education needs, increase the enrollment and learning opportunities for children with non-severe disabilities in regular schools, as well as improve the capacity of teachers to support these students. Through the Special Education Division of GES, regional and district teams were formed and equipped with knowledge and skills on the principles of IE, organization of inclusive classes, and early detection of children who need special attention. The teams then trained head teachers and teachers who will lead the IE programme in their schools. GES and GHS also developed a harmonized screening mechanism. Parents in 50 communities were oriented on the IE programme to help them to understand and support the IE programme. A survey on the status of IE in the five districts showed that most schools are not inclusive and lack functioning support systems for children with disabilities. These findings form the IE baseline in the districts, against which performance will be assessed in 2013 onwards.

 On-track

**IR 1620/A0/04/005/020 IR20:** Awareness on and demand for education increased among disadvantaged groups, especially girls, in at least ten deprived districts.

**Progress:**

There is a mixed trend in the primary net enrollment rate (NER) in the ten focus districts: Four districts show good progress, while the NER has decreased in the other six districts, compared to the baseline from the EMIS data. The accuracy of the data needs to be investigated, as there are some unrealistic figures in the EMIS 2011/2012. The gender parity index shows that two districts (Savelugu and Karaga, both in the Northern region) require concerted efforts to increase girls' enrollment.

To encourage enrollment of all eligible children in school and at the right age, as well as address demand-side barriers to children's schooling, UNICEF supported capacity building in advocacy and community mobilization techniques for 65 key stakeholders from five of the ten focus districts. The trained persons led sensitization and enrollment campaigns in 200 school communities, 50 more than the target. School authorities also conducted enrollment campaigns in their school communities. In the Savelugu-Nanton district, 85% of all primary schools (77 out of 90 schools) carried out enrollment drives in 2012 as opposed to 65 in 2011. Official data on the impact of this exercise will be available by April 2013. The exercise also led to 17 communities in 3 districts (Garu-Timpone, Savelugu-Nanton, Lambussie-Karni) which have no kindergarten lobbying their respective district education offices for preschool facilities.

To enhance community participation and support for children's education, UNICEF supported the training of school management committees (SMCs) in five districts. Results from the CFS checklist, which was introduced in all public basic schools in three pilot districts to assess the involvement of SMCs in school improvement, showed that only 11% of basic schools met the CFS standards of a 'community engaged school' in 2011/2012. This sets the baseline for the districts, with a target of 70% by 2016.

 On-track

**PCR 1620/A0/04/006 PCR 006:** Educational quality and outcomes of pre-primary and primary schools are improved in five focus regions.

**Progress:**

The CFS checklist results show that only 9% (23) of basic schools achieved the full CFS status (five stars<sup>1</sup>) in three districts. About 65% (167) of schools achieved the next level (four stars<sup>2</sup>). These results set the baseline for the districts. The target is to increase the proportion of five-star schools to 70% by 2016. Concerted efforts are needed to improve the situation of schools that have three-star status or below.

The school report card results in three districts show that less than half of grade three students (three district average: 46% for both English and Mathematics) and just above half of grade six students (three district average: 51% for English and 50% for Mathematics) passed the term school-based assessment in both English and Mathematics. These set the baseline for the three districts, from which at least a 30% increase should be achieved by 2016.

According to the regional SHEP reports, the percentage of junior high schools (JHS) with Alert status increased significantly in the 2011/2012 school year, from 15% (512 out of 3,410 JHS) to 32% (1,090 JHS) in five regions. Given the progress made, the target of certifying 80% of JHS as Alert by 2016 is on track. The Central region is the most improved, and the Upper East region is the least improved. The Alert status varies significantly from district to district, even in the same regions. Out of 76 districts in the 5 regions, 6 districts reported 0% Alert status. Concerted efforts are needed for these poor performing districts.

MICS 2011 shows that the proportion of young people aged 15-19 years with comprehensive knowledge about HIV transmission increased, particularly among females, compared to the MICS 2006. Nationally between 2006 and 2011, the figures increased from 26% to 35% among women and from 32% to 34% among men. About 38% of the young population that have JHS education (both male and female) have comprehensive knowledge about HIV transmission in 2011, which is still far below the target of 90% (the figure for this specific population is not available in MICS 2006). Increasing the number of HIV Alert JHS is expected to increase the knowledge level among students. The baseline for life skills will be established in 2013.

<sup>1</sup> Attributes of five-star CFS schools: Scoring a minimum of eight points in the ten point rating scale for all of

the six CFS dimensions, including (1) inclusiveness; (2) effective teaching and learning; (3) healthy school; (4) safe and protective school; (5) gender sensitive school; and (6) community-engaged school.

<sup>2</sup> Attributes of four-star CFS schools: Scoring a minimum of six points in the ten point rating scale for all of the six CFS dimensions.

 On-track

**IR 1620/A0/04/006/021 IR21:** Issues of exclusion and quality in education are explicitly addressed in national and subnational sector strategies, and timely and sufficient funds are allocated to services and programmes for deprived districts and disadvantaged groups.

#### **Progress:**

As the sector lead and coordinating agency for GPE, UNICEF assisted the Ministry of Education in preparing the Annual Education Sector Operational Plan (AESOP) 2012-2014, based on its Education Strategic Plan 2010-2020. AESOP has an explicit focus on equity and quality in education and formed the basis for Ghana's GPE grant application. As the coordinating agency, UNICEF led the GPE application (US\$ 75.5 million), which was approved by the GPE Board. A substantial proportion of the grant will be directly disbursed to deprived districts. UNICEF supported the development of robust Annual District Education Operational Plans (ADEOP) in five focus districts to ensure the GPE district grant is used effectively and efficiently to improve the equity and quality of basic education. These plans will affect approximately 170,000 school-aged children in the five districts.

With UNICEF support, the school report card (SRC) system was strengthened in three districts. The SRC collects important education data from all basic schools twice a year (such as student and teacher absenteeism rate, student learning performance data, and school management information), which are not collected by the Ministry of Education's Education Management Information System (EMIS). According to the SRC results, none of the schools in the three districts received capitation grants in a timely manner in 2012. In fact, the SRC revealed that the first grant to the schools was only disbursed at the end of November 2012. UNICEF supported an education expenditure analysis to help identify key bottlenecks to efficient spending by GES and recommend possible measures to enhance efficiency. The results will be ready by the end of January 2013.

 On-track

**IR 1620/A0/04/006/022 IR22:** The quality of teaching and learning is improved through the practice of child-centered, activity-based teaching in primary schools in at least ten deprived districts

#### **Progress:**

To enhance teachers' capacity, particularly on child-centered and gender sensitive teaching, a comprehensive in-service teacher training (INSET) programme for primary school teachers was introduced in five out of the ten focus districts, beginning with the training of District Teacher Support Teams (DTSTs). The DTSTs carried out INSET activities at the cluster level in all five districts. This resulted in over 3,000 teachers undergoing at least five days training, which is expected to improve learning outcomes for about 97,000 students. All 500 head teachers and 42 circuit supervisors have also been trained to ensure better supervision in schools. The impact of INSET on teaching performance will be assessed in 2013 using the Lesson Observation Sheet.

Lessons learnt from the INSET implementation and management at the school, cluster, and circuit levels are helping to shape the proposed INSET programme for 57 districts which will receive GPE funding.

The final draft of a comprehensive training module for head teachers, called 'Leadership for Learning' and 'Leadership for Change' manual for management staff, both developed by GES with UNICEF support, will be finalized and implemented in 2013 in all of the focus districts.

Monitoring of teaching and learning outcomes in the districts was also supported through the use of a CFS checklist and SRC. Results from three pilot districts showed very modest gains. Fifteen per cent of basic schools met the CFS standards on 'effective teaching and learning', one of the six dimensions of the CFS

standards, and half of the schools fully practiced child-centered, activity-based pedagogy. These results set the baseline for the districts.

EMIS data shows that the lack of textbooks and qualified teachers remain a major bottleneck in all the focus districts. The upcoming GPE programme is expected to address these bottlenecks in deprived districts.

 On-track

**IR 1620/A0/04/006/023 IR23:** Healthy, safe, and gender sensitive environments are established in primary schools in at least ten deprived districts.

**Progress:**

According to the CFS checklist results from the three focus districts, the percentage of schools that met the standards for 'healthy school', 'safe and protective school', and 'gender sensitive school' (five-stars for each aspect) are 16%, 21%, and 15% respectively. These results set the baseline for improving basic schools in the focus districts.

UNICEF provided support to promote healthy, safe, and gender sensitive learning environments. UNICEF supported GES to develop guidelines on school clubs. Based on the guidelines, schools in seven districts in the Central region have been trained, and 30 schools are running functional clubs. The clubs are focusing on health, education, and water, sanitation and hygiene (WASH) issues. To expand the introduction of the school club guidelines to other regions and districts, the training is integrated into the enhanced SHEP training which will take place in January 2013. The SHEP training will also include guidance and counseling, nutrition and food safety, disaster risk reduction, first aid, sports, and HIV Alert.

Capacity building on guidance and counseling sessions has been organized for 45 district training team members in five focus districts. Four of the five districts have completed training for a total of 926 primary school head teachers and teachers from 463 schools. The training incorporated issues such as gender sensitive education, special education, and school health. The participants will help set up guidance and counseling services and train other teachers to be part of creating child-friendly, gender sensitive school environments. Schools will report in January 2013 on the activities being implemented to promote safe, healthy and gender sensitive schools. This will be followed with monitoring at all levels to verify and support schools as necessary.

 On-track

**IR 1620/A0/04/006/024 IR24:** HIV and AIDS/life skills education is fully operationalized in basic schools through the Alert School Model.

## Progress:

The proportion of HIV Alert schools increased significantly in the five focus regions, from 15% in 2010/2011 to 32% in 2011/2012 (1,093 out of 3,410 JHS), which is higher than the national average of 23%. This result is the highest since the certification of Alert schools began in the 2008/2009 academic year when the national result was only 6%. The overall performance reflects steady efforts by GES to improve and strengthen implementation of the Alert Model. Given the progress made, the target of certifying 80% of JHS as Alert by 2016 is on track.

In 2012, the institutional and individual capacities to implement the HIV Alert model were strengthened in the following areas:

1. A manual about using sports to teach essential life skills to prevent HIV infection was developed. The content seeks to produce three learning outcomes: psychomotor skills, life skills, and life application skills. Teachers will be able to train children to apply the skills in other situations where they may be at risk.
2. An orientation on the HIV Alert Model was organized for education directors in the Central and Eastern regions. This significantly contributed to the unprecedented 32% schools certified as Alert.
3. The Curriculum Research Development Division (CRDD) was supported to revise the Alert teaching and learning materials. The revision is informed by the Impact Assessment of the Model conducted in 2010. The revised materials emphasize HIV and AIDS and other relevant issues, such as sexual and reproductive health, disaster risk reduction, and the development of psychosocial life skills. The emphasis on life skills will support children to translate their knowledge on HIV and AIDS into behavior change.

## PC 704 - Advocacy, Communication, Monitoring, and Analysis

 On-track

**PCR 1620/A0/04/007 PCR 007:** Vulnerable and marginalized groups across Ghana are empowered to access and utilize improved social services and adopt key family practices.

### Progress:

Significant progress has been made to strengthen the operations and linkages between key social services to improve behavior knowledge and resilience for poor families across Ghana. The value of the LEAP cash transfer programme was tripled and now reaches over 70,000 households (target of 160,000). The collaboration between LEAP and NHI also included expanding a premium free NHI membership to all existing LEAP beneficiaries. The building blocks of an objective targeting framework (Common Targeting Mechanism) were rolled out between two of the largest providers of social services (Health Insurance and Cash Grants for the poorest families), with the goal of expanding this platform to include other programmes for a stronger network of social services tailored to improve resilience among Ghana's poor and vulnerable households.

Behavior change was accelerated through reaching 1.7 million people in the four priority regions on the 5KB. Early monitoring suggests that the use of bed nets has risen to 75%. Delays occurred in the use of the Interpersonal Communication manual.

 On-track

**IR 1620/A0/04/007/025 IR025:** National Soc Protection Strategy ion Strategy is operationalized to deliver a minimum package of three social protectiservices for women and children based on a Common Targeting Mechanism.

### Progress:

By making use of new research and evidence and collaborating with other development partners and MESW, UNICEF has been able to build support and fiscal space for a threefold increase of the LEAP grant amount, thus maximizing the potential poverty impacts of LEAP which now reaches 72,000 households (target of 160,000). UNICEF also played a major role in the development and launch of the Common Targeting Mechanism (CTM). As a result, the LEAP Programme and the National Health Insurance Authority used the

CTM to identify 10,000 new households for both programmes. UNICEF's facilitating role ensured that the collaboration was effective, with both institutions sharing costs and collaborating at the district level to train and target beneficiaries for both programmes.

UNICEF continued to provide technical assistance on the development of a Management Information System (MIS) to process and analyze the CTM data, which will be used as a basis for the single registry of Social Protection beneficiaries.

Five ministries signed a Memorandum of Understanding (MoU) to use the CTM (MESW, Ministry of Health, Ministry of Education, MLGRD, Ministry of Food and Agriculture). In 2013, the Labor Intensive Public Works Programme will use the CTM to verify its beneficiaries, while the Free School Uniform distribution programme under the Ministry of Education will pilot the selection of beneficiary students using the CTM.

 On-track

**IR 1620/A0/04/007/026 IR 026:** C4D ons of Ghana (Upper East, Upper West, Northern, and Central) adopt and consistently prkey behaviors that enable children to survive and develop.

#### **Progress:**

The Health Promotion Policy has been finalized and the C4D 5 Key Behaviors (5KB) are being rolled out in all 12 districts using theatre, radio, and interpersonal communication by the GHS. 100% of the 170,000 planned IEC materials produced this year with UNICEF support will reach over 1.7 million people. So far over 15,000 people have been reached directly through 64 live recorded dramas on the 5KB; 1.55 million people were sensitized on the 5KB through radio broadcasts; and almost 160,000 people were made aware by community health workers and community based agents through house and health facility visits. The first of the five behaviors, bed net use, was further strengthened by the national LLIN hang-up campaign. Early monitoring indicates that about 75% of the targeted population is using their bed nets. The roll out of the IPC manual for further training on the second and third behaviors was delayed due to the slower than anticipated roll out of the LLIN campaign which has now ended.

C4D selected districts will be scaled-up from 12 to 25 districts in the four regions, reaching about 3.4 million people. The randomized control trial baseline results have been finalized and validated and will be disseminated in early 2013.

The communication response to cholera has been rapidly scaled-up with IEC materials disseminated in six regions, training conducted for 305 frontline workers (target of 235), and media mobilized reaching over three million people in the affected districts. The response will be scaled-up to the remaining regions in 2013. To stimulate increased awareness and demand for immunization in 2013, the Expanded Programme on Immunization, Polio and New Vaccines Communication strategy was also finalized.

 On-track

**PCR 1620/A0/04/008 PCR 008:** Advocacy, M&E, PIng & Budgettinglanning processes, and budgeting procedures are based on evidence, linked to functional RBM and M&E systems, and are used to advance children's rights and encourage equitable development.

#### **Progress:**

By the end of 2012, greater internal and partner capacity was built to do advocacy through evidence-based research on equity and to effectively communicate messages about children to children, adults, policy-makers, and civil society. Knowledge about women and children's issues significantly increased, and policies and programmes better targeted women, children, and vulnerable groups with improved resource allocation due to stronger, more strategic partnerships with government, development partners, and CSOs.

Two ministry departments and agencies (MDA) (target of four) were better equipped to prepare performance-based budgets, thereby better targeting resources and policies to women, children, and vulnerable groups. A baseline for the impact of decentralization was also established. Twenty out of twenty-eight MDAs have stronger M&E plans. Proaress in establishing long-term agreements with four media houses (target of ten) for

child rights advocacy was made, although Ethical Guidelines on reporting for children was postponed pending review. In addition to sector evaluations and studies, MICs 4 and an Urban MICs in five deprived areas of Accra were implemented and disseminated.

 On-track

**IR 1620/A0/04/008/027 IR 027:** MDAs use programme based budgeting to improve efficient and effective investment of resources for children

**Progress:**

Two MDAs (MESW and GES), through two UNICEF-sponsored study reports: (1) Making an Investment Case for Social Welfare; and (2) Increasing the Efficiency of GES Spending, now have the relevant information and analysis to enable them to prepare stronger, better focused, and more efficient Performance Based Budgets for 2013. Policy makers and parliamentarians' knowledge and capacity for budget negotiating were strengthened through the production and dissemination of five briefs analyzing the 2012 Budget. The national dialogue on targeting resources used for fuel subsidies was advanced in collaboration with the IMF. The national debate on women and children's issues was deepened during the presidential election.

 On-track

**IR 1620/A0/04/008/028 IR 028:** The government is supported to generate and use equity-focused data, evidence-based evaluations, and analytical studies to plan, monitor, and evaluate programmes that protect children's rights at national and decentralized levels.

**Progress:**

UNICEF's technical support to review M&E strategies resulted in 28 ministries, departments, and agencies developing M&E plans, with 20 of them submitting an annual report of acceptable quality to the NDPC.

An up-to-date understanding of children's well-being was deepened following the launch of the national MICS in November, which established strong partnerships with USAID, UNFPA, the Government of Japan, and others. The innovation of combining MICS with a malaria biomarker was successful. The combined Ghana Living Standards Survey and Labor Force Survey (with a child labor module) started in October 2012, with financial and technical support from UNICEF. Work progressed in preparing census key reports, including thematic reports supported by the UN, to be available in early 2013.

A new format for monitoring the District Assemblies' expenditure on health and education was agreed upon following UNICEF's lead in the production of the baseline study of decentralization in 22 districts, which will be used to strengthen accountability on basic services spending at the district level from 2013 onward.

The launch of the Urban MICs, which coincided with the launch of the 2012 State of the World's Children report in Ghana, helped to emphasize the problems of inequities associated with urbanization, especially in a middle-income country like Ghana.

 On-track

**IR 1620/A0/04/008/029 IR 029:** External Communications improved to assure that civil society organizations have increased information, capacity, and platforms to ethically report and advocate for children's issues, particularly among the most deprived and vulnerable children.

**Progress:**

UNICEF's public advocacy efforts focused on using evidence to highlight the situation of the most excluded children, while demonstrating how UNICEF and partners are making a difference. Areas of focus included children with disabilities, child labor in the fishing industry, USI, breastfeeding, and reducing child mortality through the introduction of two new vaccines in Ghana.

Outreach and engagement with national audiences was also pursued resulting in progress around formalizing long-term agreements with national broadcasting stations and media houses, including the Ghana

Broadcasting Corporation, Joy FM, TV3, and the Graphic group of newspapers. The partnerships aimed to not only strengthen the quality of programming for children, but also raise awareness about children's issues, particularly children's rights through the development of original child friendly programmes.

UNICEF tapped into new technologies to reach new audiences through a highly structured digital engagement scale-up (i.e., advocacy with senior management, social media assessment in the three northern regions, a social media specific strategy and pilot phase). The new Country Program 2012-2016 informed the creation of the social media strategy. Six strategic priorities became monthly focus themes for executing dynamic, highly-visual content. These monthly themes included convergence in action, stunting, out of school children and children with disabilities, elections, sanitation, and equity. After the three-month pilot scale up, UNICEF Ghana's Twitter following doubled to 1,000 followers and Facebook 'likes' increased by 20% in June, up from 56 'likes' in January. As of December 2012, Facebook had more than 1,700 fans and Twitter more than 1,700 followers. Meanwhile, the office-wide visibility plan was finalized and grant-focused visibility plans were developed and implemented. In a strategic focus, UNICEF commenced its engagement with the private sector in Ghana through the release of the 'Children's Rights and Business Principles'.

## PC 705 - Water, Sanitation, and Hygiene

 On-track

**PCR 1620/A0/04/009 PCR 009:** By 2016, 54% of the population has sustainable and equitable access to and use of basic sanitation services underpinned by improved hygiene practices and sustainable water services.

### Progress:

UNICEF supported establishing strategies for scaling-up sustainable sanitation and hygiene, resulting in 215,500 people living in open defecation free (ODF) communities and the construction of 1,781 household latrines. Key initiatives were the development of the Results Based Financing Framework for sanitation implementation; and the roll-out of the Rural Sanitation Model and implementation strategy, hand washing with soap (HWWS) strategy, and the household water treatment and safe storage (HWTS) strategy. UNICEF also sustained its focus on eliminating guinea worm disease in Ghana by supporting the provision of water to 73,762 people living in areas recently freed from guinea worm disease. This will contribute to the country's efforts to ensure that Ghana receives final certification as being 'Guinea Worm Free', having broken transmission of the disease in 2011.

Specific progress on the PCR indicators will be measured at mid-term, from the DHS 2013, and other specific surveys.

 On-track

**IR 1620/A0/04/009/030 IR 30:** An additional 500,000 people in the five most deprived regions live in Open Defecation Free (ODF) communities and use improved latrines.

**Progress:** Scaling-up of Community-Led Total Sanitation (CLTS) received a boost by establishing a Result-Based Financing Framework (RBF) and an Output-Based Performance Framework (OBPF) to increase efficiency of CLTS implementation by NGOs and government extension workers. UNICEF supported the development of the two frameworks in partnership with the coalition of NGOs in water and sanitation and under the leadership of the government.

Under these two frameworks, CLTS was implemented in 1,314 communities, with 431 out of these verified as ODF, resulting in an additional 215,500 people living in ODF communities (target of 80,000). Families also constructed 1,781 household latrines in response to CLTS triggering. These results were achieved directly with UNICEF's support.

Follow up is taking place with 883 communities to declare at least 80% of them as ODF by April 2013. In addition to these results, which are critical for establishing CLTS as a viable model for scaling up sanitation in the country, UNICEF is supporting the scale-up of CLTS and ODF through national capacity building in CLTS facilitation and the establishment of a sanitation campaign to promote a social norm of not defecating

in the open. A contract has been negotiated with the CLTS Foundation for CLTS Facilitator training. A strategic retreat to deliberate on the sanitation campaign was also held.

Challenges have been identified with the technical quality of latrines constructed by householders and an assessment is planned for 2013. The results of the assessment will contribute to the development of guidelines to aid in household latrine construction.

 On-track

**IR 1620/A0/04/009/031 IR 31:** An additional 500,000 people in the five most deprived regions practice hand washing with soap or ash.

**Progress:**

UNICEF provided financial and technical support to promote the practice of HWWS. Training was organized for 154 government extension officers (target of 121) from various agencies in the implementation of the HWWS strategy. The trained officers supported HWWS promotion in 431 CLTS communities. The HWWS working group, comprised of public and private partners, was revived to strengthen national level support for promoting HWWS. The Community Water and Sanitation Agency (CWSA) from the Ministry of Water Resources Works and Housing took the lead in celebrating Global Hand Washing Day (GHD) in partnership with multiple stakeholders, including the Environmental Health and Sanitation Directorate from MLGRD, GES, GHS, UNILEVER, World Vision, WaterAid, Plan, CONIWAS, and Ghana WATSAN Journalists Network.

HWWS has been integrated into the activities of key government agencies, as reflected in the Community Water And Sanitation Program Strategy, National Environmental Sanitation Strategy and Action Plan, WASH in Schools (WinS) implementation plans, and the Child Health Policy. This means more people will receive HWWS messages through interpersonal contact with field workers from these agencies.

On a systematic basis, HWWS was promoted as part of post-triggering activities under CLTS implementation in 2012, resulting in 215,500 people from 431 communities reached with HWWS messages and receiving field staff support to adopt the practice. Through WinS implementation, 24,000 children in 49 schools (target of 15,000 children in 40 schools) received training on HWWS and the construction of tippy tap HWWS facilities.

Looking ahead, systems will be established to objectively monitor the practice of HWWS on a regular basis in communities and schools.

For further information, go to:

<http://globalhandwashing.org/ghw-day/activities/ghana-celebrates-five-years-global-handwashing-day>

 On-track

**IR 1620/A0/04/009/032 IR 32:** An additional 500,000 people in five most deprived regions use household water treatment and safe storage systems.

**Progress:**

The National HWTS strategy was validated in August 2012 with technical and financial support from UNICEF. The document is undergoing final review to be published in the first quarter of 2013. The strategy will provide the guidance for scaled-up implementation of HWTS promotion in the country. Eighty-three trainers have been trained in the five focus regions, with technical and financial support from UNICEF, to facilitate HWTS implementation in the country. These trainers will form the core group who will cascade the training to other extension officers at the district and subdistrict levels, bringing the total number of trained facilitators to 500 by the end of 2013. They will also monitor implementation and provide technical assistance at the community level.

Under the I-WASH Project, co-sponsored by the European Union and UNICEF, an additional 2,300 people gained access to improved water supplies through the installation of 672 ceramic filters by the end of November 2012, with technical and financial support from UNICEF. An additional 3,300 people will gain

access to improved drinking water as result of ongoing work on filter installation in five communities by the end of January 2013. These were recorded out of a targeted population of 25,000 people for 2012.

The accelerated scale up of the uptake of HWTS will be based on public-private partnerships, and is designed to benefit behavior change promotional activities, which will be an integral part of CLTS post-triggering activities. The promotional activities will be carried out as part of the ongoing partnership with the Environmental Health and Sanitation Directorate of MLGRD and NGO partners.

 On-track

**IR 1620/A0/04/009/033 IR 33:** An additional 125,000 children in basic schools in the five most deprived regions use WASH services in line with the Child Friendly Schools (CFS) Model.

**Progress:**

UNICEF supported the GES/SHEP unit to raise the profile of WinS programming by preparing an action plan for WASH in schools in response to the launch of the Call for Action on WinS in the country. Based on UNICEF support, 6,374 children in the Northern region (target of 70,000) now use sustainable, improved water supply services. Interventions initiated in 2012 are expected to benefit an additional 14,679 school children in 75 schools across the five regions by June 2013.

Regional and district SHEP coordinators were trained about WinS implementation in the five regions. The 65 trained staff from across the country will support scaling up efforts to 200 schools across the five regions. UNICEF is working to gather results from WinS that can be used as evidence for advocacy for increased resources from both government and development partners for WASH in schools. Key partners are the School Health Education Programme Unit of GES, the Community Water and Sanitation Agency, and the Canadian International Development Agency that has provided funds for WinS implementation in Ghana.

 On-track

**IR 1620/A0/04/009/034 IR 34:** An additional 250,000 people in underserved and recently freed guinea worm endemic communities have sustainable use of improved drinking water supply services.

**Progress:**

An additional 73,762 people (target of 75,000) in underserved and recently freed guinea worm communities in the Northern region gained sustainable access to improved drinking water supplies in 2012. This was a result of UNICEF's support for constructing 5 mechanized systems, 3 connections to Ghana Water Company Lines, erecting 3 steel tank reservoirs, fitting 28 new boreholes with hand pumps, and rehabilitating 91 boreholes in the Northern region. An extra 25,000 people will have access to sustainable, improved drinking water as a result of ongoing work on schemes in 63 additional communities by February 2013. Water supply improvements should ensure the complete elimination of guinea worm disease in Ghana. UNICEF is also supporting the monitoring of water supply schemes in the previously guinea worm endemic areas to ensure that services are continuously available to these communities.

 On-track

**PCR 1620/A0/04/010 PCR 010:** Sector policies, strategies, knowledge base, systems, and human resource capacity at the national level and in the five most deprived regions are improved for enabling decentralized, scaled-up, sustainable, and pro-poor WASH services by 2016.

**Progress:**

In line with the adoption of a sector-wide approach in Ghana, UNICEF provided technical and financial support for establishing common sector plans at the national level through printing and disseminating the National Environmental Sanitation Strategy and Action Plan, and finalizing the Water Sector Strategic Development Plan. The harmonized sector plans will provide general guidance for improved planning at the MMDA level. UNICEF also supported adopting 'WASHBAT', a decision support tool for the sector, and strengthening sector Management Information Systems (MIS) to facilitate scaled-up implementation, while ensuring effective equity targeting. This is an important step to reduce disparities in the use of improved

water and sanitation services, by geographical area, as well as to the poorest quintile. UNICEF also supported establishing sector coordination systems at the subnational level for sanitation as a strategic priority. Progress on the indicators will be measured at mid-term, from the DHS 2013, and other specific surveys.

 On-track

**IR 1620/A0/04/010/035 IR 35.** A system for effective WASH sector coordination, knowledge management, and evidence-based decision making is operational and resilient at the national level and in five most deprived regions by the end of 2016.

**Progress:** UNICEF provided technical and financial support for establishing and disseminating common sector plans at the national level (i.e., National Environmental Sanitation Strategy and Action Plan, and the Water Sector Strategic Development Plan), which provide the basis for improving sector harmonization. These plans provide the framework for collaborating with WASH partners to achieve key sector targets, including the MDGs.

As previously mentioned, UNICEF also supported adopting 'WASHBAT' and strengthening sector MIS. UNICEF also supported establishing sector coordination systems for sanitation projects at the subnational level. As part of effective sector knowledge management, UNICEF supported the implementation of the first National CLTS Stocktaking Forum as well as the MOLE Conference. These initiatives focused on equity and targeting investment to remove bottlenecks. They also strengthened the commitment of all sector stakeholders to the Sanitation and Water for All (SWA) partnership.

 On-track

**IR 1620/A0/04/010/036 IR 36:** Additional 30 District WASH Departments and 500 gender responsive community Water and Sanitation (WATSAN) Committees and WSDBs are better able to facilitate delivery of sustainable WASH services.

**Progress:**

UNICEF supported the training of 78 (target of 150) gender-responsive Water and Sanitation Management Teams (WSMTs) to manage water supply facilities at the community level in the Northern region. This is in accordance with the Community Water and Sanitation Programme Guidelines which stipulate that at least 40% of all Water and Sanitation Team members be women to ensure that both practical and strategic gender interests of women in WASH service delivery are met. Another 63 WSMTs will be formed and trained by February 2013, in tandem with the installation of improved water supply facilities.

There is anecdotal evidence that WSMTs ensure sustained water supplies in communities and reduce the burden of water collection on women and children. Including women in the WSMTs is also said to have built women's capacity to speak out about WASH issues that affect them in traditionally male dominated societies. UNICEF will support a study in 2013 to scientifically document evidence on the contribution of the WSMTs to the management of WASH services.

 On-track

**IR 1620/A0/04/010/037 IR 37:** Drinking water quality management is institutionalized at the national level and in the five most deprived regions.

**Progress:**

UNICEF advocated including a drinking water quality assessment module into the Ghana Living Standards Survey (GLSS) for 2012. The survey will provide basic information for the national Drinking Water Quality Management Framework. The initiative is being carried out in partnership with the Ghana Statistical Service, the Ghana Water Company Ltd. (GWCL), and the Water Research Institute (WRI), under the auspices of the Ministry of Water Resources, Works and Housing (MWRWH).

A technical team was formed in August to provide backstopping for the water quality module. The Drinking Water Quality Management Framework will delineate key roles and strengthen institutional and intersectoral collaboration for safeguarding drinking water quality in Ghana – a key dimension of effective access under the post-MDG global WASH agenda. The Framework will be formulated in 2013 with technical and financial support from UNICEF.

**PC 706 – Cross-Sectoral and Support**

 On-track

**PCR 1620/A0/04/011 PCR 011:** Effective and efficient programme and cross-sectoral management. Effective coordination of emergency preparedness and response interventions.

**Progress:**

UNICEF responded to a cholera emergency, and continued to support Ivorian refugees who fled after electoral violence in 2011. To control the spread of cholera, access to safe drinking water was provided to the targeted 57,000 people by disinfecting 1,670 wells and distributing water purification tablets. Furthermore through UNICEF interventions, 245,000 people were reached through interpersonal communication channels and about one million people were reached with priority behavior change messages to prevent cholera. UNICEF (in collaboration with UNHCR and CCG) supported education for children in the two refugee camps by providing learning materials and stipends for teachers. With UNICEF technical and financial support, 2,000 people gained access to improved sanitation through the construction of 124 KVIP latrines and hand washing facilities in the refugee camps.

The annual work plans for 2012 and 2013 were developed with the participation of government and NGO counterparts, and were aligned with the government's plans. UNICEF led and facilitated the work of three UNDAF Outcome groups (i.e., Education, WASH, and Social Protection) and actively participated in the Health and Nutrition, and Governance outcome groups. All three Outcome groups convened by UNICEF met regularly, monitored progress of their work, and prepared and submitted the required reports set by the Interagency Programme group. UNICEF also participated in the work of the M&E working group, which supported all of the UNDAF Outcome groups in fine tuning the indicators and setting baselines and targets.

The Harmonized Approach to Cash Transfer (HACT) assurance activities were intensified in 2012, with a total of 38 HACT spot checks completed in 2012 (up from 9 in 2011). Micro-assessments and auditing of UNICEF implementing partners were also facilitated, with the reports expected by the end of January 2013. UNICEF inputs to joint programmes (i.e., HIV/AIDS, Human Security) were also timely and well coordinated.

Internal programme implementation processes were closely monitored, leading to effective and efficient use of UNICEF resources to achieve results for children. All grants were fully committed before their expiry dates. Significant support was also provided to all sectors on level three monitoring. The health and nutrition, and education sectors are well advanced, while the WASH and child protection sectors are making significant progress towards implementing level three monitoring.

**IR 1620/A0/04/011/002 IR 39 CANCELLED. DO NOT USE.** Processes are strengthened in the UNICEF Accra and Tamale offices to support planning, implementation, coordination and monitoring of UNICEF supported activities.

 On-track

**IR 1620/A0/04/011/003 IR 40:** Programme Support & Field Monitoring – Accra

**Progress:**

Close coordination with the programme resulted in the timely delivery and distribution of all supplies, assets, and consumables. The warehouse inventory has been significantly reduced, except only for emergency pre-positioning. There were no purchase orders prepared without a bid; however, there were seven supply and purchase requisitions without purchase orders.

 On-track

**IR 1620/A0/04/011/004 IR 41:** Programme Support & Field Monitoring – Tamale

**Progress:**

With the support from Accra Office, most of programme supplies and services were timely procured and

delivered. Pre-positioned stocks allowed rapid and effective responses to the cholera outbreak and flood situations. There were no purchase orders without a bid; however, there were seven supply and purchase requisitions without purchase orders.

 On-track

**IR 1620/A0/04/011/038 IR 38:** The capacity of stakeholders are enhanced to reduce the risks of disaster and to assess and respond to the child protection, health, WASH, education and nutrition needs during emergencies in line with UNICEF's Core Commitments in Humanitarian Action.

**Progress:**

UNICEF's response to the cholera emergency included providing access to safe drinking water to 57,000 people by disinfecting 1,670 wells and distributing water purification tablets. With support from UNICEF, 245,000 people were reached through interpersonal communication channels and one million people were reached with priority behavioral change messages through radio and television programmes, focusing on disease recognition, treatment seeking practices, and good hygiene practices to prevent cholera and diarrhea.

In collaboration with UNHCR and CCG, UNICEF supported education for kindergarten, primary school, and secondary school students in the two refugee camps set up for Ivorian refugees. UNICEF provided teaching and learning materials and stipends for teachers. With UNICEF technical and financial support, 2,000 people gained access to improved sanitation through the construction of 124 KVIP latrines and hand washing facilities at the refugee camps.

UNICEF undertook a Training of Trainers workshop on CCA/DRR in the 11 districts where UNICEF is supporting the implementation of the CFS program. UNICEF is also following up with GES to implement effective teaching and learning on CCA/DRR through the mainstreaming approach.

 On-track

**IR 1620/A0/04/011/039 IR 39:** Programme coordination processes are strengthened in the UNICEF Accra and Tamale offices to support planning, implementation, coordination, and monitoring of UNICEF supported activities.

**Progress:**

The program coordination unit reviewed the annual work plans for 2012 and 2013 to ensure they were gender sensitive, equity focused, and results oriented; and all were signed by the end of March 2012. The mid-year and annual reviews of the programmes also gave the opportunity to assess progress and re-strategize to achieve targets.

The HACT assurance activities were well coordinated. As of the beginning of December, 38 HACT spot checks had been done, a significant improvement over the 9 HACT spot checks conducted in 2011. Micro-assessments and auditing of UNICEF implementing partners were also facilitated, with the reports expected by end January 2013. UNICEF inputs to joint programmes (i.e., HIV/AIDS, Human Security) were also timely and well coordinated.

Internal programme implementation was closely monitored leading to effective and efficient use of UNICEF resources for achieving results for children, with all grants being fully used before their expiry dates. Significant support was also provided to all sectors on level three monitoring. The health and nutrition, and education sectors are well advanced, and the WASH and child protection sectors are making significant progress towards implementing level three monitoring.

## PC 800 - Programme Support

 On-track

**PCR 1620/A0/04/800:** Effective and Efficient Programme Management and Operations Support to Programme Delivery

### Progress:

Leadership support was provided for effective programme management and guidance, operations management and oversight control, country programme advocacy, planning, monitoring, and evaluation. An efficient and improved financial management system is also in place through implementing International Public Sector Accounting Standards (IPSAS) compliance activities, applying a new revised administration and finance policy, and rolling out the Virtual Integrated System of Information (VISION).

 On-track

**IR 1620/A0/04/800/001:** Governance and Systems

### Progress:

The Disaster Recovery plan has been signed and distributed to relevant stakeholders. The Business Continuity Plan (BCP) was also updated and a scenario tested at the BCP off-site location. ICT systems were effectively managed as specified in the global guidelines; periodic maintenance was performed on server systems and work stations. Equipment was upgraded according to hardware and software requirements. Equipment has been reallocated (e.g., VISION training laptops) and purchased (e.g., very high frequency [VHF] radios, Thuraya handsets) as part of emergency preparedness and MOSS compliance in the Ghana office. VHF/high frequency (HF) training for staff members was also carried out.

All staff residences and office premises were electronically mapped as part of security measures to mitigate the risk to staff in case of emergency or disaster situations. The UNICEF Ghana Country Office is located in the UN common premises, which is MOSS compliant.

 On-track

**IR 1620/A0/04/800/002:** Financial Resources and Stewardship

### Progress:

To strengthen internal controls, UNICEF conducted periodic self-assessments of key VISION transactions in the areas of travel and financial documents. All of the risks and errors identified during the review were discussed and addressed. Members of the operations and programme teams jointly went on HACT spot checks and identified bottlenecks in the HACT implementation. This resulted in the recovery of some funds which could not be accounted for by some of the implementing partners. Outstanding Direct Cash Transfers (DCT) by 9 months and more was 0% while 6-9 months DCT outstanding was 2% at the end of 2012. An Operations Retreat held in 2012 offered a forum to discuss individual concerns, challenges, and bottlenecks. Programme and management priorities were discussed and agreed upon. The bank reconciliation was completed and sent before the headquarters' deadline. To help simplify the work process, standard operating procedures (SOPs) for five major areas (i.e., Travel, Individual Contracts, Institutional Contracts, Vendor Registration, and DCT and Non-DCT payment) were developed and circulated to staff.

 On-track

**IR 1620/A0/04/800/003** Human Capacity

**Progress:** The new five-year Country Programme started in 2012, and UNICEF welcomed 25 new staff who brought new skills, competencies, and knowledge. The learning plan focused on building capacity and staff knowledge about UNICEF programming and processes, with special emphasis on equity based planning, gender mainstreaming, human rights-based programming, knowledge management, and emergency preparedness. The Human Resources Development Committee (HRDC) monitored the implementation of the 2012 staff learning plan, which was based on global, regional, and office priorities. Group trainings were held on Competency Based Interviewing, Program Planning Processes, French, ethics, and team building. The

staff were also briefed on the Performance Appraisal System (PAS), HACT, Business Continuity Planning, VISION Table of Authority, travel management, flexible work arrangements, and managing stress in the workplace. Overall, the country office achieved 78% attendance at the group training events. UNICEF Ghana gender statistics are 53% females and 47% males. The breakdown per category is as follows: International Professionals (53% female, 47% male), National Officers (57% female, 43% male), and General Service (51% female, 49% male). Guidance and support were given to staff and supervisors about individual work planning and compliance with PAS processes, with 99% of 2011 PERs and 95% of key assignments for 2012 completed by November 30, 2011.

Few staff members have the opportunity to learn by participating in staff exchange programme with other country offices. Individual external learning was thoroughly reviewed and recommended by HRDC and few staff members benefitted from such an opportunity to update their knowledge and competencies required.

### Effective Governance Structure

The results of the Staff Governance Survey, which was conducted in early 2012 and completed by 76% of staff, complemented the results obtained through the Global Staff Survey. It highlighted a number of concerns raised by staff, including interaction between management and staff, working environment (e.g., issues around trust, transparency, and teamwork), reporting of staff misconduct or inappropriate practices, and lack of knowledge of existing UN and UNICEF policies. In response, UNICEF Ghana finalized SOPs for a number of office processes, organized training sessions on UNICEF rules and regulations (e.g., ethics, travel management, flexible work arrangements, managing stress in the workplace), and hired a consultancy company to help the office to improve communication processes and teamwork.

Other management and operation priorities for 2012 included implementing the new VISION programme and financial management system, preparing for the roll out of the implementation of IPSAS, and reviewing and updating the risk control self-assessment. These priorities were monitored through monthly Country Management Team (CMT) meetings, weekly senior management meetings, and monthly Section Heads Meetings. Country programme management indicators and VISION performance management reports were compiled each month and discussed at the monthly CMT meetings.

Office statutory committees such as CMT, Zonal Management Team (ZMT), Contract Review Committee (CRC), Programme Cooperation Agreement Review Committee (PCARC), Central Review Body (CRB) and the Local HRDC continued to function effectively. The Joint Consultative Committee (JCC) met quarterly to further enhance a participatory and enabling work environment. UNICEF Ghana developed five VISION SOPs (in the absence of global SOPs) in critical areas identified by management, namely: Travel, Individual Contracts, Institutional Contracts, Vendor Registration, and DCT and Non-DCT Payment. Briefing sessions were conducted on these SOPs to increase staff awareness about the new processes. In addition, UNICEF Ghana developed a VISION Table of Authority (TOA) and a VISION Roles Mapping Table and held briefing sessions on the Segregation of Duties and TOA. The Delegation of Authority Memo has been signed and documented.

The preparedness activities and early warning actions of the Ghana Early Warning Early Action (EWAE) Web site were updated in June 2012, with full and active participation of all the sections in the emergency focal points.

Assurance activities supporting HACT were increased in 2012. The office developed a HACT spot check template and finalized a HACT Assurance Plan to provide regular assessments of the rationale, adequacy, and effectiveness of UNICEF Ghana's risk management and HACT internal control framework, processes and systems. Thirty-eight HACT spot checks were finalized (up from 9 in 2011). The HACT micro-assessment of 37 implementing partners (IPs) by a reputable institution started in December 2012 and the HACT audit of 26 IPs by the Ghana Audit Service commenced in November 2012.

## Strategic Risk Management

The Enterprise Risk Management ratings of UNICEF Ghana were reviewed by the CMT in March 2012. During the review, the risk level of the 'country environment' was increased from medium-low to medium-high, as a result of capacity challenges and conflicting priorities of key stakeholders which was threatening to delay the distribution of bed nets and the implementation of the I-WASH project in Northern Ghana.

The risk rating for 'programme strategy and technical quality' remained at medium-low, but the CMT noted the need for the office to enhance its supply forecasting, planning, and management systems. As a result, training and awareness sessions were conducted with all staff and the majority of counterparts, to ensure timely forecasting and planning of supplies purchased through UNICEF.

The risk rating for 'supply and logistics management' increased from medium-low to medium-high as a result of the theft of 43 water tanks from the Tamale Ghana Health Service Medical Stores. However, 27 of the water tanks were recovered and the perpetrators were arrested and are being prosecuted. Weaknesses in the UNICEF systems were analyzed and addressed. As well, the Tamale Medical Stores improved its own supply management and monitoring system.

The BCP was reviewed and tested at the end of the year and changes in the internal and external operating environment were discussed at CMT level.

## Evaluation

UNICEF Ghana continued to improve the quality of studies and evaluations in the Integrated Monitoring and Evaluation Plan (IMEP). The Advocacy Communications Monitoring and Analysis section ensured that the total number of studies was reduced to a realistic and manageable number, and that studies were strategically focused and provided objective information on the performance of UNICEF's support. IMEP has been discussed on a regular basis with sections, and during periodic reviews, including CMT and program meetings, and the mid-year review.

In 2012, UNICEF Ghana greatly improved the involvement and engagement of government (and other partners) in the entire process of conducting studies, including developing terms of reference (TOR), selecting consultants, following up during studies, reviewing reports, and disseminating activities. The government now better owns and accepts results because of this involvement. Many of the studies supported by UNICEF were fully integrated into the work of the Sector Working Groups. UNICEF's technical support to review M&E strategies resulted in 28 ministries, departments, and agencies developing M&E plans, with 20 of them submitting an annual report of acceptable quality to the National Development Planning Commission.

UNICEF Ghana introduced a new process to ensure that results from studies and evaluations are used. Management responses were prepared for all key evaluations finalized in 2011 and 2012. All of UNICEF Ghana's completed studies and evaluations have been uploaded to the global database.

Two studies finalized in 2012 include the following:

- **The I-WASH end-line evaluation** found that the I-WASH project contributed to breaking the transmission of guinea worm and provided access to year-round drinking water for 246,000 people (target of 267,000). While the project has not achieved its targets for sanitation coverage, it has helped accelerate and scale-up CLTS in Ghana. The project made good use of existing capacities in partner organizations, and despite the lack of an explicit exit strategy, there are signs that many aspects of the I-WASH project will be sustainable. It is likely that the break in guinea worm transmission will be permanent and improvements in sanitation and hygiene will be sustained.
- **The Emergency Obstetric and Newborn Care (EmONC) assessment** helped determine the capacity of the existing healthcare delivery system. The results identified progress made towards reducing maternal mortality, and the availability and functioning of EmONC. It also highlighted the gaps in

delivering maternal and newborn healthcare in Ghana. The results have been used to prepare the MDG Acceleration Framework (MAF) for MDG 5 and the Country Action Plan.

Finally, UNICEF will continue to work together with other UN agencies and the M&E Sector Working Group. It will take measures towards a well-coordinated response to strengthen country-led M&E systems through the UNDAF process, and carry out agreed M&E activities in the current UNDAF.

### Effective Use of Information and Communication Technology

The United Nations Information and Communication Technology (ICT) working group negotiated a contract with a mobile service provider that has halved mobile telephone charges. Back-end servers have been migrated to a virtualization system allowing for improved and efficient procedures for business continuity and disaster recovery. Disaster recovery and business continuity plans and equipment have been updated and tested.

ICT policies were circulated regularly to make staff aware of UNICEF's rules regarding the management of ICT equipment, software, and systems. UNICEF Ghana identified and donated obsolete equipment to selected institutions, following PSB recommendations and the Representative's approval. A Microsoft SharePoint system has been implemented to improve document access and collaboration, in close collaboration with the program coordination team.

The ICT unit has been strengthened by the recruitment of additional staff with experience in telecommunications. This significantly improved UNICEF Ghana's capacity in telecommunications, radio administration, and response.

To enable easy communication in emergency situations, relevant staff has been provided with upgraded Thuraya satellite phones, while all staff is provided with functioning portable VHF radios and all vehicles are fitted with mobile VHF and HF radios. UNICEF Ghana has also upgraded all older and/or malfunctioning radios to the newer GP 388 model. The VHF radios are tested once a week while periodic test are also carried out on the mobile VHF/HF equipment in the vehicles with the assistance of the UN Department of Safety and Security (UNDSS) radio room.

As part of emergency preparedness, UNICEF Ghana has instituted an innovative short message service (SMS) alert system (which the security focal person activates), for disseminating information to all staff in case of an emergency or security situation. The system was activated in the recent incident in Accra when a plane crash occurred near the Kotoka International Airport. As a result, the office was able to reach all staff and check on their status in a timely and efficient manner.

Work is ongoing to improve connectivity between the Accra and the Tamale Field Office. Implementing Voice Over Internet Protocol (VOIP) will reduce call costs and enhance connectivity (i.e., business processes such as shared drive access) between the two offices. Work is ongoing to extend office connectivity to the residences of critical staff and other offsite locations. This will improve business continuity and access to critical ICT services when either office premises are inaccessible.

### Fundraising and Donor Relations

UNICEF Ghana raised 84% of its US\$40 million budget in 2012. However, despite registering an overall Country Office shortfall of only 16%, wide disparities across sections existed. For example, Child Protection was the lowest funded section at 55% funded (US\$3.5 million budget), and Advocacy, Communication, Analysis, Monitoring and Evaluation was the most funded at 94% (US\$5 million budget).

Considered against the 2012 – 2016 country cycle, in this first year of the Country Programme, Ghana is 39% funded (US\$173 million budget). Comparatively, the preceding Country Programme 2008 – 2011, was 37% funded in its first year.

Several factors accounted for the 16% deficit in funding in 2012, notably the difficulty in attracting donor funds due to the worldwide financial crises, a changing and more competitive landscape, Ghana achieving middle-income status (and therefore some misconception that funds should be moved to more other countries), and the discovery of oil in Ghana.

In view of the above challenges and risks, and to protect income, efforts were made to be cautious with commitments and vigilant in tracking expenditure, expiry, and donor conditions (at the monthly CMT for example). However, compliance with some donor conditions, such as visibility, remained weak. An office wide visibility plan 2013 – 2014 was developed to address the latter.

Arrangements are already in place for an updated fundraising strategy with a renewed, coordinated, and consistent resource mobilization approach in 2013. Emphasis will be on being proactive, engaging more closely with NatComs as well as non-traditional donors, improving visibility for contributions, tapping into joint programme and opportunities within the context of Delivering as One UN, managing contributions more robustly, and expanding outreach to the private sector. Subsequent to the launching of the Children's Rights and Business Principles in September to Ghanaian corporate executives, UNICEF is already in discussions with three private sector organizations with the view of developing and fostering partnerships to further their corporate social investment initiatives in support of children's rights and well-being.

Meanwhile, as the co-lead of the education sector group in Ghana, UNICEF coordinated the GPE application process resulting in a US\$75.5 million grant facility.

All 27 donor reports due were sent on time. A randomized Donor Reporting Quality Assurance Exercise done by the Regional Office in the last quarter of the year rated the two sampled reports as 'good' and 'exemplary'. It was noted however, that reports could benefit from a stricter adherence to PARMO reporting quality assurance standards, which place an emphasis on strong branding and formatting, as well as analysis.

UNICEF's public advocacy efforts focused on using evidence to highlight the situation of the most excluded children while demonstrating how UNICEF and partners are making a difference. Areas of focus included children with disabilities, child labor, USI, breast-feeding, and reducing child mortality through the introduction of two new vaccines.

## Management of Financial and Other Assets

UNICEF Ghana initiated the process of preparing for an internal audit by conducting periodic self-assessment on travel and payment processes. All risks identified during the self-assessment were addressed and documented.

UNICEF Ghana continued to improve on its contributions management, budget control, and financial procedures with strict monitoring of expenditures, grant expiries, and donor conditions. As a result, 94% of RR was utilized and all funds in expiry grants committed within the grants original duration. One grant extension was requested as a result of technical challenges with an off-shore procurement, although all of the funds were actually committed before the grant expiry date. A three month extension of the CERF grant for cholera response was requested (and approved) as a result of challenges encountered with finding the appropriate implementing partners.

All Other Resources Emergency (OR-E) was committed within the original life of the grant. HACT assurance activities were also rigorously carried out by both programme and operations staff, including programme monitoring and scheduled monthly spot checks to different partners. This resulted in the recovery of some misapplied funds by some implementing partners. UNICEF Ghana is also undertaking micro-assessments of new implementing partners identified for the new Country Programme cycle (2012–2016) and scheduled audits of partners for the last Country Programme cycle (2006–2011). The outstanding DCT of nine months and more is 0%, while 6-9 months DCT outstanding stands at 2% at the end of 2012.

Programme and management priorities were discussed and agreed upon. Strengths and weaknesses of staff and bottlenecks posed by work processes were also discussed and some work processes were redesigned. Bank reconciliations were sent before the HQ deadline dates. With the introduction of VISION, the office is strictly enforcing internal control policies and has developed five SOPs to guide the office in the day-to-day business process of the new system and environment.

## Supply Management

UNICEF continued to be a key strategic partner to the government in the procurement of commodities for programmes targeted at achieving the health, education, and WASH-related MDGs. Procurement services doubled in 2012 to over US\$47 million (as compared to US\$20 million in 2011) with the biggest partner being GHS. The VISION/IPSAS rollout resulted in many challenges and learning in 2012.

UNICEF Ghana continues to maintain a strategic approach to supply management. Leading the UN procurement task group, a comprehensive local market survey was completed in 2012 with 44 local suppliers validated. Long-term agreements (LTAs) were also established for recurrent strategic supplies and shared with sister agencies. Supply plans were completed in May 2012 with 90% of supplies delivered on time.

In 2012, the following two major supply interventions were undertaken: (1) the universal LLIN hang up campaign in the Upper West, Upper East and Brong Ahafo regions with DFID financial support, and (2) the launch of two new vaccines – PCV13 and Rotavirus. In collaboration with GHS, UNICEF ensured the timely procurement and distribution of all the items to the regions. Ghana was the first country in the region to have a combined launch of two new vaccines. Strong collaboration between UNICEF and GHS ensured the vaccines were delivered on time for the launch. Challenges were faced in relation to ensuring the timely delivery of the Rota vaccine due to supplier production capacity. However, strong and active collaboration with the Supply Division ensured the timely arrival of vaccines.

The supply unit took the lead in counterpart capacity building in line with VISION/IPSAS requirements, and created awareness of new systems processes for a smooth transition. The supply section continues to support the United Nations Humanitarian Response Depot (UNHRD) activities in the Accra Hub in collaboration with the Regional Office. UNICEF Ghana is a member of the supply and logistic strategic framework field reference group providing input to processes, procedures, and improvements to VISION work processes in line with IPSAS.

## Human Resources

At the beginning of 2012, UNICEF Ghana welcomed 25 new staff members who brought with them new skills, competencies, and knowledge. Focus was also placed on strengthening the skills sets of current staff. The learning plan focused on building capacity and knowledge of staff on UNICEF programming and processes, with special emphasis on equity based planning, gender mainstreaming, the human rights based approach to programming, knowledge management, and emergency preparedness.

HRDC monitored the implementation of the 2012 staff learning plan. Staff members enhanced their capacities in leadership and management skills, social norms programming, knowledge management, and communication for development through international individual training programmes. Two staff members took part in a staff exchange programme. UNICEF Ghana contracted two French teaching institutions in the country (one for Accra staff and another for staff in the Tamale Field office) to conduct French lessons for all staff. The office also provided all needed learning materials as well as allotted time for the lessons.

Other group learning events organized by the Human Resources (HR) team including the following: Competency Based Interviewing (CBI), Programme Planning Processes (PPP), ethics, and team building. Presentations were also made for staff on Performance Appraisal System (PAS), HACT, individual and institutional contracts, Business Continuity Plan (BCP), VISION, TOA, travel management, flexible work arrangements, and managing stress in the workplace. Overall, UNICEF Ghana achieved 78% of the staff

participating in training events.

UNICEF Ghana gender statistics are 53% females and 47% males. The HR section provided guidance and support to staff and supervisors with individual work planning and compliance with PAS processes. The CMT monitored PERs, with 99% of 2011 PERs and 95% of key assignments for 2012 completed by November 30, 2012.

UNICEF Ghana has three Peer Support Volunteers (PSVs): two in Accra and one in Tamale. Staff continue to be trained on HIV/AIDS in the workplace and the Caring for Us Committee ensured that male and female condoms were replenished in the office washrooms.

In 2011, the office conducted an internal Staff Governance Survey, which complemented the Global Staff Survey. The office and Local Staff Association set up a committee to review the results of the two surveys and identified the following three priority issues for action: (1) interaction with management and managers; (2) work/life balance; and (3) abuse of authority, reporting misconduct, and preferential treatment. All of the issues were addressed by the following interventions: (a) UNICEF Ghana identified and contracted a reputable institution to carry out team building, including finding out the root cause of these perceptions and together with staff find solutions to address them; (b) LSA/UNDSS organized a session on stress management for staff which was facilitated by a clinical psychologist; and (c) UNICEF Ghana promoted the Flexible Working Arrangement (FWA) policy. The CMT has mandated chiefs of sections to discuss the FWA policy with their teams and to encourage more open communication.

### Efficiency Gains and Cost Savings

UNICEF chaired the UN Operations Management Team in 2012 and presented its work plan, budget, and progress to the monthly UN Country Team (UNCT) meeting for information and endorsement. This gave an opportunity to expose UNICEF staff members to the UNCT operating environment, take initiatives to benefit UNICEF and UN System while working together, understand the complexity of Delivering as One UN, and reduce the transaction cost for UNICEF and the entire UN System.

As part of these joint initiatives, a comprehensive local market survey was conducted and several One UN Long-term Agreements (LTAs) have been signed with some service providers, including the following:

1. Mobile LTA: Signing a LTA with a mobile company resulted in 50% reduction on monthly post-paid line invoices. Calling UN personnel using the service provider's network has also been made free, saving US\$110,000 on mobile handsets for the UN System in Ghana.
2. Travel LTA: The UN jointly bid and negotiated with travel agents which resulted in the signing of LTAs with three travel agents. Based on these agreements, the UN receives a 2% refund on international tickets purchased when the travel agents receive such discounts from the airlines.
3. Joint Market Survey: The market survey was jointly conducted as part of the UN Operations Management Team (OMT) work plan with the active involvement and cost sharing amongst all UN agencies. UNICEF invested only 16% (US\$3,650) of the total spent amount of US\$23,500, a savings of US\$19,850.
4. UN Welcome Booklet: A revised UN Welcome to Ghana Booklet was published as a joint initiative. This will greatly help all new staff, especially international staff, to understand and settle into the new country environment.

### Changes in AMP & CPMP

The 2012-2016 CPMP was approved in 2011. An initial VISION capacity gap assessment conducted by the Regional Office in September 2012 focused on the capacity of the strongest VISION user in a number of areas. The results showed that UNICEF Ghana has relatively good capacity to deal with VISION issues, but

that competency gaps exist with asset management and inventory. A number of VISION processes (such as the creation of institutional contracts) still take an unacceptable long time to complete and have hindered smooth programme implementation in 2012. Given that the UNICEF Ghana is still in a learning phase, serious VISION competency gaps could be created if competent and experienced VISION staff leave the office.

A more detailed capacity gap assessment needs to be conducted in 2013 to further assess areas of strength and weakness, and identify possibilities to consolidate and streamline VISION tasks and functions using a business centre approach.

## Summary Notes and Acronyms

### Notes:

1. IMF Country Report No. 12/201
2. The GDP was rebased by the Government in late 2010, increasing from \$753 per capita to \$1,318 per capita.
3. Ghana Demographic and Health Survey, Antwi S. Nutrition of young children and mothers in Ghana. 2003

ABCE – Access, Bottleneck, Cost, and Equity  
 AIDS - acquired immunodeficiency syndrome  
 ARV – antiretroviral drug  
 BCP – Business Continuity Plan  
 BNA – Bottleneck Analysis  
 CATS – Community Approaches to Total Sanitation  
 CBA – Community Based Agent  
 CBE – complementary basic education  
 CBI – competency based interviewing  
 CCA/DDR – Climate Change Adaptation and Disaster Risk Reduction  
 CCG – Christian Council of Ghana  
 CFD – Communication for Development  
 CFS – Child Friendly School  
 CHW – Community Health Worker  
 CLTS – community-led total sanitation  
 CMAM – Community Management of Acute Malnutrition  
 CO – Country Office  
 CRC – Contract Review Committee  
 CRDD – Curriculum Research Development Division  
 CSO – civil society organization  
 CSR – Corporate Social Responsibility  
 CTM – Common Targeting Mechanism  
 CWSA – Community Water and Sanitation Agency  
 DCT – direct cash transfer  
 DFID – UK Department for International Development  
 DHS - Demographic and Health Survey  
 DSW – Department of Social Welfare  
 DTST – District Teacher Support Team  
 ECD – Early Childhood Development  
 EMIS – Education Management Information System  
 EmONC – Emergency Obstetric and Newborn Care  
 EMTCT – elimination of mother to child transmission  
 EPI – Expanded Programme on Immunization  
 EWAE - Early Warning Early Action  
 FDB – Food and Drugs Board  
 FWA – flexible working arrangement  
 F4W – Football for WASH  
 GAVI – The GAVI Alliance

GDP – Gross Domestic Product  
 GES – Ghana Education Service  
 GHD – Global Hand Washing Day  
 GHS – Ghana Health Service  
 GH¢ – Ghana Cedi  
 GLSS – Ghana Living Standards Survey  
 GPE – Global Partnership for Education  
 GSS – Ghana Statistical Service  
 GWCL – Ghana Water Company Ltd.  
 GWEP – Guinea Worm Education Programme  
 HACT – Harmonized Approach to Cash Transfer  
 HF – high frequency  
 HHWS – hand washing with soap  
 HIV – human immunodeficiency virus  
 HLM – high-level meeting  
 HR – human resources  
 HRDC - Human Resources Development Committee  
 HQ – headquarters  
 HWTS - household water treatment and safe storage  
 IATT – Interagency Task Team on Prevention of HIV among Mothers, Pregnant Women, and their Children  
 ICCiHP – Interagency Coordination Committee for Health Promotion  
 ICT – information and communication technology  
 IE – inclusive education  
 IEC – information, education, and communication  
 IHME – Institute for Health Metrics and Evaluation  
 IMEP – Integrated Monitoring and Evaluation Plan  
 INSET – in-service training  
 IP – implementing partner  
 IPSAS - International Public Sector Accounting Standards  
 ITN – insecticide treated net  
 IYCF – Infant and Young Child Feeding  
 JASMES – Joint Agenda for Strengthening M&E and Statistics  
 JCC – Joint Consultative Committee  
 JHS – junior high school  
 JICA – Japan International Cooperation Agency  
 KG – kindergarten  
 KM – Knowledge Management  
 KNUST – Kwame Nkrumah University of Science and Technology  
 KNVB – Royal Netherlands Football Association  
 KVIP – Kumasi ventilated improved pit latrine  
 LEAP – Livelihood Empowerment Against Poverty  
 LLIN – long-lasting insecticidal net  
 LQAS – Lot Quality Assurance Sampling  
 LTA – long-term agreement  
 MAF – Millennium Development Goal Acceleration Framework  
 MDA - Ministry Departments and Agencies  
 MDG – Millennium Development Goal  
 M&E – Monitoring and Evaluation  
 MESW – Ministry of Employment and Social Welfare  
 MICS – Multiple Indicator Cluster Survey  
 MIS – Management Information System  
 MLGRD - Ministry of Local Government and Rural Development  
 MMR – Maternal Mortality Rate  
 MODA – Multiple Overlapping Deprivation Analysis  
 MoFEP – Ministry of Finance  
 MORES – Monitoring Results for Equity Systems

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MOTI – Ministry of Trade and Industry  
MWRWH – Ministry of Water Resources, Works and Housing  
NDC – National Democratic Congress  
NDPC – National Development Planning Commission  
NER – net enrollment rate  
NGO – nongovernmental organization  
OBPF – Output-Based Performance Framework  
ODA – Overseas Development Assistance  
ODF – open defecation free  
OMT – Operations Management Team  
OOSC – out-of-school children  
OR-E – Other Resources Emergency  
ORS – oral rehydration solution  
PAS - Performance Appraisal System  
PCARC – Programme Cooperation Agreement Review Committee  
PCR – Programme Component Result  
PMTCT – prevention of mother to child transmission  
PPP – Programme Planning Processes  
PSV - Peer Support Volunteer  
PTA – Parents and Teachers Association  
PWD – Persons With Disabilities  
RBF – Result-Based Financing Framework  
RCN – Resource Centre Network  
RCT – randomized control trial  
RUTF – ready-to-use therapeutic food  
SEE – Simulation for Equity in Education  
SER – Social Enquiry Reports  
SKMI – Sanitation Knowledge Management Initiative  
SMC – School Management Committee  
SMS – short message service  
SOP – standard operating procedure  
SUN – Scaling-Up Nutrition  
SWA – Sanitation and Water for All  
TOA – Table of Authority  
TOR – terms of reference  
UN – United Nations  
UNCT – United Nations Country Team  
UNDAF – UN Development Action Framework  
UNDSS – United Nations Department of Safety and Security  
UNFPA – United Nations Population Fund  
UNHCR – United Nations High Commissioner for Refugees  
UNHRD – United Nations Humanitarian Response Depot  
USAID – United States Agency for International Development  
USI – universal salt iodization  
VHF – very high frequency  
VISION - Virtual Integrated System of Information  
VOIP – Voice Over Internet Protocol  
WASH – water, sanitation, and hygiene  
WATSAN – water and sanitation  
WSMTs – Water and Sanitation Management Teams  
5KB – 5 Key Behaviors

## Document Centre

### Evaluations

	Title	Sequence Number	Type of Report
1	Evaluation of the Government of Ghana - UNICEF Integrated Approach to Guinea Worm eradication through Water Supply, Sanitation and Hygiene in Northern Region, Ghana (I-WASH)	2012/043	Evaluation
2	Communication for Development: Impact Evaluation Baseline Report	2012/008	Evaluation
3	EmONC Needs Assessment	2011/030	Study

### Other Publications

	Title
1	The 2011 Ghana MICS with an enhanced Malaria Module and Biomarker – Summary of Key Findings
2	The 2011 Ghana MICS with an enhanced Malaria Module and Biomarker – Main Report
3	EmONC Needs Assessment
4	The Urban MICS in 5 densely populated areas in Accra, 2010/2011

### Lessons Learned

	Title	Document Type/Category
1	Social media in Ghana	Innovation
2	2011 Ghana MICS supported collectively by various development partners	Innovation
3	Integrating Decentralised Monitoring for Results into existing Ghana Health Services performance review processes in the 3 Northern Regions of Ghana.	Lesson Learned

### Lessons Learned / Innovation

#### 1 Social media in Ghana

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	5	<a href="https://www.facebook.com/UNICEFGhana">https://www.facebook.com/UNICEFGhana</a>
Contact Person	Language	Emergency Related
Madeleine Logan <a href="mailto:mlogan@unicef.org">mlogan@unicef.org</a>	English	

#### Abstract

Social media has transformed the way people communicate, and presents powerful opportunities for UNICEF to achieve its strategic goals. Social media has become an important focus for UNICEF globally, especially since the establishment of the Social and Civic Media at NYHQ. Ghana is an example of how a social media following can be built at country office level. In Ghana, Facebook and Twitter have been harnessed as advocacy tools to rally supporters, influence offline media, tell success stories and mobilise resources. UNICEF Ghana is using social media to consolidate its position as a knowledge leader and an organization that achieves clear results for children.

### **Innovation or Lesson Learned**

The social media survey conducted in the three northern regions of Ghana was a particularly innovative element of the social media scale-up. The majority of UNICEF's programs are run in northern Ghana. It was therefore important to determine the online audience which reside in the country's three northern regions and how they could be involved and informed about UNICEF's work online. At least 300 young people were interviewed at schools, tertiary institutions and internet cafes.

There was a high level of knowledge of UNICEF and a high level of interest in development among the respondents. This was promising for UNICEF's social media channels in the north of the country, and justified continued investment in the channels. The findings helped the team target online messaging, choose the types of posts featured, and prioritise engagement with followers, most of who said they wanted two-way dialogue with the organisations they follow and 'like'.

A key lesson learned was that even a relatively short period of inactivity on a social media channel impacts negatively on relationship with followers. To be done well, social media needs to be handled by a dedicated staff member. A communications officer was recruited on a TA in October, and part of her role is to work on social media. But Twitter was largely inactive while the recruitment process was on-going, and the channel lost some of its momentum in the two-month period.

### **Potential Application**

Ghana Country Office has been invited to share its experiences with social media with other country offices. Ghana's communications team has presented at the WCARO Regional Communications Training, as well as the global Social Media WebEx in July. The team has also provided advice to other countries (Yemen, Morocco, Guinea Bissau) about their burgeoning social media. Ghana's experiences in 2012 are timely and relevant for the growing number of country offices turning to social media in line with its greater prominence in UNICEF globally.

### **Issue**

UNICEF Ghana has had a presence on facebook, twitter and youtube since 2010. But until February 2012, social media was a low priority for the communications team. In February, UNICEF implemented a social media scale-up to test the potential of digital engagement. It focussed on updating facebook and twitter at least twice daily, Monday to Friday. The next three months proved the potential of social media to raise awareness of UNICEF Ghana's work. Since then, UNICEF Ghana has become a social media pioneer among country offices in the region, and a leader among UN agencies and international NGOs in Ghana.

### **Strategy and Implementation**

Social media in Ghana was successful because its scale-up was evidence based and had the support of senior management. The first step was to advocate for the initial three-month social media scale-up, and the activation of UNICEF Ghana's twitter account and upgrade of the Facebook account. There was a clear chain-of-command to mitigate associated risks. The next step was to survey 300 young people in the deprived northern regions about their social media use. Nearly 90 per cent of those surveyed had a facebook account. The findings created an evidence base for increased engagement with social media. After the successful scale-up, the communications team created a more robust social media strategy, where monthly themes were linked to strategic priorities of the new country program. It features more engagement, and more child-created content. Senior management at country and regional level and NY were all involved in its conception and scale up.

### **Progress and Results**

After the first three-month pilot scale up, UNICEF Ghana's Twitter following doubled to 1,000 followers and Facebook likes increased by 20 per cent to more than 1,100 fans. There were more than 600 page views in June, up from 56 in January. These numbers have continued to rise. As at November 2012, facebook has more than 1,600 fans and twitter more than 1,700 followers.

Social media has led to more prominence for the Ghana Country Office in offline media. A story and photo about Kangaroo Mother Care on the Ghana facebook page was picked up by a prominent national radio station in Germany. It has also increased awareness from NatComs. That same story was picked up by the Danish NatCom and featured on their website.

### **Next Steps**

In 2013, the communications team will have three key focuses on social media:

- 1) Increased visibility for donors and UNICEF partnerships using social media. Facebook and Twitter will be used as a key part of visibility plans for large donors. Social media can be a low-cost, high-impact element of building donor prominence, especially as donors are insisting on greater visibility.
- 2) Increased child-created content. The communications team will partner with schools and youth broadcasters and young people will be encouraged to create content related to each monthly theme. At least one piece of child-created content will be featured each month, whether that is a blog, a video, photo album or series of drawings.
- 3) Partner with popular and respected Ghanaian bloggers to increase awareness of UNICEF Ghana's work among the online community.

## 2 2011 Ghana MICS supported collectively by various development partners

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	5	
Contact Person	Language	Emergency Related
Jane Mwangi (jmwangi@unicef.org) or Sarah Hague (shague@unicef.org)	English	

### Abstract

The execution of the 2011 Ghana MICS is an excellent example of how UNICEF leveraged both financial and technical resources to strengthen the government's capacity to conduct the MICS in conjunction with a national malaria survey. The MICS is one of the surveys included in the Government's long-term census and survey calendar and the Government Statistical Service (GSS) has the overall responsibility to oversee the collection, compilation, analysis, publication and dissemination of official statistics in Ghana.

UNICEF worked closely with GSS to lobby for partners to support the Ghana MICS, instead of promoting parallel surveys. UNICEF convinced partners that supporting the GSS to conduct an enhanced MICS was in line with the Paris Declaration to work together to manage aid for the achievement of development results, and ensure that the government takes the lead in these processes. As a result, a MICS plus enhanced Malaria Module and Biomarker Survey was executed.

### Innovation or Lesson Learned

The Ghana MICS included the standard MICS modules, as well as country specific modules, including an enhanced malaria module and biomarker, and questions on National Health Insurance. A wide range of development partners came together to support the MICS, creating a clearer sense of government ownership and better use of technical and financial resources.

UNICEF's support built internal capacities to manage other surveys. Analytical capacity building for GSS staff via hands-on training and technical workshops enhanced their confidence to manage the survey. Active dissemination of new data, tools and best practices to researchers and survey practitioners ensured that acquired knowledge can be used in other surveys.

### Potential Application

The support to the 2011 MICS by various partners has reassured GSS that development partners are keen to support government-led systems if the government can show commitment and ensure that the entire process is transparent and timely. This model for lobbying development partners to support key surveys is bearing fruit. GSS has since called upon development partners to support the Ghana Living Standards Survey (GLSS6), and has included modules of interest to various partners and sectors. For example, the WASH sector successfully advocated for Water Quality Testing in the GLSS.

As part of the budget support process, GSS will review the Census and Surveys long-term calendar for 2013 to ensure that key data requirements are well planned for. The expectation is that this will minimize the need to conduct parallel surveys, and also ensure better planning for national surveys.

### Issue

During the MICS planning, UNICEF was alerted that USAID was planning to support a Malaria Biomarker Survey at the same time as the MICS. These results were required by the National Malaria Control Programme (NMCP) to report to the Global Fund. Given that the MICS already had questions related to malaria, we discussed with USAID the need to integrate the two surveys and therefore strengthen government's capacity to conduct high quality surveys. Initially, USAID was sceptical that the MICS would be conducted and results available on time to report to the Global Fund, especially since results from previous surveys by GSS were never available on time.

### Strategy and Implementation

UNICEF supported GSS to be proactive, take the lead in planning for the survey, and to remind all partners of the need to support national processes. GSS called a stakeholders meeting where the process of conducting the MICS was articulated. GSS requested NMCP and USAID to join forces and incorporate the malaria biomarker into the MICS, and reassured all partners that with their support, all activities related to the survey would be undertaken in a timely basis.

With GSS leadership, a steering committee was insituted to manage the process, and all key partners were members of this committee. This committee met on a regular basis to review progress and discuss issues.

As a result of this engagement and dialogue the MICS was conducted by Ghana Statistical Service (GSS) with an enhanced Malaria Module and Biomarker with support from UNICEF, USAID, ICF/MACRO, the National Malaria Control Programme, Navrongo Health Research Centre, UNFPA, and the Japanese Government, among others.

### Progress and Results

As a result of this partnership and collaboration, the entire survey process was timely. Data collection started on time, and results were available a few months later – in time for the NMCP to report to the Global Fund. This was the first time in a long while that GSS

was able to provide survey results in a timely basis.

The official launch of the MICS took place in November 2012, and the results are already being used by various partners for analysis, planning and evaluation.

GSS benefited from this partnership, which included strengthening its institutional capacity. GSS staff attended key training workshops organized by UNICEF in survey methodology and design, data processing and analysis and in data dissemination. The technical assistance provided by UNICEF and ICF/MACRO was also beneficial to the other local institutions.

GSS staff were motivated by the fact that they were able to release results on time, and manage the entire survey process in a professional manner.

## Next Steps

In Ghana, survey programmes supported by development partners have clearly enhanced GSS capacities for the design, implementation, analysis, and dissemination of surveys. However, some areas remain weak – for example, the areas of complex analysis and data utilization require further capacity development. Although GSS staff are involved in the design and implementation of surveys and in report writing, there is limited local capacity to produce the analytical reports that are vital for policy formulation and programme improvement. The problem is compounded by limited capacity, and a lack of political will and appreciation of the central role of quality data in policymaking and programme management. This will be a focal area for UNICEF advocacy. For example, we shall work closely with GSS and other partners to disseminate the MICS results more widely – at regional level, with civil society – and show the disparities that exist in key indicators across the country.

### 3 Integrating Decentralised Monitoring for Results into existing Ghana Health Services performance review processes in the 3 Northern Regions of Ghana.

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	5/ Knowledge Management	
Contact Person	Language	Emergency Related
Clara Dube, Chief of UNICEF Tamale Field Office <cdube@unicef.org>	English	

## Abstract

This is a brief summary of the process, lessons learned and the experiences from integrating decentralized monitoring and the bottleneck analysis approach to planning and monitoring health service provision using GHS in Upper East, Upper West and Northern Regions of Ghana.

Following the successful regional level consensus building and orientations, plans are at an advanced stage to support district level training on BNA tools, during first quarter of 2013, using District level annual review and planning meeting preparations as entry points. These lessons learnt may be modified and adapted to be used by other institutions that may be interested in similar decentralized monitoring.

## Innovation or Lesson Learned

The introduction of MoRES into the GHS performance reviews moved at a rather slow pace to enable the prerequisite ingredients to be put in place and leveraging of partner buy-in.

It was imperative to make deliberate efforts at creating demand for the application of the BNA methodology through different fora. An important part of the process was to demystify 'MoRES' and 'BNA' into simple terminologies that everyone could understand. Ultimately, the BNA approach was received with a lot of enthusiasm at National, Regional and District levels. Only then was it possible to build the partnerships and shared commitment of GHS.

Building on existing concepts and systems, such as the performance reviews and the Leadership Development Programme, promoted easy understanding and practical application of the bottleneck analysis tool.

Ghana Health Services in the 3 Northern regions has a much better enabling environment for the introduction of BNA as compared to other decentralized Government Departments. These included a supportive senior management, regular half year and annual performance review and planning processes at district, regional and National level, reliable data sources (the DHIMS) with well-defined indicators, and capable, committed and willing human resources.

Involving other development partners and NGOs was a good idea, but in the case of GHS where the capacity building plans are well under way and Government appears to be in the driving seat, the roles of these other development partners and NGOs needs to be redefined.

The preparations for district training and subsequent processes took longer than originally anticipated, due to the lack of a ready-made BNA toolkit, which in turn slowed down the capacity building of the pool of facilitators at the different levels.

## Potential Application

This method of integrating decentralized monitoring and the bottleneck analysis approach to planning and monitoring can be extended to other Government departments in the 3 NRs as well as the other Regions of Ghana, and other countries may learn from and adapt a similar approach. The enabling environment is a necessary ingredient to success, and the process may need to be instituted gradually and incrementally to ensure Government buy-in and capacity development.

## Issue

Monitoring Results for Equity Systems (MoRES) involves decentralized monitoring, systematic bottleneck analysis, strategies development to close gaps in desired outcomes among the most disadvantaged populations, thus accelerating progress towards the Millennium Development Goals.

Ghana Health Services, UNICEF's key Health and Nutrition implementing partner, conducts regular and systematic performance reviews that link districts to regions and to the national level. These reviews enjoy senior management support, consistent data sources, capable and committed human resources, thereby creating the enabling environment for the integration of MoRES.

## Strategy and Implementation

Integrating MoRES into existing systems and processes requires partnerships, capacity building and shared commitment to 'learning by doing'. Over the past years, UNICEF has supported Ghana Health Services' performance reviews in the 3 northern regions. UNICEF since 2011 supported the gradual step-wise introduction of the bottleneck analysis tools to improve the quality of the review and planning processes.

UNICEF provided financial and technical support, and since 2011 conducted a series of advocacy and consensus building meetings with GHS for the adoption of a more structured and systematic approach by applying Bottleneck Analysis to improve the quality of the performance reviews. UNICEF supported the Leadership Development Programme in the 3 Northern regions, whereby the majority of these District and Sub-District leaders were females (Public Health Nurses and Midwives). The 'learning by doing' included Regional orientations on bottleneck analysis, agreeing on the tracer interventions, selecting regional facilitators, and development of the Regional and District action plans. The UER formed Regional Data Management Teams to ensure sustainability and replicability. Their roles will go beyond strengthening the routine health information management systems to other alternative data sources that can be triangulated to support and validate the routine data.

## Progress and Results

In 2012, GHs in all the 3 Northern regions applied some form of Bottleneck Analysis during their performance reviews, although not quite in the standard structured way. While there is still room for improvement, the BNA approach resulted in more constructive and well focused discussions, learning and subsequent planning.

The Upper West Regional used the BNA approach to enhance the coverage and quality of Community Management of Acute Malnutrition. UNICEF supported the Regional to initiate an investigation into the causes very high defaulter rates using the BNA approach. A renewed focus on addressing the causes and implementing the recommendations resulted in an overall 32% reduction in defaulter rate and a 15% increase in cure rate from 2011 to Midyear of 2012.

In the Northern Region, the BNA approach was used during performance reviews of Gushegu and Karaga Districts on iCCM, Sawla-Tuna-Kalba on EPI, with observable performance improvement.

The Upper East Region performance reviews were restructured to using the bottleneck analysis tool and methodologies. Each district presented on 5 good performing indicators and 5 poor performing indicators, indicating the causes of the good or poor performance and the proposed solutions, special initiatives and innovations to improve on the results.

## Next Steps

Although the BNA/MoRES was initially targeting a few Regions, the strong buy-in by national level GHS top management has resulted in a change in strategy, whereby the national level will take the lead in facilitating the Regional level process, and BNA/ MoRES will be introduced in a phased manner to all the Regions in Ghana.

It is proposed that the district level training facilitation team be expanded to include staff of the GHS, planning officers from the Regional Coordinating councils and the District Assemblies, Research institutions (University for Development Studies, Navrongo Research Centre etc), other UN agencies and a representative of all the sections within UNICEF to promote multisectoral ownership by partners and sustainability.

Regional Data Management Teams will be established in the NR and UWR, whose roles will go beyond strengthening the routine data to include the Nutrition Surveillance System (NSS) data, the Lot Quality Assurance Sampling Survey (LQAS) data and other sources of data that can be triangulated to support and validate the routine data.

Selected members of the district level training facilitation team will be coopted into the national core team to participate in the toolkit development and finalization of the Regional ToT training plans during the first quarter of 2013. The trainings will be rolled out from the first quarter of 2013, followed by the District-level Analysis and Planning Workshops and mentorships in 23 starter districts (5 districts in Northern Region, all 9 districts in the Upper East and Upper West Regions respectively). Monitoring and evaluation will be done by the national core team.