Executive Summary

UNICEF Ghana led a series of high-level evidence-based policy advocacy initiatives with Government and partners resulting in the following major achievements for 2013:

- Collaborating closely with the World Bank and the IMF, UNICEF responded rapidly in undertaking an analysis of the impact of the Government’s decision to remove fuel subsidies and influenced the Government’s decision to double the allocation to the national cash transfer programme.
- UNICEF led a transformational programme shift toward a Child Protection systems strengthening approach, with the first step being the development of policies on Child and Family Welfare and Juvenile Justice.
- Commitments toward “Scaling up Nutrition” and “A Promise Renewed” were manifested in the finalization of the draft National Nutrition Policy and the National Newborn Strategic Plan for 2014-2018.
- Gender based advocacy culminated in the development of gender mainstreaming guidelines for the WASH sector, providing the basis for gender sensitive sector policies and strategies. Rollout of Emergency Preparedness and Response Plans (EPRP) at national and regional levels better positioned Ghana to plan for and respond to WASH challenges during emergencies.
- Training of 114 education planners from 38 districts in the bottleneck analysis tool and the simulation for equity in education (SEE) planning model sharpened the quality of the annual district education plans in terms of targeting and resource management.
- District Chief Executives (the final decision making authorities at the district level) were introduced to evidence based planning and 40 out of 50 District Assemblies were supported in the review of five year plans facilitating the inclusion of indicators affecting children in the 2014-2017 District Medium Term Development Plans. Those events culminated in a Regional Development Strategy for one of the least performing regions.

Delayed budget release due to a fiscal crisis in 2013 and absence of clear strategies in addressing weaknesses identified by micro assessments constrained programme implementation. Coordination-related tensions between sectors and divisions continued to pose challenges in ensuring multisectoral response in nutrition and child protection. Complex processes and consultations with multiple stakeholders led to inevitable delays in child protection research and policy development.

Newly established partnerships with the President’s office and the Ministries of Finance and Justice, and renewed partnerships with Ministry of Gender, Children and Social Protection the Auditor General’s office were critical to the success of UNICEF’s advocacy and programmatic and financial assurance work. UNICEF, as coordinating agency, played an active role in preparing the US$75 million GPE grant with the Government and development partners, and participated in the multi-donor visit in December 2013. A public-private partnership (PPP), using football to promote WASH behaviours in schools, was expanded with the Netherlands Professional Football Association, New Energy and Ghana Water Company. Collaboration with USAID/FANTA ensured scaling up of Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding Practices (IYCF) in all ten regions. Civil society engagement in WASH supported the establishment of a research cluster and “Curious Minds,” a popular radio programme on children, furthered UNICEF’s research and communications efforts.

Country Situation as Affecting Children & Women

After the 2012 elections, in 2013 Ghana held its course of political stability and democratic governance. In August of 2013, the Supreme Court dismissed an appeal by the opposition that challenged President Mahama's win.

Ghana is considered a lower middle-income country, with GDP per capita of US$1,563. Ghana’s economic growth slowed slightly to 7.4 per cent in 2013, from 7.9 per cent in 2012 (Ministry of Finance 2013). The 2013 fiscal crisis, due to a ballooning wage bill and fuel subsidies in 2012, severely affected funding flows, cutting off all Ministries and Agencies from public funding for more than half of the year.
While the proportion of Ghanaians living in poverty was cut in half between 1996 and 2006, to 28.5 per cent, poverty reduction has not been uniform. The majority of the population in the north (63 per cent) is poor, compared to 20 per cent in the south. New poverty data from the Ghana Living Standards Survey will become available in 2014, but research done in 2013 by UNICEF Ghana revealed that Ghanaian children are far more likely to be poor than adults, with 39.4 per cent of children living in poverty, compared to the national average of 28.5 per cent (UNICEF 2013). UNICEF Ghana has been active in generating evidence-based policy advocacy to improve resource allocation and equity. The Country Office completed research to estimate the impact of the fuel subsidy removal and – advocating for a social response – demonstrated the potential for scaling up the national cash transfer scheme, Livelihood Empowerment Against Poverty (LEAP). As a direct result, the Government agreed to more than double the budget allocation to LEAP and other Social Protection programmes. In total, this represents an additional US$15 million for an additional 75,000 extreme poor households in Ghana.

Ghana remains unlikely to meet the Millennium Development Goal (MDG) 4 target for reducing under-five mortality rate (USMR) by two-thirds by 2015. The 2011 Multiple Indicator Cluster Survey (MICS) estimates the USMR at 82 deaths per 1,000 live births, still far from the target of 43 per 1,000 live births. Neonatal mortality represents 60 per cent of infant mortality in Ghana, with half of deaths occurring at home. An important barrier to reducing child mortality remains limited human resource capacity in the health facilities. In 2013, an HPV vaccine demonstration programme was launched in Ghana, and a vaccination campaign for rubella and measles was administered successfully.

Malaria remains a leading cause of morbidity and mortality in Ghana; prevalence was estimated at 28 per cent among children 6-59 months (MICS 2011). However, the 2013 evaluation of the Long-Lasting Insecticide Net (LLIN) hang-up campaign supported by UNICEF and the Government demonstrated that the physical hang-up of nets combined with behaviour change messages led to a more than doubling of utilisation rates in the regions studied.

Almost one in seven children under five (13 per cent) is underweight, making the 2015 target of 11.5 per cent a feasible challenge. However, the MICS also showed that nearly 1 child in 4 (23 per cent) is stunted. Limited counselling and nutrition knowledge among health workers is an important bottleneck. In 2013, the Government completed drafting Ghana’s first National Nutrition Policy with UNICEF support.

Maternal mortality stands at 350 deaths per 100,000 live births (Global Inter-agency Maternal Mortality Estimation Group), meaning the MDG5 target of 185 deaths per 100,000 live births is unlikely to be met. Although 87 per cent of pregnant women attend the recommended four antenatal visits, only 68 per cent use a skilled birth attendant (MICS 2011). The 2013 study on free maternal healthcare showed that the provision of free care was effective in increasing the utilization of health facilities for deliveries, estimating that the initiative saved more than 3,000 lives between 2008 and 2011.

With 80 per cent of the population having access to improved water sources, Ghana has achieved the MDG7 target of 78%. However, the poorest are 1.5 times less likely than the richest to have an improved source of drinking water. Access to improved sanitation is only 15 per cent, indicating that the 2015 target of 54 per cent will not be met. Prevalent behaviours and inadequate planning and targeting of Water Sanitation and Hygiene (WASH) programmes are among the key bottlenecks.

Despite universal, free basic education in Ghana, and a primary net enrolment rate of 84%, more than half a million primary age children are not enrolled (Education Management Information System 2012/13). A key reason for not attending is lack of funds for school levies, as well as the perceived need for children to work. Inequality between the rich and poor is decreasing, but only 6 out of 10 children in the poorest quintile attend school (MICS 2011). Many children enter school late, and those that are enrolled tend to drop out early. Although the MDG3 target of gender parity in primary and secondary education has been achieved, there are significant gaps in some regions – the primary gender parity ratio is 0.88 for the Northern region (MICS 2011). Transition to secondary school is low, with secondary net enrolment at 46 per cent. Poor quality education is also still a major concern; proficiency in mathematics in grade six has barely improved to 16 per cent in the 2011 MICS. Teacher absenteeism has been identified as a critical bottleneck for quality education; it is estimated that teachers spend only 39 per cent of “time on task” in the classroom (Ministry of Education
Ghana is among the countries with the highest rates of violence against children in the world, with close to 90 per cent of children having experienced some form of physical or verbal violence (MICS 2011). The birth registration rate is 65 per cent (MICS 2011) and those missing out are in rural areas where inefficiencies in the registration system continue to be an important bottleneck. New statistics on child labour are expected to be released next year. According to data from the 2010 Population Census there are 737,743 persons with disability (PWD) in Ghana, representing about 3 per cent of the country’s total population. Generally, educational attainment is low among PWDs, with more than 40 per cent of them having never attended school (Census 2010).

Country Programme Analytical Overview

The 2013 Country Programme progressed systematically to analyse and consistently better understand inequalities, address barriers, redress discriminatory practices and ensure greater access to services and support, with a particular focus on remote and hard-to-reach areas.

UNICEF supported the national monitoring and evaluation (M&E) system. Out of Government’s 28 Ministries and Agencies, 20 now have robust M&E plans. By including household water quality in the 2012 Ghana Living Standards Survey, UNICEF further supported Government to assess national drinking water quality in 2013, piloting the standards for national statistical surveys. For the first time, data generated on child protection and the in-depth analysis of existing data on out of school children is informing the comprehensive policy development for child protection and the education strategy to reach the unreached. UNICEF Ghana scaled up its policy advocacy in 2013. For example, UNICEF’s leadership in the national policy debate responding to the removal of fuel subsidies and its increased resource mobilization for social protection influenced the national budget allocation of an additional US$15 million reaching an additional 75,000 extreme poor households in Ghana. Discourse led by UNICEF on newborn mortality initiated the development of the National Newborn Strategic Plan for newborn health care for 2014-2018. Evidence-based advocacy at the decentralized level resulted in collaborative partnership with Regional Ministers and District Assemblies in holding advocacy meetings and cross-sectoral reviews in the identification of gaps and inclusion of key milestones on health, nutrition and education in the 2014-2017 district and regional plans.

Through thematically planned media messaging, using new and traditional media, UNICEF Ghana succeeded in increasing public attention to equity issues and children’s rights. Proactive engagement with local media was effective, with more than 200 media mentions for UNICEF Ghana in 2013. Diversity of messaging increased with the use of high-quality op-eds, briefs, photography, press releases, and videos. Reach was also substantially extended in 2013 with the launch of UNICEF Ghana website scaling up to 10,000 members in UNICEF Ghana’s social media community.

UNICEF Ghana’s work on Communication for Development (C4D) underwent a significant strategy change in 2013. Ten new partnerships with strategic civil society organisations were established, including with the Red Cross and Curious Minds. Those partnerships dramatically scaled-up UNICEF’s geographical coverage and supported the expansion of the Key Behaviours initiatives from 12 Districts in 2012 to 33 in 2013.

It is anticipated that the 2014 Mid-Term Review (MTR) will reinforce and clearly define strategies in the areas of adolescent development, program convergence, gender and social norms to strengthen further the life cycle, equity and equality agenda. The process has already begun through structured deliberation during annual reviews and planning meetings, and the Country Management Plan (CMT) and Programme Group are in line with the new UNICEF Strategic Plan (2014-2017). Governance issues will be strengthened through systematic operation and programme response to risk profiles and the audit findings will be carried out in 2014 for a more effective and efficient delivery of programmes.

Humanitarian Assistance

Following the 2011 post-election disputes in Cote D’Ivoire, a large number of Ivorians entered Ghana with their children and dependents as refugees. Given that there is no immediate plan for repatriation of the
refugees, UNICEF collaborated with the Government of Ghana toward integrating education delivery in the camps and in the development of an exit strategy. As part of the plan, UNICEF is supporting construction of 12 classrooms for the primary and junior high school, including teaching and learning supplies. In partnership with Life Relief Foundation (LRF), a local NGO, three Child Friendly Spaces were set up, providing safe access to 2,760 Ivorian refugee children.

Response to the cholera outbreak in 2012 included scaling up of C4D activities in all affected regions, using wall paintings, mass media, drama, and community mobilization, reaching more than 14 million people. Ghana recorded less than 40 cases of cholera in 2013, compared to 9,578 cases in 2012.

Floods in two districts of the northern region affected more than 7,600 people, who were promptly supported through technical guidance to Government in better targeting and in accessing Government’s own resources for response and rehabilitation.

**Effective Advocacy**

*Fully met benchmarks*

The CO began the year supporting the removal of fuel subsidies toward more equitable resource allocation. Once the removal of subsidies was announced, UNICEF moved quickly to lead a series of high-level meetings on the reform’s impact and the need for mitigating measures. UNICEF worked closely with the World Bank on impact estimates of the price rises and demonstrated the potential for scaling up the national cash transfer programme, LEAP. Advocacy efforts were timed to occur before the 2013 budget was finalized in March. As a result, the Government agreed to more than double the budget allocation to LEAP and other Social Protection programmes. The Ministry of Finance, with UNICEF’s technical support, announced a further doubling of LEAP for 2014. In total, this represents an additional US$15 million for an additional 75,000 extremely poor households in Ghana.

In the health sector, UNICEF advocated successfully with the Ministry of Health and partners to develop a national Ghana Newborn Strategy for 2014-2018 to accelerate the reduction of high neonatal mortality. With UNICEF’s assistance, a health Bottleneck Analysis was used in the development of the Medium Term Expenditure Framework for 2014-2016. Joint advocacy by UNICEF and partners in the Renewed Efforts Against Child Hunger (REACH) and Scaling Up Nutrition (SUN) initiatives resulted in the finalization of the National Nutrition Policy.

As coordinating agency for the Global Partnership for Education (a US$75 million grant over three years), UNICEF provided technical assistance for programme development and advocated for the inclusion of sub-grants to each of the deprived districts (approximately US$155,000 per district) which are being used for teacher development and incorporation of the child friendly schools approach.

An advocacy plan was drafted to accompany the development of the new Child Protection Policy. This resulted in the Minister mentioning the Child Protection Policy in speeches and public addresses as well as holding a session with the Parliament Select Committee on Children's Issues. The Minister of Finance also highlighted this initiative in the 2014 budget.

UNICEF supported the Government in conducting cross-sectoral reviews at regional and district levels, resulting in the identification of gaps for 2014-2017 Medium Term Planning. The Office joined advocacy meetings with District Chief Executives, heads of decentralized departments and opinion leaders in the Northern and Upper West regions in November, presenting key trends in development indicators at the regional level from national surveys such as the MICS and DHS, and regional level surveys such as the National Nutrition Surveillance and the Lot Quality Assurance Survey.

Further in-depth analysis of various secondary data sources fed into the development of advocacy briefs. Using the regional and district disaggregated data, high level advocacy forums were established at the Regional Ministerial level, reaffirming their commitment to include key indicators in the District Medium Term
Development Plans for the period 2014-2017. The Upper West Region finalized the Regional Development Strategy (2014-2017), which also served to leverage resources into the poorest districts in the region.

**Capacity Development**

*Mostly met benchmarks*

The Country Office engaged in capacity development both at institutional level and community/individual level for effective service delivery, a core component of UNICEF programming, particularly in a lower Middle Income country.

At an institutional level, UNICEF continued building the capacity of public health experts in the use of bottleneck analysis. This approach formed the basis for the development of the Reproductive, Maternal, Newborn and Child Health (RMNCH) action plan and the Ghana Health Service (GHS) Medium Term Expenditure Framework 2014–2018. Working closely with the in-service teacher training institutions, trainings were provided to district teams, including management staff and district planners in 12 districts offering training to teachers. Monitoring results from those districts show enhanced capacity in terms of planning harmonized with resources from multiple sources and delivery of education services at the district director, top management, and planners’ level. Development of WASH guidelines and standards for school sanitation and hygiene facilities in schools also contributed in mainstreaming hygiene behaviours in schools. In collaboration with USAID/FOCUS and FANTA, the Infant and Young Child Feeding counselling package was included in the training of nurses and midwives in 2013, and four additional districts were supported in the roll out the training. The national Government’s capacity to expand and redesign the national cash transfer programme, LEAP, was built through hands-on coaching of national staff.

At the community/individual level, the demand for toilets in more than 4,000 communities and capacity to build their own latrines in the most deprived rural communities in Ghana was triggered through the training of more than 500 trainers and natural leaders, as part of the community led total sanitation and through training of artisans in latrine construction. Fifty trainers were trained on awareness creation on hand washing practices and in the construction of facilities. Interpersonal communication skills on behavioural change were enhanced through training of national counterparts, particularly health and WASH and civil society frontline workers.

**Communication for Development**

*Fully met benchmarks*

2013 saw the expansion of partnership and integration of C4D into programme priorities.

**Partnerships:** Two key partnerships enabled the scale-up of C4D in 2013 while strengthening community impact. The radio programme “Curious Minds,” is planned and produced by children who deliver a weekly show on key issues. In 2013, UNICEF Ghana negotiated for free airtime every week to discuss issues identified by programmes supported by UNICEF; more than 60 episodes have now aired. A partnership with the Ghana Community Radio Network (GCRN) ensures direct participation of different levels of stakeholders, including community citizens, and ensures that girls and women can voice their concerns.

**Strategy development:** UNICEF support reinvigorated the work of the Ghana Health Services on health promotion, supporting the finalisation of the National Health Promotion Policy and a bottleneck analysis on health promotion. A national communication campaign to promote iodized salt to consumers, traders, producers and the Government was launched, and a communication for behaviour change strategy was developed for child protection.

**Responding to emergency:** Substantial support was provided to the national response to interrupting the
cholera outbreaks through behaviour change. Key interventions targeted specific at-risk groups and “transmission conduits” such as food and water vendors, public toilet operators, funeral services, schools, and traditional and religious leaders. While more than 9,000 cases were recorded in 2012, just 38 were registered in 2013. An anthropological study on cholera related behaviours has been commissioned.

Monitoring and evaluation: The 2013 LLIN campaign evaluation revealed positive results, indicating the overall campaign was highly successful, with regions more than doubling utilisation rates. The monitoring of activities through the C4D Randomized Control Trial is ongoing. The midline impact evaluation is scheduled for early 2014.

Innovation: A voice messaging service through the introduction of the “Talking Book,” which is a tool handled by members of the household delivering messages directly into the home, was initiated in the last quarter of 2013.

Service Delivery

**Fully met benchmarks**

While UNICEF Ghana is gradually moving toward upstream work, service delivery still remains a major part of UNICEF engagement, particularly in response to access to services by the most disadvantaged and in ensuring proper facilities for service delivery.

To address the needs of children in contact with the law and in residential care, support was provided to Legal Aid Scheme (LAS) for legal representation of children. Seventy five children received pro bono services from LAS, most of whom had their cases successfully and timely processed, preventing their continued stay in detention. UNICEF assisted the Department of Social Welfare to aid the re-integration of 521 children in residential homes back into a family environment. Each child received a reintegration package to facilitate his/her return and capacities of families to better protect and care for children were strengthened through monitoring visits and provision of psychosocial and counselling support services. In response to the bottleneck analysis on birth registration, a drive was administered, and as a result, between January and September of 2013, nearly 52 per cent of the 2013 estimated projected birth target of 650,118 were registered at birth (0 -1 year olds.

Critical supply items were provided to deliver essential health and nutrition care to vulnerable children mainly living in the five most deprived regions of Ghana. The supplies focused on the continuum of Maternal Neonatal and Child Health service delivery, with provision of weighing scales, job aids, therapeutic feeding supplies, Vitamin A, level one and level two newborn care equipment, and health commodities (oral rehydration salt, Zinc, amoxicillin) for Integrated Community Case Management (iCCM) malaria, pneumonia, diarrhoea and acute malnutrition. UNICEF procured and supplied cold chain equipment for 13 newly created districts and procured temperature monitoring devices. UNICEF also facilitated the procurement of 12.7 million doses of Oral Polio Vaccines for two rounds of National Immunisation Days (NIDS), 13.6 million doses of Measles and Rubella (MR) vaccines, 21,000 doses of Human Papilloma Virus (HPV) vaccines for piloting in four Districts. UNICEF also procured two pickup trucks and 48 motorbikes for Health and Nutrition Service delivery by the Government.

The WASH Sector Community Led Total Sanitation (CLTS) approach was rolled out in five regions. The hygiene promotion activities led to the adoption of Household Water Treatment and Safe Storage (HWTS) practices by an estimated additional 24,000 people in the Northern and Central Regions. An estimated 6,100 people gained access to improved drinking water through the provision of 24 hand pumped boreholes and 71 hand pumped boreholes and 11 latrines were constructed in basic schools in three regions.

In support of the Ivorian refugees, UNICEF worked with the Government to implement basic education needs of the children in one of the refugee camps, facilitating the enrolment and attendance of nearly 1,307 children between the ages of 5 and 18.
**Strategic Partnerships**

*Fully met benchmarks*

In 2013, UNICEF led the joint partner delegations to the Ministry of Finance, IMF and the President’s Office on fuel subsidy reform, planned a joint World Bank and UNICEF mission on social protection in December, and worked with the IMF on analysing the impacts of fiscal consolidation. This exchange also deepened the strategic relationship with the Ministry of Finance’s budget department.

UNICEF expanded its partnership with the Integrated Social Development Centre (ISODEC) to analyse and advocate around the 2013 and 2014 National Budgets. Pre-budget advocacy engagement with the media and civil society sensitized decision makers on the key issues facing women and children. Post-budget briefs, produced within a week of the budget’s release, were then disseminated to draw the attention of the Members of Parliament to significant changes, and for the first time ever, the Integrated Social Development Centre (ISODEC) and UNICEF were invited to the Office of the President to share findings and key messages.

UNICEF was instrumental in developing the Joint Agenda for Strengthening Monitoring, Evaluation and Statistics (JASMES) in Ghana. JASMES is a framework agreement between key Government agencies (the National Development Planning Commission, Ministry of Finance, and Ghana Statistical Service) and development partners to strengthen leadership for M&E in Ghana, production of high quality data, demand and use of data, and sustainability of M&E systems. 2013 saw improved collaboration with policy level agencies, including the Ministries of Gender, Children and Social Protection as well as Justice, in the development of policies for juvenile justice and child and family welfare in child protection. UNICEF, in collaboration with other UN agencies including UNDP, UN Women and UNFPA, supported the Ministry of Gender, Children and Social Protection in its restructuring processes. Increased partnership with UNFPA and Civil Registration agencies, led by the Ghana Statistical Service, supported the roll out of a Civil Registration and Vital Statistics system for Ghana.

UNICEF scaled up Football 4 WASH an innovative public private partnership approach, bringing together diverse partners such as NGOs, the Netherlands and Ghanaian Professional Footballers’ Associations, the Government of the Netherlands and the Ghana Education Service. The initiative provided enormous support for WASH in schools by supporting schools to establish water and sanitation facilities for approximately 45,000 children. The partnership is only in its infancy but has already been instrumental in assisting schools in establishing innovative business development initiatives to provide sustainable funding mechanisms for school WASH facilities.

**Knowledge Management**

*Mostly met benchmarks*

In November 2013, UNICEF Ghana launched a new website (www.unicef.org/ghana) that will bolster UNICEF Ghana’s role as a knowledge leader on the situation of children in the country, offering a single online portal for latest reports, studies and press releases. The Country Office will use this platform to continue to lead the national conversation on children’s rights.

The results of the Multiple Indicator Cluster Survey (MICS) 2011, supported by UNICEF in 2012, were disseminated in 2013. The Ghana Statistical Service, together with UNICEF, undertook major dissemination efforts, including three zonal launches in the north, central and coastal regions publicizing the key findings from the MICS. MICS data is systematically being used for advocacy to address inequalities and to inform gender-sensitive interventions in all programme areas including generating public dialogue through press media.

A series of Briefing and Fact Sheets were developed and launched at a high level panel with the Minister of
Gender, Children and Social Protection in November 2013. In partnership with Integrated Social Development Centre (ISODEC), pre and post budget briefs were produced and effectively used with media, civil society and Members of Parliament to inform budget decisions in favour of children.

The education section continued to support analytical efforts to determine the numbers of out of school children and the underlying reasons for not accessing education and staying out of school. UNICEF deepened the knowledge base through a further comprehensive analysis of the MICS results. The Education Sector Working Group was engaged in reflection on and use of the knowledge created on Out of School Children (OOSC), informing the development of key policies such as the Complementary Basic Education Policy designed to provide a second chance opportunity to out of school children.

Major knowledge management initiatives were triggered at the field office level through internal and external capacity building to promote strategic use of data. In the attempt to generate quality data, discussions were initiated to revisit data discrepancy in EMIS and to address limitations in generating comparable data in the Nutrition Surveillance Survey (NSS) at the district level. The Lot Quality Assurance Sampling (LQAS) Survey completed in the three Northern Regions in February 2013 served as an end-stage evaluation of the Canadian International Development Agency-funded Integrated Community Case Management/Integrated Systems Support, and also helped to sharpen the equity lens of the District Management Teams for more equitable programme planning and implementation.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

In 2013, human rights principles were applied primarily through bottleneck and equity analysis to identify and reach children disadvantaged due to social exclusion and systems failure. Programmes undertook further analysis to better understand inequities and patterns of discrimination. For example, the Child Protection Programme undertook a birth registration bottleneck analysis that clearly highlights an uneven pattern of service accessibility, with some areas demonstrating registration rates lower than 25 per cent of children under 5 years, while the national average is around 65 per cent.

Support was also provided in the areas of education, WASH and child protection to the population of Ivorian refugees who crossed the border and have remained in Ghana since the November 2010 post-election violence in Ivory Coast. While the initial number of refugees was estimated to be around 13,000, some have returned and others have “settled” outside of the refugee camps. Approximately 7,000 still remain in the three refugee camps in the Western part of Ghana.

The programme continues to provide support for opportunities for engagement by youth in programming and programmes. Several of the Programmes actively engaged with children and young people as rights-holders in the programming cycle. The Child Protection Programme deepened partnership with the Youth Advisory Board with branches in all ten regions of Ghana, with young people being engaged and involved in the ongoing Child Protection Policy development process. Young people also played a major role in promoting hand washing in schools and in partnership with World VISION actively contributed to the policies and programmes on WASH.

Ghana submitted its State Party report on the Contract Review Committee (CRC) in 2012. UNICEF has been working with the Government to follow up on the ratification process of the Optional Protocols on Children in Armed Conflict and the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography. While both Protocols have been signed, final steps towards ratification were pending at years end. UNICEF’s advocacy also resulted in Government’s action in early 2013 to complete the ratification process of the Optional Protocol on Children in Armed Conflict. The UNICEF Office continues to follow-up on the ratification process of the other Optional Protocol. In September 2013, following a high-level visit of Marta Santos Pais, the UN Special Rapporteur on Violence against Children, the Government of Ghana also signed the Optional Protocol on Communications Procedure.
Support was also provided to the Government of Ghana to complete its State Party report to the African Committee of Experts on the Rights and Welfare of Children (ACERWC).

### Gender Equality

**Partially met benchmarks**

Evidence-based programmes for promoting gender equality depend on the availability of robust sex-disaggregated data, such as that provided by the latest MICS 2011, which was released in 2012 but disseminated widely throughout 2013. During the last quarter of 2013, UNICEF provided partners with a detailed trend and differential analysis of gender disparities in nutrition, education, health outcomes. Emerging findings from the Child Protection baseline research demonstrated gender inequality and girls – in particular adolescent girls – as victims of violence, abuse and exploitation. The quantitative data is being finalized and is being interpreted from a gender disaggregated perspective.

A major study on the gender status of the national WASH sector informed guidelines for mainstreaming gender considerations into the WASH sector, and provided the basis for sector policies and strategies sensitive to the gender specific needs of girls, boys and women. Support was provided to community water and sanitation management teams with a particular focus on building the capacity of women to engage in the management process of community water and sanitation facilities. The nutrition guidelines for children during the first 1000 days of life were also developed in line with the gender equality principles promoting learning activities ranging from no differential care for girl and boy child to active involvement of fathers in child caregiving.

In the move to promote and support the scale-up of the LEAP national cash transfer programme, UNICEF Ghana worked with the Food and Agriculture Organisation (FAO) and the Department for International Development (DFID) to ensure that the assessment and dissemination of key impacts of the LEAP programme were disaggregated by male and female-headed households, and by girls’ and boys’ wellbeing. A Complementary Basic Education (CBE) approach is being used to boost enrolment of over-aged children, especially girls. In 2013, approximately 1,300 children, almost 50 per cent of whom were girls, graduated from CBE classes that have helped them to enrol in upper grades in primary school.

Capacity building efforts on gender-based programming were undertaken through review and planning meetings with 200 National, Regional and District Girls’ Education Officers who were exposed to best practices and are now better equipped to influence annual work plans that benefit girls.

Advocacy and sensitization activities by two NGOs to improve girls’ enrolment and training for public officials in more than 500 underserved communities in 12 focus districts began to have an impact. It is expected that positive trends will be demonstrated in the national education census results in early 2014. The Ghana Community Radio Network of 11 community-based radio stations was engaged to emphasize the engagement of women and young girls and to ensure that gender-related issues are raised and debated within their own communities.

In order to address gender issues more systematically, the MTR in 2014 will investigate and propose approaches to strengthen gender sensitive and gender specific programming response.

### Environmental Sustainability

**Mostly met benchmarks**

UNICEF supported a Strategic Environmental Assessment (SEA) of the national Rural Sanitation Model and Strategy (RSMS) to ensure that potential environmental impacts were identified and mitigated. That process will ensure that a strategy to eliminate pollution of communities with fecal matter from open defecation reduces environmental impacts at community, district and national levels. The RSMS has significant positive
environmental benefits on the local scale, most importantly to children. The WASH in Schools programme complements the community sanitation strategies by eliminating open defecation in schools, and eliminating the uncontrolled disposal of fecal waste to the environment.

Support was provided to build capacity in well maintenance and repair and to improve community management team capacity in water supply management and financial sustainability. This is expected to significantly reduce plastic wastes in communities (associated with water sachets) as well as reduce use of fuel and other resources to supply water.

Hazardous medical wastes are being reduced through financial support provided to the Government to construct incinerators in 38 facilities, to be used in processing and safe disposal of medical waste and vaccine disposables.

**South-South and Triangular Cooperation**

South-South Cooperation was realized through support for exchange of knowledge showcasing Ghana’s progress and facilitating learning from other countries. In addition to conventional network meetings, the following activities contributed to South-South Cooperation.

The development of newborn strategy and action plan, a comparatively new area for Ghana, was informed by Ghana Health Services’ participation in the Regional Meeting on Bottleneck Analysis. Ghana’s experiences in introducing new vaccines and on new-born care programme were consecutively shared in the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD workshop in Lome and at the Global New-born Conference in South Africa. UNICEF Ghana brokered a partnership between the Government of Brazil and the Government of Ghana on social protection, in order to draw on and learn from Brazil’s progress in implementing cash transfers. A study tour was organized to South Africa to learn about adoption practices and processes.

A sub-regional workshop hosted on household water treatment and safe storage enabled the sharing of ideas in the region on interventions and approaches that are improving household water quality and reducing diarrhoea, particularly among those without safe water sources.

UNICEF Ghana shared two of its technical leads to support the development of the Nigeria Elimination of Mother to Child Transmission of HIV (eMTCT) Operational Plan. Guinea worm certification in Ghana helped Nigeria make progress toward certification and build Ghana’s capacity to ensure the ongoing elimination of the parasite and ultimately, certification of the eradication.
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 marginalised) from violence, exploitation, abuse and discrimination will be functioning in 5 most deprived regions and during emergencies.

**Progress:** The programme made substantial progress toward strengthening Ghana’s Child Protection System, with development of a near final Child and Family Welfare Policy through the multisectoral Child Protection Advisory Committee, made up of both Government and civil society organizations. The Child and Family Welfare Policy, together with the forthcoming Juvenile Justice Policy, will make up a new Child Protection Policy framework with the ultimate aim of making the system more effective, “fit” and sustainable for Ghana. The Child and Family Welfare Policy clarifies goals and objectives of the envisaged system, along with roles and responsibilities of community actors and key service providers within the Child Protection System.

The development of the new Policy Framework has been informed by existing and new child protection research, notably the comprehensive baseline research (final draft expected in January 2014), which involved regional consultations across the country. The Policy development process also involved engagement with other key stakeholders, including traditional leaders. This engagement helped to promote ownership and support for the child protection system changes and fostered closer relationships with critical stakeholders who are key to future system reform implementation. The Programme took steps to more strategically address the issue of children living without parental care (children in residential care still affects more than 4,000 children). The Child and Family Welfare Policy articulates more clearly the preference of family based care. As part of the Communication for Development Strategy, the issue of family-based care was being promoted. Support was provided to the Department of Social Welfare to undertake closer monitoring and closure of existing child care centres, and support the return to families of children in care. In 2013, a little more than 500 children were deinstitutionalized and reunited with their families; 14 residential homes were closed. The development of new draft regulations for adoption (inter-country and domestic) and foster care of children were also important in support of promotion of family-based care for children.

Community child protection teams continued to create awareness about child protection issues.

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:** Progress was made with the development of a new Child and Family Welfare Policy. The scope, overall orientation and focus were defined through a series of technical discussions with a broad-based Child Protection Advisory Committee. The Child and Family Welfare Policy is expected to be finalized by the end of March 2014.

The work of the Child Protection Advisory Committee was informed by the Child Protection baseline research, expected to be finalized, validated and disseminated in the first quarter of 2014. Preliminary findings informed the Policy development process, and validation of qualitative findings was undertaken in all ten regions of Ghana. This process also galvanized support for the overall child protection system reform and the development of the Policy. An Advocacy Plan supporting the development of the Child and Family Welfare Policy was developed and tasks are being implemented by members of the Advisory Committee.

On-track

**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 national policy and standard operational procedures.

**Progress:** The draft Child and Family Welfare Policy defines roles and responsibilities of child protection service providers as well community structures involved in child protection related activities. Specific work on defining Operational Procedures is expected to commence in 2014 when the Policy is finalized.

Discussions commenced with tertiary level education institutions within and outside of Ghana in support of curriculum reform of social work training, with the aim of aligning social work practice with the new Child Protection Policy framework and “new” orientation of social work practice.

In March 2014, the Minister of Gender, Children and Social Protection issued a moratorium suspending all cases of adoption (domestic and inter-country). Momentum increased in the development of new Regulations for Adoption and Foster care of children, as well as in the process of establishing a Central Authority for Adoption and possible accession of the Hague Convention on Adoption of Children. It is expected that final Regulations and associate legislative changes will be undertaken in 2014.

On-track

**IR 1620/A0/04/001/003** By 2016, parents, care-givers and community members in at least 5 regions understand and are able to practice positive behaviour that protects children from violence, abuse and exploitation.

**Progress:** Baseline measures were established for the programme through child protection research, which is almost completed. A final
report is expected by the end January 2014. (See also IR 1).

Based on research findings and drawing from lessons learned with regard to earlier community-based initiatives (i.e. Child Protection teams), new community-based engagement “tools” and training manuals are being developed. Other tools were also developed in support of continued community engagement – one focusing specifically on preventing trafficking of children (in partnership with IOM) and one addressing child protection from a “peace-building” perspective. The programme was able to reach approximately 20,000 in and out of school children and young people. Sixty Junior and Senior High Schools, including Koranic/Islamic schools in Northern and Upper East regions, were targeted for “peace-building” activities by partners.

Drawing from the baseline research findings, an overarching Communication for Social Change/C4D Strategy and implementation Plan is under development, with engagement from a broad range of Government and civil society partners. The Plan will provide the roadmap for behaviour and social change processes in coming years to address child protection concerns. The Strategy focuses on three settings – homes, schools and institutions.

Significant progress was made in relation to addressing violence in schools. A workshop with education/child protection stakeholders resulted in a roadmap for addressing violence in schools and strong commitment by the Ghana Education Services to address the issue through the guidance and counselling manual, teacher training and continued advocacy.

On-track

IR 1620/A0/04/001/005 IR 005 More children under the age of 5 have their births registered

Progress: A birth registration bottleneck analysis was completed and validated with key stakeholders, and some actions have been initiated by the Birth and Death Registry (BDR) to tackle the bottlenecks and barriers. The printing of certificates and forms has been taken up by the Central Government Payment institution to ensure timely registration supplies (previously, UNICEF had to print forms due to lack of funding by Government). Regional heat maps indicating clearly where children are not being reached with birth registration services is aiding the BDR to appropriately target these areas for support, including mobile registration. Bottleneck analysis recommendations and priority strategies identified were used as reference in drafting the new strategic Plan of the BDR for 2014-2016. The findings and evidence generated by the birth registration bottleneck analysis exercise generated an increased interest and stronger accountability and commitment at all levels within the birth registration services to contribute to improve birth registration rates – not just the average – but for all children of Ghana.

Improvements were noted in the information and communication technology (ICT) practices of the Birth and Death Registry and new Operational Procedures are underway, offering a more consistent approach to processing registrations across the country.

Mobile birth registration supported the registration of approximately 7,000 children, and the backlog of completing registrations of tens of thousands of children from 2012 and previous years was almost cleared.

A calculation of more accurate crude birth rate projections with the 2010 census data was completed, which should lead to better targeting of birth registration coverage. Out of a projected 650,118 births for 2013, 340,991 births were registered between January and September. This amounts to just a little more than 52 per cent of all births, indicating that there are still many challenges and that more efforts need to be undertaken to increase the registration rates overall.

On-track

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

Progress: In 2013, the Programme started to enjoy more stronger strategic partnerships with a number of key Government partners in the justice sector, notably the Police (where partnership extended beyond the Domestic Violence and Victim support Unit, DOVVSU, which previously has been UNICEF’s main partner within the Policy service); Ministry of Justice and Attorney General’s office, with the Judicial Services and CHRAJ. These partnerships resulted in stronger engagement within the Child Protection Advisory Committee in the process of policy development.

The Child Protection Advisory Committee held its first technical discussion for the development of the new Juvenile Justice Policy, which together with the Child and Family Welfare Policy described under PCR 1, will contribute to the new Child Protection Policy framework for Ghana. Like the Child and Family Welfare Policy, the Juvenile Justice Policy is being guided by existing and new research on justice for children's issues. The Programme supported specific research on juvenile justice issues, including the functioning and effectiveness of Child Panels. The final report on that research is expected in January 2014.

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 Child Protection Advisory Committee held its first technical discussion for the development of the new Juvenile Justice Policy. Along with the Child and Family Welfare Policy described under PCR 1, the Juvenile Justice Policy will contribute to the new Child Protection Policy framework for Ghana. The new Juvenile Justice Policy is expected to be finalized by the first quarter of 2014. Once the policy is finalised, legislative reviews will be undertaken as part of reforms in the justice sector.
By 2016, justice system actors apply principles and laws on child justice and programmes are increasingly available in support of young offenders, child victims and witnesses.

**Progress:** The Programme extended its partnership with the Police to units beyond the Domestic Violence and Victim Support Unit (DOVVSU). The commitment by the Human Resource Department to integrating child protection training in all Police colleges is particularly encouraging, as it ensures all Police officers receive adequate pre-service training on handling cases involving children.

Strong partnership was formed with the Legal Aid Scheme and a number of children in conflict with the law were offered legal aid with support from UNICEF. During the year, approximately 80 children received legal services and representation from the Legal Aid Scheme. The Programme also enjoyed strong collaboration with UNDP and jointly supported (technically and financially) the development of a new Strategy and training manual for the Legal Aid Scheme. UNICEF’s contribution ensured adequate attention to the issues of children.

Partnership was also improved with the Ministry of Justice and Attorney General’s Office. Following UNICEF’s recommendation, two Attorneys were appointed as focal points for child justice issues.

**Progress:**

IR 1620/A0/04/002/008 There is increased effort to prevent children coming in conflict with the law and effective and appropriate mechanisms exists for dealing with cases of juvenile offending through informal community-based processes.

Partnership was also improved with the Commission for Human Rights and Administrative Justice (CHRAJ) in undertaking mapping of service providers active in the area of child protection. Final results of the mapping are expected in the first quarter of 2014 and will provide the basis for continued advocacy and increased resources for child protection in coming years.

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**PC 702 - Health and Nutrition**

**On-track**

**PCR 1620/A0/04/003 PCR 003:** Maternal and Child under-nutrition are strengthened through the scale-up of integrated, evidence-based high impact nutrition interventions with a special focus on the 5 most deprived regions.

**Progress:**

A national multisectoral nutrition policy has been finalised and validated. The policy has three major thrusts – repositioning nutrition as a multisectoral development issue, scaling up nutrition-specific actions and scaling up nutrition-sensitive actions. Each concerned sector has specific roles and responsibilities. Dissemination is taking place through various strategic meetings at national and regional levels to influence planning in line with the policy. Technical discussions and review of available literature are underway to adopt evidence based intervention strategies to achieve better results for women and children regarding vitamin A, iron and iodine. Those strategies include strengthening of Vitamin A supplementation for children through facility-based and outreach services. The Universal Salt Iodization strategy III was developed, focusing on modernisation of salt industry operations, capacity building, demand creation and enforcement. As part of scaling up nutrition specific actions during the first 1,000 days, a major capacity building strategy for community infant and young child feeding practices days was launched and scale up is taking place in collaboration with development partners in all ten regions.

The first semi-quantitative evaluation of coverage and performance of CMAM programmes is underway, with the aim of identifying and addressing programme barriers and promoting programme boosters. While SPHERE standards are being met at the facility level, preliminary results show very low coverage due to traditional beliefs about malnutrition and where to seek help, and limitations of the health insurance schemes that influence health seeking behaviour.

**On-track**

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

**Progress:** A National Nutrition Policy has been finalised and validated. The main thrusts of the policy are to reposition nutrition as a multisectoral issue, and to scale up both nutrition-sensitive and nutrition-specific actions. As a result of advocacy efforts through the SUN movement and REACH initiative, the next national medium term development policy framework (2014-2017) included nutrition and food security as one of the focus areas.

UNICEF’s continuous engagement and advocacy resulted in establishment of the process for reviewing technical guidelines on micronutrients. This will pave the way for implementing evidence based nutrition specific actions.

In the regions most affected by malnutrition, coordination mechanisms have been established to promote a multisectoral approach. Assessment was conducted in three Northern Regions to monitor nutrition status of children and to identify bottlenecks affecting the Community Case Management of Acute Malnutrition (CMAM) program. Preliminary results from this assessment show that out of six
districts assessed, only one has moderate coverage (at 35 per cent) and the rest are categorised as low coverage (below 30 per cent). The major bottlenecks include socio-cultural beliefs that do not encourage health seeking behaviours, lack of awareness on malnutrition, perceived poverty, lack of health insurance card, and over-reliance on community based agents to conduct active case search. These findings are being used to inform the programme at the national level and in the respective regions.

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

**Progress:**

Ghana Universal Salt Iodisation (USI) Strategy III was developed with technical assistance from UNICEF. The development of this strategy is led by the Ministry of Trade and Industry (MOTI) with involvement of all key players at national level and the salt industries. The focus of the new strategy is on modernisation of operations in the salt industry, capacity building, demand creation and enforcement, and clear definition of roles and responsibilities.

All key Government players developed work plans on USI, but there is a need to continue with advocacy and ensure that there is consistency in institutional roles and responsibilities for USI. This issue is being addressed by the on-going strategy development process.

The communication campaign on the benefits of using iodised salt was launched in October 2013 by the Deputy Minister for Local Government and the Deputy Minister for Trade and Industry. This campaign brought more stakeholders to advocate for and create awareness on the benefits of utilisation of iodized salt. The campaign is being implemented for 12 months through national media channels as well as more intensive market activations in ten districts.

- **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 reduction of vitamin and mineral deficiencies, protecting, promoting and supporting appropriate IYCF and management of acute malnutrition among children.

**Progress:** In 2013, Ghana Health Service adopted the Community Infant and Young Child Feeding (IYCF) counselling approach as a strategy for promoting IYCF practices during the first 1,000 days promoted by the SUN movement. Capacity building for the scale up of this approach is underway in all ten regions. At year end a total of 1,325 trainers were trained in 50 districts in the 10 regions. The approach is community and facility based, promotes male involvement, and the use of locally available food to prevent all types of malnutrition, including stunting, obesity and micronutrient deficiencies.

The quality of Community Management of Acute Malnutrition (CMAM) implementation has improved in Northern Region, Upper East Region and Upper West Region, with performance indicators exceeding the sphere standards (cure rate is above 80 per cent, defaulter rate is about 15 per cent). Besides the focus on performance of admitted children, there is also a need to improve coverage of CMAM in all implementing regions.

- **On-track**
  
  **PCR 1620/A0/04/004 PCR 004:** Women and children have improved and equitable access to and utilize quality, high impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.

**Progress:** The Government of Ghana has given specific focus to improving maternal and newborn care interventions in the country to address the high level of maternal and newborn mortality. This commitment of Government is reflected in the Ministry of Health Aide Memoire of 2013, which has identified improvements on nutrition, a free maternal health care plan and development of a national strategic plan for newborn health care for 2014-2018.

Government is implementing the MDG5 Acceleration Framework (MAF) with support from the European Commission and other partners. MAF has identified three key interventions – family planning, skilled delivery and emergency obstetric and neonatal care to improve maternal and newborn care. Currently MAF is being implemented in all ten regions, with detailed operational plans and targets identified. Essential newborn care interventions are being implemented in all three Northern Regions with support from UNICEF and Japan International Cooperation Agency (JICA). A National Newborn Strategic Plan is being developed and will be finalized by early 2014. Government has scaled up the implementation of PMTCT by identifying key barriers and bottlenecks for achieving the elimination of Mother to Child Transmission (eMTCT) target. At years end 51 per cent of health facilities are providing an integrated package of PMTCT services, 18 per cent higher than in 2010. According to the UNAIDS Global Plan on eMTCT report (2012), Ghana has been able to decrease new HIV infections among children by 76 per cent between 2009 and 2012. This was possible due to high coverage of PMTCT. More than 70 per cent of HIV pregnant women are getting Option B ARV prophylaxis.

There are challenges to implementing Early Infant Diagnosis and Paediatric ART programs (less than 20 per cent coverage) due to limited skills of health providers, default on tracing of positive mother baby pairs, erratic supply of commodities, testing and report feedback.

Ghana has sustained high immunization coverage, especially for routine vaccines. Both Penta3 and measles coverage stand at 85.5 per cent. The country introduced Rota and Pneumococcal Vaccines in 2012 and has fully integrated them into the routine immunization with coverage rates of 83.6 per cent and 85 per cent, respectively. There are challenges with supply of cold chain equipment especially in
newly created districts in the country. The cold chain system is aging and creating problems for coverage of routine immunization in hard to reach areas. These issues are being raised in the Interagency Coordinating Committee, with the National EPI authority working to address the cold chain system with support from partners, including UNICEF.

**On-track**

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

**Progress**: In 2013, Eastern Region commenced implementation of costed elimination of Mother to Child Transmission (eMTCT) plan developed in 2012 after the Bottleneck Analysis (BNA). Early Infant Diagnosis (EID) (2 per cent) and Paediatrics ART (less than 20 per cent) were major underserved areas identified during the BNA exercise. Tracing of HIV-exposed newborn babies and provision of ART services to positive children were challenges due to inadequate skills of health workers. To mitigate this challenge, 80 health workers (doctors, nurses and midwives) in the Eastern Region were trained to improve their capacity to provide EID and Paediatric ART services. Training of an additional 120 health workers from six high prevalence districts is ongoing with UNICEF financial support. A review on the implementation of the costed plan for eMTCT was organised by Ghana Health Service/Eastern region. All district managers and PMTCT focal points participated in the review and a road map for acceleration of implementation of the costed plan was developed.

UNICEF also supported Ghana Health Services on joint monitoring of PMTCT implementation in all ten regions of the country. The key findings (erratic supply of test kits, low utilization of EID and paediatric ART services) of the joint monitoring were reviewed at regional and national levels.

UNICEF provided technical assistance for the mid-term review of the PMTCT Scale Up Plan (2011-2015), which is being conducted as part of the evaluation of the National Strategic Plan (NSP 2011 -2015) of HIV/AIDS. The evaluation of the NSP is being organized by the Ghana AIDS Commission and UNICEF is providing technical assistance for the thematic evaluation of Health System Strengthening and Community Participation. The final report of the evaluation should be available by January 2014.

**On-track**

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

**Progress**: Coverage for fully immunized children is above 83 per cent (Penta 3 and Measles – 85.5 per cent) and two new vaccines (pneumococcal 3- 85 per cent and Rota 2- 83.6 per cent). A post-vaccine introduction evaluation report confirmed that these vaccines are fully integrated into the national EPI program. Two rounds of NIDs against poliomyelitis reached more than five million children under five years (95 per cent). A Measles-Rubella vaccination campaign was also conducted, reaching more than 11.2 million children ages 9 months to 14 years, giving coverage of 90.5 per cent. Two rounds of Human Papilloma Virus (HPV) vaccine have been administered to 7,000 nine year old girl in four districts in two Regions under the HPV Demonstration Project.

Under the Integrated Community Case Management (iCCM) of Malaria, Pneumonia and Diarrhoea, 31,513 episodes of malaria, 31,206 episodes of diarrhoea, and 17,598 episodes of pneumonia among children aged under five years in the three Northern Regions were treated by Community Based Agents (CBA). UNICEF will continue to advocate for inclusion of iCCM services provided by CBAs in the National Health Insurance Scheme (NHIS) package, as its exclusion posed a challenge to increased uptake.

Evaluation of the nationwide Long Lasting Insecticide Treated Nets (LLINS) campaign conducted in 2011-2012 with UNICEF support showed improvement in both LLIN ownership and use. In the six regions evaluated, household ownership of LLINS increased from a range of 32.5 to53.9 per cent to a range of 79.7 to 94.9 per cent and LLIN use by children aged under five years increased from a range of 27.9 to 42 per cent to 53.4 to 75.7 per cent. UNICEF and other National Malaria Control Programme partners are providing technical support for the implementation of the continuous LLIN distribution through schools and health service delivery points. UNICEF also supported the implementation of communication for development activities in six regions to promote correct and consistent usage of LLINs.

**On-track**

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

**Progress**: In 2013, improvement of newborn care and survival remained a major focus for the health sector in Ghana. UNICEF supported expansion and implementation of a package of newborn care interventions in six additional districts, bringing the total number of districts to 20. A second national level stakeholder meeting was held in July 2013 to review the roadmap drawn in 2012 for rolling out newborn care interventions. All regions presented their progress on newborn care intervention during this meeting and agreed to develop the regional plans for 2013 -2014. UNICEF also supported the conduct of a national level BNA workshop focusing on newborn care. More than 80 participants from all ten regions and national managers participated in the workshop. Through this workshop all regions contributed to developing the National Newborn Strategic Plan for 2014-2018. This strategic plan is being developed in line with the Global Newborn Action Plan and UNICEF is providing technical and financial resources for its development.

The MDG Acceleration Framework (MAF) for MDG 5 and costed regional implementation plans were finalized. Regions and districts have started implementing the operational plan, which includes capacity building through training and provision of equipment. UNICEF provided level two newborn intensive care equipment for six district hospitals in Northern and Upper East Regions as part of support for MAF implementation. UNICEF also supported the Ministry of Health (MoH) to conduct the joint monitoring on MAF implementation. The findings and recommendations of this joint monitoring visit were presented at the biannual review meeting of the MoH and development.
partners, where MoH agreed to include a newborn mortality indicator in the sector wide indicators. All these efforts contributed to bringing newborn health to the centre stage of maternal, neonatal and child health programming in Ghana.

**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 sub-national level and amongst the most vulnerable women and children in Ghana.

**Progress:** With UNICEF support, Ghana Health Service (GHS) scaled up the Bottleneck Analysis (BNA) approach for decentralized monitoring and planning at all levels, from national to regions and districts. Findings from BNA are presented during review meetings and action plans are developed for addressing the challenges for quality health service delivery. The GHS headquarters adopted this approach for gathering strategic information in the process of developing the Medium Term Expenditure Framework (MTEF 2014-2018) and annual operational plans.

UNICEF also continued to support addressing structural bottlenecks in the health sector, such as weak leadership at sub-national level in the three Northern Regions, through technical and financial support for implementation of a leadership development programme for regions and districts. These managers are using the acquired leadership skills and approaches for identification, analysis and addressing the key barriers to accelerate the interventions related to continuum of maternal, neonatal and child health care.

The Ministry of Health, in its Memorandum of Understanding with development partners, prioritized the nutrition policy finalization, improvement of free maternal health care and development of the strategy for reduction of high newborn deaths in Ghana. This was the result of the continuous policy dialogue, presentation of evidence and advocacy by UNICEF, along with other development partners working in the health sector in Ghana.

**PC 703 - Education**

**On-track**

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

**Progress:** The capacity of district and national level educational policy makers and planners has improved, contributing to a 5 per cent average reduction in the proportion of out-of-school children in 12 target districts. UNICEF assisted target districts to ensure that a cadre of education actors (teacher trainers, circuit supervisors and district education leaders) has capacity in planning, advocacy and community level sensitization to drive educational change. As a result of the survey of non-school attendance of vulnerable children, there is a better understanding of what keeps children out of school and the quality of C4D strategies and messages being used to attract them to school in the districts was enhanced. The use of the Complementary Basic Education, an alternative learning model which seeks to mainstream OOSC into formal schools, is being rolled out with personnel from the National Service Scheme. This is an innovative example of improving Government’s involvement in using non-conventional ways to attract out-of-school children to school in a cost-effective and sustainable manner.

As a result of enhanced community level sensitisation, progress has been observed in school enrolment of vulnerable groups in all 12 focus districts. However, the issue of data reliability remains a challenge since the country started using new age-specific population data (denominators) in 2012 (based on the 2010 National Population and Housing Census). The interventions put in place have contributed significantly to reducing the proportion of out-of-school children in the focus districts and EMIS data for 2012/2013 show significant Primary School Net Enrolment Rates (NER) over the 2009/2010 baseline data: Affram Plains (47.2 per cent from 33 per cent); Savelugu Nanton (80.4 per cent from 54 per cent); K.E.E.A (75 per cent from 26 per cent); Garu/Timpanpe (84.3 per cent from 26 per cent); Lambussie-Karni (76.5 per cent from 38 per cent).

However, comparison of the 2011/12 and 2012/13 data show that in some districts, NER has actually reduced over the period: Affram Plains (61.2 per cent in 2011/2012 to 47.2 per cent in 2012/2013); Savelugu Nanton (86 per cent in 2011/2012 to 80.4 per cent in 2012/2013); K.E.E.A (76 per cent in 2011/2012 to 75 per cent in 2012/2013); Lambussie-Karni (87 per cent in 2011/2012 to 75.6 per cent in 2012/2013). The data shows that it was only Garu/Timpanpe whose NER improved from 82 per cent in 2011/2012 to 84.3 per cent in 2012/2013. UNICEF will continue to support EMIS and the School Report Card roll-out so that reliable data is used for decision-making and targets will be revisited during the MTR process.

**IR 1620/A0/04/005/017 IR17:** Young children’s school readiness improved through increased access to quality pre-school education programmes in at least 10 deprived districts.

**Progress:** To increase enrolment of Kindergarten (KG) aged children (4 and 5 years), partnerships were formed at national, regional and district levels. To facilitate the process, 44 trained national and regional level officers from Early Childhood Development (ECD) related Ministries and Departments (including the Ministries of Education and Health, as well as the departments of Children, Community Development, and Social Welfare) trained 1,800 district level personnel to carry out advocacy and sensitisation programmes at community levels. The trained district level personnel were selected from community organisations such as the Ministry of Food and Agriculture, Ghana Health Service, Market Women Associations, Faith Based Organisations, Community Based Organisations, and Traditional Rulers. They conducted sensitisation campaigns, reaching more than 1,000 communities in 12 focus districts with messages aimed at promoting enrolment of disadvantaged children at the right age. This programme has helped to strengthen collaboration among the ECD-related organisations and also enhanced the coordination role of the Department of Children.

To improve the quality of teaching and learning in KGs in 12 focus districts, each district has a trained District Teacher Support Team.
Focus districts. Advocacy and sensitization activities to improve efforts by the R/DGEOs and two NGOs (Muslim Relief Association of Ghana and the Forum for Africa) to reach people in places that the Education Officers may not reach. Approximately 1,900 - 20% of the 9,500 KG teachers and attendants trained in 2013 were equipped to influence annual work plans to benefit disadvantaged groups, especially girls.

Progress: With support from the two NGOs, School for Life (SfL) and Afram Plains Development Organization (APDO), 1,314 over-aged, out-of-school children (737 children - 430 boys and 307 girls in Savelugu Nanton, and 577 children - 466 boys and 131 girls in Afram Plains District) who enrolled in the Complementary Basic Education (CBE) programme completed the nine-month training programme and acquired basic literacy and numeracy skills to enable them enrol in upper grades in primary school. In Savelugu Nanton District, 85 per cent of the children who graduated in the 2012/2013 cycle were integrated into formal schools. For Afram Plains District, even though data on the mainstreaming of the CBE graduates is still being collected, evidence from schools visited at years end indicate that close to 80 per cent of the children who graduated from some CBE classes have already enrolled in the formal school system. If this trend continues, it is expected that at least 462 previously out-of-school children will enter the formal school system from the CBE classes.

An additional 2,185 over-aged out-of-school children in three districts (including Komenda-Edina-Eguafo-Abrum) have been enrolled to undergo the nine-month training. The breakdown of the new entrants was: 713 children (425 boys and 292 girls) in Savelugu-Nanton, 1,064 children (751 boys and 310 girls) in Afram Plains and 408 children in Komenda-Edina-Eguafo-Abrum. The programme adopted the innovative approach of using National Service Personnel (new graduates from tertiary institutions doing a mandatory one-year service to the state). If this experiment succeeds, it will increase the Government's ownership of the CBE programme, and enhance the Government's ability to scale it up in other regions of the country in a cost effective manner, and strengthen the partnership between the Ministry of Education and NGO partners in the programme.

Progress: In 2013, with UNICEF support, the Inclusive Education (IE) programme was expanded by an additional seven districts. The Ministry of Education’s Education Management Information System (EMIS) data showed the total number of children with disabilities enrolled in the 2012/13 school year accounts for only 0.3 per cent of the total enrolment in the 12 districts. This represents a 6 per cent increase over the 2011/2012 figures (1,065 in 2011/2012 to 1,125 in 2012/2013). Through UNICEF’s technical and financial support, the Special Education Division (SPED) led a team of 28 experts from the national, regional and districts of GES (SPED, School Health Programme, Early Childhood Education, Girls’ Education, Guidance and Counselling, Inspectorate) and other stakeholders for IE and disability (NGOs, Organisation of People With Disabilities) to develop an Inclusive Education Monitoring Tool (IEMT) to monitor and help schools assess and improve their understanding on IE throughout the country. To operationalize the tool, 47 Key GES officials from the 12 districts received training as trainers on the three IEMT key components (creation of inclusive culture, school environment and evolving inclusive practices). One hundred circuit supervisors, EMIS and NGO representatives were trained on the tools and equipped with appropriate knowledge and skills to provide effective monitoring and guidance for head teachers and teachers to screen children, identify and support schools, increasing CFS standards to 20 per cent from 14 per cent in the 3 Northern Regions in 2013. In Kwahu North (Afram Plains) district, 791 out of 3,167 pupils from 32 selected schools in four circuits identified with hearing, visual, dental and other health conditions received free health care from either the screening team or the National Health Insurance Scheme (NHIS) - with support from the screening team, the health insurance for more than 40 pupils was renewed. A survey of inclusive practices in schools in the seven districts was undertaken to provide baseline data.

Progress: 200 National, Regional and District Girls’ Education Officers (R/DGEOs) benefited from review and planning meetings where best practices were showcased. This helped to strengthen the officers’ advocacy, analytical and planning skills, making them better equipped to influence annual work plans to benefit disadvantaged groups, especially girls.

Efforts by the R/DGEOs and two NGOs (Muslim Relief Association of Ghana and the Forum for African Women Educationalists) led to advocacy and sensitization activities to improve enrolment of marginalised groups in more than 700 underserved communities in 12 focus districts. Actual results of the sensitization activities will be known after the national education census results come out in early
2014.

On-track

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

**Progress:**

Progress was made in support for system strengthening and capacity building of key staff, which helped to lay the foundation for quality improvement and strengthening of elements of the Child Friendly Schools (CFS) process in both kindergarten and primary schools in the 12 focus regions. The CFS assessment checklist, which captures a set of 30 indicators, is being employed at school level to drive quality improvements forward.

The structures for the successful operationalization of the In-service Education and Training (INSET) programme in the focus districts were completed, with each district now benefiting from a District Management Team for INSET, a trained Teacher Support Team and Curriculum Leaders to assist in organising INSET in the core subjects (Mathematics, English and Science) and in areas such as management and health promotion. The INSET programme also was initiated at both district and circuit levels and is in its infancy stage at the school level.

The capacity of managers and supervisors of education was enhanced, using manuals produced for that purpose, to better manage and supervise education delivery in the country. Together with partnership building through School Management and Parent-Teacher Associations, and the use of School Report Cards (SRC) in all focus districts, this helped improve accountability at the school level.

The baseline for the Alert Model was set in 2011 at 32 per cent of JHS certified as Alert schools. Progress was made in 2012 when 86.5 per cent of schools became Alert. In 2013, the number of Alert schools declined to 57 per cent. This comes from the imperative to harmonise all life skills based education co-curricular activities to be delivered as one with the designation enhanced School Health (e-SHEP).

On-track

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

**Progress:** Through reviews at national and district levels, issues of exclusion and marginalisation were discussed and mainstreamed into both national and district education plans. All 12 focus districts reviewed their performance in education, focusing on critical indicators like enrolment rates, measures to improve teaching and learning in schools, community engagement in education, and disparities. The outcomes of those reviews influenced the various Annual District Education Operational Plans (ADEOPs), which are the main educational planning tools used at the district level. The reviews also helped to bring various stakeholders together to work toward addressing various disparities in education. The stakeholders resolved to work together to address the challenges identified in the reviews.

As a result of the reviews, all the 12 focus districts reviewed their ADEOPs and used this planning process to harmonise various on-going interventions at the district level. This helped nine of the 12 focus districts that also receive funding from the Global Partnership for Education to harmonise those funds with funds from other sources. The rolling out of the Simulations for Equity in Education (SEE) model in 39 districts in the Upper East and Northern regions earlier in 2013 and the capacity building of the Planning and Statistics Officers in results-based planning enhanced the quality and depth of district plans, making the plans more focused on addressing priority challenges in the districts. The development of ADEOPs became more participatory and the planning process became more efficient. The ADEOP produced by the Komenda-Edina-Eguafo-Abrem District, a UNICEF focus district, was judged one of the best in 2013 during a review by the Basic Education Division of the Ghana Education Service.

On-track

IR 1620/A0/04/006/022 IR22: Quality of teaching and learning improved through the practice of child-centred, activity-based teaching in primary schools in at least 10 deprived districts

**Progress:** The introduction of the "leadership for learning" manual for head teachers and circuit supervisors and "Leadership for Change" manual for district level management staff of Ghana Education Service (GES) strengthened comprehensive In-service Education and Training (INSET) programmes in the 12 focus districts, thereby serving as a model for other districts, pending the roll out of the manual nationwide. In the 12 districts, the "leadership for learning" manual was used to train 200 circuit and schedule officers and 2,200 head teachers to make them better facilitators of learning. The "Leadership for Change" manual for management staff was used to build capacity of 12 District Directors of Education and 60 other top management staff to help them to manage education delivery more efficiently.

Refresher training of 200 members of the District Teacher Support Teams in science, literacy and numeracy equipped them with skills to train approximately 5,000 primary school teachers in the 12 districts, as well as enable them to offer assistance to teachers during visits to schools.

Capacity building of 95 circuit supervisors and 100 schedule officers, especially in the use of the "Lesson Observation Sheet" and the
Child Friendly Checklist, led to improvement in the quality of monitoring, making the monitoring of teaching and learning more focused and standardised, helping to improve learning outcomes for more than 200,000 school children.

The INSET programme strengthened the relationship among the GES, the Colleges of Education and the Universities of Cape Coast and Winneba, thereby helping to bridge existing gaps between pre-service and in-service teacher training. The institutions are also using the experience gained to review both pre-service and in-service curricula in the country. The 57 districts that are receiving funding from the Global Partnership for Education to institutionalise INSET are also benefitting from the lessons gained from the 12 districts.

**On-track**

**IR 1620/A0/04/006/023 IR23: Healthy, Safe and gender-sensitive environments established in primary schools in at least 10 deprived districts**

**Progress:** This IR contributes to Child Friendly School dimension three (health promoting school), dimension four (safe protective school) and dimension five (gender sensitive school). The baseline at inception was 16 per cent, 21 per cent and 15 per cent, respectively, for the dimensions, with the target of reaching 70 per cent on each dimension by 2016. The initiative commenced in three of the 14 districts. For 2013, the average progress report from the three districts is 21 per cent, 30 per cent and 25 per cent, respectively. To operationalise the 2012 School Health Policy, which GES developed with UNICEF support, the partners agreed in 2013 to harmonise six priority programme areas to be delivered as enhanced school health (e-SHEP). The package includes HIV prevention, nutrition, water, sanitation and hygiene education, sports for development, disaster risk reduction and guidance and counselling. The rationale for harmonising all related co-curricular activities is for both the synergistic value and to minimise disruption of academic work subsequent to adoption of the infusion and integration teaching and learning methodologies. In essence, the e-SHEP package is a strategy to realise the three CFS dimension targets and also accelerate coverage to all 14 districts. Lessons on the processes will be documented as an integral part of effective monitoring.

To institutionalise e-SHEP delivery, orientation was organised for all Directors of Education, and 192 district trainers were trained. The target is to reach the 2,218 schools in the districts. As of 30th November 2013, 1,264 teachers (57 per cent), and 152,977 peer educators (43.5 per cent) were trained in six districts. At years end, it was planned that the outstanding trainings in the 8 districts will be completed in January 2014.

**On-track**

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

**Progress:** Activities on this IR have been implemented as a component of e-SHEP package described in IR 23. However, some key specific HIV Alert Model results are being presented separately. These include:

1. A Knowledge, Attitude, Behaviour and Practices (KABP) study to develop baseline indicators on life skills education was completed and a draft report is being reviewed by the Ghana Education Service (GES).
2. UNICEF supported GES to review the manuals in use since 2008 at the pre-service level as part of institutionalising the Alert model. The revised manuals, one for tutors and one for teacher trainees, incorporate new and emerging issues (e.g. stigma and discrimination, voluntary testing and counselling, and prevention of mother to child transmission, including antiretroviral therapy and the teacher’s responsibilities in improving Alert delivery in schools.
3. The monitoring of Alert implementation indicates that for the 2012/2013 academic year 57 per cent of schools in the 14 districts were certified as HIV Alert (meaning that the school delivered on the minimum requirement on HIV prevention activities in the academic year). This is a decline from the 86.5 per cent reported in the 2011/2012 academic year. The main reason for the decline is attributed to the challenges in the transition from the stand alone HIV education into the harmonised e-SHEP programme. In 2013, nearly all resources in the IR (time and funds) were devoted to building the e-SHEP architecture. With the start-up processes complete, the coming years will see vigorous implementation and monitoring will be intensified to support quality delivery of the e-SHEP package. Including the HIV Alert School Model.

**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 was made to empower vulnerable households to know and claim their entitlements (through case management, communication materials, and a new monitoring system). The role of the LEAP cash transfer programme in reducing poverty was clearly recognized and UNICEF’s advocacy brought about agreement on its expansion to double its coverage (as confirmed in the additional allocation in the 2014 budget).

In terms of promoting demand for services through the uptake of appropriate behaviours for child development, UNICEF Ghana’s work on C4D underwent a significant strategy change in 2013. Ten new strategic partnerships with civil society organisations were established, including with the Red Cross and Curious Minds. Those partnerships dramatically scaled-up UNICEF’s geographic coverage and supported the expansion of the Key Behaviours project from 12 Districts in 2012 to 33 in 2013. Partnerships also became more strategic, such as a new relationship with Queen Mothers (female traditional leaders) of Ghana.

The Kev Behaviours project, as well as its Randomised Control Trial, continued. reaching almost 2 million people through a wide range of
UNICEF’s credibility was reinforced by its strong engagement with key development partners and execution of rigorous research on the removal of fuel subsidies, to analyse the impact, and advocate for increased resource allocation for social protection. As a result, UNICEF aimed to strengthen key features of the social protection system (particularly the LEAP programme) and ensure broader political support and sustainable financing for effective and targeted interventions.

In 2013, UNICEF, in close collaboration with the Government and development partners, supported the design and piloting of a new Monitoring and Evaluation framework for the flagship program of the National Social Protection Strategy, LEAP. This new framework will provide information in 2014 to improve the effectiveness, efficiency and transparency and support the expansion of LEAP. In addition to the new M&E framework and the new case management system, UNICEF developed and printed communication materials on "What the LEAP Programme Is" that aim to increase understanding of the programme in selected target communities.

In collaboration with the World Bank, UNICEF supported utilization of the Common Targeting mechanism (specifically the proxy means test) to validate the targeting effectiveness of other social protection interventions, namely the school uniform program and the labour intensive public work programme (GSOP). This was part of a strategic approach to design and implement a new common targeting system for all pro-poor interventions that will be rolled out in 2014.

UNICEF continued to provide evidence based policy advice through the launch in 2013 of a Social Protection Briefing and Fact Sheet Series to disseminate facts about social protection and build consensus on the expansion of LEAP, addressing payment regularity, reviewing human resources and testing the e-payments. In close collaboration with the LEAP team and development partners, UNICEF recognised key bottlenecks in the LEAP programme implementation and future expansion (namely regularity of payment and adequate human resources) and brought about agreement on concrete new solutions.

In 2013, UNICEF, in close co-operation with the Government and development partners, supported the design and piloting of a new Monitoring and Evaluation framework for the flagship program of the National Social Protection Strategy, LEAP. This new framework will provide information in 2014 to improve the effectiveness, efficiency and transparency and support the expansion of LEAP. In addition to the new M&E framework and the new case management system, UNICEF developed and printed communication materials on "What the LEAP Programme Is" that aim to increase understanding of the programme in selected target communities.

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In 2013, UNICEF substantially increased coverage at the local and national levels and expanded work to include a wider package of behaviours.

With Ghana Health Service, a Bottleneck Analysis was conducted and a five year strategic plan for Health Promotion was drafted based on the final Health Promotion Policy.

Ten new civil society partnerships were established for implementation at the community level. Two integrate innovation through Mobiles for Development and Talking Books.

The C4D Key Behaviours project on health, nutrition and WASH was scaled-up to 33 districts (from 12 in 2012). Some 152,000 IEC materials were distributed to more than 1.5 million people; 17,000 people were reached directly through 67 dramas; 1.9 million people were reached through community radio broadcasts, and more than 355,000 people were reached individually by community health workers and community based agents. Approximately 11,000 copies of the IPC manual were printed and used in seven Training of Trainers (ToT) sessions for 180 school health education coordinators and 186 health workers. These have been cascaded to reach more than 600 frontline education and health workers. The Randomised Control Trial continued, with the midline planned for early 2014.

The 2013 LLIN campaign evaluation was finalized. Households were targeted with messages to use their bed nets.

The C4D response to cholera was scaled-up to all regions with materials, wall paintings, mass media, drama, and community mobilization, reaching more than 14 million people. Ghana recorded less than 40 cases of cholera in 2013, compared to 9,578 cases in 2012.

Three national campaigns with communication support raised awareness on immunization for Polio and new vaccines from 68 per cent to 78 per cent.

UNICEF’s credibility was reinforced by its strong engagement with key development partners and execution of rigorous research on the removal of fuel subsidies, to analyse the impact, and advocate for increased resource allocation for social protection. As a direct result, an additional US$15 million will now reach an additional 75,000 extremely poor households in Ghana.
impact of the subsidy reform. Key strategic partners included the IMF and the World Bank. UNICEF was asked to feed directly into the design of the World Bank programme, drafting World Bank targets. The IMF asked to use the results of UNICEF’s research in the drafting of their next country report and analyses. UNICEF also developed new collaborations with research partners, including IDS and PEP, thereby broadening the organization’s resource base.

UNICEF also found ways to shape the development of the new national development strategy, drafting a cross-programme UNICEF policy brief on equitable development in Ghana. UNICEF’s annual budget analysis was influential in sector working groups.

National systems for M&E were significantly solidified by the finalisation of the Joint Agenda for Strengthening Monitoring, Evaluation and Statistics (JASMES), which UNICEF supports. JASMES will serve as a vehicle to further strengthen RBM and M&E systems in Ghana. Out of the Government’s 28 Ministries and Agencies, 20 now have robust M&E plans. The online relaunch of GhanaInfo greatly increased accessibility of data and supported the Government to set-up a new Resource and Data Centre to act as a hub for retrieving information.

UNICEF Ghana succeeded in increasing public attention on equity issues and children’s rights through thematically planned media messaging in 2013. More than 200 media hits were achieved during the year. The diversity of messaging greatly increased, with the use of high-quality op-eds, briefs, photography, press releases, and videos. Reach was substantially extended in 2013 with the launch of the UNICEF Ghana website, and scaling-up of social media to 10,000 followers.

On-track

IR 1620/A0/04/008/027 27.3 An Expenditure Analysis for GES is completed

**Progress:** A key Office objective for 2013 was to rapidly develop UNICEF’s “policy voice” in Ghana. This was achieved through focused, strategic advocacy efforts with the GoG to follow through on removing fuel subsidies and to better target resources. UNICEF Ghana moved quickly to lead a series of high-level meetings on the reform’s impact and the need for mitigating measures. UNICEF worked with the World Bank on impact estimates of the price rises and demonstrated the potential for scaling up the national cash transfer programme, LEAP. Efforts were timed to occur before the 2013 budget was finalized in March. As a result, the Government agreed to more than double the budget allocation to LEAP and other Social Protection programmes. With increased trust in and appreciation for UNICEF’s technical support, the Ministry of Finance announced a further doubling of LEAP for 2014. In total, this represents an additional US$15 million for an additional 75,000 extreme poor households in Ghana.

A key achievement was the cross-programme drafting of a UNICEF Policy Brief to guide development of the 2014 budget and the new national development strategy. UNICEF produced annual budget analyses of both the 2013 and 2014 budgets, and in less than a week produced five Budget Briefs to inform discussions with Parliamentary Select Committees. The analyses are relied upon by the country’s Sector Working Groups.

Regional and District level planning stakeholders in the Upper West and Northern regions benefitted from support on data and analysis of the situation of women and children to draft regional development plans.

On-track

IR 1620/A0/04/008/028 IR 028: The Government of Ghana 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 Ghana significantly scaled-up access to and analysis of data in 2013. The 2011 MICS results were widely disseminated, including three major regional launches in the north, central and south of the country to ensure awareness and use of data at the subnational level. The Ghana Living Standard Survey (GLSS) was completed and results are expected to be made available in early 2014.

The quality and timeliness of UNICEF evaluations significantly improved. UNICEF supported the completion and publication of three robust evaluations in 2013 on the impact of the national cash transfer programme LEAP, the hang-up campaign for long-lasting insecticide treated nets, and the impact of the Free Maternal Health Care Initiative in Ghana. All knowledge products are being used to inform UNICEF’s programming and advocacy activities.

UNICEF supported Ghana Statistical Service (GSS) to update the GhanaInfo database with the latest 2011 MICS figures; the system was brought back online in July 2013. The relaunch attracted considerable interest from other Government agencies and development partners and it is envisaged that GhanaInfo will be further supported through the JASMES framework in 2014. The Joint Agenda for Strengthening Monitoring, Evaluation and Statistics (JASMES), a milestone framework agreement between the Government and development partners, was signed into action in November 2013. A SWOT analysis for JASMES concluded that 20 out of 28 multi donor action (MDAs) have robust M&E plans.

The Ghana Monitoring and Evaluation Forum (GMEF), with support from UNICEF, developed the capacity of CSOs and M&E practitioners in monitoring and evaluation through training seminars and public fora on M&E, with the last training of the year on "equity-focused M&E" held in November 2013.

On-track

IR 1620/A0/04/008/029 IR 029: External Communications additional and Civil Society organisations 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 focused on engaging the public on children’s rights and equity issues, and increased resources for children by delivering persuasive, evidence based and solution oriented messages around the following themes: neonatal mortality, nutrition, water and sanitation, out of school children and quality education, child protection systems strengthening, social policy and LEAP. High quality communications products were produced around those themes, including advocacy briefs, op-eds, human interest stories, press releases, videos, slideshows and photo essays, and were placed on several platforms, including the WCARO website, the UNICEF global website, Panorama and the Daily Graphic, the leading daily newspaper in Ghana.

Proactive strategic engagement with local media resulted in nearly 200 media mentions for UNICEF Ghana and increased in-country visibility for children's issues.

UNICEF Ghana became a social media leader on development issues, with more than 10,000 members in the organization’s social media community. Digital content was posted on monthly themes that related to country-level and global advocacy priorities.

UNICEF Ghana launched a new website in November 2013. The new site (www.unicef.org/ghan) will bolster UNICEF Ghana’s role as a knowledge leader on the situation of children in the country, offering a single online portal for UNICEF’s latest reports, studies and press releases. The Country Office will use this platform to continue to lead the national conversation on children’s rights.

To support resource mobilization and to leverage work, visibility plans were created for all major donors and ten donor missions were hosted.

Consistent messaging and Standard operating procedures for events, speeches, media and signboards were developed to streamline processes and workflow between sections and the Front Office.

**PC 705 - Water, Sanitation and Hygiene**

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**PCR 1620/A0/04/009 PCR 009:** 54 per cent of population have sustainable and equitable access to and use of basic sanitation services underpinned by improved hygiene practices and sustainable water services by 2016.

**Progress:** In 2013, UNICEF supported the Government of Ghana (GoG) to build the blocks to scale-up Community-led Total Sanitation (CLTS) to implement the Rural Sanitation Model and Strategy (RSMS) in 2014. Key components to establish the enabling environment, build capacity to generate demand and establish strategies to generate supply were tested during 2013 for implementation in 2014. Strategies were implemented with UNICEF technical and financial support to address bottlenecks; logistic challenges of scaling up CLTS to reach up to 2.5 million people in 2014.

Significant achievements in 2013 included building enough capacity to facilitate CLTS through training and engagement of natural leaders to generate latrine demand; the establishment of village savings and loans schemes to support supply; and the development and implementation of a Results-Based Framework (RBF) to focus implementing partners on achieving Open Defecation Free (ODF) communities.

The development of evidence-based national WASH standards and implementation guidelines for the child-friendly school provide a platform based on a focus of children developing knowledge and habits and ultimately, becoming agents of change.

UNICEF support enabled more than 700 communities (350,000 people) to achieve ODF Basic status and receive HWWS awareness messages in 2013. An additional 500 communities were triggered in 2013, with ODF declarations expected early in 2014. The refinement of national protocols, combined with the commitment to ODF, should result in an increased number of people benefitting from this initiative in 2014.

UNICEF support for improved water supplies for 98 under-served communities (approximately 19,600 people) (107 targeted communities) continued to consolidate Ghana’s guinea worm free status, to be certified in 2014. In schools, UNICEF supported interventions providing 111 schools (approximately 33,000 schoolchildren) with access to improved water facilities, with associated gender and disability sensitive sanitation and hand washing facilities to be completed by March 2014.

Targets for HWWS and for sanitation and water access in basic schools are currently constrained. Advocacy continues at national and district levels for increased GoG investment in school WASH facilities and for a national strategy and increased national investment in hand washing promotion.

| On-track |

**IR 1620/A0/04/009/030 IR 30:** An additional 500,000 people in 5 most deprived regions live in Open Defecation Free (ODF) communities and use improved latrines

**Progress:** Activities in 2013 focused on building capacity to support the up-scaling of the Government of Ghana’s strategy for Community-led Total Sanitation (CLTS) implementation. This was achieved through the establishment of a key enabling environment, demand and supply components, and the assessment and removal of bottlenecks to CLTS implementation.

The assessment of CLTS practice in the country as part of a continuous review process with the Government and through specific stocktaking forums improved implementation strategies. Key initiatives included increasing the focus on the strategy of engaging Natural Leaders (NLs) and initiating a results-based financing approach for CLTS implementation for all partners. The verification protocol for declaration of open defecation free (ODF) communities was revised to make it more effective and sustainable.
UNICEF supported GoG in the change management required to scale-up the engagement of NLs in CLTS, and to evolve environmental health officer roles from implementation to programme management and monitoring, through training of NLs and environmental health officers. Capacity to build demand was established through training of 460 CLTS facilitators across five regions (target was 500) by CLTS Foundation and engaging 80 district assembly members to raise support for district roll-out of CLTS.

UNICEF also supported GoG to establish a Results-based Financing (RBF) approach, where payments for NGO contracts and Government direct cash transfers for CLTS work are based on achievement of ODF communities, rather than triggering. Initial Government RBF contracts with five NGOs (targeting approximately 100,000 people) commenced in 2013 and will provide a base for national up-scaling of CLTS in 2014.

The establishment of 200 village savings and loans association groups (including 4,592 people, 3,934 of whom are female) as a basis for micro-finance schemes for sanitation was a crucial step in empowering communities to purchase sanitation systems, or parts and technical skills, to meet growing demands initiated through CLTS.

**Progress:** The three primary strategies in 2013 for increasing coverage of the practice of hand washing with soap (HWWS) were increasing the capacity to link HWWS with Community Led Total Sanitation (CLTS) interventions, increasing the quality of the HWWS messages, and delivery into communities (through CLTS facilitators and district-level support staff) and through broad scale awareness campaigns linked to Global Hand washing Day (GHD).

CLTS triggering and follow-up HWWS strategies ensured that approximately 350,000 people were sensitised to HWWS messages across the five UNICEF intervention regions (Upper East, Upper West, Northern, Volta and Central).

The quality of HWWS awareness interventions was improved through the training of 50 trainers in five regions and further training conducted at sub-regional levels for HWWS promotion.

On a national scale, GHD was used to reach thousands of people at national and sub-national levels to create awareness on the importance of HWWS. In 2013 a new focus on schools and the local level provided a focal point for year-round activities coordinated through the Government’s School Health Education Programme.

**Progress:** Household Water Treatment and Safe Storage (HWTS) was supported in 2013 by strengthening the enabling environment at the national level, supporting the Government to increase demand at the community level through extension of Community Led Total Sanitation (CLTS) and by developing a framework to facilitate public-private partnerships to generate supplies to meet growing demands.

Delays in the development and implementation of the national HWTS strategy and associated public-private partnership (PPP) strategy continued to be a constraint to achieving this target.

In May 2013 UNICEF supported the Government to host the sub-regional HWTS Workshop (Anglophone West Africa) on policy development and implementation at scale. This workshop re-stimulated national progress in the national strategy for HWTS, which with UNICEF support, is undergoing final review for publication in early 2014.

HWTS promotion as part of CLTS implementation resulted in approximately 28,000 people (in some 3,900 households) practising effective HWTS as a result of community level promotion (target 75,000).

UNICEF supported the Government to develop a draft HWTS Scale-up Model and a partnership framework for private sector participation in scaling up, which will be implemented beginning in 2014 to accelerate HWTS uptake.

**Progress:** In 2013 UNICEF supported the Government to address critical bottlenecks in implementing the WASH in Schools (WinS) programme. This work included: development of key national strategies and guidelines; building the regional and district level capacity of Government and of school boards and teachers to sustainably maintain and operate school WASH facilities; provision of facilities to the most deprived schools; and strategies to develop children as agents of change.

National WASH standards and implementation guidelines for the Child-Friendly School Framework were drafted with UNICEF technical and financial support (final validation workshops scheduled for early 2014). This package contains evidence-based standards and guidelines on infrastructure design, construction, operation and maintenance and strategies for core software, including formation of school health clubs. Consideration of children was central to the guidelines, based on a focus on children developing knowledge and habits and ultimately becoming agents of change.
Innovative partnership and PPP options were explored through UNICEF’s Football 4 WASH partnership between the Governments and professional football associations of Ghana and the Netherlands and the private sector to provide sustainable WASH interventions in schools.

Support to SHEP to implement core WinS strategies included funding to train 120 school health coordinators and head teachers on the formation and training of school health clubs. UNICEF interventions resulted in 111 schools (approximately 33,000 schoolchildren) having access to improved water facilities, with associated gender and disability sensitive sanitation and hand washing facilities to be completed by March 2014.

A combination of initial overestimation of the numbers of children per school and underestimation of latrine construction costs present a constraint to the achievement of this target. In response, UNICEF is seeking further funding to achieve the targets, reviewing options for standards that incorporate cheaper latrine options, and advocating for greater stakeholder engagement, ownership and financial participation, particularly district assemblies.

**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:** In 2013 UNICEF consolidated gains from the guinea worm eradication programme through the establishment of more improved water supplies in at-risk communities, prior to anticipated national certification in 2014.

In 2013 UNICEF supported the completion of improved water supplies for 98 communities (target 107), providing water to approximately 19,600 people in under-served and at-risk communities. This access was achieved through a combination of 48 hand-pumped boreholes (target 57) and rehabilitation of 50 hand dug wells.

Work undertaken under IR 36 to support the establishment of gender-sensitive water and sanitation management teams will ensure that these facilities are equitably and sustainably managed. This will be supported by the national commitments to supporting sustainable WASH interventions made under the sustainability compact being developed under IR 35.

**Constrained**

**PCR 1620/A0/04/010 PCR 010:** Sector policies, strategies, knowledge-base, systems and human resource capacity at national level and in 5 most deprived regions are improved for enabling decentralised, scaled-up, sustainable and pro-poor WASH services by 2016.

**Progress:**

In 2013 UNICEF focused on supporting the Government of Ghana (GoG) to establish an enabling environment with demonstrable, sustainable, equitable WASH governance and interventions. At the district and community levels, the GoG-UNICEF programme addressed capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district and community-level interventions and high-level advocacy.

National fora were supported to provide a national platform for review of Government progress toward national targets and as strategic planning fora for Ministerial commitment, including re-establishing the Ghana Water Forum (GWF). Delays in Government commitment to a national sector-wide approach and in the recommitment to the Sanitation and Water for All Compact are constraining progress. The national sector gender mainstreaming assessment, guidelines and tool kits developed with UNICEF support provide a strong basis for improving sector equity. Delays to the study to identify sector equity challenges and indicators are a bottleneck to refining equity aspects of WASH programmes.

In 2013 UNICEF provided technical and financial support to develop a management information system (MIS) to address strategic gaps in sanitation M&E as part of the GoG MIS, enabling the Government at all levels to have a current understanding of the sanitation sector status, rolling up data from community to national levels.

Advocacy was targeted at the district decision-makers to raise political awareness of WASH challenges, impacts on fundamental district outcomes including health, nutrition and education, and options to remove bottlenecks. The advocacy timing was targeted to impact on the review of regional and district development plans.

District level capacity was built to support districts to track effectiveness, efficiency and equity of WASH interventions, including building capacity through mentoring, technical support, training and workshops on gender mainstreaming in WASH, financial management and reporting, monitoring and evaluation and advocacy. Those interventions position district governments to make evidence-based decisions on WASH, with the capacity to track outputs and outcomes with a focus on equity.

At the community level, support was provided to form and prepare 31 gender responsive water and sanitation management teams (WSMTs) to sustainably manage community WASH interventions.

In 2013 UNICEF supported GoG to assess national drinking water quality by including household water quality in the 2012 Ghana Living Standards Survey, piloting the mainstreaming of water quality surveys into national statistical surveys.
UNICEF Annual Report 2013 – Ghana

**IR 1620/A0/04/010/035 IR 35.** A system for effective WASH sector co-ordination, knowledge management and evidence-based decision-making is operational and resilient at national level and in 5 most deprived regions by the end of 2016

**Progress:**

In 2013 UNICEF focused on supporting the Government to establish an enabling environment with demonstrable, sustainable, equitable WASH governance and interventions.

UNICEF supported the re-establishment of the Ghana Water Forum (GWF) and other key sector forums, the MOLE conference (an NGO platform) and the Community Led Total Sanitation (CLTS) Stocktake (a national review of implementation of CLTS). The GWF provided a national platform for review of progress toward national targets, as well as a strategic planning forum for Ministerial commitment. The 2013 GWF focused on review of progress toward sustainable WASH facilities, to be finalised in a Ministerial Round Table in early 2014. Significant delays in Government commitment to a national sector-wide approach (SWAp) and recommitment to the Sanitation and Water for All (SWA) Compact are bottlenecks.

With UNICEF support, completion of the national sector gender mainstreaming assessment and mainstreaming guidelines and tool kits provided the basis for improving sector equity. Good progress was also made on the Strategic Environment Assessment of the Rural Sanitation Model to validate the national CLTS approach. Delays of the study to identify sector equity challenges and indicators are placing constraints on the ability of the Government to refine equity aspects of WASH programmes.

UNICEF provided technical and financial support to address strategic gaps in sanitation M&E and Management Information Systems (MIS), particularly the capacity to monitor key outputs and outcomes at the community level and roll that up for strategic regional and national reporting. In 2013, an MIS system (BASIS) was developed as part of the Government sector MIS, with baseline data collection and entry ongoing. This enables the Government at all levels for the first time to have a current understanding of the status and challenges in the sanitation sector.

**On-track**

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

**Progress:** UNICEF supported the Government in 2013 to address key capacity bottlenecks to equitable, sustainable WASH service delivery, with a focus on district and community-level interventions. Three approaches were fundamental to achieving this goal: targeting advocacy at the district decision-makers to raise awareness of and prioritise WASH issues; raising district staff capacity in gender mainstreaming and monitoring and evaluation (M&E) to support more equitable governance and the capacity to assess progress on it; and raising the capacity of communities and individuals to engage in WASH decision-making.

At the district level, UNICEF commenced a series of advocacy fora with District Chief Executives (DCEs) to raise political awareness of WASH challenges, impacts on fundamental sector outcomes including health, nutrition and education, and options for districts to remove bottlenecks to addressing those challenges. This advocacy was targeted to impact on the current review of regional and district development plans.

Capacity at the district level in M&E was raised to support DCEs and management staff in tracking effectiveness, efficiency and equity of WASH interventions by training 145 district-level staff (from 23 districts) in WASH M&E. Capacity in gender mainstreaming in WASH was also built through the training of 76 representatives from Government and civil society WASH stakeholders from six regions.

Technical and financial support was provided to form and prepare 31 new gender responsive water and sanitation management teams (WSMTs) to facilitate the effective management of water supply facilities to ensure the sustainability of WASH interventions at the community level.

**On-track**

**IR 1620/A0/04/010/037 IR 37:** Drinking Water Quality Management is institutionalised at national level and in 5 most deprived regions

**Progress:** In 2013 UNICEF supported the government in assessing the state of national drinking water quality, with the intention that this will inform the development of a national drinking water quality management framework in 2014.

With UNICEF technical and financial support, the rapid drinking water assessment, undertaken as part of the drinking water quality assessment module of the 2012 Ghana Living Standards Survey (GLSS), was completed at the end of October 2013. The 2012 GLSS was a pilot for mainstreaming water quality surveys into national statistical surveys. The full results will be collated and analysed by the end of March 2014 and lessons learned on mainstreaming sampling surveys will be reported later in 2014.

**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:** A major adolescent study in partnership with DFID and UNFPA and coordinated at the UNICEF Deputy Representative’s level was initiated in 2013 to ensure cross-sectoral ownership and response. Adolescent Development and Participation, a critical area for programming for GCO, will be further discussed as an integrated programme during the MTR process.

Discussions and deliberations were also undertaken in the Country Management Team (CMT), Programme Group and as part of the annual review on geographical convergence and on issue based cross cutting sectoral work, for example, sports for development, and child marriage. The discussions also took into consideration the priorities mentioned in UNICEF Strategic Plan (SP). There was close collaboration between WASH, Health and C4D in emergency response. Donor proposal development and reporting provided an excellent platform for cross-sectoral work and engagement.

Programme coordination was strengthened in terms of HACT coordination, open communication and programme meetings. 2013 indicator targets for internal management results utilizing cross-sectoral budget were successfully met. Performance management indicators were tracked at the Programme level and issues of major importance or attention were taken to CMT for final decision. Planning for MTR was initiated in terms of TOR and workplan development and presentations on office-wide coordination issues like SP, feedback from DROPs meeting, and MTR process was carried out in the last quarter. Communication between Accra and the field office in Tamale was strengthened through participation in major cross-sectoral events, including an internal review meeting with key technical colleagues and senior management from Accra.

The UN Inter-agency Programme Group meeting was attended on a regular basis and UNICEF continued to take a lead on adolescent research and programming. UNICEF led the Education, Social Protection and WASH UN sector groups and actively participated in the others. In order to clearly articulate effective joint programming collaboration, a document on “areas for joint engagement” was developed and half-day retreat with WFP and UNICEF was organized.

**On-track**

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

**Progress:** Eight staff members’ salaries and related costs utilized US$417,199 and operating cost to the Office amounted to US$60,478 during the year. This contributed to effective and efficient programme coordination resulting in timely delivery and distribution of all supplies/assets/consumables.

**On-track**

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

**Progress:** Sixteen staff members’ salaries and related costs utilized US$657,480 and field monitoring travel and operating cost amounted to US$250,231 during the year. This resulted in 97 per cent of ICT equipment procured & commissioned; 99 per cent of local procurement timely delivered; effective and efficient support to programme in the areas of transport and field monitoring; regular maintenance and servicing of office equipment/machines, six new A/Cs acquired and installed, HACT assurance activities conducted, and capacities of implementing partners (IPs) built through trainings.

**On-track**

**IR 1620/A0/04/011/038 IR 38 : 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:**

In partnership NGOs, and with technical and financial support from UNICEF, three child friendly spaces providing safe access to 2,760 Ivorian refugee children were managed at the refugee camps, offering children the opportunity to socialize, learn and play and rekindling hope and a high sense of self-esteem in the children. UNICEF also provided allowances for 26 voluntary teachers at the secondary school level, (benefitting 605 children, including 281 boys and 324 girls), and funds for construction of eight primary and four junior high school unit classrooms, as well as supply of teaching and learning materials and promoting student enrolment and retention initiatives. UNICEF is collaborating with Ghana Education Service (GES) to absorb the schools into the public education system, for a sustainable and cost effective access to quality education by the refugee children. This process has been elaborated in an exit strategy with UNICEF’s support.

C4D response to cholera was scaled-up to all regions with materials, wall paintings, mass media, drama, and community mobilization, reaching more than 14 million people. As a result, Ghana recorded less than 40 cases of cholera in 2013, compared to 9,578 cases in 2012.

Disaster Risk Reduction (DRR) initiatives were introduced in the public basic education system as a component of the enhanced school health programme (e-SHEP). UNICEF is supporting the Ghana Education Service (GES) to implement the enhanced school health programme, including the development of a DRR manual and training of teachers.

Emergency Preparedness and Response Plans (EPRPs) were formulated for four regions with a national level EPRP in final draft and technical committees established as coordinating mechanisms under the WASH Sector Working Group at national level and in the three Northern Regions. To facilitate implementation, 165 WASH professionals at all levels were trained on WASH in Emergencies.
The partners in the three northern regions were trained in HACT and Supply management. Fifty-seven IP
assessment of new IPs (by KP as of 04 Nov)
GCO rolled out work plans for the period 2013 and 2014 were signed by Government by early April 2013.
The Office significantly scaled up work on the Harmonized Approach to Cash Transfer (HA)
partner (IPs) and auditing of 27 Government IPs that began in 2012 were completed. A response strategy to both the micro
assessment and audit findings, including a plan for monitoring implementation of recommendations, was developed and is being implemented. Follow up monitoring showed that most of the institutions are either already implementing the recommendations or are in the process of putting in place structures to be able to implement them. In 2013, 57 spot checks were also carried out, with coaching and mentoring of IPs on HACT as well as monitoring of implementation of the micro assessment and audit recommendations carried out alongside the spot checks.
The capacity of IPs in financial management and reporting was enhanced through intensive training, in which 140 Government and CSO staff participated. Pre- and post- training evaluation showed great improvements in participants’ knowledge of the HACT processes and financial management issues in general. IPs in the five UNICEF focus regions were also oriented on HACT. It is expected that the enhanced knowledge and skills of the IPs will translate to better quality of work and improve HACT implementation for the efficient use of resources for the benefit of children.
UNICEF, UNFPA and DFID are supporting a situation analysis of Adolescents and Young People in Ghana (ages 10 – 24). The field work has been completed, with the final report expected end of February 2014, to feed into the mid-term review of the country programme in 2014.

**PC 800 - Programme Support**

**On-track**

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

**Progress:** Transactions are processed expeditiously, leading to achievement of results for children. Through Delivering as One, GCO has significantly reduced transaction costs in common services. UNICEF/UN agencies have a long term agreement (LTA) on travels that gained 2 per cent discounts on all commissionable tickets. Through the UN operations management team ICT taskforce, cost of internet service per month was reduced from $974 to $485, a cost saving of $489 per month (50 per cent).Ghana Country Office (GCO) conducted a Risk Control Self-Assessment /Enterprise Risk Management (ERM) exercise involving all staff in December 2013, which came out with seven medium and four low risk areas, respectively.

GCO rolled out implementation of HACT in 2008, with macro assessment being done in 2006. GCO has 152 Implementing Partners (IPs) as of 04 November 2013. There is a HACT assurance plan. An audit of Government IPs (through the Ghana Audit Service) and micro assessment of new IPs (by KPMG) which commenced in 2012 was completed in 2013. The GCO developed a strategy and is systematically following-up on implementation of the recommendations of both the audit and micro assessments.

Two days of capacity building for IPs was conducted in November 2013, for 144 Government and CSOs staff.

Fifty seven spot checks were conducted in 2013. Twenty staff members were trained and re-trained on HACT procedures and 116 partners in the three northern regions, were trained in HACT and Supply management.

The Business Continuity Plan (BCP) was updated, missing equipment was installed and tested on quarterly basis.

**On-track**

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

**Progress:** Ghana Country Office (GCO) has clearly defined management objectives and priorities included in the Biennium Management Plan (BMP) (2012-2013). The management objectives and priorities were shared with all staff and are part of the Standard Operating Procedure (SOP) under BMP. The planned programme/management objectives and priorities were reviewed during the mid-year and year-end reviews. The outcome has so far been on track.

As of December 2013, there were no direct cash transfers (DCT) over 9 months. All grants were 100 per cent utilized before their expiry dates.

CMT approved a revised phone policy in 2013.

The statutory office structures (CMT, CRB, SAP, CRC, JCC, PCARC, SA and LTC) were in place and working satisfactorily. GCO also had in
place standard operating procedures that ensured the oversight mechanisms such as the TOA, resources management, DCT/HACT management, travel & security, human resources management, procurement and logistics management, BCP/Emergency preparedness and RCSA/ERM were working satisfactorily.

There was a cordial relationship between staff and management. There was active participation by the respective statutory office committees, enabling participatory and transparent decision making processes.

There is a risk informed plan (ERP) to mitigate emergencies, including the BCP. GCO conducted one BCP simulation exercise, the result was satisfactory.

There is an effective CMT in place. GCO held 12 CMT meetings in 2013. The CMT focused on discussing and making recommendations for the approval of the Representatives on issues regarding resources management and identification of oversight performance indicators.

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

**Progress:** GCO’s internal audit (by OIAI) was postponed until 2014. The Operations team and Programme staff conducted HACT assurance activities that identified some bottlenecks and weak internal controls by the IPs in HACT implementation. This resulted in recovery of misapplied funds by some implementing partners.

The Office contracted Ghana Audit Services to audit 27 Government implementing partners on the 2006 to 2011 programme cycle. UNICEF management had a meeting with the Auditor General and senior members of Ghana Audit Services to discuss the findings and way forward. The Auditor General pledged support for the follow-up actions of the audit recommendation.

There are no DCT outstanding over 9 months and 6-9 months outstanding is 3 per cent as of 17 November 2013. GCO conducted micro assessment of 37 partners for the new country programme, and the majority of the IPs had medium rating. Strengths and weaknesses of the partners and bottlenecks posed by the audit and the micro assessment were discussed with the partners involved.

Twelve bank reconciliations were sent in a timely manner to HQ. There were zero reconciling items during the year.

GCO continued to manage risks associated with the management of assets through clear identification and conducting of physical counts of Property Plants and Equipment controlled and managed by UNICEF. Assets were effectively managed and accounted for in accordance with IPSAS.

Procurement Services is estimated at US$33.4 million. Local and offshore procurement is estimated at US$2,810,379. Fifty institutional contracts amounting to approximately US$1.054 million were processed.

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

**Progress:** During the first half of 2013 there was much change in senior staff. This resulted in loss of knowledge and expertise, as well as an acquisition of new knowledge, expertise and skills from new staff.

GCO continued to focus on strengthening the skills sets of current and new staff. The Human Resources Development Committee (HRDC) monitored the implementation of the 2013 staff learning plan. Three staff went on mission to support UNICEF emergency programmes in Somalia and Iraq. GCO contracted two French teaching institutions (in Accra and Tamale) to conduct French lessons for the majority of the IPs had medium rating. Strengths and weaknesses of the partners and bottlenecks posed by the audit and the micro assessment were discussed with the partners involved.

Of the GCO staff members, 52 per cent are females and 48 per cent are males. The HR section provided guidance and support to staff and supervisors with individual work planning and compliance with the PAS processes. The Country Management Team (CMT) monitored PERs: 93 per cent of 2012 PERs and 95 per cent of key assignments for 2013 were completed by 30 November 2013.

In 2011, GCO conducted an internal Staff Governance Survey, which complemented the Global Staff Survey. A committee was formed to review the results of the two surveys and identified three priority issues for action. KPMG was contracted to carry out team building activities, including finding the root cause of those issues. At years end, solutions were being identified. The CMT continued to mandate chiefs of sections to discuss the Flexible Work Arrangement policy with their teams and to encourage more open communication.

No security incidents were reported in 2013.
Effective Governance Structure

Ghana Country Office (GCO) has clearly defined management objectives and priorities included in the Biennium Management Plan (BMP 2012-2013), which was approved by the Country Management Team (CMT). The management objectives and priorities were shared with all staff and are part of the Standard Operating Procedure (SOP) under the Biennial Management Plan. The planned programme/management objectives and priorities were reviewed during the mid-year and year-end reviews. The outcome has so far been on track.

The statutory office structures were in place and working satisfactorily. GCO also put in place standard operating procedures to ensure that oversight mechanisms such as the Table of Authority, resources management, Direct Cash Transfer/Harmonized Approach to Cash Transfer management, travel and security, human resources management, procurement and logistics management, Business Continuity Plan (BCP)/Emergency preparedness and Risk Control and Self-Assessment and Enterprise Risk management (RCSA/ERM) were working satisfactorily. There was a risk informed plan (ERP) to mitigate emergencies, including the BCP. GCO conducted one BCP simulation exercise. The Risk Control and Self-Assessment exercise provided the risk profile informing key areas of programmatic and operational response for 2014.

There is an effective CMT in place. GCO held 12 CMT meetings. Through CMT, PG and Operations Management Team meetings, performance management indicators were tracked and discussed on a regular basis and reminders were sent to all staff for action on tracking those indicators. While oversight on performance was provided by all the committees mentioned above, the CMT focused more on issues that require CMT’s intervention, for example agreement on HACT procedures, DCT approval and liquidation limits, chronic DCT cases, phone policy, etc. The selection of the CMT agenda was also based on areas that experienced challenges or where the policy guidelines were not in line with the practices and realities of the country. CMT also provided the discussion ground for UNCT agenda items that affect the overall performance and procedural issues of UNICEF, i.e. DSA for counterparts.

The CO is in the process of preparing an audit exercise in 2014.

Strategic Risk Management

GCO conducted an RCSA/ERM exercise involving programme and operation staff on 05 December 2013. The purpose of the exercise was for all staff to get involved in risk management practices during their day-to-day activities and also be held accountable and be part of the risk management culture.

During the ERM workshop, participants produced GCO's risk profile and risk library. It identified seven medium risk areas (Fraud and misuse of resources; funding and external stakeholder relations; Governance & Accountability; Organizational strategy and neutrality; Supply & Logistics; ICT systems support and Natural Disasters and Epidemics) and four low risk areas (Results-based management & reporting, budget & cash management, Human resources/unethical behaviour and safety/security) and none in other categories of risk. The results of the workshop were shared with all staff for consensus. The Risk Control and Self-Assessment exercise provided the risk profile informing key areas of programmatic and operational response for 2014. The Business Continuity Plan (BCP) for Accra and Tamale field office was updated, missing equipment was installed and tested on a quarterly basis.

GCO has rolled-out implementation of HACT since 2008. GCO had 152 implementing partners (IPs) in 2013. Most of the IPs have been micro-assessed. GCO liaised with the supreme audit office and engaged KPMG Ghana to undertake audit and micro assessment of Government partners and Civil Society Organizations, respectively.

The Office HACT Task Force was responsible for monitoring the quality assurance aspect of HACT. Based on the findings of the micro assessment, GCO developed an assurance plan and is also following up with the 27 IPs on the implementation of the audit. As part of the assurance plan, 32 spot checks were conducted in...
A one-and-a-half day internal retreat of the office HACT team including the Tamale field staff was organized to build consensus on standardization of HACT principles and procedures, particularly taking into consideration the micro assessment results. The recommendations of the meeting were approved at the CMT.

A series of capacity building trainings were conducted in 2013. Twenty staff members were trained and re-trained on HACT procedures. Some 116 partners in the three northern regions were trained in HACT and Supply management, and a two-day workshop was conducted for 144 participants for Greater Accra and Central Region. Dedicated HACT capacity building exercises were conducted for five partners considered high risk.

**Evaluation**

Three important evaluations were completed in 2013 and a wealth of new high-quality data was further disseminated, including the 2011 Multiple Indicator Cluster Survey (MICS) and 2010 Census data at district level.

Prioritization and coordination of the Integrated Monitoring and Evaluation Plan (IMEP) remained a challenge for the Ghana Office. In 2014, the focus will be to further streamline the IMEP to include evaluation activities that will inform strategic programme and policy design.

A key evaluation activity for UNICEF Ghana in 2013 was the support of an independent evaluation of the national cash transfer program, LEAP. UNICEF worked alongside the University of North Carolina and the University of Ghana to take advantage of a national household survey in order to carry out a robust, national level impact evaluation of the LEAP program. Control and treatment households were identified so as to estimate the difference in household welfare for LEAP beneficiaries between 2010 and 2012. UNICEF Ghana announced the results of the evaluation in a High Level Panel Discussion in November 2013, chaired by the Minister of Social Protection. As a result, the Ministry of Finance is now convinced of the impacts of the programme and supportive of its scale-up.

The Hang-up campaign for long-lasting insecticide treated nets (LLIN) in the three regions (Brong Ahafo, Central and Western) of Ghana was evaluated. The study showed that households who received materials to hang up the nets (e.g. nails and ropes) along with the LLINs were more likely to sleep under a net, pointing to the importance of providing hang-up materials with the nets.

Another evaluation assessed the impact of the Free Maternal Health Care Initiative in Ghana on the utilisation of skilled assistance at delivery and on the quality of maternal health services. The Initiative was shown to be effective in increasing the utilization of health facilities for deliveries, although the study was not able to measure the attributable portion of the documented increase. It was estimated that more than 3,000 maternal lives had been saved between 2008 and 2011. Regarding the impact on the quality of maternal health services, the study highlighted increasing bottlenecks in human resource capacity at the facility level, partly due to increasing numbers of women seeking free care.

The randomised Control Trial of the C4D programme continued, with the midline evaluation planned for early 2014. It was postponed from 2013 due to delays in fundraising for the Mobiles for Development initiative, a central component of the program.

The evaluation function will be further strengthened in 2014 with a strategically prioritized IMEP that consolidates data collection efforts and seeks to pool human and financial resources for providing adequate evaluation capacity where it is required at the programme level, in accordance with the revised evaluation policy.
Effective Use of Information and Communication Technology

Working together with the UN-ICT Working Group, the ICT unit managed to negotiate reduced charges for internet services by almost USD 500 from USD 900/1Mbps per month. Savings were used to increase the bandwidth capacity.

A number of applications and systems in line with global policy were implemented to improve upon operations and business continuity. These include migration to a more dynamic protocol that allows staff to effortlessly join the network and work from any UNICEF office, and the VEEAM Backup solution that allows for quick relocation of the Office’s operations to an alternate location in case of disaster. The ICT systems infrastructure at the Tamale field office was expanded to allow for high availability and fault tolerance with the implementation of a central data storage solution. This will minimize the opportunity for data loss and make disaster recovery more effective.

The Country Office took advantage of the new global mobile telephone policy to replace the mobile handsets used by critical staff with Samsung Galaxy S4 handsets. This platform presents the opportunity to develop and run programme targeted applications to meet innovative needs that will achieve results for women and children. A comprehensive policy on telephones was developed to provide a single point of reference and guidance for all office communications, resulting in cost-effectiveness and efficiency.

GCO moved away from the shared VSAT communications services to dedicated VSAT services for GCO, resulting in more reliable and faster communications for the Office. This has contributed to better management and accessibility, including better controls on security risks associated with the VSAT. The PaBX system was configured to utilize the VSAT VOIP infrastructure to enable staff call each other directly (across Accra and Tamale, without using the public telephone infrastructure). This resulted in reduced cost, especially with teleconferences possible between the two offices. Implementation of a reliable backup connectivity link is underway to mitigate connectivity challenges in the Tamale field office.

Business continuity was further been enhanced with the provision of portable generator sets for alternate power supply, which will be shared between the Office and offsite locations in Accra and Tamale.

Fund-raising and Donor Relations

GCO requires a total of US$183,055 million (US$43,055 million from regular resources) of new, predictable and flexible funding between 2012 and 2016 to implement the current Country Programme to continue delivering results for children.

By the end of 2013, the Ghana Country Office had raised 31 per cent of the Other Resources planned budget from bilateral donors, new and emerging donors (such as Korea International Cooperation Agency), the private sector (including the Unilever and Hilton foundations) and UNICEF national committees (including the United Kingdom, the United States, Spain, Italy and Germany).

Although the funding trend remained promising, large disparities existed across sectors. The water, sanitation and hygiene, social policy and equity and education sectors achieved funding of 50 per cent (US$10.4 million), 48 per cent (US$5.9 million) and 38 per cent (US$5.8 million) respectively, while child protection was only 4 per cent funded (US$0.9 million) and health and nutrition was 29 per cent funded (US$14.1). Proposals were developed in 2013 with key bilateral donors such as Canada, the Netherlands and DFID and are likely to come to fruition in 2014.

To mitigate future fundraising risks, a new fundraising strategy was developed: "Mobilising predictable resources for children’s rights in a changing and competitive landscape.” The strategy was developed taking into account progress made in resource mobilisation, the current global context, past and current trends, current resource needs and funding opportunities that the Country Office can tap into to build the strongest possible funding base, to achieve greater results for children. A key component of the strategy is a revised and systematic donor engagement plan.
Another core component of the new strategy is greater donor visibility. In 2013, visibility plans that resulted in the development of high quality communications products such as an advocacy brief, human interest stories, photographs, videos and multimedia content were created and implemented for all major donors. The Country Office also hosted ten donor missions from EasyJet and Unilever Foundation with UK Natcom, KOICA, Japan, Conrad Hilton Foundation, Canada and the Global Partnership for Education.

Building on the launch of the Children’s Rights and Business Principles and to further understand the key entry points, opportunities and challenges for UNICEF to engage with the private sector in key industries such as the oil and extractives, a mapping and assessment of the country private sector landscape will commence in the first quarter of 2014.

Donor reports were submitted in a timely manner and were closely monitored on a regular basis as a key performance indicator. Donor proposals and a reporting template were developed to ensure quality. Grants were utilised in a timely manner – achieving close to 100 per cent utilization rate by expiry date – and there was not a single case of extension.

Resource Mobilization will continue to be a standard agenda item for discussion in the CMT, bringing together programme, operations and advocacy expertise to strengthen resource mobilization efforts, which are particularly important in a lower middle income country.

### Management of Financial and Other Assets

In preparation for the internal audit by the Office of Internal Audit and Investigation (OIAI) planned for 2014, GCO carried out self-assessments on travel and payment processes during 2013. All risk identified related to internal controls during the self-assessment were addressed through revised Standard Operating Procedures. In order to sustain compliance, Programme and Operations devoted significant time to reviewing and ensuring the efficient and appropriate management and use of financial and other assets and decisions emanating out of those discussions were taken to CMT for deliberation and final approval.

In 2013 there was an increased level of engagement in implementation of HACT by both programme and operations.

- As a follow up to the audit carried out by Ghana Audit Services (Supreme National Audit Authority) of 27 Government implementing partners, UNICEF management had a meeting with the Auditor General and senior members of the Ghana Audit Services to discuss the findings and way forward. The Auditor General committed their support on the follow-up actions of the audit recommendation.
- GCO conducted micro assessment of 37 partners with the majority of the IPs securing medium rating. Based on the findings of the micro assessment, systematic spot checks were carried out which identified some bottlenecks and weak internal controls among the IPs. This was followed up by increased dialogue with IPs on financial management including capacity building and frequent assurance activities.
- The Office was able to recover US$6,295.00 as reimbursement from IPs for utilized/reported funds that were not compliant with financial policy and procedures. The process helped programme and operation colleagues invest in relationship and trust building in order to provide increased accountability at all levels of IPs in facilitating results for children.

In 2013, despite the challenge of meeting the competency gaps in in asset management and inventory in VISION, the Country Office experienced smooth programme implementation. GCO continued to manage risks associated with the management of assets through clear identification and physical counts of Property, Plant and Equipment that are controlled and managed by UNICEF in accordance with IPSAS.

The Office was able to ensure that less than 5 per cent of DCTs were over 6-9 and 0 per cent were over 9 months, and demonstrated good performance on all other key indicators. By the end of the year, US$8,878,777 of Regular Resources (RR) had been expended/obligated against CP RR ceiling of US$43,055,000, and 92 per cent was expended against the total allocation of US$9,645,836 for 2013.
The utilization rate of various funding sources as of 31 December 2013 stood at RR 92 per cent and Other Resources/Other Resources Emergency (OR/ORE) 63 per cent.

**Supply Management**

In spite of limited human resource capacity due to change in the Supply Manager and the prolonged ailment of the Supply Assistant, the Supply Unit responded effectively to challenges in 2013 and ensured that programme results were achieved as committed, including the management of personal effects of a substantial number of staff both outgoing and incoming, and nearly US$35 million of throughput.

The supply unit continued to facilitate major procurements on behalf of GoG totalling to US$33.4 million. This included support to Ministry of Health (MoH), Ghana Health Services/EPI in procuring vaccines and medical devices and procurement of anthropometric equipment within the Nutrition and Malaria Control for Child Survival Project (NMCCSP) as part of the World Bank and MoH Agreement, working closely with Procurement Services (PS), Supply Division (SD), and Copenhagen (CPH). Regular coordination with SD/CPH and MoH ensured that critical program supplies were received on time.

Recognizing the complexity of the procurement of commodities involved and the workload associated with the process, SD/CPH gave approval for PS-funded position of NO-A Supply & Logistics Officer for 2014-15, which is highly welcomed by the GCO. This is expected to address the human resource capacity gap and at the same time contribute to maintaining the credibility of the supply unit internally and externally in delivering high quality results for children.

The combined value of local and offshore procurement for the CP totalled nearly US$2,810,379. This included both software (printed materials, T-shirts) and hardware (school furniture, motorbikes, computers/IT related supplies, building materials for toilet, water pumps) items in support of education, health and WASH programmes.

The break-down of Procurement value for various programs was as follows:

<table>
<thead>
<tr>
<th>PROGRAMME</th>
<th>VALUE (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, Communication, Monitoring &amp; Analysis</td>
<td>293,767</td>
</tr>
<tr>
<td>Education</td>
<td>291,760</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>1,818,752</td>
</tr>
<tr>
<td>WASH</td>
<td>364,813</td>
</tr>
<tr>
<td>Operations</td>
<td>41,287</td>
</tr>
<tr>
<td>Total Local Procurement</td>
<td>1,053,259</td>
</tr>
<tr>
<td>Total Offshore Procurement</td>
<td>1,757,120</td>
</tr>
<tr>
<td>TOTAL (Local + Offshore)</td>
<td>2,810,379</td>
</tr>
</tbody>
</table>

Supply unit continued to play a critical role in facilitating service contracts and 50 institutional contracts amounting to approximately US$1.054 million were processed. The unit successfully convened 13 contract review committee meetings to deliberate on proposals valued at more than US$50,000.

In order to achieve efficiency for effective programme results, the following processes/actions were put in place by supply unit:

- Supply unit implemented the GoG’s-initiated GCNet system, an “online clearance system” that is linked between the client and the Ministry of Foreign Affairs. The “online clearance system” is already producing results in shortening the shipment clearance time and easing the pressure on all parties, including UNICEF staff members.
A databank on potential vendors, available locally, for hardware items (e.g. automotive equipment, transportation services, courier services, printers, office stationery/classroom supplies, office furniture, ICT equipment, building material, and electrical equipment) was put in place, building on the market survey from 2012.

A process was initiated for Long Term Agreement for custom clearance with local Clearing and Forwarding Agents, which is expected to be concluded by January of 2014.

Revised SOPs were introduced for the ease of programme and operation staff, particularly to make the CRC process transparent and address time lapse due to incomplete documentation.

Field visits were undertaken by the new Supply and Procurement Manager along with the Chief of Operations to understand the capacity gap issues of both UNICEF field office and counterparts in order to better position the supply unit to address the challenges and gain proficiency in providing service for clients.

Programme annual reviews included sessions on supply chain and end-user supply management and on site capacity building training was being provided to Government and NGO partners.

GCO does not subscribe to stocking of regular program supplies. Whenever supplies are received, they are directly despatched/delivered to designated Government/implementing partners. Supply unit Accra and Tamale continue to maintain certain stock of emergency supplies at the Ministry of Health warehouses as part of emergency preparedness. At years end, the current combined value of stock at both locations is approximately US$100,000.

As part of the UN-coordinated effort, the Accra supply hub managed by United Nations Humanitarian Response Depot (UNHRD) was provided with necessary support, in close cooperation with the Regional Office.

**Human Resources**

The beginning of 2013 was a time of uncertainty and anticipation for GCO. The Office experienced major change of staff, which included new management (Representative, Deputy Representative and Chief of Operations, Health and Education) which came on board in the 3rd and last quarter of 2013. The transition was smooth and the overall performance and morale of the Office was of satisfactory level at the end of the year. An efficient recruitment process was followed in terms of time, process and content. - The Learning Plan monitored by the Human Resources Development Committee (HRDC) focused on building capacity and knowledge of staff on programming and processes, with special emphasis on equity based planning, gender mainstreaming, human rights based approach and knowledge management, as well as continuing to address the staff morale issues identified in the 2011 Global Staff Survey findings.

Overall, Ghana Country Office achieved 50 per cent of the group training events. The other three activities were postponed to 2014. Due to staff changes and absence of key members, implementation of the group learning activities was slow.

Staff exchange programmes were encouraged, which facilitated three staff going on long term mission to support UNICEF emergency programmes in Somalia, Iraq and Cameroon, and four staff from other Country Offices took part in stretch assignments with GCO. GCO continued to contract two French teaching institutions in the country (in Accra and Tamale) to conduct French lessons for all staff. The Office provided all needed learning materials and allotted time for the lessons.

In 2011, GCO 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 three priority issues for action: Interaction with management/managers; Work/life balance; and Abuse of authority/Reporting misconduct/Preferential treatment. All of those issues are being addressed through the following interventions: KPMG was contracted to carry out team building activities, including finding the root cause of these perceptions; and solutions are being identified to address
the Office continues to raise awareness on stress management; GCO continues to promote the Flexible Working Arrangement (FWA) policy, and the CMT continued to mandate section chiefs to discuss the FWA policy with their teams and to encourage more open communication.

Of the GCO staff members, 52 per cent are females and 48 per cent are males. The HR section provided guidance and support to staff and supervisors with individual work planning and compliance with the PAS processes. The Country Management Team (CMT) monitored PERs: 93 per cent of 2012 PERs and 95 per cent of key assignments for 2013 were completed by 30 November 2013. Changes in staff made implementation a challenge.

GCO has three Peer Support Volunteers (PSVs), two in Accra and one in Tamale. Staff continue to be trained on HIV/AIDS in the workplace through joint UN activities, and the Caring for Us Committee ensured the replenishment of male and female condoms in the office washrooms.

### Efficiency Gains and Cost Savings

Through UN interagency collaboration in Delivering as One (DaO), GCO has reduced transaction costs in the areas of common services. (Specific examples include the shared services of the generator, provision of security, UN common premises and UN Dispensary).

UNICEF, with other UN agencies, has a Long Term Arrangement (LTA) on travels negotiated with the selected travel agencies to provide a two per cent discount on all commissionable tickets. An arrangement solely made by UNICEF with some major airlines provides UNICEF with discounted tickets for travels. UNICEF reduces transaction costs by going directly to those airlines.

Through the UN Operation Management Team (OMT) Information and Communication Technology (ICT) taskforce, the cost of internet access (for which the Office was paying US$974 per month) was reduced to US$485 per month, a cost saving of US$489 per month (50 per cent reduction) or US$5,868 annually.

### Changes in AMP & CPMP

Ghana Country Office will be going through MTR in 2014 of the Country Programme (2012-2016) and necessary adjustments will be made for the remaining country cycle 2015-2016. Presentations on the MTR process linked to the UNICEF Strategic Plan (SP) (2014-2017) were made to all staff and to Government partners and a workplan for the Mid Term Review was approved by the Country Management Team.

Based on priorities identified in the region, the Strategic Plan, and new research emerging in some areas, it is anticipated that minor modifications might be needed in programming focus and approach, for example, clear articulation on adolescent, gender and innovation. In line with effectiveness and efficiency measures, with regard to programme delivery and reduced funding scenario and the setting up of the global shared services centre, changes in the organizational structure are also anticipated.

The application of outcomes, output instead of PCR and IR, will be applicable during the remaining country programme cycle and will be reflected in the AMP 2014. No other major changes are anticipated in the AMP 2014.

### Summary Notes and Acronyms

**ACRONYMS**

BCP - Business Continuity Plan  
BMP - Biennium Management Plan  
CBE - Complementary Basic Education
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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<td>CMT</td>
<td>Country Management Plan</td>
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<tr>
<td>CRB</td>
<td>Central Review Body</td>
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<td>CRC</td>
<td>Contract Review Committee</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>DaO</td>
<td>Delivering as One</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>eMTCT</td>
<td>Elimination of Mother to Child Transmission of HIV</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EPRP</td>
<td>Emergency Preparedness and Response Plans</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>FAO</td>
<td>Food and Agricultural Organization</td>
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<td>FWA</td>
<td>Flexible Working Arrangement</td>
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<td>GAPPD</td>
<td>Prevention and Control of Pneumonia and Diarrheal</td>
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<td>GCO</td>
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<td>GCRN</td>
<td>Ghana Community Radio Network</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<td>GoG</td>
<td>Government of Ghana</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<td>HPV</td>
<td>Human Papiloma Virus</td>
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<td>Human Resources Development Committee</td>
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<td>Household Water Treatment and Safe Storage</td>
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<td>Hand washing with soap</td>
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<td>Iccm</td>
<td>Integrated Community Case Management</td>
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<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>International Monetary Fund</td>
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<td>Implementing Partners</td>
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<td>Integrated Social Development Centre</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding Practices</td>
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<td>JASMES</td>
<td>Joint Agenda for Strengthening Monitoring, Evaluation and Statistics</td>
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<td>JCC</td>
<td>Joint Consultative Committee</td>
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<td>Legal Aid Scheme</td>
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<td>LEAP</td>
<td>Livelihood Empowerment Against Poverty</td>
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<td>LLIN</td>
<td>Long Lasting Insecticide Net</td>
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<td>LTA</td>
<td>Long Term Agreement</td>
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<td>Millennium Development Goals</td>
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<td>National Immunization Days</td>
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<td>Office Internal Audit and Investigation</td>
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<td>Operations Management Team</td>
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<td>OOSC</td>
<td>Out of School Children</td>
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<tr>
<td>OR</td>
<td>Other Resources</td>
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<tr>
<td>ORE</td>
<td>Other Resources Emergency</td>
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</tbody>
</table>
PCARC - Programme Corporation Agreement Review Board
PPP - Public-private partnership
PSVs - Peer Support Volunteers
PWD - Persons With Disability
RCSA - Risk Control Self-Assessment
REACH - Renewed Efforts Against Child Hunger
RMNCH - Reproductive, Maternal, Newborn and Child Health
RR - Regular Resources
RSMS - Rural Sanitation Model and Strategy
SEA - Strategic Environmental Assessment
SOP - Standard Operating Procedure
SUN - Scaling Up Nutrition
ToT – Training of Trainers
USMR - Under-five Mortality Rate
UNDP - United Nations Development Programme
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commission for Refugees
UNICEF - United Nations Children’s Fund
USAID - United States Agency for International Development
VISION - Virtual Integrated System of Information
WASH - Water Sanitation and Hygiene
## Evaluation

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<tr>
<th>Title</th>
<th>Sequence Number</th>
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<tr>
<td>Livelihood Empowerment Against Poverty Program Impact Evaluation</td>
<td>2013/003</td>
<td>Evaluation</td>
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<td>The Status of Education in Ghana: Results from the Multiple Indicator Cluster Survey (MICS) 2006-2011</td>
<td>2013/016</td>
<td>Study</td>
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<td>Evaluation of the LLIN Universal Mass Distribution &quot;Hang-Up&quot; Campaign in Brong Ahafo, Central and Western Regions of Ghana: Costs and Effects</td>
<td>2013/037</td>
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<td>Analysis of the 2014 Ghana National Budget to determine gaps and opportunities for women and children</td>
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<td>Documentation on integrated community case management (iCCM) implementation and lessons learned in Northern Ghana</td>
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<td>Identifying Determinants of and Predicting Undernutrition in Ghana: Results from the 2011 Multiple Indicator Cluster Survey (MICS)</td>
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<td>Qualitative Research and Analyses of the Economic Impacts of Cash Transfer Programmes in Sub-Saharan Africa: Ghana Country Case Study Report</td>
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<td>Analysis of School Attendance Trends Among Basic School Students 2005-2010</td>
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