

Ghana

Country programme document 2012-2016

The draft country programme document for Ghana (E/ICEF/2011/P/L.25) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009 unless otherwise stated)

Child population (millions, under 18 years)	10.7
U5MR (per 1,000 live births)	69
Underweight (% , moderate & severe, 2008)	14
(% , urban/rural, poorest/richest)	11/16, 19/9
Maternal mortality ratio (per 100,000 live births, 2008)	350 ^a
Primary school enrolment (net, %, male/female, 2008)	76/77 ^b
Survival rate to last primary grade (% , 2008)	81 ^c
Use of improved drinking water sources (% , 2008)	82
Use of improved sanitation facilities (% , 2008)	13
Adult HIV prevalence rate (%)	1.8
Child labour (% , 5-14 years old, 2006)	34
Birth registration (% , under 5 years, 2008)	71
(% , male/female, urban/rural, poorest/richest)	72/70, 82/65, 60/88
GNI per capita (US\$)	700
One-year-olds immunized with DPT3 (%)	94
One-year-olds immunized against measles (%)	93

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 350 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

^b DHS 2008 data: Primary school attendance data (net, %) for urban/rural = 80/70, poorest/richest = 59/86.

^c Survey data.

Summary of the situation of children and women

1. Ghana is recognized as a model of political stability, good governance and democratic openness. Ghanaians enjoy political rights, civil liberties, a free press and an effective judicial system. With annual economic growth at 6 per cent and a gross domestic product (GDP) per capita of \$1,318,¹ Ghana falls within the middle-income country category. Beginning in 2011, oil production in the Western Region is projected to generate additional resources of up to 7 per cent of GDP annually. However, these developments pose challenges to the Government, with heightened expectations of Ghanaians and the international community that living conditions will improve rapidly, and the likelihood of large-scale migration to the Western Region. Moreover, Ghana's recent assumption of middle-income country status and the discovery of oil could lead to declines in official development assistance (ODA) in the future.

¹ The GDP was rebased by the Government in late 2010, increasing from \$753 per capita to \$1,318 per capita.

2. Ghana is on track to achieve many of the Millennium Development Goals. Poverty was nearly halved in 15 years, from 51.7 per cent in 1991-1992 to 28.5 per cent in 2005-2006. However, these averages mask disparities by location and among population groups (by gender, wealth quintile, level of education). Some 18.2 per cent of Ghanaians are extremely poor; an estimated 3.4 million children live in poverty, with 2.2 million living in extreme poverty. The northern regions are the poorest in the country, where between 52 per cent and 88 per cent of the population live in poverty. The proportion of people living below the national poverty line in Accra nearly tripled, from 4 per cent in 1999 to 11 per cent in 2005-2006.

3. The under-five mortality rate declined significantly between 2003 and 2009, from 111 per 1,000 live births to 69 per 1,000 live births, particularly in the two wealthiest quintiles. Over 40 per cent of the under-five mortality rate is a result of neonatal mortality. Only 30 per cent of households in Ghana own a long-lasting insecticide-treated bed net and only 28 per cent of children sleep under one. Malnutrition — primarily from seasonal food scarcity and poor child feeding practices — contributes to an estimated 40 per cent of childhood deaths and morbidity. The National Health Insurance Scheme, launched in 2005, has yet to reach 32 per cent of the population, mostly in the rural areas and the bottom quintiles. Good progress has been made in reducing preventable diseases, with a reported 90 per cent immunization coverage against measles.

4. The maternal mortality ratio (350 per 100,000 live births) remains high; it is unlikely that the country will reach the target for Millennium Development Goal 5 by 2015. Although 78 per cent of pregnant women attend the recommended four antenatal visits, only 59 per cent have access to skilled birth attendants. Disparities persist in access to skilled birth attendants by wealth status, educational levels, and by location.²

5. HIV prevalence is reported at 1.9 per cent within the general population and 2.9 per cent among pregnant women, with rates varying from 2 per cent in the Northern Region to 4.9 per cent in the Eastern Region. The estimated percentage of HIV-positive pregnant women who received anti-retroviral drugs (ARVs) for the prevention of mother-to-child transmission (PMTCT) of HIV increased tenfold, from 2.5 per cent in 2005 to 27 per cent in 2009. However, only 12 per cent of babies born to HIV-positive women received ARVs in 2009. Ghana has already achieved the Millennium Development Goal 7 target for access to improved water sources (82 per cent national, 93 per cent urban and 77 per cent rural). However, access to improved sanitation is only 13 per cent (35 per cent urban, 7 per cent rural).

6. Compulsory and free basic education, since 2005, has contributed to an increase in the national net enrolment rate, from 69 per cent in 2005/2006 to 84 per cent in 2009/2010. However, an estimated 650,000 children remain out of school. National gender parity in primary education has been achieved, but regional disparities in enrolment, attendance and transition persist. The poor quality of education is a major concern; only 14 per cent of grade-6 students achieved proficiency in mathematics in 2009.

² Skilled birth attendant ratio by population groups: richest/poorest: 95 per cent/24 per cent; secondary/no education: 92 per cent/36 per cent; and urban/rural: 84 per cent/43 per cent.

7. Ghana was the first country to ratify the Convention on the Rights of the Child. However, birth registration is only at 71 per cent, and an estimated 1.3 million children are engaged in child labour activities. Orphans and vulnerable children (OVCs), including children living with disabilities, do not have equal access to basic social services. In 2009, approximately 10,000 cases of violence against children were reported to the police; the large majority of the victims (85 per cent) were girls. Negative socio-cultural attitudes towards children and women persist. Harmful traditional practices, such as female genital mutilation, child marriage and the misuse of fostering arrangements, continue, mostly in the northern parts of the country. Although tension in the Northern Region has declined, annual floods increase the vulnerability of children and women.

8. Underlying causes of inequities include the long-standing neglect of development interventions in the northern regions. Furthermore, Ghana has not significantly used the evidence from evaluations to prioritize fund allocation to interventions proven to improve the rights of the child. District and community levels, where most of the problems must be tackled, are insufficiently resourced. These were among the observations flagged by the Committee of the Rights of the Child in 2006. Government initiatives to address inequities include the Decentralization Policy, the Livelihood Empowerment Against Poverty project, National Health Insurance Scheme and the Savannah Accelerated Development Authority agenda, with varying levels of successes.

Key results and lessons learned from previous cooperation, 2006-2011

Key results achieved

9. UNICEF, with funding from the Governments of Canada and Japan, supported the roll-out of the Accelerated Child Survival and Development strategy in the three northern regions and the Central Region, contributing to a reduction in the national under-five mortality rate. There have been no confirmed measles death and no indigenous cases of wild poliovirus in Ghana since 2003. Underweight prevalence decreased from 18 per cent in 2003 to 14 per cent in 2008; exclusive breastfeeding rates increased from 53 per cent in 2003 to 63 per cent in 2008. UNICEF, in partnership with Irish Aid, the World Health Organization and the Joint United Nations Programme on HIV/AIDS, supported the roll-out of PMTCT services in disadvantaged regions, contributing to an increase in the proportion of HIV-positive pregnant women who received ARVs, from 8 per cent in 2006 to 27 per cent in 2009. Technical assistance provided by UNICEF and partners contributed to the country's success in leveraging resources for malaria control from the Global Fund to Fight for AIDS, Tuberculosis and Malaria, the Department for International Development (DFID) of the United Kingdom and other sources. UNICEF contributed to a nationwide emergency obstetric and newborn care needs assessment to inform the scale-up of interventions to improve maternal and neonatal health. A national salt iodization strategy was developed and is being implemented. Communication for development is now a Ghana Health Service priority, and UNICEF supported the development of a national communication for development strategy.

10. Community-Led Total Sanitation (CLTS) has expanded to over 400 communities. An evaluation informed the development of a rural sanitation model for scaling-up sanitation improvement. Some 175,000 people in dracunculiasis-endemic areas had access to improved water sources, slashing the number of cases from 501 in 2008 to 8 in 2010. These impressive results were achieved through a strategic partnership of the Government of Ghana and UNICEF with the European Union, the World Health Organization and non-governmental organizations (NGOs). Other examples of joint efforts are the development of the Health Sector Medium-Term Development Plan 2010-2013 and the Ghana Compact on Sanitation and Water for All, launched in 2010, with a substantial government commitment of more than \$350 million annually for improved water, sanitation and hygiene (WASH) services.

11. Enrolment continues to improve, though quality of education is still a problem. Gross enrolment in 76 disadvantaged districts supported by UNICEF increased from 83 per cent in 2004-2005 to 88 per cent in 2009-2010, while net enrolment for children aged 4-5 years increased significantly, from 39 per cent to 64 per cent, with funding from the Government of Netherlands. Intensive enrolment campaigns, capacity development, and community mobilization supported by UNICEF were instrumental in increasing gender parity.³ UNICEF provided technical leadership in the development of the new Education Strategic Plan 2010-2020 and supported (with funds from Irish Aid, the Government of the United Kingdom and the Global Fund) the implementation of the HIV Alert School model. The HIV Alert School model has now been expanded nationwide; a recent knowledge, attitudes, practices and behaviour survey showed that 76.4 per cent of children in junior secondary schools now have information and skills to reduce their risks and vulnerability to HIV/AIDS.⁴

12. Policies and interventions to protect vulnerable children from abuse and exploitation have been reinforced. With UNICEF support, a National Social Protection Strategy (2008-2012) was finalized, as well as national plans addressing the sexual exploitation of children, the worst forms of child labour and orphans and vulnerable children. UNICEF, with funding from the United States Agency for International Development and Irish Aid, is implementing the national plan of action on OVCs. The capacity of the Anti-Human Trafficking Unit, Ghana Immigration Service and the Human Trafficking Board were strengthened, resulting in a reduction in cross-border and domestic trafficking of children and an increase in the number of arrests, prosecutions and convictions of child traffickers. A joint programme with the International Labour Organization, the International Organization on Migration and the United Nations Population Fund (UNFPA) contributed to an increase in birth registration, from 54 per cent in 2006 to 71 per cent in 2009, but it is still far off the target of 90 per cent.

13. The programme strengthened national capacities to generate, analyse and use critical knowledge on the situation of children. GhanaInfo was operationalized and key studies were undertaken and widely disseminated, including the multiple indicator cluster survey (MICS), a child poverty study, a study on social protection⁵

³ The gender parity index in the 76 districts increased between 2004/2005 and 2009/2010 from 0.94 to 0.96, meeting the government target.

⁴ UNICEF knowledge, attitudes, practices and behaviour survey, 2010.

⁵ A regional study by the Overseas Development Institute of the United Kingdom.

and a participatory poverty and vulnerability assessment. The Ministry of Finance and Economic Planning has introduced programme-based budgeting in two ministries. With the support from UNICEF, DFID and the World Bank, four ministries (for education, health, agriculture, and employment and social welfare) are creating a common targeting mechanism to improve the efficiency of social protection assistance. UNICEF, with support from the United States Agency for International Development, has also started to assist the Government in strengthening the monitoring and evaluation of social protection.

14. UNICEF contributed to peace education, nutrition and child protection within the joint United Nations Human Security Project in the three northern regions and to flood emergency response (in the three northern regions in 2007, 2009 and 2010 and Central Region in 2010), which enhanced the resilience of children and women.

Lessons learned

15. The midterm review revealed that, while focussing on the poorest regions of the country, greater emphasis on the causes of inequity is required. UNICEF needs to support the Government in using data and analysis to delve deeper into the dynamics of disparities and to identify ways to scale up high-impact pro-poor interventions. In addition, greater emphasis on socio-cultural norms is needed to change behaviours that contribute to inequity.

16. UNICEF-supported community-based interventions, including community case management and CLTS, are most effectively scaled up when implemented within the context of systems strengthening, with strong government-led coordination. The integrated approach to dracunculiasis eradication is an excellent example of how government leadership, with the help of development partners and NGOs, created an effective convergence at the community level, resulting in a drastic reduction in the number of cases. This lesson will be utilized to address other critical issues, such as maternal mortality reduction and improved education quality.

17. Support to districts for planning and budgeting for children is unlikely to yield results without more effective implementation of the national Decentralization Policy. UNICEF should therefore work with partners to help ensure that the Decentralization Policy is effectively implemented at the national level and to strengthen capacity at district and community levels to improve integrated delivery.

The country programme, 2012-2016

Summary budget table

(In thousands of United States dollars)

	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	9 500	63 500	73 000
Water, sanitation and hygiene	6 000	30 000	36 000
Education	6 000	16 500	22 500
Child protection	6 000	12 500	18 500

	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Advocacy, communication, monitoring and analysis	6 725	5 000	11 725
Cross-sectoral and support	8 830	12 500	21 330
Total	43 055	140 000	183 055

Preparation process

18. The preparation of the country analysis and the United Nations Development Assistance Framework (UNDAF) was led by the Ministry of Finance and Economic Planning and involved relevant government ministries, the United Nations system, development partners, civil society, universities and research institutions. UNICEF co-chaired the UNDAF Core Group. The strategic focus of the UNDAF 2012-2016 is aligned to the Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013. Informed by the situation analysis of children and women (2010) and the 2008 midterm review of the current country programme, the new country programme has been developed jointly by the Government and UNICEF. The UNDAF results matrices were reviewed and the draft country programme documents of UNICEF, UNFPA, the United Nations Development Programme, and the World Food Programme were peer-reviewed during agency-specific strategy meetings organized between December 2010 and January 2011.

Programme and component results and strategies

19. The country programme aims to support the Government of Ghana in realizing the survival, development and protection of children in an equitable and sustained manner. It also seeks to help create a rights-based environment enabling children to participate in decision-making on issues affecting their lives. All proposed programme interventions will target the four most deprived regions (the three northern regions and Central region) while a number of interventions will target additional regions, based on specific inequities that have been identified for these regions. More specifically, water and sanitation interventions will target the Volta region; child protection interventions will target the Western region and greater Accra; and health, nutrition and education interventions will target the Eastern region.

20. The health and nutrition component will focus on the following results, with a special focus on the five most deprived regions: (a) women and children have equitable access to and improved use of quality, high-impact maternal, neonatal and child health interventions, including PMTCT; (b) maternal and child undernutrition is reduced.

21. The water, sanitation and hygiene component has two key results: (a) over half of the population have sustainable and equitable access to and use of basic sanitation services, underpinned by improved hygiene practices and sustainable water services; (b) sector policies, strategies, knowledge-base, systems and human resources capacity at national level and in the five most deprived regions are improved, enabling decentralized, scaled-up, sustainable and pro-poor WASH interventions.

22. The results of the education component are: (a) the needs of out-of-school children aged 4-14 years, especially girls, children with special needs and OVCs are systematically assessed and addressed in disadvantaged areas in five focus regions; (b) educational quality and outcomes of pre-primary and primary schools improved in five focus regions.

23. The results of the child protection component are: (a) a functioning national child protection system that will better protect children, especially OVCs, from violence, exploitation, abuse and discrimination in the five most deprived regions and during emergencies; (b) capacity of the justice system strengthened to deliver justice services for children.

24. The results of the advocacy, communication, monitoring and analysis component are: (a) advocacy and communication strategies, planning and budgeting procedures are based on evidence, linked to functional systems for results-based management and monitoring and evaluation, and are used to advance children's rights and encourage equitable development; (b) vulnerable and marginalized groups across Ghana are empowered to access and utilize improved social services and adopt key family practices.

25. In order to achieve results, UNICEF will employ a mix of strategies. This includes institutional capacity development for policy implementation, pro-poor budgeting at national level as well as capacity for planning, implementation, monitoring and evaluation at regional and district levels. Addressing equity, particularly in relation to gender, location and disadvantaged groups, will continue to be of top priority. Strategic partnerships will be developed with United Nations agencies, development partners and NGOs around Millennium Development Goals where progress is slow, especially maternal mortality reduction and access to improved sanitation. Public-private partnerships will be strengthened.

26. Community-based strategies will be strengthened with government-led coordination at regional and district levels. Leadership capacities of the four most deprived regions will be strengthened to better understand and address inequities. Using key child indicators, the regional governments and UNICEF will identify disadvantaged districts where an effective convergence of activities of different sectors can achieve results for the most vulnerable children and women, using community-based approaches, such as CLTS, the child-friendly schools (CFS) model, community case management, child-friendly justice and child welfare services. Lessons learned at community, district and regional levels, especially in maternal and neonatal health, will be applied in scaling up interventions. UNICEF knowledge management functions will be strengthened to support these processes at all levels, in collaboration with United Nations agencies and partners.

27. Risks to the achievement of expected results, such as flooding, social unrest and conflicts in parts of the country and neighbouring countries, and predictability of funding will be assessed annually and inform the adjustment of strategies and optimal utilization of opportunities. Programming on disaster risk reduction and peace building will be strengthened by enhancing local, national and UNICEF capacity for prevention, mitigation, effective response and recovery.

Relationship to national priorities and the UNDAF

28. The country programme of cooperation is aligned with the GSGDA 2011-2013, the Education Strategic Plan, the Health Sector Medium-Term Development Plan (2010-2013), the Ghana Compact on Sanitation and Water, the National Social Protection Strategy and the National Plan of Action on OVCs. It will contribute to the realization of all four thematic UNDAF areas and 9 of the 12 UNDAF outcomes, most substantially those on sanitation and water; maternal and child health; social and child protection systems; education and advocacy, governance and monitoring and evaluation.

Relationship to international priorities

29. Programme design, strategies and planned results have been guided by the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, A World Fit for Children, the Millennium Declaration, the Millennium Development Goals, the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Hyogo Framework for Action. The programme contributes to the UNICEF medium-term strategic plan (MTSP) and the Unite for Children, Unite against AIDS campaign. Specific results contributing to MTSP focus area 3 (Children and AIDS) will be integrated as intermediate results. Climate change will also be integrated into relevant programme components.

Programme components

30. There are six programme components, based on the gaps identified in the situation analysis of children and women, the country assessment and the UNDAF and drawing on the comparative advantage of UNICEF. Four of these are sectoral: health and nutrition, water sanitation and hygiene, education, and child protection. Two components are cross-cutting: advocacy, communication, monitoring and analysis, as well as cross-sectoral support. While oil revenue will offset some of the potential loss in ODA and general budget support, the significant funding gaps for the Millennium Development Goals mean that such revenue will need to be allocated to both infrastructure creation and social services. All of the proposed programme components will therefore support national policy analysis, strategy development and capacity-building of key government institutions to ensure that government allocations and interventions maintain a clearer focus on human development, aimed at achieving the Millennium Development Goals in an equitable and sustained manner. Furthermore, UNICEF will need to strengthen advocacy to donors for continued ODA, as major gaps still exist in the survival and development of children.

31. **Health and nutrition.** This component aims to support Ghana's efforts to address the high burden of maternal, neonatal and child morbidity and mortality, realizing the elimination of mother-to-child transmission of HIV, improving the treatment of paediatric AIDS and strengthening the linkages between child health and PMTCT. The Ministry of Health will be supported to develop and operationalize equity-focused and gender-sensitive health-sector plans and strategies. The introduction of new vaccines for the prevention of pneumonia and diarrhoea will be supported and the Integrated Management of Childhood Illnesses package at facility

and community levels will be expanded to include additional evidence-based and simple interventions for preventing neonatal deaths, such as the *Kangaroo method* (for addressing premature births), which is widely operational in the Central Region. Specific and urgent attention will be provided to scale up PMTCT interventions, including early diagnosis, treatment and care for HIV-exposed and HIV-infected children. There will be a focus on reducing underweight, stunting among children and maternal and child anaemia. Nutritional deficiencies among children will be addressed through micronutrient supplementation and food fortification. Increasing the availability and consumption of iodized salt in households is a priority. Harmonized and strengthened multidisciplinary nutrition-sector response will be facilitated through institutional capacity building of the Ghana Health Service to coordinate and align nutrition stakeholders through the Nutrition Partners Forum, a working group under the health-sector coordination mechanism.

32. **Water, hygiene and sanitation.** This component will focus on increasing access to improved sanitation and water services to disadvantaged communities. Water and sanitation services in schools and health centres in 5 deprived regions will be improved and access to improved water and sanitation services will be provided to underserved and formerly dracunculiasis-endemic communities. Service delivery in WASH will be gender-sensitive, using strategies such as CLTS, sanitation marketing and community-based integrated water resources management. Hygiene behaviour change will be integrated with the delivery of sanitation and water services, working closely with the health sector.

33. **Education.** This component will focus on increasing access to basic education for disadvantaged and marginalized children in five regions and parts of Accra. Key interventions include the expansion of quality kindergarten education, implementation of innovative, targeted programmes, such as complementary education for out-of-school children and inclusive education for children with disabilities. The national CFS standards will be operationalized and new CFS created in disadvantaged areas of five focus regions and parts of Accra, to ensure a strong focus on child-centred pedagogy, to promote continuous, systematic monitoring of child's learning and development and to enhance child participation. CFS will also ensure the promotion of a safe and healthy environment and responsible behaviour among young people, including in hygiene and HIV/AIDS prevention.

34. **Child protection.** This component will focus on establishing coordinating mechanisms, monitoring and referral structures and the linking of formal and informal social welfare and justice systems, to create an effective and holistic child protection system and response. UNICEF will support capacity strengthening for child and gender-sensitive social welfare services to facilitate the development of prevention and early intervention services for vulnerable children. As part of justice-sector reform, UNICEF will strengthen focus on children in conflict with the law, child victims and witnesses of rights violations and support the legislative review and improvement of child justice services in both formal and informal settings. The implementation of initiatives for children in conflict with the law, including counselling, probation and educational and vocational training, will be strengthened. The programme will provide measures to address the gaps and challenges faced by adolescents.

35. **Advocacy, communication, monitoring and analysis.** The component will focus on gathering and disseminating appropriately disaggregated data and analysis to demonstrate the impact of services on the most disadvantaged children. UNICEF will assist the Government to undertake surveys, manage data in GhanaInfo, and ensure a comprehensive monitoring and evaluation framework and equity, aligned with the GSGDA, across all ministries, incorporating gender and child-rights perspectives. The implementation of the Decentralization Policy will be supported and monitored to determine how district and community-level services are reaching children. UNICEF will assist ministries to analyse expenditures and prepare programme-based budgets that prioritize the most cost-effective services for children. To help the Ministry of Health to better address equity issues, a national expenditure analysis for health interventions at the subnational level and a policy analysis of the impacts of the National Health Insurance Scheme and the abolition of user fees for pregnant women and for children under the age of 5 will be conducted. Lessons from these activities will be utilized through the media and civil society to advocate children's rights. In addition, UNICEF will support the Government to refine and implement strategies to provide social protection services for the most disadvantaged women and children. Data will underpin UNICEF support for behaviour change communication.

36. Prevention of HIV amongst adolescent girls and boys will receive special attention in the interventions focusing on access to and quality of education and health services for vulnerable and excluded children. UNICEF will work closely with UNFPA to address primary prevention of HIV/AIDS among out-of-school children and most-at-risk populations.⁶ Emergency preparedness and response and communication for development are integrated into the health, education, water and sanitation and child protection programme areas.

37. **Cross-sectoral costs** will be used mainly for internal and external coordination, communication planning and implementation, notably operating expenses related to supply and logistics. Communications will also facilitate youth participation efforts, based on the Convention on the Rights of the Child.

Major partnerships

38. The United Nations system in Ghana has opted for the preparation of an UNDAF action plan for the 2012-2016 programme. This will enhance the opportunities for joint programming. As co-lead in WASH and education and as an active member of other sector groups, UNICEF will continue to support improved alignment among United Nations agencies and through its participation in sector-wide approaches to accelerate results for children and women.

39. UNICEF will continue to collaborate with global initiatives and partners, including the Global Fund, the International Health Partnership, the GAVI Alliance, Roll Back Malaria and Sanitation and Water for All. Cooperation will continue with DFID and the World Bank on social protection and with the Government of Canada on nutrition and water and sanitation. UNICEF will continue to cooperate with local NGOs and faith-based organizations, which provide substantial support to vulnerable people at the community level. Strategic partnerships will be pursued

⁶ In Ghana, UNFPA is the lead agency on this.

with universities, research institutions, such as the Institute for Social Science and Economic Research, and NGOs, such as Participatory Development Associates.

40. Within the framework of the GSGDA, UNICEF will continue to participate in harmonization and alignment initiatives, including sector-wide approaches. Current engagement in the multi-donor budget support framework will be increased and public-private partnerships will be strengthened, as these partnerships provide opportunities for leveraging resources.

Monitoring, evaluation and programme management

41. The Ministry of Finance and Economic Planning is the national coordinating body for the programme of cooperation. A five-year UNDAF action plan, annual action plans and review processes will be developed together with relevant line ministries. This will include midterm and annual reviews.

42. UNICEF will continue to work closely with the Ghana Statistical Service and other key ministries in the implementation of the National Statistical Development Strategy (NSDS), which has laid a solid foundation for generating timely and quality official statistics. The Government's monitoring and evaluation plan, together with the NSDS, will serve as the basis for the monitoring and evaluation of the national development agenda and the country programme. A long-term survey calendar has been developed to monitor progress towards the country's achievement of the Millennium Development Goals and the targets of the GSGDA. This includes the fourth round of the MICS, the Demographic Health Survey, the Ghana Living Standards Survey and the Child Labour Survey. These key surveys, together with other studies and evaluations, will be incorporated into the five-year integrated monitoring and evaluation plan. Additionally, UNICEF will take the lead in strengthening the UNDAF monitoring and evaluation framework and its operationalization, based on GhanaInfo. Continuous monitoring of the programme through field visits and other internal standard UNICEF processes will be ensured. A midterm review will be held at the end of 2014.
