Ghana

ADVOCATING FOR DEVELOPMENT THAT LEAVES NO CHILD BEHIND

UNICEF
Introduction
Ghana is a country on the move. Between 2000 and 2011, it recorded an average annual economic growth rate of 7.5%.

UNICEF in Ghana
UNICEF works alongside Ghana’s government for its poorest citizens.

About Ghana
Ghana’s capacity and willingness to harness its economic and social potential have yielded impressive results, but disparities remain.

Young child survival and development
Ghana has made major strides towards reducing infant and child mortality, and yet the number of deaths remains unacceptably high.

Education
Ghana has been a regional leader in the delivery of Education For All but there are still gaps in quality and access.

Child Protection
UNICEF is working with the Government of Ghana to strengthen the child protection system.

Social Policy and Equity
UNICEF Ghana’s work on social policy and equity aims to reduce child poverty.

Budget
Summary budget table for the UNICEF Ghana country program 2012-2016.
A baby born in a village in the north of Ghana plays a game of chance to survive until their fifth birthday, to go to school, or to grow up healthy and happy. And the odds are stacked against them. But for a baby born in the booming capital of Accra, where cranes and cement trucks herald Ghana’s economic growth, the dice has already been thrown in their favour. This is the reality for children in Ghana, where impressive national averages can often mask inequities.

Ghana is a country on the move. Between 2000 and 2011, it recorded an average annual economic growth rate of 7.5%. Ghana has worked hard to reduce poverty to less than 30 percent of the population and has recently reached lower middle-income country status. But we know that millions of children are still living in an effectively low-income country. We continue to see areas of the country and large numbers of people who are lagging behind. National averages mean nothing to them in their daily lives.

UNICEF is working with the Government of Ghana to address disparities to ensure that all children and women benefit from the country’s impressive economic growth. Government programs supported by UNICEF Ghana target the poorest parts of the country and the most marginalised members of the population, focusing on interventions with a high and immediate impact on children’s health, education and protection.

One of UNICEF’s key strengths is that it works from multiple angles, advocating at the highest levels of policy making within government while also working on the ground to demonstrate the impact of interventions that can be scaled-up. UNICEF has the technical capacity to develop quality, cost-effective, and focused models that it can test as pilots before lobbying and supporting the government to expand them throughout the country.

In Ghana, UNICEF is focused on the development of capacities to deliver quality, accessible services for children and women. UNICEF is supporting the government to use data and analysis to delve deeper into the dynamics of disparities and to identify ways to scale up high-impact pro-poor interventions. UNICEF also works to identify socio-cultural norms and change behaviours that contribute to inequity.

UNICEF Ghana is committed to reaching the most disadvantaged children to ensure that they survive and thrive. We do this through a ‘life cycle approach’, which focuses on the points in a child’s life where the potential for change and impact are the greatest. UNICEF Ghana’s goal is to create a positive cycle through which the next generation of children can break free of poverty and participate fully in Ghana’s growing economy.

No child’s future should be so tenuous that it depends on a game of chance. UNICEF is committed to working with the Government of Ghana to reach every last child.

UNICEF Ghana Representative
Susan Namondo Ngongi
Accra, 2013
THE GOVERNMENT OF GHANA IS ONE OF THE MOST STABLE AND DEMOCRATIC IN AFRICA, WHICH IS ESSENTIAL FOR SUSTAINABLE PROGRAMMING THAT SUPPORTS WOMEN AND CHILDREN. IN PARTICULAR, UNICEF’S UPSTREAM RESEARCH, ANALYSIS AND COMMUNICATION SUPPORT THE GOVERNMENT TO BETTER DESIGN AND TARGET THEIR OWN NATIONAL POLICIES SO AS TO ADVANCE PROGRESS TOWARD ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS.
UNICEF has been working in Ghana since 1982. Our hands-on experience in communities across Ghana, as well as in other countries around the world, provides us with the expertise to be able to work alongside Ghana’s government, its civil society and its women and children to protect and promote the rights of the country’s poorest citizens.

As Ghana’s progress has gathered pace, our work has evolved, undergoing a shift away from direct service delivery, where the government now fills that role, towards technical assistance, capacity-building, and analysis. Ghana now has the potential to pull all its citizens out of poverty and reach the MDGs, but it needs the technical expertise to help it get there.

In particular, our capacity to support the generation of data and its analysis enables us to identify those children who are being excluded and left behind. Ghana’s recent transition to lower middle-income country status conceals the fact that a very poor child in Ghana is likely to be no better off now than they would have been a decade ago. Our work is supporting partners to reach the isolated, to include the disadvantaged, and to advocate for the rights of the voiceless. As a result, our work is focused on the poorest regions of Ghana, working with the most disadvantaged communities, and advocating for national policies that enable the poorest to engage and be protected. Our programme covers five main areas:

- Health and Nutrition
- Water and Sanitation
- Education
- Child protection
- Social Policy and Equity
To promote sustainability, UNICEF Ghana works closely with the Government of Ghana, building national capacity to design pro-poor policies, reform and manage systems and deliver services to its citizens. At the same time, UNICEF Ghana works with communities, and especially with young people and in partnership with civil society organisations, to build mechanisms that empower communities and help to hold the government to account on delivering results. Our work with local institutions to develop research and analysis and to promote knowledge management is central to our objective - to enable Ghana’s decision-makers to uphold the rights of the marginalised.
**UNICEF’S APPROACH TO CHILD DEVELOPMENT**

For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. This approach stems from the Convention on the Rights of the Child (CRC) which guarantees that every child should be able to realise their full human rights regardless of gender, race, income, religion, geographical location or other any other status that might be deemed discriminatory. By applying an equity approach in all its programming, UNICEF strives to address the root causes of poverty and inequality which keep children from accessing their basic rights.
About Ghana

Ghana's capacity and willingness to harness its economic and social potential have yielded impressive results, particularly over the last decade. As facilities at community level have gradually improved and incomes have risen, increasing numbers of people have gained access to basic services. However, the progress is not uniform. In Ghana’s northern regions, the majority of the population continue to go without, and those who are poorest are seeing little benefit from Ghana’s growth.

Child mortality

Progress on reducing child mortality has not been sufficient. Since 2008, the number of under-five deaths has stalled at double the Millennium Development Goal target (82 deaths per 1000 live births in 2011 compared to a target of 40). Malaria is the leading cause of death for children under five. Another critical period is during the first 30 days of a child’s life (the newborn period). More than half of infant deaths in Ghana happen within the first month of life, and the newborn death rate has not improved in recent years. Malnutrition is a significant indirect cause of child mortality, contributing to one-third of all childhood deaths. Although levels of malnutrition in Ghana have dropped, 23% of children are stunted and 57% are anaemic. Nutrition is particularly poor in Northern Ghana, where almost two in every five children are stunted and more than 80% of children suffer from anaemia.
Poverty
Ghana almost halved its poverty rate from 51.7% in 1992 to 28.5% in 2006, putting it on track to achieve the MDG 1 target by 2015. However, income disparities have worsened, with poverty deepening for those worse off, particularly in Northern Ghana where the numbers of poor people have risen.

Education
Ghana has been a role model for many African countries in the provision of free basic education, with enrolment (84.1%) and gender parity (1.02) rates amongst the highest in the region. However, the quality of education in Ghana can be improved. In 2011, fewer than 60% of students passed the core subjects of the Basic Education Certificate Examination held at the end of junior high school.
Child protection

Ghana has some laws for the protection of children in place, however, enforcement remains weak and laws have not been made appropriate for the context. Violence and abuse of children, including sexual abuse, remains very high with over 90% of children reporting having experienced physical violence, both at home and in the school environment. Child labour and child trafficking are stubborn problems with no evidence of being reduced despite government and civil society efforts in recent years to address these problems. More than 4,000 children still live in residential homes, often labelled as ‘orphanages’. Many of these children are unnecessarily separated from their families. Ghana also has a very high rate of adoption of children, including inter-country adoption. There have been insufficient levels of transparency and control in the system, which the Government is working to address.

Maternal health

Maternal mortality in Ghana is unacceptably high, with an estimated 378 deaths per 100,000 live births. Ghana is unlikely to achieve the Millennium Development Goal target of 185/100,000 live births. The latest Multiple Indicator Cluster Survey revealed that only seven out every 10 pregnant women in Ghana have access to a skilled birth attendant, which contributes to the high death rate.

Water and sanitation

Although Ghana is on track to achieve the Millennium Development Goal for 89% of the population having access to improved water sources, access to improved sanitation is incredibly low. Only 15% of the population have access to adequate sanitation, far below the MDG target of 54%. With diarrheal disease killing thousands of children a year, taking sanitation seriously is a central priority to improving the health of Ghana’s children.
Total population: 24,658,823

Child population under 18 years: 11,026,524

Gross national income per capita: 1,594 USD

Use of improved sanitation facilities (Not shared): 15%

Adolescent birth rate (births of women aged 15-19 per 1,000 women): 60

Child labour 5–14 years old: 33.9%

Primary school net attendance rate: 72.2–73.8%

Children who reach grade 6 of those who enter grade 1: 95.4%

Children under 5, underweight: 13.4%

Birth registration (under five years): 62.5%

Use of improved drinking water sources: 12.86%

Children under 5, stunting: 22.7%

Birth registration (under five years): 62.5%

Under five mortality rate (1000 live births): 82

Use of improved drinking water sources: 12.86%

Children under 5, stunting: 22.7%

Maternal mortality ratio (per 100,000 live births): 32

Adult HIV prevalence rate: 1.37%

Neonatal mortality rate (1000 live births): 378

Violent discipline against children: 93.6%

“IN THIS COMMUNITY, WHEN A BABY DIES BEFORE THEY ARE 28 DAYS OLD, THE PEOPLE SAY THEY WERE NOT BORN TO LIVE. THEY WERE NOT READY TO STAY. BUT IT’S SICKNESS THAT KILLS BABIES. WE CAN SAVE THEIR LIVES.”
COMMUNITY HEALTH NURSE IN YARIGU, PAUL BAANI

Young child survival and development

Ghana has made major strides towards reducing infant and child mortality, and yet the number of deaths remains unacceptably high. Today, one in every 12 children dies before reaching his or her fifth birthday. In a middle income country like Ghana, which is experiencing higher levels of economic development and access to services, such low child survival rates are unacceptable.

Child mortality and morbidity in Ghana are driven by a host of intersecting factors which include:

• **Poor access to quality services:** while improved, only 68% of women deliver with a skilled birth attendant. In the Northern Region that figure drops to 37% of women who have access to a skilled delivery. Care-seeking continues to be impeded by cost, distance and quality of services.

• **Poor start to life:** Stunting and other forms of malnutrition pose a significant risk to a child’s health and development, especially in their early years, increasing their vulnerability to diseases and infections.

• **Risky environment:** open drainage and lack of waste management systems are major drivers of malaria (the leading cause of death for children under five) as well as diarrhoea.

• **Intergenerational poverty:** children’s health and development is inextricably linked to the wellbeing and health of their mothers, and no less crucially, to their mother’s level of education. Research has shown that greater levels of education amongst women and lower household poverty lead to significant reductions in infant mortality.
TAKING AN EQUITY APPROACH, UNICEF GHANA RECOGNISES THAT THE MAJOR DRIVERS OF NEWBORN, INFANT AND CHILD DEATHS STEM FROM POVERTY, DISCRIMINATION, QUALITY OF CARE AND UNEQUAL ACCESS TO BASIC SERVICES. CHILDREN FROM GHANA’S POOREST FAMILIES ARE NEARLY 40% MORE LIKELY TO DIE BEFORE THE AGE OF FIVE COMPARED TO CHILDREN FROM GHANA’S RICHEST FAMILIES. UNICEF GHANA IS SUPPORTING THE GOVERNMENT TO IDENTIFY WHERE THERE IS MOST NEED – BASED ON EVIDENCE AND ROBUST MONITORING AND EVALUATION.
Health & nutrition

Malaria is the biggest killer of children under five in Ghana. In 2012, UNICEF Ghana working in collaboration with DFID supported the Ghana Health Service in hanging up 4.3 million insecticide-treated nets in over 2.3 million households. An innovative ‘keep-up’ campaign convinced people to sleep under the free nets. The campaign increased the use of nets by children under five from 40% to 75%.

In Ghana, around a million babies are born every year, out of which around 30,000 die in their first 30 days of life. More than half of these newborns die at home, often unseen. The three major causes of neonatal deaths are prematurity, infections and birth asphyxia.

UNICEF is working with Ghana Health Services to reduce newborn deaths with a package of training, equipment and strengthened referral systems.
Skin-to-Skin

Awintirim weighed only 1.3 kilograms when he was born, six weeks premature. He was at risk of hospital-acquired infection, severe illness, and respiratory tract diseases. But he survived, thanks to the Kangaroo Mother Care program, which encourages mothers to wrap their newborns to their chests using a cloth pouch. By snuggling against their mother’s skin, the baby’s body temperature stabilizes, their heart rate steadies, and they begin to breathe more easily.

“When he was alone, he would start to shake and cry. But he becomes still as soon as I tie him to me and hold him. The heat of my body makes him feel like he is still in the womb,” says Lydia, Awintrim’s mother.

Exclusive breastfeeding is another key aspect of the programme. Babies are fed nothing but breastmilk for the first six months of life, avoiding illnesses from contaminated water or breastmilk substitutes. Dr Derek Bonsu, Medical Superintendent at Saltpond Hospital in Central Region explains that mothers “get to play an active role in the saving of their child. No one monitors a vulnerable baby better than a concerned mother”.

The success of the UNICEF-supported program has been astounding: before the introduction of the programme in June 2008, 9 out of 16 underweight babies born at the Saltpond Hospital died; since that time, there have been no deaths.

A number of new family practices are needed to ensure children grow up healthy. UNICEF partnered with the Ghana Health Service to promote five key behaviors that could drastically reduce child morbidity and mortality:

1. Early initiation and exclusive breastfeeding
2. Having a skilled birth attendant at delivery
3. Sleeping under an insecticide-treated net
4. Washing hands with soap
5. Recognising the first symptoms of diarrhea and providing treatment

UNICEF is promoting these behaviour change messages using community radio and theater, as well as house-to-house visits by health workers and volunteers. The program is being evaluated by a randomized control trial, and if proven successful will be scaled nationally.

Poor nutrition is a major issue in Ghana, where two in five children are stunted (suffering from chronic malnutrition). Only 35% of households are using iodized salt, leading to iodine deficiency – the most common cause of brain damage in the world. Less than half of all children aged 0–6 months in Ghana are exclusively breastfed. UNICEF is supporting the Ghana Health Service to scale up community level support to improve infant and young child feeding practices in all 10 regions of Ghana. UNICEF has also supported the Ghana Health Service to address severe acute malnutrition by scaling up the Community Management of Acute Malnutrition (CMAM) programme in three Northern Regions. In 2012 UNICEF Ghana provided 435,000 sachets of ready-to-use, high calorie therapeutic food to treat severely malnourished children. The programme achieved a cure rate of 77%.
On-ground programmes are targeted at the most deprived communities, together with education, child protection and health interventions in ‘convergence districts’ providing an integrated approach to child and maternal health and development. The schools in these districts are examples of UNICEF’s cross-cutting approaches, with gender and disability-sensitive WASH facilities and WASH in Schools clubs complementing other interventions to provide equitable access to education in areas where it will make the greatest difference.

The enabling environment for improved water, sanitation and hygiene in Ghana includes support for the development and implementation of national forums, strategies and policies. Key strategies include national training and empowerment initiatives, with a particular focus on engaging women and girls in water and sanitation governance.

Water, Sanitation and Hygiene

Ghana has made significant progress providing access to improved water sources to 80% of the population and eliminating Guinea worm from the country (awaiting certification in 2014). However, despite these successes, about 4,000 Ghanaian children die each year from diarrhea, even more die from pneumonia, and about 23% of Ghanaian children suffer from stunting (chronic malnutrition linked to poor water and sanitation). Five million Ghanaians still use water from unsafe sources.

Handwashing can reduce diarrhea and pneumonia by up to 50%, yet less than 15% of Ghanaian households have handwashing facilities. Improved sanitation can reduce diarrhea rates by 36%, but only 15% of Ghanaians have access to improved sanitation, well short of the 2015 goal of 54%. One in five Ghanaians have no access to a toilet and defecate in the open, with open defecation rates over 70% in Northern Ghana, reflecting significant national inequities.

UNICEF’s rights-based approach to water, sanitation and hygiene addresses these challenges through support to the Government of Ghana for both on-ground interventions and the creation of an enabling environment. On-ground interventions include the installation of water wells and implementing behavioural change strategies to improve uptake of sanitation and hand washing behaviours, based on Community Led Total Sanitation (CLTS) as the primary strategy. UNICEF’s approach recognises the need to move from a culture of dependence, based on subsidies, to a behavioural change approach where people choose to stop open defecation.

“I CREATED A FINE. IF YOU ARE CAUGHT FREEING YOURSELF IN THE BUSH, YOU HAD TO PAY 10 CEDIS. ONLY ONE PERSON WAS CAUGHT AND FINED. EVERYBODY WAS DETERMINED. WE DUG OUR PIT LATRINES WITH THE SAME PICK AXES WE USE TO FARM YAM. IT TOOK US ONE WEEK TO DIG THE HOLES. EACH COMPOUND HAS THREE TOILETS – ONE FOR WOMEN, ONE FOR MEN AND ONE FOR THE CHILDREN. WE USED STRAW MATS FOR THE WALLS AND ASH AND LOCAL SOAP TO WASH OUR HANDS”. CHIEF YAKUBU ANDANI IDDRISU
Children hardly get sick now

The whole place was filthy when we were shitting outside. Our fowls were dying. Our children were always sick with diarrhoea. We had snakes and mosquitoes everywhere. We defecated “free range” – anywhere and everywhere” says Chief Yakubu Andani Iddrisu, who inspired by the visit of an Environmental Health Officer decided to embark on a community led project to build adequate sanitation facilities and educate both children and adults about the importance of good hygiene.

The impact of these newfound practices was immediate, says Chief Iddrisu. “These days the children hardly get sick now that they have toilets and wash their hands. There is almost 100% attendance at school. Parents can also keep some money in their pocket because they don’t have to ride their sick children on bicycles to the hospital”. The Chief, who oversees over 30 communities in the Yendi District, is now determined to duplicate the success of his sanitation project in other communities. “If somebody in my community doesn’t sleep, I also can’t sleep. I am happy now that my community is happy”.

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GHANA HAS BEEN A REGIONAL LEADER IN THE DELIVERY OF EDUCATION FOR ALL (EFA), REACHING THE EDUCATION MILLENIUM DEVELOPMENT GOALS WELL AHEAD OF THE 2015 DEADLINE. AS OF 2011, GHANA HAD AN 84% NET ENROLMENT RATE IN BASIC SCHOOL AND HAD REACHED GENDER PARITY IN CLASSROOMS.

Nearly 623,500 children of primary school age in Ghana are not enrolled in primary school and one out of four children in the kindergarten age range (from four to five years of age) are not in pre-school. Girls from northern Ghana average only four years of education, three years less than the national average. And 20% of children with physical disabilities are not attending school, according to the 2010 national census.

Many students in Ghana do not benefit from a quality education. Often, the school environment is not conducive to learning; classes are overcrowded, water and sanitation facilities are lacking and trained teachers and school books are in short supply. The poor quality of education is reflected in students’ results. Only 16% of grade six students are proficient in mathematics and only 35% proficient in English, according to the 2011 National Education Assessment.

In response to these challenges, UNICEF is working with the Ghana Education Service to transform all schools in the 10 most deprived districts of Ghana into Child-Friendly Schools. In these schools, the quality of teaching will be improved, school campuses will become healthier and safer for children, gender equality will be promoted and communities will be engaged in the education of their children. This holistic approach will improve the quality of education and ensure children achieve at least minimum competency in literacy and numeracy. In child-friendly schools, life skills education programmes will promote responsible and healthy behaviour among young people including HIV/AIDS prevention.
### Education indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Source</th>
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<tbody>
<tr>
<td>Net enrolment ratio in primary education (NER)</td>
<td><strong>84.1%</strong></td>
<td>EMIS, 2011/2012</td>
</tr>
<tr>
<td>Percentage of trained primary school teachers</td>
<td><strong>53%</strong></td>
<td>EMIS, 2011/2012</td>
</tr>
<tr>
<td>Percentage of children (aged 6-9) with disabilities who are out of school</td>
<td><strong>20%</strong></td>
<td>2010 National Population and Housing Census</td>
</tr>
<tr>
<td>Maths proficiency of Grade six students</td>
<td><strong>16%</strong></td>
<td>2011 National Education Assessment</td>
</tr>
</tbody>
</table>
Children with disabilities in Ghana suffer from multiple forms of discrimination, stigma and even abuse. UNICEF-supported complementary basic education programmes provide children with disabilities and other out-of-school children with the basic literacy and numeracy skills needed to join the formal education system and climb the academic ladder towards success.

“School for Life changed my life” says Adamu, a 10 year old programme participant who is now attending formal school after taking part in the program. “I didn’t know how to write. Now I can write. I can also add and subtract numbers”. Adamu believes that disabilities shouldn’t stand in anyone’s way. “People should know that children with disabilities have the capacity to do something. With support, they too can also go to school. My disability doesn’t stop me from doing anything”.

Child friendly schools also reach out to communities so that no child misses out on an education. Getting out-of-school children and children with special needs into school is critical to ensuring that the goal of full enrolment is met by 2015. UNICEF promotes ‘inclusive education’ that accommodates the needs of students with special needs and removes learning barriers for the most disadvantaged children, including children from poor households, girls, working children, and children in remote communities.

UNICEF supports complementary basic education for out-of-school children. Children attend classes at flexible times, are taught basic literacy and numeracy in their mother tongue, and are prepared to enter class four in mainstream schools. UNICEF is also expanding inclusive education programmes for children with special needs by working with Ghana Education Service staff to identify and support children with disabilities in regular schools.

“DISABILITY IS NOT INABILITY. CHILDREN WITH DISABILITIES ARE NOT HOPELESS. WITH THE RIGHT SUPPORT THEY CAN BECOME SOMEBODY IN THE FUTURE”, SAYS ISSAHAKU IBRAHIM, THE SCHOOL FOR LIFE PROGRAMME CO-ORDINATOR.
“THERE ARE MANY DISADVANTAGES TO RAISING A CHILD IN AN ORPHANAGE. THE CHILD BECOMES EMOTIONALLY DISABLED HERE. THEY ARE CONFINED TO THE ORPHANAGE AND THEY DON’T MINGLE WITH SOCIETY AS A WHOLE. HOME BECOMES A STRANGE LAND.” ANNE ANGLAAERE-KONLAN, HEAD OF CHILD RIGHTS PROGRAMME, NORTHERN REGION DEPARTMENT OF SOCIAL WELFARE

Child protection

The UNICEF Child Protection Programme is working in close collaboration with the Government of Ghana to strengthen the Child Protection System making it more effective in preventing violence, abuse and exploitation and in responding to maltreatment of children when needed. A strengthened child protection system will also ensure justice for all children.

An effective child protection system requires a strong policy framework. Ghana has comprehensive national laws covering both children in need of protection and juvenile justice. However, these laws are issue-specific and overlapping; and they remain largely influenced by inherited British models. There are wide disconnects between laws - that ignore the community approaches to dealing with child protection - and what happens in practice. UNICEF is supporting the creation of a new national Child Protection Policy Framework that is culturally appropriate and based on a joint partnership between formal systems and communities in protecting children.
Advocating for development that leaves no child behind

UNICEF IN GHANA
A strong child protection system also requires improving child and family welfare and justice services for the care and protection of children. Social workers, police officers, community leaders and members of the judiciary will be better trained in their roles to protect children; there will be better referral systems; and improved co-ordination between departments. UNICEF will also continue to support the ‘de-institutionalizing’ of children and promote family-based care and kinship/foster care. Support will also be provided to establish community-based diversion programmes and alternatives to detention of young offenders, promoting vocational training and life-skills education for their social reintegration. Birth registration will be made accessible to more children through decentralizing the service.

Families and communities are the “First Line of Defense” for the protection of children against violence, abuse and exploitation. Studies in Ghana have shown that close to 90% of children regularly experience violent discipline. Ghana is a source, transit route and destination country of trafficking of children; 50,000 children are living and/or working on the streets; and children continue to be engaged in exploitative and hazardous work in the fishing, forestry and cocoa industries (the cocoa industry alone engages close to 200,000 children). Public awareness campaigns and community engagement processes will support positive, responsible parenting and encourage ‘social and behaviour change’ so that children grow up in safe homes.
“GOVERNMENT PROGRAMS SUPPORTED BY UNICEF GHANA TARGET THE POOREST PARTS OF THE COUNTRY AND THE MOST MARGINALISED MEMBERS OF THE POPULATION, FOCUSING ON INTERVENTIONS WITH A HIGH AND IMMEDIATE IMPACT ON CHILDREN’S HEALTH, EDUCATION AND PROTECTION.”
SUSAN NAMONDO NGONGI,
UNICEF GHANA REPRESENTATIVE

Social policy and equity

UNICEF Ghana’s work on social policy and equity aims to reduce child poverty by tackling the underlying causes of economic and social exclusion.

We do this through working in partnerships at two levels:
• Through the policy level: using research, data production and policy analysis to advocate and communicate;
• Through the community level: addressing the financial and cultural barriers to accessing basic services.

Social policy and budget analysis

UNICEF Ghana works to support the Government to implement equitable policies to reduce child poverty and vulnerability through the creation, analysis and use of data to prioritise policy and expenditure for children.

Every year we carry out budget analyses to assess the government’s changing expenditures to reduce poverty. We provide valuable information for civil society, parliamentarians and government staff to better understand how resources are allocated and advocate for change.

We are also at the cutting edge of research and policy advocacy in Ghana. In 2013 we led a high-level dialogue to highlight the effect of removing fuel subsidies, analysed its impact on the poor, and achieved a more than doubling in the government’s allocation to the national cash transfer programme (LEAP) to the poorest households.
Social protection

Evidence from across the globe shows that well targeted social protection measures contribute significantly to reducing poverty. Direct transfers to poor households are particularly effective at breaking the intergenerational cycle of poverty and enabling children to grow up healthy and educated and to become productive adults. Ghana’s national cash transfer programme benefits over 70,000 extremely poor households and is due to double in coverage by the end of 2014.

In Ghana, UNICEF leads the technical support to the national social protection system. UNICEF’s support is aimed at improving the efficiency, effectiveness and coverage of the flagship cash transfer programme (LEAP); improving the targeting of social protection; ensuring the effective implementation of a new ‘e-payment’ mechanism for LEAP; and developing a communication and advocacy strategy to ensure that the public are aware and informed about social protection.
COMMUNICATIONS AND PUBLIC ADVOCACY
UNICEF GHANA IS A TRUSTED AND CREDIBLE ADVOCATE FOR CHILDREN. THROUGH THE STRATEGIC USE OF NEW AND TRADITIONAL MEDIA, THE COMMUNICATIONS TEAM ENGAGES THE PUBLIC ON CHILDREN’S RIGHTS, EQUITY ISSUES AND INCREASED ALLOCATION OF RESOURCES FOR CHILDREN IN THE BELIEF THAT GREATER UNDERSTANDING OF THE CHALLENGES FACED BY CHILDREN WILL RESULT IN ACTION AND CHANGE.

LEAP IMPROVES MY LIFE
“WHEN I DON’T HAVE ANY FOOD TO COOK FOR THE CHILDREN, IT DISTURBS ME. I WAS ALWAYS WORRIED BEFORE LEAP BEGAN. SINCE 2008, LEAP HAS ALLOWED ME TO BUY UNIFORMS, SANDALS AND HEALTH INSURANCE FOR MY GRANDCHILDREN. IF THERE IS ANY MONEY LEFT OVER I BUY NUTS TO MAKE SHEA BUTTER. LEAP IMPROVES MY LIFE.” MEMUNATU ALHASSAN, ZALI, TOLON DISTRICT

Monitoring and Evaluation
Monitoring the situation of child wellbeing and evaluating the impact of key programmes and policies is key to improving UNICEF’s impact on poverty reduction. As government drafts its new National Statistical Development Strategy, the results from the new Ghana Living Standards Survey and the new Demographic and Health Survey will be instrumental in assessing Ghana’s position in achieving the Millennium Development Goals in 2015.

UNICEF Ghana works with the Government to produce, analyse and advocate on key data for evidence-based policy-making. We recently collaborated with the Ghana Statistical Service to produce Ghana’s second Multiple Indicator Cluster Survey (MICS). With this data, government and partners now have updated indicators on Ghana’s progress in reducing child mortality, scaling-up sanitation, and expanding education. UNICEF also leads the revision of Ghanainfo, a unique online database that provides a wide range of data and indicators for public and government use.
Communication for development

Communication for Development (C4D) is one of the most empowering ways of improving health, nutrition and other key outcomes for children and their families. In UNICEF, C4D is defined as a systematic, planned and evidence-based process to promote individual behaviour and social change for wellbeing, such as hand-washing or breastfeeding. Evidence shows that, if implemented in an integrated way and at a large enough scale, such programmes can have a dramatic impact on influencing social norms to help people change or adopt positive behaviours to ensure the survival and development of children.

While C4D’s results are often considered less concretely visible, its far-reaching sustainable impacts on a community’s own perceptions and actions produce measurable outcomes in improving the impact of core development programmes. UNICEF Ghana is leading the field in ensuring that the impacts of C4D are fully evaluated using robust methods so that the most effective C4D channels can be scaled-up. We are also developing innovative techniques, also to be evaluated, such as the use of voice messaging on mobiles, and the ‘talking book’. Our national and local partnerships with community radio, civil society, government and mass media give us a wide yet deep reach into communities in the poorest regions of Ghana.
### Summary budget table for the UNICEF Ghana country program, 2012-2016

in thousands of United States dollars

<table>
<thead>
<tr>
<th></th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
<td>9 500</td>
<td>63 500</td>
<td>73 000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>6 000</td>
<td>30 000</td>
<td>36 000</td>
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<tr>
<td>Education</td>
<td>6 000</td>
<td>16 500</td>
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<tr>
<td>Child protection</td>
<td>6 000</td>
<td>12 500</td>
<td>18 500</td>
</tr>
<tr>
<td>Advocacy, communication, monitoring and analysis</td>
<td>6 725</td>
<td>5 000</td>
<td>11 725</td>
</tr>
<tr>
<td>Cross sectoral and support</td>
<td>8 830</td>
<td>12 500</td>
<td>21 330</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43 055</strong></td>
<td><strong>140 000</strong></td>
<td><strong>183 055</strong></td>
</tr>
</tbody>
</table>
Acknowledgements


Credits

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UNICEF works hand in hand with Government, development partners and civil society in Ghana to ensure that the country’s economic growth benefits all its children.

UNICEF has a mandate to all children, particularly those who suffer the worst deprivations in society. We believe that Ghana can eradicate extreme poverty and ensure every child survives and thrives.

Susan Namondo Ngongi, UNICEF Ghana Representative

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