Executive Summary

Most important achievements

· In moving the equity agenda forward, the Ghana CO disseminated an equity focused Situation Analysis of Ghanaian Children and Women in 2011 and undertook an urban MICS. A comprehensive equity analysis in the health sector enabled the Ministry of Health to strategically reprioritize the roadmap to the MDGs over the next 2 years. A bottleneck analysis tool in education, revealed stark regional disparities and helped the government to prioritize strategies to address key bottlenecks in education. Equity mapping and analysis was key in deciding the priorities and the geographical locations for the 2012-2016 CP for UNICEF and the UN.

· Through active advocacy of UNICEF and partners, Sanitation, Nutrition and Maternal Health were repositioned as central to Ghana’s development agenda. The Government Ghana in collaboration with UNICEF and partners developed and adopted the MDG Acceleration Framework (MAF) for Sanitation and UNICEF worked with partners to leverage €52 million from the EU using the MAF on MDG5 which was developed in 2010. The Scaling Up Nutrition (SUN) initiative under the leadership of the National Development and Planning Commission was launched and the REACH process was started in Ghana with involvement of FAO, WFP, WHO and UNICEF.

· The child protection systems approach was strengthened through the development of an information management system (IMS) with a database that analyses and generates child protection information from communities for clear statistical analysis.

· Significant progress was made towards the elimination of key diseases, including Guineaworm, Maternal Neonatal Tetanus and Polio.

Most significant shortfalls

· The implementation of the Sanitation and Water for All (SWA) Compact, launched in 2010 was a major challenge in 2011 with only 5 of the 20 commitments implemented. The amount expended in 2011 is estimated to be significantly less than the US$350 million annual commitment.

· The implementation of C4D activities was delayed due to: delay in conducting the baseline survey before the start of the C4D campaigns on the 5 key health behaviours; the re-structuring work of the Health Promotion Unit (HPU) at Ghana Health Service; and a vacant C4D Specialist post for five months.

Most collaborative partnerships

· With support from DFID and UNICEF, Ghana made significant progress in achieving universal coverage with long lasting insecticide treated bednets (LLINs), with an estimated 4.7 million people including about 940,000 children under 5 years of age protected against malaria through free house-to-house distribution of LLINs in two regions of the country.

· UNICEF, DFID, the World Bank and UNICEF are supporting the MOE for the application for the Global Partnership on Education (GPE) which could provide funds totalling US$ 70 million to support key strategies spelled out in the Education Strategic Plan (ESP) 2010-2020. As a co-lead of the local education DP group, UNICEF has taken the lead to coordinate this application process.

· UNICEF in collaboration with DFID and the World Bank is moving Social Protection forward, with UNICEF providing technical expertise while other development partners (DFID, WB) provide substantial funds.

Country Situation

Ghana migrated to a lower middle-income country with a GDP per capita of $1,318 late in 2010, after a rebasing of the GDP. Ghana’s GDP is estimated to grow at 12.3% in 2011 (up from 7.7% in 2010), with the indication that oil revenue would account for 6% of total revenue. These very positive developments, however, are yet to be reflected in the standard of living of most Ghanaians.

The Government of Ghana has over the years put in place several social protection interventions to address inequity with various levels of successes. These include the National Health Insurance, the Livelihood
Against Poverty (LEAP), a conditional cash transfer grant reaching an estimated 65,000 households (according to routine monitoring reports), the ‘capitation grant’ for all primary school children and the Savannah Acceleration Development Authority initiative, which aims to reduce the disparity between the north and the south.

The recently published equity focused SITAN (2011) highlighted a number of challenges and key inequalities. These are:

**Poverty Reduction:**
- Although MDG target for poverty was achieved in 2006, with 2.5 million fewer poor people living in the southern part of Ghana, there were 900,000 more poor people living in the northern regions.

**Maternal and child health:**
- With the current Maternal Mortality Ratio (350/100,000 LBs), Ghana is unlikely to achieve MDG 5 (185/100,000 LBs).
- While the antenatal care coverage in Ghana is equitable across regions and wealth quintiles, with 95% of pregnant women accessing ANC, this does not translate to skilled deliveries. Only 59% of women had skilled deliveries, with 30% of births delivered by a traditional birth attendant.
- The Interagency Group for Child Mortality Estimation provided the 2010 estimates for Ghana’s under-5 mortality at 74 deaths per 1,000 live births (MDG target is 41) and infant mortality at 50 (MDG target is 43). The group reported that while there has been progress, the 2.5% annual reduction is ‘insufficient’ to meet the MDG targets.
- Malnutrition remains a severe issue for children under 5 years: 28% of children are stunted; 9% are wasted and 14% are underweight. Stunting is highest among children from the poorest quintile (35%), compared to children from the richest quintile (14%).

**HIV and AIDS:**
- Ghana is making good progress in reversing the spread of HIV and AIDS – the national prevalence has dropped from 3.6% in 2003 to 1.5% in 2010. The national HIV prevalence among pregnant women decreased from 2.9% in 2009 to 2% in 2010, varying from 0.7% in Northern Region to 3.2% in Eastern Region.
- Overall Ghana has done poorly in enabling and ensuring access to PMTCT services – the estimated percentage of HIV-positive pregnant women who received antiretroviral drugs for PMTCT increased from 7% in 2005 to 27% in 2009, however, only 12% of babies born to HIV-positive women received ARVs in 2009.

**Water & Sanitation:**
- Access to improved, unshared toilet facilities is still a major challenge, with only 13% of Ghanaians (MDG target: 54%) having this access. Data from the Urban MICS in 5 densely populated localities in Accra revealed similar trend – only 11% of the population did not share toilet facilities with other households; 52% used public facilities, and 12% shared toilet facilities with more than 5 other households.

**Education:**

Net enrolment rate in primary education was 84% (09/10), up from 56% (2003/04). While the inequality between the rich and poor is decreasing in education, a gap still exists, with an estimated 450,000 children out of school.

There are magnifying layers of disadvantages – a girl from the Northern region has 3 years less education than the national average (7 yrs) and a girl from the poorest household in the Northern region enjoys just 2 years of education.

The quality of education remains a big challenge. For example, at the aggregate level, less than 60% of primary school teachers have had proper professional training, but in the deprived districts, only 37% of teachers are trained.

**Child Protection:**

An estimated 50,000 children live and/or work on the streets in Ghana; nearly half of all street children in the country are located in Accra and another 25% in Kumasi (more than 60% of those in Kumasi are females). 71% of these children are illiterate and many are victims of commercial sex and exploitation, as
well as serious physical and psychological harm
The 2010 figures obtained from the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police indicate that 6,685 out of the more than 13,000 abuse cases (approximately 8,807 in 2009) reported were child related, and 85% of the victims were girls.
Social protection interventions have been expanded over the years, with an increase in the number of children benefitting from school feeding from 720,000 in 2010 to 1 million in 2011. An estimated 1.2 million free school uniforms were distributed, and the LEAP cash grant reached about 65,000 households by the end of 2011 (38,000 in 2010).
The final draft of the CRC report is ready and is scheduled to be validated in a stakeholders meeting in January 2012.

Investments for Children:
- The percentage of the Government of Ghana’s budget dedicated to social services has remained somewhat steady in the last four years. The education allocations as a percentage of the total expenditure wavered between 23 and 26% from 2008 through 2011. The Ministry of Water Resources, Works and Housing, and the Ministry of Women and Children’s Affairs saw slight increases.
- The Government estimates that the overall poverty reduction expenditure remains steady at around 25% of the national budget.

Links to reports:
The Situation Analysis of Ghanaian Children and Women – a call for Reducing Disparities and Improving Equity, 2011 (SITAN Report, 2 Summary Brochures and 10-min documentary) – all sources used for the SITAN are included in the Bibliography;
LINK: http://unicefghanal.blogspot.com/p/advocacy-communication-monitoring-and.html

Who are the deprived children in your country context?
The available data show that, the country continues to grapple with poverty and inequitable distribution of resources especially between the northern regions and the southern part of the country – e.g. between 1992 and 2006, the number of poor people in the south declined by 2.5 million while it increased by about 900,000 persons in the north, making Ghana’s success story in poverty reduction a success story of its South.

Half of those living in poverty are children under the age of 18, mostly living in deprived districts and in poor urban communities – it is estimated that 3.4 million children live in poverty, and 2.2 million of these are living in extreme poverty. Other vulnerable children include OVCs (estimated at 360,000) and children involved in child labour activities, (estimated at 2 million). An estimated 71% of the 50,000 children living on the streets are illiterate and many are victims of commercial sex and exploitation, as well as serious physical and psychological harm. Many children living with disabilities (estimated at 1.3 million), are also deprived, and less than 2% have access to specialized services. Other deprived children include those in ethnic minority groups (e.g. Fulanis), and those living in under-served communities.

Data/Evidence
Ghana’s equity focussed Situation Analysis was launched in the fourth quarter of 2011. And while there is little updated data since the 2010 Annual Report, the SITAN refocused the attention of UNICEF and stakeholders on the glaring inequalities that exist, despite Ghana’s progress in governance, democratic openness and overall economic growth.
The SITAN enabled Ghana to recognize that national data often mask wide disparities across regions and...
districts, gender, socio-economic backgrounds, and other variables, and for the vulnerable children, national averages showing that Ghana is reducing poverty and achieving the MDGs mean nothing in their daily lives.

The country programme is also building knowledge on inequities by refining and disaggregating the existing data by geography (regions/districts), gender and groups (e.g. quintiles, ethnic groups); mapping and using composite information to decide on layers of disparity; working with partners to generate additional information and using bottle neck analysis to identify how to address the problems. Additional information was collected through the 2010/2011 Urban MICS and the 2011 national MICS (data still under compilation). This information is being used in advocacy and decisions on priority areas for programme implementation.

Equity/MBB analysis in the Health and Education sectors is helping to refocus/reprioritize interventions in the 2 sectors. Equity mapping and analysis was key in deciding the priorities and the geographic locations for the 2012-2016 Country Programme for UNICEF and the UN.

**Monitoring Mechanism**

In 2011, UNICEF continued the implementation of the IMEP and supported the conduct of focused studies and evaluations to generate evidence to support informed decision making by government. About 30 studies and evaluations were supported. For example, UNICEF supported the case study of out-of-school children, the results of which will be used to come up with a strategy to reach these children. A baseline was conducted to establish sanitation and hygiene baseline in targeted communities in Central Region, where advocacy for practising of key behaviours will be supported and monitored. Work was started on developing the nutrition surveillance system that will be used to routinely track and compile data on the nutritional status of children, and help identify the underlying factors that contribute to inadequate nutrition.

While Ghana has a fairly robust routine monitoring systems in key MDAs (Health, Education), this is often facility based, and the quality and timeliness of routine data is a challenge. MDAs have inadequate financial and human resources to strengthen such systems, and often rely on donors. Community-level monitoring is often weak. In the case of health, a unified monitoring framework for all components of CCM has not yet been developed, and what exists has not been integrated into the formal public health data systems in Ghana, namely the District Health Information Management System (DHIMS) and the disease surveillance system, making such data difficult to access. UNICEF continued to support the strengthening of the community-based monitoring system in the 3 northern regions, to ensure the linkage between community-based and formal health data systems. There are also opportunities to strengthen the routine data systems to improve the quality of data and ensure its access and utilization.

UNICEF continued to work closely with key MDAs to strengthen the M&E systems, and ensure the proper use of data at all levels to inform planning. To strengthen monitoring systems, UNICEF supported the Water and Sanitation Monitoring Platform (WSMP) and the Education and Health management information systems. The WSMP is making steady progress in facilitating the harmonization of sector monitoring and evaluation systems through the appropriate packaging of sector data/ information for decision-making, harmonization of sector definitions and Management Information Systems (MIS’) and the formulation of an overall sector M&E Framework to enhance performance monitoring and reporting. In 2011, UNICEF also supported the Bottleneck Analysis for Health and Education, and these were highly positively received and used in the costing of the health sector plan, and to strategize on ways of reducing inequities in Ghana.

Ghana is also one of the pilot countries (partnering with IHME) that will conduct the Access, Bottlenecks, Costs, and Equity (ABCE) study to provide quality evidence for improving the equity and cost-effectiveness of health systems in 2012.

In order to evaluate the impact of the communication for development interventions on behaviour, UNICEF and GHS have commissioned Innovations for Poverty Action to conduct a randomized control trial (RCT) of
the C4D activities. Baseline results will be available in 2012.

Support to National Planning
The Government’s primary means of tracking development progress is through the Annual Performance Review of the Multi-Donor Budget Support process. Unfortunately, this document is often incomplete and submitted too late to be used in planning future years’ activities.

UNICEF co-chaired the M&E Multi-Donor Budget Support Sector Group, together with the National Development Planning Commission (NDPC), in 2011. A major aim of this group is to create a culture of monitoring, evaluation, and managing for results within Government. To this end, in 2011, UNICEF supported NDPC to commission an analysis of the funds spent on M&E by government Ministries, Departments, and Agencies. The report showed low and uneven levels of spending on M&E and statistics. It has formed the basis to establish a baseline against which the government can judge M&E expenditures in future years.

2011 also saw all ministries, departments, agencies (MDAs) and districts prepare their M&E plans based on the 4-year Ghana Shared Growth and Development Agenda sector/district plans. The expected outcome is a regular monitoring and reporting of status of progress on the key indicators. The Ghana Statistical Service reform process also commenced in 2011. As the organization responsible for all official statistics in the country, the reforms are expected to strengthen and build capacity to GSS to enable it undertake its responsibilities in a more efficient manner. This includes undertaking key surveys and providing results on a timely manner, as well as supporting MDAs in strengthening routine data systems.

In addition, UNICEF has joined other DPs and Government agencies to create a Joint Agenda for Strengthening M&E and Statistics (JASMES). The objective of the JASMES is to strengthen national, sectoral and district M&E systems for the timely and sustainable production, analysis and use of quality data for evidence-informed decision-making, dialogue and accountability. JASMES aims to increase harmonization and coordination between DPs and with the GoG in support of the overall M&E and statistics in Ghana.

Any other relevant information related to data/evidence?

Country Programme Analytical Overview
2011 was the last year of the 6 year Country Programme cycle for the Ghana CO. Between 2006 and 2011, significant results were achieved in the reduction of poverty (which was nearly halved between 1991 and 2006) and the reduction of U5 mortality from 111 per 1,000 live births in 2003 to 69 per 1,000 live births in 2009, particularly in the two wealthiest quintiles. Enrolment rates in pre-primary and primary education improved significantly in the past six years, especially for girls.

Specific interventions that have contributed to these results over the years, include the ACSD/HIRD (High Impact Rapid Delivery); community based approaches including the Integrated Management of Childhood Illnesses (IMCI); evidenced based advocacy/policy interventions in all sectors; addressing equities and focus on social protection.

In 2011, UNICEF continued to employ a mix of strategies, including evidenced based advocacy, 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. Comprehensive equity analysis in the Health sector and a bottle neck analysis in the Education sector are
helping both the Ministries of Health and Education to re prioritize the strategies and interventions in both sectors.

Leadership capacities of key partners at national and regional level were strengthened to 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, investment in Community-based Child Protection teams and child welfare services. A pilot bottleneck analysis for the water and sanitation sector is scheduled for 2012 and the child protection systems work which has advanced considerably in 2011 provides opportunities to implement aspects of the equity approach in this sector too.

Issues related to equity are also featuring in the UNDAF Action Plan, which was completed and signed by the Government of Ghana and 20 UN agencies in December 2011. This One Plan will now form the basis for joint UN work for the next 5 years, with clear articulation of the priorities and results and the roles and responsibilities of the UN agencies in Ghana, based on their comparative advantage. The UN in Ghana has officially requested to become a DaO self-starter country.

UNICEF responded, in close collaboration with UN agencies and other partners, to cholera outbreaks in the Central and Eastern Region in April; flooding in Accra and Tema in November 2011 and provided continued support in education, child protection and water and sanitation to more than 6,000 refugees from Ivory Coast living in refugee camps in Ghana’s Western Region.

The equity focused analysis of the situation of women and children in Ghana (which was launched in November 2011), however, clearly showed the glaring inequalities that continue to exist, despite Ghana’s progress in governance, democratic openness and overall economic growth. Addressing equity is particularly important given Ghana’s newly achieved lower MIC status.

**Effective Advocacy**

*Mostly met benchmarks*

UNICEF supported the Ministry of Education to develop a bottleneck analysis tool based on the Marginal Budgeting for Bottlenecks (MBB) tool used in the health sector. The analysis which showed the bottlenecks to achieving quality education at national and sub-national levels provided education stakeholders with the evidence they needed to lobby for additional resources. The results were presented at the Education Sector Review meetings earlier in the year and formed the basis for special meetings of the Minister of Education, her senior managers, UNICEF, and DFID and other key development partners. Plans for addressing the obstacles to quality education, especially in the poorest areas are being developed.

These meetings resulted in the Government decision to revisit the policy to provide a 20 per cent salary top-up for teachers to work in deprived areas, which hitherto had not been implemented. Building on this initiative, a user-friendly simulation model was developed, which predicts the cost and impact of various interventions on the six determinants identified in the bottleneck analysis. The model has also been used to prepare Ghana’s application for the Global Partnership for Education Funds which will have an explicit focus on equity.

In the health sector, UNICEF supported the Ghana Health Service (GHS) to undertake a detailed analysis of inequities in attainment of the health related MDGs. This analysis demonstrated that prioritizing equity-focused interventions would enable Ghana to achieve MDG4 at about ¼ of the total Health Sector Medium Term Development Plan (HSMTDP) projected costs. Following the presentation of this analysis to all stakeholders at the April Health Summit of the Ministry of Health, the ministry immediately began to work on the key areas identified for action in the analysis including a new Human Resource policy for the sector.
The Ministry of Finance and Economic Planning (MOFEP) has taken forward the introduction of programme-based budgeting (PBB), following UNICEF’s organization of a study tour to South Africa in 2010. MOFEP independently organized training for relevant ministries on PBB using a consultant identified by UNICEF. UNICEF believes there is no better example of government implementation than when Government takes an idea supported by UNICEF, and independently takes it to the next level of action.

The Food and Drugs Board intensified the dissemination and enforcement of the Universal Salt Iodization law in Ghana which is likely to result in reducing the availability and sale of non-iodized salt in the market. The Ministers of Trade and Industry (MOTI) and Women and Children’s Affairs (MOWAC) reaffirmed their strong commitment to be active partners in the multi-sectoral national response to increasing consumption of iodized salt and are to lead a stakeholders’ forum in early 2012 to reposition the USI program. UNICEF supported the Ghana Health Service in the development of a national communication strategy for increasing iodized salt consumption which will be launched in 2012.

Changes in Public Policy

UNICEF supported the entire health sector to take a close and critical look at the strategic shifts that are needed to ensure that equity remains a cornerstone of all efforts towards accelerated attainment of MDGs through a collaborative UNICEF/ Ministry of Health (MOH) equity analysis of progress on health-related MDGs in Ghana. This contributed to the reprioritization and fast tracking of key policy initiatives related to the MOH human resources policy and the finalization of the national needs assessment on emergency obstetric and newborn care. Commitment was obtained from the government to increase focus on decentralized monitoring of Maternal, Neonatal and Child Health (MNCH) interventions at sub-national level through strategic improvements in the performance review system of the Ghana Health Service at regional and district levels.

In the health sector, a number of key policies and strategies are being developed with UNICEF support, namely the Health Promotion Policy, the communication strategy for Expanded Programme on Immunization and New Vaccines such as rotavirus as well as the Universal Salt Iodization Communication Strategy. Major steps were taken in 2011 to address the challenge of Maternal and Child under-nutrition in Ghana, with UNICEF continuing to play a facilitating role in harmonization and alignment of all partners’ efforts to support the development of a national Nutrition Policy.

In 2011 the Child Protection Programme made considerable progress towards the strengthening of the components of the Child Protection System for Ghana, to pave the way for a systemic approach. The Child Protection Systems working group led by UNICEF obtained the approval of the Minister for Women and Children to develop a Child Protection Policy for Ghana. This has been a major achievement for the sector in 2011, and some progress has been made in developing the conceptual framework for this policy.

Leveraging Resources

Leveraging of resources for health-related MDGs particularly MDGs 4 and 5 received priority attention and major success was achieved in this respect. UNICEF, WHO and partners supported the ministry of health to successfully compete for funding from the EU MDG Fund for accelerated efforts on MDG5. The 52 million Euros support from the EU is expected to make up a substantial part of the funding gap in the Ghana MDG Acceleration Framework (MAF) Action Plan which is the Ministry of Health’s roadmap for attainment of MDG5 and will go a long way in accelerating some of the priority interventions for reducing the high levels of maternal mortality which will also impact on reducing neonatal mortality in the country.

The MOE has been preparing for the application for the GPE which could provide funds totalling US$ 70 million to support key strategies spelled out in the Education Strategic Plan (ESP) 2010-2020. As a co-lead of the local education Development Partners (DP) group, UNICEF has been coordinating this application.
process. Greater harmonisation and synergy among DP support has been sought out through the preparation of a comprehensive programme plan focused on the following four priority areas: 1) equitable access, 2) gender equality, 3) quality improvement and 4) strengthening school management in deprived districts. The bottleneck analysis as well as cost and impact simulation model supported by UNICEF have significantly contributed to the prioritization of strategies and interventions under each area.

UNICEF together with UNAIDS and UNFPA contributed to provide technical support for the fine tuning the gaps identified in the National Strategic Plan for HIV/AIDS Control, 2011-2015 (by the JANS report). This report NSP is critical for subsequent support for Global Funds assistance.

## Capacity Development

*Mostly met benchmarks*

UNICEF supported the Ghana Education Service (GES) to develop and trial test (by selected teachers from 30 districts) comprehensive training modules to be used for systematic in-service training of untrained kindergarten (KG) teachers who constitutes about 70 per cent of KG teacher population. In all, twelve modules have been developed which cover essential areas of KG education including basic ECD principles, relationship with children, designing learning environment, lesson planning, creative teaching methods, effective use of teaching and learning materials, and assessment of children's developmental progress. These modules will be used alongside the Teachers' Guides for KGs which were also finalised this year with UNICEF support. The introduction of these documents will significantly contribute to the implementation of a comprehensive in-service training programme for KG teachers to enhance the quality of teaching and learning at the KG level.

Poor leadership and management capacity of district and sub-district level staff of the Ministry of Health (MOH) is one of the major bottlenecks preventing the achievement of the health-related MDGs (particularly MDG 4 and 5). MOH, in collaboration with UNICEF, initiated the roll-out of a Leadership Development Program (LDP) for health care workers and managers in the three most deprived regions of northern Ghana. UNICEF is working with the Ministry to include this training as part of the professional development plan of staff and to make it a part of the regular HR plan of the ministry. Trainees will also be supported to focus on practical solutions to the challenges in their own environment related to maternal and child health and supported to document the successful implementation of these innovations.

UNICEF supported a local research institute, ISSER to conduct the Urban MICS. They received training from UNICEF in survey design and planning, sampling and data processing. ISSER was so enthusiastic about this capacity development that they paid for an additional staff member to attend the training, while UNICEF funded 2 ISSER staff.

Children from the clubs organized by the Graphic media group have improved their skills in writing about issues that are relevant in their lives, as a result of writing workshops organized by UNICEF. In addition, the media have a greater understanding of children’s issues and how to report them ethically, following a sensitization session organized by UNICEF and the Ghana Journalists Association.

## Communication For Development

*Partially met benchmarks*
C4D is being successfully integrated into many sectoral programmes allowing for a more effective implementation of strategies designed to generate the knowledge, attitudes, and behaviours critical to fulfilling the rights to health, education, equality, and protection. In 2011 capacity development and advocacy efforts on C4D focussed on laying the foundation for the full implementation in 2012 of the recently finalized C4D Strategy. The strategy, which focuses on the five key health and wash related behaviours, is currently being reviewed by the Government of Ghana-led Inter-Agency Coordinating Committee (ICC) and is expected to be endorsed in early 2012. The strategy is to be implemented in 2012/13 in the four Regions with the worst health indicators.

In 2011, the C4D strategy informed the launch and implementation of a massive campaign on malaria prevention, the “hang up” campaign, with the aim of achieving universal coverage. Intensive social and community mobilization activities have been implemented in two regions and will cover the other eight regions in 2012. An increased emphasis is being placed on communication activities after the nets distribution and hang up phase, the so called “keep it up” phase.

In an attempt to reinforce hygiene related behaviours such as hand washing with soap, safe excreta disposal and household water treatment and safe storage, UNICEF supported three Government WASH and Education entities to design an innovative behaviour change program called WASH SPLASH. The program builds on the successful CLTS initiative and comprises activities such as games and photography for schools and communities and encourages communities to create opportunities for children to get their voices heard on key WASH issues. Global Hand washing Day was observed with a focus on getting market women and drivers to become hand washing promoters.

UNICEF has continued to strengthen its support to NIDs and the lessons learned are informing the development of comprehensive EPI, Polio and New Vaccines C4D strategy.

Service Delivery

 Mostly met benchmarks

In 2011 approximately 56,000 people (88,356 planned) gained access to safe water with UNICEF support. Twenty (out of a planned 47) new limited mechanized and alternative systems were constructed in guinea worm endemic communities, including the rehabilitation of one piped-water scheme. The short fall was due to funding constraints.

Fifty-eight (58 planned) 4-seater institutional KVIP latrine blocks comprising 116 separate drop holes for boys and 116 for girls and hand washing facilities were constructed in 32 schools in 9 districts in the Northern Region providing access to improved latrines for approximately 6,700 pupils and their teachers. In addition six 4-seater KVIP latrines were constructed in three health facilities in 3 districts, to provide latrine facilities to out-patients and health centre staff.

UNICEF supported child protection units in two major hospitals in Accra to strengthen service delivery for child victims of abuse through the development of standard operating procedures for victims of abuse. The standard operating procedures contain guidelines for medical, legal and psychosocial services for child victims. The training of approximately 35 medical professionals to support the response to child abuse has commenced.

In response to the Ivorian crisis, UNICEF has been working with partners to support about 17,000 refugees in three camps and host communities through (i) the establishment and operation of temporary learning spaces (ii) ensuring access to potable water and provision of sanitary means of excreta disposal, (iii) dissemination of key messages on improved hygiene practices and efficient (iv), targeted supply of other
related logistics, including text books, play materials etc to the refugee camps. Sanitation and hygiene services were provided to 2,400 people and potable water to 1,200 people in two camps. Textbooks for primary and secondary levels, tarpaulins, school-in-a-box, early childhood development kits and other teaching and learning materials were provided to three different camps benefiting about 1,878 children at kindergarten, primary and secondary levels. UNICEF also supported the payment of a monthly allowance of 100 Ghana cedis to secondary school teachers in Ampain camp through the Christian Council of Ghana while UNHCR paid for primary school teachers.

Out of a planned figure of 100 communities, 28 have been verified Open Defecation Free (ODF) by their regional verification teams while 48 communities have been certified by their respective district officials and are awaiting regional verification with an estimated 17,000 beneficiaries. All the communities have adopted hand washing with soap or ash practice.

### Strategic Partnerships

*Mostly met benchmarks*

With support from UNICEF and DFID, Ghana made significant progress in achieving universal coverage with long lasting insecticide treated bednets (LLINs) as an estimated 4.7 million people including about 940,000 children under 5 years of age were protected through free house-to-house distribution of LLINs in two regions of the country.

The Scaling up Nutrition (SUN) initiative was launched by the First Lady of the Republic of Ghana, under the leadership of the National Development Planning Commission (NDPC). With the official launch of this strategic partnership, there is great momentum for moving the agenda of addressing under-nutrition forward. UNICEF along with FAO, WHO and WFP cosponsored the introduction of REACH (Renewed Efforts against Child Hunger) in Ghana to provide coordinated support from the UN system to operationalize Ghana’s SUN initiative. UNICEF support to the Universal Salt Iodization (USI) programme focused on increasing awareness amongst producers, traders and consumers of salt though the enforcement of the national USI law is yet to be universal. High level commitments were also obtained by the Ministry of Trade and Industry and Ministry of Women’s and Children’s Affairs to join the MOH in reenergizing the national multi-sectoral response to achieve USI targets.

As noted earlier, UNICEF, DFID, the World Bank and UNICEF are supporting the MOE for the application for the Global Partnership on Education which could provide funds totalling US$ 70 million to support key strategies spelled out in the Education Strategic Plan (ESP) 2010-2020.

UNICEF in collaboration with DFID and the World Bank is moving social protection forward in Ghana. UNICEF provides technical expertise (with an L4 Social Protection Specialist funded by DFID); acting as a coordinating hub, regularly calling together partners to review status of activities and ensuring that activities and reporting are harmonised, while other development partners (DFID, WB) provide substantial funds. These efforts have resulted in the creation and testing of common targeting mechanism for social protection interventions in Ghana, including a comprehensive assessment of the Management Information System for LEAP and the completion of a baseline report for LEAP beneficiaries.

As part of a partnership survey conducted by Globescan at the end of 2011, the UNICEF Ghana office received positive ratings ('very good' or 'good') from partners in a number of areas such as 'raising awareness on children's rights', 'supporting partners to increase the access to and the delivery of essential services to women and children' and 'monitoring and analysing the situation of children'. The survey identified a number of opportunities for enhanced partnership building around issues of innovation, emergency preparedness and skills development of key actors for children, which will be taken
into account while finalising the annual workplans for 2012 and 2013.

Mobilizing Partners
UNICEF was instrumental in creating a strategic collaboration between the Ministry of Health and the Institute for Health Metrics and Evaluation (IHME), Seattle, to initiate a study on Access, Bottlenecks, Costs and Equity (ABCE) designed to provide evidence quality for improving the equity and cost-effectiveness of the health system in Ghana. In this arrangement, UNICEF provides local operational, technical and financial support for the study and also serves as a facilitator between IHME, the MOH, and other organizations. A local research institution will provide day-to-day project management and all the data collection. Through this partnership, cutting edge expertise on health metrics and econometrics within IHME is being made available to enable the MOH, development partners and all stakeholders in the health sector to make evidence-based decisions to accelerate progress towards equitable attainment of the health-related MDGs. The result is expected to feed into the development of the ministry’s next Sector Medium Term Development plan and also inform the national health insurance authority to make evidence-based decisions on rationalizing tariffs for health care services in Ghana.

Mobilizing Partners
UNICEF was instrumental in creating a strategic collaboration between the Ministry of Health and the Institute for Health Metrics and Evaluation (IHME), Seattle, to initiate a study on Access, Bottlenecks, Costs and Equity (ABCE) designed to provide evidence quality for improving the equity and cost-effectiveness of the health system in Ghana. In this arrangement, UNICEF provides local operational, technical and financial support for the study and also serves as a facilitator between IHME, the MOH, and other organizations. A local research institution will provide day-to-day project management and all the data collection. Through this partnership, cutting edge expertise on health metrics and econometrics within IHME is being made available to enable the MOH, development partners and all stakeholders in the health sector to make evidence-based decisions to accelerate progress towards equitable attainment of the health-related MDGs. The result is expected to feed into the development of the ministry’s next Sector Medium Term Development plan and also inform the national health insurance authority to make evidence-based decisions on rationalizing tariffs for health care services in Ghana.

The disparity of birth registration coverage between urban and rural areas in Ghana is wide; about 80% and 40% respectively. To improve access to birth registration services for deprived communities, UNICEF supports the Births and Deaths Registry to implement the Community Population Register Programme (CPRP). The programme involves collecting and maintaining a complete database of demographic information on all individuals resident in a community so that information can be updated with events such as a birth, death, marriage or migration. The register is kept in the community and maintained by a trained community volunteer. Since volunteers are appointed by and are resident in the communities, they have the advantage of getting first-hand information on any event or change as it occurs. Mothers in 25 such communities recently confirmed that, it now takes a week after delivery to attain a birth certificate for their babies compared to previous years when it took up to a year. The result has been a 100% registration rates for both births and deaths in these communities. As a result, the Institute of International Programs in John Hopkins University established collaboration with the Births and Deaths Registry and other Government agencies using the CPRP to develop, assess and implement alternative methods for producing and interpreting measurements of under-five mortality in the Northern Region of Ghana in support of the achievement of MDG 4.

Knowledge Management

Mostly met benchmarks

An equity-focused Situation Analysis (SITAN) was completed in 2011 and widely disseminated. This extensive dissemination of the SITAN is expected to result in wide use of its findings. The report was officially launched by the Minister of Women and Children’s Affairs and the UNICEF Representative at a roundtable discussion in November. In addition, a briefing session was held for senior editors of media houses, resulting in extensive coverage in the largest national newspapers. In December 2011, targeted briefing sessions were held for political parties and the Muslim Council; additional sessions are planned for the Christian Council of Ghana, Members of Parliament, and traditional leaders in early 2012. The document has also been placed on our country website with a link from our Facebook page. Finally, a professional powerpoint presentation and a documentary were commissioned to ensure that the equity message of the SITAN reaches as many ears as possible.

UNICEF supported the production of 12 success stories using the technique of appreciative inquiry, focusing on a range of community-based interventions such as Community Case Management of diseases,
Community Led Total Sanitation, Kindergarten education and Kangaroo Mother Care. All 12 stories provide an in-depth insight in some of the root causes of success to deliver results for children in Ghana, such as the key roles, passion and commitment of individual agents of change (Government, NGO and CSO workers), the power of partnerships and the effective use of simple evidence-based strategies and interventions. During the process, four staff members were trained in the further use of AI. The AI stories will be further utilized for advocacy and fund-raising purposes.

UNICEF and the Ministry of Education commissioned a comprehensive study on out-of-school children as one of the 25 countries participating in the Global Initiative on Out-of-School Children. The study executed thorough analysis of the profile of out-of-school children, key barriers and bottlenecks that keep them out of school, and effective policies and strategies to address the constraints. The results of the study have helped the Government make strategic choices on how to expand educational opportunities to the most disadvantaged and marginalized populations.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

UNICEF supported the holding of the Children and Youth Forum during the third Ghana Water Forum. This provided opportunity for the children and the youth to articulate their claims to the right to improved WASH services as enshrined in the UNGA’s Resolution A/RES/64/292 which declared safe and clean drinking water and sanitation to be a human right. Children and youths made statements during the opening and closing sessions of the Ghana Water Forum and challenged duty bearers to fulfil their obligations.

UNICEF also continued to advocate for government’s implementation of its commitments in the Ghana SWA Compact which commits resources for WASH programmes that will contribute to improved access to WASH services by children and women and reduce the burden of water collection for women.

One of the key policy objectives of the Education Strategic Plan (ESP) 2010-2020 is to provide equitable access to child-friendly basic education. In 2011 UNICEF assisted the Ministry of Education and Ghana Education Service in finalising national child-friendly school (CFS) standards and guidelines as required in the ESP through a multi-stakeholder process. These standards provide a holistic framework for quality improvement in basic education based on human rights principles. The document includes an overview of the CFS concept, key standards and indicators and guidelines in the use of the standards and indicators. A draft CFS assessment tool was also developed based on the CFS standards. The assessment tool consists of several self-assessment questionnaires for different stakeholders in a school (e.g. teachers, parents, students, school management committees, circuit supervisors etc.) who can assess their schools’ child friendliness in order to plan future improvement actions. The assessment tool has been field tested in six selected schools in two districts as a baseline study and the field test results used to refine the assessment tool to make it more user-friendly. Based on the findings of this field study a costed package of interventions is currently being identified to be implemented in the schools in UNICEF focus districts in order to tackle key bottlenecks and make the schools more child-friendly.

UNICEF also facilitated and ensured that, a consultative approach was engaged by Government in producing the CRC report. Children were part of the consultation at each level. The report is currently in a final draft to be validated in a stakeholders meeting scheduled for January 2012. In addition, UNICEF is supporting the Ghana National Coalition on the Rights of the Child to produce an alternative national report.
Gender

Mostly met benchmarks

Since 2006 UNICEF has been providing targeted support to 15 districts that show low gender parity index (GPI) scores (lower than 0.85 as of 2005) in the country. In partnership with two NGOs (Forum for African Women Educationalists and the Muslim Relief Association Ghana) and regional/district education offices, UNICEF has contributed to capacity building of Girls’ Education Officers in all the target districts and regions. Key activities supported include sensitisation of communities on girls’ education (with a special focus on traditional and religious leaders), enrolment campaigns, community radio programmes, district level performance reviews, and training of District Teacher Support Teams. A community-based monitoring system aimed at identifying out-of-school children, preventing school drop-out, and monitoring teacher attendance was also introduced in the districts. Data analysis, reports by implementing partners, and field visit results show that there has been marked improvement in the enrolment of girls in most of the districts which used to have the lowest GPI in the country. The most recent data shows that 12 out of the original 15 districts have achieved steady and significant improvement in their GPI, while three made only marginal or no progress compared to the baseline.

Using data collected at community level by the Child Protection Teams on the issue of child trafficking in communities bordering Togo, District Officers of Department of Social Welfare and Department of Community Development with support from key agencies including Ministry of Women and Children Affairs, Ghana Immigration Services and UNICEF at the national level engaged the decentralized Government agencies to ensure actions are taken to curb the practice. Working with traditional leaders of the involved communities, these agencies have instituted a number of local laws that prohibit the practice and put everyone on the alert. Proceeds accrued from charges collected from defaulters are ploughed into the Girls Educational Fund created also to promote girl child education in the affected border communities.

The UNICEF Ghana CO participated in a mapping exercise coordinated by the RO to identify relevant data and information on the situation of adolescent girls in Ghana. This information will be used as a basis for a more comprehensive SITAN on the situation of adolescents in Ghana scheduled for 2012.

Environmental Sustainability

Mostly met benchmarks

The Ghana Country Office is taking a number of initiatives to promote and strengthen environmental sustainability. Community Led Total Sanitation (CLTS) supports communities to become open defecation free and to manage household waste in their immediate environments. These actions are reducing the risk of contaminating local drinking water supplies and environmental pollution. CLTS in 2011 focused on creating a strong foundation through capacity building, awareness creation and the establishment of a rural sanitation model which will work to facilitate and accelerate nationwide scale up.

The rapid influx of refugees fleeing from the conflict in Cote d’Ivoire necessitated the establishment of three camps in Ghana. The environmental impact of the rapid influx of populations in towns and villages can be significant when proper water and sanitation facilities are not available. Open defecation and indiscriminate dumping of refuse can lead to ground water pollution as well as clogging of water runoff channels- critical during the raining season. In collaboration with UNHCR and local NGOs, UNICEF supported the provision of latrine facilities for up to 2,400 people and water services for over 1,200. This is coupled with sanitation and hygiene education and the establishment of water and sanitation committees. These interventions not
only work to preserve the health and dignity of the affected populations, but also reduce environmental impacts and the risks of flooding disasters.

South-South and Triangular Cooperation

UNICEF supported and facilitated a study tour of Ghanaian Government officials to Kenya to understudy and share experiences on various cash transfer interventions. The study tour gave Government officers the opportunity to learn from experiences implemented in a similar context to the Ghanaian one. It was possible to learn from the institutional arrangements in place for the different interventions, as well as from their organizational structures, Operations Cycles and Manuals, and Management Information Systems (MIS). The payment mechanisms were of particular interest for the Government of Ghana (GoG) delegation. It also afforded them the chance to learn from the different capacity building experiences. A delegation from the Government of Ethiopia joined the tour. This enriched the experience by providing variety of perspectives from different African countries.

A ten member delegation (including 2 UNICEF staff from MCO) from the Water and Sanitation Sector in Mozambique was hosted in Ghana between the 3rd and 8th of October, 2011. The primary focus of the mission was to learn from the Ghana experience on the delivery, and community level management of Small Town Water Systems, based on the Community Ownership and Management (COM) approach, and to share their own experiences with the country. The five (5) day visit included interactions with the ministries responsible for Water Supply and Sanitation development, the Sector Working Group, and the Community Water and Sanitation Agency (responsible for rural and small town water supply). The delegation also held a meeting with the coalition of NGOs in Water and Sanitation (CONIWAS) on the role of civil society in the delivery of water and sanitation services in the country. The team visited Small Town Water Systems in the Northern and Central Regions, where they held discussions on implementation level issues with District officials and Water and Sanitation Development Boards (WSDBs) at the community level. The key stakeholders in the sector in Ghana and the visiting team, identified areas of further cooperation in the future.

A UNICEF staff member and one Government official also participated in a Child Protection systems meeting in Nairobi which afforded them the opportunity to learn and share Country level experiences in system mapping approaches with colleagues from other countries. Following this meeting, a selected technical working group is drafting a paper on child protection systems strengthening in sub-Saharan Africa which will feed into a conference on child protection systems for sub-Saharan Africa scheduled for May 2012. This learning, networking and advocacy event will include government and NGO participation from across sub-Saharan Africa and will be supported by a group of agencies and donors.
Country Programme Component: Health/Nutrition

PCRs (Programme Component Results)

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<th>PCR</th>
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<th>OTDetails</th>
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Resources Used in 2011(USD)

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<th>Allocated in 2011</th>
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Results Achieved

With support from UNICEF and DFID, an estimated 4.7million people including about 940,000 children under 5 years of age were protected through free house-to-house distribution of LLINs in two regions of the country. A draft nutrition policy was developed and UNICEF provided technical support to the creation of a new nutrition surveillance system. UNICEF supported the REACH and SUN movements, which helped to prioritise issues of malnutrition at national level (see more in section on partnerships).

Routine data collected by GHS show that treatment for diarrhea at community level in the 3 most deprived northern regions of Ghana increased by 84% in 2011 as compared to 2010. Quality of care for diarrhea treatment was also improved with the availability of zinc formulations as part of the treatment protocol for diarrhea in all regions of Ghana. Ghana achieved elimination status with respect to maternal and neonatal tetanus.

Efforts on elimination of mother to child transmission of HIV (EMTCT) continued nationally and were scaled up in the UNICEF-supported region (Eastern region) which has the highest HIV prevalence in the country. With UNICEF’s technical support and the provision of essential supplies, 88% of ANC registrants were tested for HIV in the period Jan-June 2011 as compared to 64% for the same 6 month period in 2009.

An additional 56,000 (planned 88,356) people gained access to safe water in Guinea worm endemic communities bringing the total, since July 2007 to December 2011, to 213,139 through construction of 20 new limited mechanized systems in guinea worm endemic communities and the rehabilitation of one scheme to improve storage for an existing town water supply in Savelugu.

A total of 17,000 (against 80,000 planned), men, women and children now live in open defecation free communities as a result of 28 communities having been verified Open Defecation Free (ODF) by the Northern, Upper West and Central Regional Verification Teams so far. An additional 55 communities have been certified by their respective district officials and are awaiting regional verification, including 7 in the Upper East Region. All the communities have adopted hand washing with soap or ash practice. These were achieved out of a planned target of about 100 communities in 5 regions (Central, Northern, Upper East and Upper West Regions).

An estimated 6,700 basic school pupils (planned 6,700) have access to improved sanitation facilities through construction of 58 four-seater institutional KVIP latrine blocks (comprising 116 separate drop holes for boys
and 116 for girls) and hand washing facilities in 32 schools in 9 districts in the Northern Region. In addition, 6 four-seater KVIP latrines were constructed in three health facilities in 3 districts, to provide latrine facilities to out-patients and Health Centre staff.

UNICEF supported the development of the Water and Sanitation Sector Strategic Development Plan, the implementation of the Sector-Wide Approach (SWAp) roadmap, the organization of the Ghana Water Forum (GWF) and the National Environmental Sanitation Conference (NESCON).

**Most Critical Factors and Constraints**

National scale-up of interventions for elimination of mother-to-child transmission of HIV received a setback due to Ghana’s unsuccessful application to the GFATM for funding as part of Round 10. Significant funding gaps remain in the implementation of the National Strategic Plan for HIV including for scale-up of EMTCT. This will continue to be an area for intense engagement by UNICEF and partners in 2012.

The distribution of over 2 million bednets (which were procured in 2010) was delayed due to limited capacity of the National Malaria Control Programme. UNICEF provided intense technical support and advocacy and the bed-net distribution commenced in November 2011.

Limited strategic capacity within the Environmental Health and Sanitation Directorate of the Ministry of Local Government and Rural Development and the Water Directorate (new Director who is also new to the Ghana Water Sector) of the Ministry of Water Resources, Works and Housing affected the ability to provide effective strategic leadership to sector players on critical sector issues, contributing significantly to delays in programme implementation (especially the development of the Water and Sanitation Sector Strategic Development Plan, the implementation of the SWAP road map) and achievement of other key results. Engagement with the sector Ministers and senior officials at various fora has been sustained by UNICEF and DPs as a key strategy for securing action.

Very slow implementation of the Ghana Compact on Sanitation and Water for All affected overall sectoral programme delivery. Critical in this respect were the limited fulfilment of the commitments for funding and for improving the capacity of the sector MDAs. An important lesson is that, in the process of formulating such Compacts, full participation of the relevant Directors who will be responsible for implementing the policy commitments is ensured and a clearer definition of the specific roles of Governments and DPs outlined.

Slow scale-up of CLTS as a result of activities being supported solely by UNICEF. It is expected that from 2012 other partners such as the World Bank, other DPs and Government, more NGOs and the private sector will support the scaling up efforts.

Though the funding support was received eventually from a special allocation from the ExDir, the delays in the provision of UNICEF share of the funding for the EU-UNICEF funded Guinea Worm Eradication project resulted in delays in implementation resulting in postponement of some activities to 2012 and further extending the project implementation period by 12 months. It is essential that, in signing co-financing agreements, UNICEF secures its share of funding quite early.

**Key Strategic Partnerships and Interagency Collaboration**

Through the collaboration between the Ghana Health service, UNICEF and other partners, transmission of guinea worm disease has been interrupted and Ghana has entered the three year certification period required to be certified as a Guinea worm disease free nation. The partnership between UNICEF, the Community Water and Sanitation Agency and the Church of Christ Rural WASH project (a NGO) contributed immensely in achieving 100% coverage of at least one source of improved drinking water for Guinea worm endemic communities leading to the breaking of transmission of guinea worm disease.

In the context of the Multi-Donor Budget support mechanism (which has been put in place by the
Government of Ghana, with support from a large number of development partners - DPs), UNICEF became the DP lead for the WASH sector. This was an important opportunity for UNICEF to coordinate the development partners working in the WASH sector and to leverage overall support for the sector.

UNICEF led a UN working group of UNDP, UNICEF, UN Habitat and WHO in supporting the Ministry of Local Government and Rural Development (MLGRD) in the formulation of an MDG Acceleration Framework (MAF) for Sanitation, which would provide the basis for strategic actions for intensifying efforts towards the attainment of the MDG target for basic sanitation within the remaining 4 years (2011 – 2015). The Sanitation MAF was launched on the 7th of December 2012 by the Minister of Local Government and Rural Development and the UN Resident Coordinator.

Major steps were taken in 2011 to address the challenge of maternal and child undernutrition in Ghana. UNICEF continued to play a facilitating role in harmonization and alignment of all partners efforts to support the development of a national nutrition policy. Advocacy efforts for nutrition saw a major boost with Ghana under the leadership of the National Development and Planning Commission (NDPC) showing remarkable commitment and coming on board with the Scaling up Nutrition (SUN) initiative as an ‘early riser’ country. With the official launch of SUN in Ghana by the First Lady of the Republic of Ghana there is great momentum for moving the agenda forward. UNICEF along with FAO, WHO and WFP cosponsored the introduction of REACH (Renewed Efforts against Child Hunger) in Ghana to provide coordinated support from the UN system to operationalize Ghana’s SUN initiative. UNICEF support to the Universal Salt Iodization (USI) focused on increasing awareness amongst producers, traders and consumers of salt coupled with efforts to support the enforcement of the national USI law. High level commitments were also obtained by the Ministry of Trade and Industry and Ministry of Women’s and Children’s Affairs to join the Ministry of Health in reenergizing the national multi-sectoral response to achievement of USI targets.

Humanitarian Situations
During floods in 2011, UNICEF collaborated with partners, including the National Disaster Management Organization and the Water Directorate, to ensure a coordinated emergency response effort. This resulted in more efficient response and the timely provision of key relief supplies; ensuring access to clean drinking water and basic sanitation services in the affected areas.

In collaboration with UNHCR and local NGOs, UNICEF supported the provision of latrine facilities for up to 2,400 people and water services for over 1,200 Ivorian refugees. This was coupled with sanitation and hygiene education and the establishment of water and sanitation committees.

UNICEF’s Health and Nutrition section also participated and provided technical support for the rapid assessment in the camps. 2,500 ITNs were also provided to the refugees for use in the camps to prevent malaria.

Summary of Monitoring, Studies and Evaluations
UNICEF was instrumental in creating a strategic collaboration between the Ministry of Health and the Institute for Health Metrics and Evaluation (IHME), Seattle, to initiate a study on Access, Bottlenecks, Costs and Equity (ABCE) designed to provide quality evidence for improving the equity and cost-effectiveness of the health system in Ghana. In this arrangement, UNICEF provides local operational, technical and financial support for the study and also serves as a facilitator between IHME, the MOH, and other organizations. A local research institution will provide day-to-day project management and all data collection. Through this partnership cutting edge expertise on health metrics and econometrics within IHME is being made available to enable the MOH, Development Partners and all stakeholders in the health sector to make evidence-based decisions to accelerate progress towards equitable attainment of the health-related MDGs. The results is expected to feed into the development of the ministry’s next sector medium term development plan and also inform the national health insurance authority make evidence-based decisions on rationalizing tariffs for health care services in Ghana.

UNICEF provided technical support for the continued functioning of the Water and Sanitation Monitoring Platform as a mechanism for convergence of the sector data streams and analysis/publication of sector data
for decision making and also improved the capacity of 30 hydrogeologists for well siting and 123 personnel for Community Led Total Sanitation facilitation.

Future Work Plan

For health and nutrition key priorities for 2012 include:

• In 2012 the country programme will continue to consolidate the gains made in scale-up of child health interventions while introducing phased scale-up of maternal and neonatal health interventions starting with the most deprived regions of Ghana.
• UNICEF will support the expansion of coverage with LLINs to three more regions (Upper East Region, Upper West Region and Brong Ahafo).
• Pneumococcal and rotavirus vaccines will be introduced into the routine immunization programme nationally.
• The evidence base and policy cover for community based MNCH interventions will be expanded through the development of a community health service delivery strategy and analysis of the MICS 2011 data.
• Increasing government buy-in and strengthening government capacity for SRA level 3 monitoring will be a priority.
• Finalization of the nutrition policy and implementation with a priority focus on reduction of stunting will be prioritized.
• Scale up EMTCT interventions through innovative financing mechanisms including potential public-private partnerships.
• Provide technical support the implementation of the MAF on MDG5, in close collaboration with WHO and other development partners.

The main priority areas identified for WASH in 2012 are:

• Implementation of the community led total sanitation approach in the 5 WASH programme regions. Support will be provided to implement the Sanitation MAF, the rural sanitation model and other national strategies for the attainment of open defecation free status and the use of latrines for a total population of 100,000. The social norms approach will be applied to make the CLTS process deliver more sustainable results.
• Implementation of the hand washing with soap and household water treatment and safe storage strategies will be prioritised enabling about 100,000 people practice improved hygiene behaviours.
• Support will be provided for a Comprehensive WASH in Schools (WinS), including provision of water supply and sanitation facilities, and behaviour change initiatives, based on the Child-Friendly School Framework, enabling about 70,000 school children have access to improved WASH services.
• The success in breaking the transmission of Guinea worm will be sustained through continued supply and improved maintenance of drinking water supply to previously Guinea worm endemic and underserved communities. Support will also be provided for the establishment of a national drinking water quality management framework.
• The capacity of the national and decentralised government sector MDAs will be strengthened for more effective coordination of the planning and implementation of the national water and sanitation programme. In this respect, focus will be given to the Environmental Health and Sanitation Directorate, the Water Directorate and District water and sanitation related departments.
• A sector equity analysis will be conducted and the global WASH MBB tool adapted to serve as a basis for more effective monitoring of equity and the efficiency of the WASH service delivery pathway (from upstream to downstream).

• Strengthen WASH emergency preparedness and response.

Focus will be given to DCT and supply end use monitoring jointly done by WASH Section and operations colleagues.

Country Programme Component: Education
### PCRs (Programme Component Results)

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<th>PCR Description</th>
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### Resources Used in 2011(USD)

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<th>Resource Type</th>
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### Results Achieved

Consistent with the MTSP Key Result Areas, the Education Programme contributed to: 1) improvement of school readiness; 2) reduction of gender and other disparities; and 3) enhancement of educational quality.

Concerning school readiness, UNICEF continued to provide comprehensive support (teacher training, provision of teaching and learning materials, and community sensitisation) to two deprived districts to develop a quality kindergarten (KG) model. Remarkable enrolment gains were achieved in these two districts over the Country Programme period: gross enrolment rates (GER) for KG increased from 35% in 2004/05 to 79% in 2010/11 in Afram Plains District and from 31% to 96% in Savulugu District which exceeded the CPAP target of 70%. This year early learning and development assessment tools were also introduced to the two districts. UNICEF’s policy advocacy based on the KG model development has significantly contributed to raising the awareness and profile of KG education for the whole country: at the national level KG GER increased from 57% to 98%.

With regard to disparity reduction, UNICEF/local NGO partnership targeted 15 districts that show low gender parity index (GPI) scores through interventions including sensitisation of traditional/religious leaders, enrolment campaigns, and community radio programmes. The government data shows that 12 out of the 15 districts have achieved steady and significant increases in girls’ enrolment. The GPI target of the CPAP was achieved at the national level and in four out of the five UNICEF-supported regions.

UNICEF supported the implementation of a complementary basic education programme for out-of-school children as well as the establishment of temporary classrooms for refugee children from Ivory Coast. Approximately 2,600 children who would have been out of school otherwise are currently enjoying basic education. Furthermore, UNICEF contributed to evidence generation through the development of a bottleneck analysis tool and the conduct of a comprehensive study on out-of-school children.

In terms of quality improvement, the most significant achievement in 2011 is the finalization of the National Child-friendly School (CFS) Standards which provide a holistic framework for quality improvement in basic education in Ghana. A CFS assessment tool was also drafted based on the CFS standards. The tool will be introduced to at least 10 districts in 2012 onwards and a packaged intervention will be provided to schools in order to tackle key bottlenecks and make the schools more child-friendly.

UNICEF also continued to support the institutionalization of a life skills education programme called the HIV...
Alert model through the organization of mass media campaigns, strengthening of the monitoring system, and the integration of sport components into the model in 2011. The Alert model, which started in 2006 on a pilot basis with UNICEF support, has now been expanded nationwide covering all public junior high schools (approx. 8,500 schools). A recent evaluation found that 76% of the sampled students had appropriate knowledge on HIV and AIDS which is a significant achievement, though slightly short of the CPAP target of 80%.

**Most Critical Factors and Constraints**

Frequent turnover of key MOE/GES officials affected the implementation of some planned activities. The main implementing partner on school health including the Alert Model is the School Health Education Programme (SHEP). Within the year, there have been three different SHEP coordinators. This frequent change has had a negative impact on pursuing a long term vision of SHEP such as finalising and disseminating the national SHEP strategy. In addition, several key GES positions have been held by acting officials for extensive periods of time, which include Director General, Deputy Director General, Director of Teacher Education Division, Director of Curriculum Research and Development Division, and Director of the Upper West Regional Education Office. This situation often causes delays in decision making within GES. The renewed leadership by the new Minister and Deputy Minister of Education, on the other hand, has brought about positive changes in sharpening sector priorities and directing concrete actions. Under the new leadership, a comprehensive sector planning process is currently underway in conjunction with the application for the Global Partnership for Education (GPE) Fund.

**Key Strategic Partnerships and Interagency Collaboration**

As noted above, UNICEF as the co-lead of the DP Education group, has been coordinating MOE’s application process for the Global Partnership for Education (GPE) which could provide funds totalling US$ 70 million to support key strategies spelled out in the Education Strategic Plan (ESP) 2010-2020, with focus on 1) equitable access, 2) gender equality, 3) quality improvement and 4) strengthening school management in deprived districts.

The bottleneck analysis as well as cost and impact simulation model supported by UNICEF have significantly contributed to the prioritization of strategies and interventions under each area.

In order to expand educational opportunities to out-of-school children, a complementary basic education programme has been supported in one of the most deprived districts of the Northern Region in cooperation with a local NGO called School for Life. Thirty (30) teachers/‘facilitators’ (30planned), were trained in child-centered teaching methods and 30 community-based intensive basic education classes commenced in October 2011. Subsequently 750 children aged 8-14 who were previously out of school are participating in this 9-months programme. At least 50 per cent of the learners in the School for Life classes are girls. The children are taught basic literacy and numeracy in their mother tongue by the facilitators who were recruited from their own communities. Teaching and Learning materials have been developed in the local language and made available to all learners. The experience of the School for Life programme in other districts shows that approximately 95% of the enrolled children are integrated into the formal school after completing the 9-months intensive course. This programme is expected to expand nationwide from 2012 with joint support from DFID, UNICEF and several NGOs to improve equity in access to basic education.

**Humanitarian Situations**

From February 2010 onwards a significant number of refugees from Ivory Coast came to Ghana seeking asylum. The overwhelming majority arrived through the border crossings in the Western Region and some in the Brong Ahafo Region. Different camps have been set up for those not staying in host communities and UNICEF has been supporting the establishment and operation of temporary learning spaces. As of December 2011, a total of 1,878 children in three refugee camps (Ampain, Fatenta, Egyeikrum) were provided with textbooks and other necessary teaching and learning materials. Forty key GES officials, most of them from the Western and Brong Ahafo Regions bordering with Ivory Coast, were trained on Education in Emergencies in order to sensitize and prepare them for integrating Ivorian refugee children that live in host communities into the Ghanaian system. Temporary learning spaces have also been set up and teachers were trained on psycho-social skills with the distribution of adequate amount of materials to the refugee camps to continue teaching and learning.
As part of the joint UN programme on Human Security, UNICEF supported the promotion of peace education in 4 conflict affected districts in the north of Ghana. Following the training of head teachers and circuit supervisors on peace education in 2010/11, 374 social studies teachers from all junior high schools in the four districts have gained knowledge and skills in conflict resolution and peace building, contributing to maintaining peace and stability in the area.

**Summary of Monitoring, Studies and Evaluations**

The UNICEF/ Ministry of Education comprehensive study on out-of-school children as one of the 25 countries participating in the Global Initiative on Out-of-School Children has helped the Government make strategic choices on how to expand educational opportunities to the most disadvantaged marginalized populations. The study executed a thorough analysis of the profile of out-of-school children, the key barriers and bottlenecks that keep them out of school, and suggested recommendations of effective policies and strategies to address the constraints.

A bottleneck analysis tool in education was developed with UNICEF support. The analysis resulted in clear presentations of bottlenecks at national and sub-national levels and demonstrated that national averages mask significant disparities between regions and districts. Based on this tool, a user-friendly simulation model was also developed, which predicts the cost and impact of various interventions on the six determinants identified in the bottleneck analysis. The model has been used to prepare Ghana's application for the Global Partnership for Education Funds which will have an explicit focus on equity.

A study on corporal punishment in schools was completed with UNICEF support and disseminated widely. This research has helped to focus attention as well as generated national debate on the negative effects of corporal punishment in schools. It is expected that the momentum generated through these discussions will contribute to efforts to ban corporal punishment in schools in Ghana.

**Future Work Plan**

**Equitable Access**
- Expand the quality KG model to 3 more deprived districts (in total 5 districts) covering about 450 kindergartens through the implementation of a comprehensive in-service teacher training programme for KG teachers (approx. 700 teachers), the provision of teaching and learning materials, the introduction of the early learning and development assessment tools, and community sensitization. The district coverage will be increased to 10 (approx. 900 schools with approx. 270,000 children) in 2013 and further expansion is envisaged as the funding level increases. UNICEF will continue policy advocacy to leverage extra resources to strengthen the national roll-out of the quality KG model based on the KG investment plan drafted in 2011.
- Expand complementary basic education opportunities to out-of-school children aged 8-14 years in Afram Plains District using National Service personnel as facilitators. If proven successful this will be scaled up in 2013 to an additional 8 districts (10 districts in total) that face high numbers of out-of-school children reaching 15,000 children, at least 50% of whom will be girls. Based on a sector-wide approach, the same model will be supported by DFID covering additional 100,000 children from 2012 onwards.
- Implement inclusive education programmes including screening for children with special needs in 5 deprived districts aiming for 100% increase in the school enrolment of children with disabilities against the baseline by 2016. The inclusive education programme is expected to be further expanded to at least 10 deprived districts by 2013 with UNICEF support and to the other deprived districts with the new GPE fund.

**Quality Improvement**
- Provide capacity building support for educational planning and budgeting processes at central, district and school levels to strengthen the annual education sector reviews, the Annual Education Sector Operational Plan (AESOP), the Annual District Education Operational Plans (ADEOPs), and the School Performance Improvement Plans (SPIPs).
- Improve quality of teaching and learning through the practice of child-centred, activity-based teaching in 5 deprived districts in 2012 and in 10 districts by 2013 covering approximately 4,000 teachers and 150,000 children.
· Establish healthy, safe and gender-sensitive learning environments in primary schools in 5 deprived districts in 2012 and in 10 districts by 2013 through the school health initiatives, the introduction of alternative discipline methods, and training of teachers on gender-sensitive teaching methods. At least 70% of primary schools in the target districts should meet the national CFS standards.
· Review and revise the Alert teaching and learning materials to incorporate emerging issues such as reproductive health and sports and to consolidate life skills components for primary and junior high schools.

**Education in Emergencies**
· Continue to support teaching and learning in the 3 refugee camps, including the payment of allowances to secondary school teachers in Ampain Camp.
· Provide timely and adequate response to support continuous teaching and learning during possible disasters including flooding.

### Country Programme Component: Protection

**PCRs (Programme Component Results)**

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**Resources Used in 2011(USD)**

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<th>Resource Type</th>
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**Results Achieved**
The child protection systems approach was strengthened through the development of an information management system (IMS) with a database that captures, analyses and generates child protection information from communities for clear statistical analysis. This IMS provides evidence based information for advocacy and lobbying at sub-national and national levels, to enhance the prioritization and allocation of resources to Child Protection issues by the government and partners. The coordination of child protection actors at the national and regional levels was strengthened through the reactivation of the national child protection network and establishment of four regional networks. A direct outcome of this has been the development of standard operating procedures for service delivery in child protection related social work.

UNICEF and ILO supported the National Programme on Elimination of Child labour through the development and implementation of the Community Child Labour Monitoring System (CCLMS). The CCLMS provides the Government and other stakeholders with comprehensive information on all children in, or at risk of Worst Forms of Child Labour (WFCL), thereby enabling them to: institute timely, adequate, sustainable and appropriate response at all levels; secure ownership and mainstream the elimination of the WFCL into national policies and structures; and support national efforts to meet government’s obligations under ILO Convention 182 on WFCL. Several standards and tools were developed for the elimination of WFCL including the Social Mobilisation Strategy, Hazardous Activity Framework, M&E framework, and Standard Operating Procedures on the WFCL. These will ensure a government owned and led standardized, coordinated response throughout the country.
The Government’s anti-trafficking response was strengthened through the establishment of two additional Anti Human Trafficking Units (AHTU) of the Police and one Human Trafficking & Human Smuggling Unit of the Ghana Immigration Service. This resulted in the rescue of over 500 trafficked children. This includes a special joint operation by AHTU and its partners which led to the rescue of 116 children, aged between 4 and 17, from communities along the Volta Lake. There has been an increase in the number of arrest and convictions of traffickers from 20 as at November 2010 to 28 in 2011.

The Birth Registration system has been further strengthened with the computerization of BDR at the central level and in seven regions of Ghana. UNICEF collaborated with Grameen Foundation and the BDR of the Ministry of Employment and Social Welfare to pilot the use of sms in promoting birth registration. This is expected to narrow the current gap between urban and rural coverage rates.

Key Government institutions implementing the Community based Child Protection programme are working with NGOs including Action Aid, Plan Ghana and World Vision to prepare a standard training manual for implementing community based protection for children. A data system has been developed and is being used to collect and analyse data on violence against children (VAC) from communities. Information is being used by implementers to engage key stakeholders including traditional leaders and Government officials.

**Most Critical Factors and Constraints**

Strengthening the capacities of families with reunified children and other OVCs through linkage with the Livelihood Empowerment Against Poverty cash grant has been a challenge due to the limited coverage of the programme. There are reunified children in communities not covered by the programme. Since poverty is often cited as the reason why children end up in orphanages, this remains an obstacle to de-institutionalization. It has not been possible to extend psychosocial support to poor families beyond what is provided to children in the shelter for abuse children due to the limited institutional capacity of the DSW and other service providers in this area.

**Key Strategic Partnerships and Interagency Collaboration**

The National OVC Coordinating Committee which is a unique partnership between the government (Ghana AIDS Commission, Ministries of Education, Local Government and Rural Development, DSW, DoC), donors (USAID), NGOs and, UNICEF supported the implementation of the National Plan of Action on OVC. Key achievements have been the deinstitutionalization and placement of 401 children in family based care, exceeding the planned target of 350 for 2011 and the establishment of 10 regional OVC Coordinating committees to address the issues of OVC at the regional levels. The support to GoG’s Care Reform Initiative (CRI) also included capacity strengthening of DSW staff to improve service provision including psychosocial support service. With the development of the Foster Care Guidelines, standards for the placement of children in foster care are established and documented, to prevent the abuse of children through the previous traditional informal form of foster care. National and regional multi sectoral residential home monitoring teams continued to monitor the standard of care of children in residential homes in the ten regions through a monitoring check list of the CRI to ensure compliance with the national guidelines and standards. This resulted in the closure of three residential homes since April bringing the total of institutions closed to ten. Another notable improvement has been the increase of staff to child ratio in institutions from 1:20 in 2010 year to 1:10 in 2011.

**Humanitarian Situations**

In collaboration with UNHCR, UNICEF initiated the formation and training of Community Child Protection Committees at Ampain and Egyekrom refugee camps during the Ivorian crisis to ensure better protection of refugee children from violence, abuse and exploitation. Social Workers of the Department of Social Welfare trained by UNICEF assisted UNHCR in the Best Interest Determination (BID) process conducted for 74 separated and unaccompanied children at Ampain. The assessment which entailed the gathering of information on each child was to enable UNHCR to make decisions that best protect the rights of each child.
Summary of Monitoring, Studies and Evaluations
The DSW with UNICEF support invested in research and data systems to ensure an informed approach to programming for OVC. A national study on the situation of OVC conducted by the Centre for Social Policy Studies (CSPS) of the University of Ghana was commissioned. Recommendations of the report, *Telling the Untold Story: A study on the Situation of Orphans and Vulnerable Children in Ghana*” will inform revisions to OVC programmes in 2012 to address the needs of the different strands of OVC. The other important achievement in this area was the development of the National OVC Database.

Future Work Plan
The focus for 2012 will include:

- Facilitate cohesion and harmonising CP systems by ensuring various networks are operational and setting relevant standards for quality child welfare services at every level
- Support family-based care for children in institutional care and the implementation of the NPA on OVC. This means that in districts where LEAP is being implemented, re-unified families will be linked to LEAP but in districts where LEAP is not being implemented or where the families do not qualify for the LEAP by its criteria, they would be linked to other existing pro poor schemes.
- Engage Government and civil society organisations in accelerating civil registration with support from Regional office and UNCEA while engaging strategies to improve birth registration rates particularly in deprived areas
- Collaborate with Government and NGO partners to expand community based child protection services while ensuring these are linked to child justice programmes
- Strengthen Child Justice services through structured capacity building plans, with the Police service schools, magistrates, child panels.
- Support the GoG to conduct a bottleneck analysis of the CP sector and identify possibilities for monitoring of a limited number of key CP indicators at decentralised level (‘level 3 monitoring’).

Country Programme Component: Advocacy, Communication, Monitoring, Analysis

| PCR 604: Advocacy, Communication, Monitoring and Analysis - By end of 2011, the capacity of UNICEF’s partners at decentralised and nationalised levels strengthened to generate, process, analyse and use critical information and knowledge on children and women; Ghanainfo fully operational at national, regional, and district levels. |
|---|---|---|
| PCR | EQRank | OTDetails |
| PCR 604: Advocacy, Communication, Monitoring and Analysis - By end of 2011, the capacity of UNICEF’s partners at decentralised and nationalised levels strengthened to generate, process, analyse and use critical information and knowledge on children and women; Ghanainfo fully operational at national, regional, and district levels. | 3 FA5OT1, FA5OT2, FA5OT3, FA5OT5, FA5OT6, FA5OT7, FA5OT8, FA5OT9 |

Resources Used in 2011(USD)

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<thead>
<tr>
<th>Resource Type</th>
<th>Planned for 2011 (as per CPAP ceiling)</th>
<th>Allocated in 2011</th>
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Results Achieved
UNICEF chaired the Multi Donor Budget Support (MDBS) sector group on M&E during most of 2011. Major achievements included the analysis of how much money each ministry allocates to M&E and statistics in the 2011 budget, and a detailed review of each ministry’s M&E plan by the National Development Planning...
Commission (NDPC).

Key MDAs and District Assemblies (DAs) in the three northern regions used information on children's services in a variety of ways. First, the Participatory Poverty and Vulnerability Analysis was launched in Accra and Tamale, resulting in greater awareness of the ways that children experience poverty. Second, briefing sessions were held to remind senior officials of DAs in the three northern regions of their obligations to children. Third, the NDPC and UNICEF analysed the extent to which children's issues are addressed in the situation analyses and action plans of districts in the northern regions. The review revealed a wide range of attention to children's issues. On a positive note, the districts that had received mentoring support through UNICEF in 2010 had paid greater attention to children's issues in their district profiles and action plans.

Although UNICEF did not provide financial support to Ministry of Finance and Economic Planning during 2011, the Ministry proceeded with implementing programme-based budgeting in six Ministries for the 2012 budget. UNICEF recommended a consultant and observed the training process. For the first time, a local NGO was able to release its analysis of the national budget in time for it to be used during Parliament’s deliberations of the budget.

The National Social Protection Strategy was strengthened in several ways during 2011. First, the Common Targeting Mechanism (CTM) was created and tested, resulting in a streamlined proxy means test questionnaire and an agreement to use the CTM to ensure that 500,000 people receive an exemption to the National Health Insurance premium in 2012. Second, the Management Information System (MIS) for LEAP, which will also be used for the CTM, was assessed and is being re-designed. The new MIS will be operational in the first half of 2012. Third, the baseline report on LEAP beneficiaries was completed and discussed by the Minister of Employment and Social Welfare, Deputy Minister, and DPs. The report is a major advocacy tool to increase the value of the LEAP grant and will be used to assess the impact of the LEAP grant in 2013. Fourth, a roadmap was created to guide improvements in LEAP – this proved to be an important tool to obtain decisions from the Ministry. LEAP beneficiary has increased from 38,000 households in 2010 to 65,000 households at the end of 2011.

An agreement was finalized with the national children’s newspaper, the Junior Graphic, to include issues related to children and equity in six editions of the paper. In 2011, two issues highlighted UNICEF’s work. Children in the Junior Graphic clubs were trained on writing skills, and young people from the youth group Curious Minds created 13 one-minute videos that were posted on YouTube.

Most Critical Factors and Constraints

One of the critical factors affecting our social protection work has been the slow process of decision-making in the Ministry of Employment and Social Welfare. An effective method of reaching decisions was found when UNICEF drafted the roadmap, clearly indicating which decisions needed to be taken, and obtained approval from the Deputy Minister and Minister to help MESW technical staff move forward on several activities. Another constraint to our support to LEAP was the Ministry of Finance’s 10-month delay in providing funds for MESW to pay the LEAP grant. UNICEF and DFID are now working with MESW to analyse the cause of the delay and create mechanisms to ensure that the grant can be paid every two months.

The financial analysis of the Ghana Education Service’s expenditures and the creation of an investment case for Ministry of Employment and Social Welfare (MESW) were delayed because of lengthy consultation processes with government. By the end of 2011, a contract had been issued for the MESW analysis and bids had been received from several companies for the GES analysis. The majority of the work on these two activities is expected to take place in 2012, with the results used to influence the 2013 budget.

A critical factor in the smooth operation of the MICS lies in the excellent leadership provided by the Government’s Deputy Statistician. She provided strong guidance to her team, resulting in effective organization of training workshops and quick resolution to small challenges that inevitably arose during the fieldwork.
Key Strategic Partnerships and Interagency Collaboration
As in past years, the collaboration with DFID and the World Bank on social protection continues to be strong. UNICEF acts as a coordinating hub, calling together partners every two months to review the status of activities and ensuring that each DP is aware of others’ activities and that we are sending harmonized messages to the Government.

Partnerships with the Ghana Community Radio Network and a community TV station in Ghana have been consolidated after the evaluation of the initial pilots concluded at the beginning of the year. These partnerships with local media will increase community engagement for promoting key health and hygiene behaviours using community dialogue and mass media techniques, especially in hard to reach districts.

Humanitarian Situations
UNICEF continues to support government partners with communication activities towards the humanitarian response to a major cholera epidemic in the country, using the best practices from the Region. All regions except one were affected by the epidemic. The support included production and distribution of printed and audio materials to all regions to prompt reinforced preventive measures in selected institutions and groups like schools, churches, health workers, butchery and markets. UNICEF is working with the Health promotion Department in order to streamline the coordination among government entities, as well as other partners.

Summary of Monitoring, Studies and Evaluations
The national MICS was conducted in 2011 in 12,150 households, and results will be available in 2012. The urban MICS was completed and the report issued in December 2011. While the findings of the urban MICS will be officially launched in early 2012, they have already been used to prepare an urban brief that will be part of the SOWC2012 report. The results are expected to assist UNICEF identify key areas of support in urban areas in the new country programme.

Ghanainfo obtained a new domain and will soon be launched on the internet. This resource includes data from household surveys and routine data, and will be a major tool for Ministries, DPs, and civil society to use to create maps and charts showing Ghana’s development progress.

A Situation Analysis of Ghanaian Children and Women was completed and disseminated in 2011. The document was co-launched in November 2011 by the Ministry of Women and Children's Affairs and UNICEF. Subsequently, specific presentations of findings were made to editors of national media houses, political parties, and the Muslim Council. Additional presentations are planned to the Christian Council of Ghana, traditional leaders, and Members of Parliament in 2012.

In Communication for Development (C4D), a number of capacity building and advocacy initiatives paved the way to the full implementation of the C4D Strategy in 2012 in four of the ten regions. A national training on M&E involving over 60 participants was organized and a draft M&E Framework developed. The framework is attached to the recently finalized C4D Strategy. C4D Planning and training workshops involved the twelve target districts in the detailed definition of C4D activities for 2012/2013. Regional one-day advocacy and social mobilization meetings ensured wider involvement of key regional stakeholders and organizations in the upcoming implementation phase. Regional Inter-agency Coordination Committees as well as district Health Promotion Committees will ensure continue support towards a more coordinated approach to implementation of C4D activities.

An agreement was also reached with Innovations for Poverty Action to conduct a randomized control trial to evaluate the impact of C4D interventions. Implementation of C4D interventions on five key behaviours will begin in early 2012, after a baseline survey is undertaken. IEC materials and an Interpersonal Communication toolkit are being created to be used by Community Health Officers and Volunteers.

The baseline report on LEAP is being used not only as a baseline for an impact evaluation, but also to advocate for increasing the size of the LEAP grant.

A MICS Coordinator has undertaken extensive field monitoring of the MICS fieldwork and has therefore been
able to correct problems quickly.

**Future Work Plan**

Key activities in 2012 include:

- Finalizing and disseminating the results of the 2011 MICS, and supporting the next Ghana Living Standards Survey and the Labor Force Survey (which will include questions on child labour).
- The financial analysis for Ghana Education Service (GES) and the investment case for Ministry of Employment and Social Welfare (MESW) will be completed and used to prepare the 2013 budget.
- A method of reviewing the impact of decentralization on children’s services will be designed with the Ministry of Local Government and Rural Development.
- The MIS for LEAP will be completed and the CTM will be implemented. In addition, 65,000 beneficiaries should receive a larger amount of money every two months.
- C4D activities related to 5 key child survival behaviours will be implemented and continued support to C4D activities related to other behaviours will be provided.
- External relations activities will include media tours and continued dissemination of the Situation Analysis.
- A major new area of work will focus on advocacy on children’s issues related to the 2012 election; UNICEF intends to work with the political parties to create a Manifesto for Children that all candidates can support. The preliminary discussions with the heads of political party have already been held.

### Country Programme Component: Cross-sectoral costs

#### PCRs (Programme Component Results)

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#### Results Achieved

The CPD/CPMP and UNDAF Action Plan 2012-2016 were completed and approved. The UNDAF action plan was completed by a team representing the ex-com agencies, (without the use of a consultant) but with firm support from the 11 outcome groups. Four of these outcome groups were led by UNICEF staff members.

UNICEF provided support to the implementation of the UN learning strategy and the UN communication group. UNICEF chaired the UN Interagency Programme Group in 2011 which brings together all programme coordinators/deputy representatives from the different UN agencies in Ghana and provides strategic programmatic guidance to the UNCT and the RC. Under the chairmanship of UNICEF, the IPG facilitated the creation of a delivering as one visioning note for the UN system in Ghana and clarified the guidance to UN agencies in Ghana on joint programming and the creation of joint programmes. UNICEF co-chaired the UN
Operational Management Group, which brings together operations officers from all UN agencies and managed to cut costs and streamline a number of joint UN operations such as HACT and issues related to security, safety and the health and well-being of UN staff in Ghana.

The EWEA web-site was update regularly, emergency response to a number of emergencies was coordinated effectively (flooding in the south, cholera outbreak and refuge crises) and disaster risk reduction strategies were integrated into programmatic results at IR level, with a focus on education, water and sanitation.

A bridging fund-raising strategy was created for 2011/2012 and NATCOM donor toolkits were drafted for all five focus areas, covering all PCRs and IRs for 2012 and beyond.

**Most Critical Factors and Constraints**

UNICEF staff chaired the IPG and co-chaired the OMG in 2011; though involving a lot of staff time, this facilitated the achievement of results.

**Key Strategic Partnerships and Interagency Collaboration**

In the UN Interagency Programme Group (IPG) and UN Operations Management Group (OMG), UNICEF worked together with all other UN agencies in Ghana on a regular basis, with clear terms of references and direct reporting lines to the RC and UNCT. Concrete results of this UN partnership include the creation of the UNDAF action plan by members of the IPG (including UNICEF) and the creation of a visioning note for delivering as one in Ghana and clear guidance for joint programming.

UNICEF actively participates in the Common Services arrangement such as Banking, Travel, ICT (VSAT), Security services and Co-Chairs the UN OMT. The new agreement signed with the Travel agency which resulted in 2% rebate on ticket purchases is an evidence of cost saving by working together as One UN in Ghana. Similarly, the security services and rates were reviewed and One UN LTA has been signed by the UN Resident Coordinator.

The UNCT agreed on standard DSA rates and fees for consultants to prevent ‘shopping’ for services by local and international consultants.

**Humanitarian Situations**

The EWEA web-site was updated with involvement of all sections and staff from the Accra and Tamale offices. Along with other UN agencies, UNICEF staff participated in an emergency simulation exercise which was led by NADMO (National Disaster Management Organization) and was facilitated with supported from UNICEF staff from Geneva.

With technical assistance from the regional office and the UNICEF Geneva Office, the knowledge and technical capacity on Disaster Risk Reduction of the UNICEF staff, the UN team and key counterparts was strengthened. Aspects of DRR were integrated into an education and WASH IRs. UNICEF also provided inputs to the National DRR Action Plan, in close collaboration with other UN agencies (mainly UNDP and WFP) and the National Disaster management Organisation (NADMO). The Ghana CO facilitated and supported the work of a consultant from the Regional Office in creating and piloting a humanitarian performance monitoring system for level 1 and level 2 emergencies.

**Summary of Monitoring, Studies and Evaluations**

UNICEF recognized that while challenges remain, there are many success stories in the field as a result of programming. The Ghana CO therefore commissioned a study to explore and document the root causes of these success stories using Appreciative Inquiry approach. Ten success stories covering all UNICEF programming areas were documented and shared with all stakeholders. The success stories will be used to further improve the programme planning and implementation, to leverage results achieved over the past 6 years to other districts and to enhance the NATCOM donor toolkits and donor reports.
Future Work Plan
Priorities for 2012 include:

- Implementation of UNDAP and operationalization of UNDAF outcome groups;
- Creation and implementation of Knowledge Management and Knowledge Sharing strategy for the office
- Support to SRA and level 3 monitoring by all the sectors.
- Effective and Efficient Programme Management and Operations Support, more specifically: (under PCR 011- Programme Support and Field Monitoring)
  - The timely and effective procurement and distribution of programme services and supplies in regular, transition and emergency situations.
  - Effective and Efficient Governance and Systems, more specifically:
    - Effective Programme management and guidance, Operations management, oversight, evaluation and Leadership support provided.
    - UNICEF ICT system effectively managed according to the standards outlined in global ICT guideline and VISION roll out requirement.
    - Effective and Efficient Management and Stewardship of Financial Resources, more specifically:
      - Efficient administration and management of Finance and Admin Services provided in a timely manner to the Ghana Country Programme.
      - Improved financial management system in place through the implementation of IPSAS and application of new revised admin and finance policy;
      - Effective and efficient administration and management of UNICEF facilities, processes and systems.
    - Effective and Efficient Management of Human Capacity, more specifically,
      - Learning Plan developed, reviewed by CMT and fully implemented
Effective Governance Structure

Key management and operation priorities for 2011 included the roll out of organisational improvement initiatives (VISON), preparation for the IPSAS compliance in 2012, implementation of the regional PBR decisions in preparation for the implementation of the new CP 2012-2016 and the review and update of the risk control self-assessment.

These priorities were monitored through monthly CMT meetings, weekly senior management meetings (Representative, Deputy Representative, Chief of Operations and Chief of Tamale Zone Office) and 2 monthly Section Head Meetings. Country Programme Management Report and BI reports were compiled every month and discussed at the monthly CMT meetings. Office statutory committees (such as CMT, ZMT, CRC, PCARC, CRB and HRDC) continued to function effectively. The work of the Joint Consultative Committee was revived and the JCC met more frequently.

GCO reviewed and revised the Standard Operating Procedures (SOPs) to include approved work processes, documents and guidelines in various areas including: the biennium management plan; table of authority; financial controls; DCT management, security and emergency evacuation procedures; Enterprise Risk Management and RCSA; receipt of gifts, awards; outside activities; conflict of interest etc. Seventeen briefing sessions were conducted on organizational improvement initiatives and SOPs to update staff knowledge and awareness.

Strategic Risk Management

The Enterprise Risk Management ratings of the Ghana CO were reviewed by the CMT in Q1 (during the finalisation of the new CPD for 2012-2016) and in Q4. During the review in Q4, the Medium to high risks which were identified in 2010 during the Enterprise Risk Management baseline exercise (in three specific areas: i.e. “systems and IT infrastructure”, “rewards and sanctions” and “talent management”) were reduced to “low risk” during the review in December 2011. The main reason for this down-grading was the substantial investments in HR and IT management and capacity development in these areas.

The risk area of “aid environment and predictability of funding” was however upgraded from medium-high risk to high risk, mainly due to challenges faced in attracting donor funds, partly due to the world-wide financial crises, Ghana achieving middle income status (and therefore some misconception funds should be moved to more “needy countries”), the discovery of oil in Ghana. “Supply and logistics management” was also rated as a high risk area, as a result of flaws discovered in internal supply planning/management issues.

The BC Plan was reviewed at mid-year and changes in the internal and external operating environment were discussed at CMT level.

Evaluation

In 2011, the office continued efforts to improve the quality of studies and evaluations in the IMEP, with ACMA providing oversight support to ensure that the IMEP studies and evaluation were strategically focused to provide objective information on the performance of UNICEF’s areas of support. Progress was discussed on a regular basis with Sections in the CMT. A process to ensure utilization of results from studies and evaluations was also initiated, and management responses were prepared for some key evaluations conducted in 2010.
Some of the key evaluations/assessment finalized in 2011 include:

· LEAP Baseline survey revealed that the cash transfer impacted overall household poverty and economic productivity, but also revealed that the transfer amount was low, and needed to be increased. The government is using the recommendations to improve the programme.

· An evaluation of the Irish Aid support to UNICEF/UNFPA Joint Program to Ghana’s National HIV/AIDS response provided evidence that the funds had made a difference in the scaling up of best practices, prevention, care and support interventions for young people.

· The baseline assessment on resources spent on M&E and Statistics provided evidence that the level of funding allocated to M&E and Statistics is low, and that allocation, releases and actual expenditure differs significantly. The study is being used to advocate for additional funds for M&E and statistics.

· The evaluation of the UNICEF-Government of Netherlands Cooperation Programme for Early Childhood Development, ECD (2008-2010) revealed, among other issues, that UNICEF’s support has been key in the implementation of the National ECD Policy through such activities as orientations to sensitize decision-makers on ECD issues; capacity building for ECCD committees at all levels; support to strategic planning and intersectoral communication at the national level; and a range of efforts to promote quality in early childhood services, especially kindergartens. The management response of the key recommendations has also been prepared.

Finally, UNCT continued taking measures towards a well-coordinated response to strengthen country-led M&E systems through the UNDAF process, and agreed on M&E activities that would be supported in the 2012-2016 UNDAF.

Effective Use of Information and Communication Technology

With Skype coming into general availability for use in UNICEF, effective communication has been enabled between UNICEF and its partners and service providers by way of voice, video and instant messaging. Availability of Blackberry for critical management staff has also enabled them to receive and respond to emails in a timely and efficient manner. Remote access to office applications & services has also been augmented with the introduction of CISCO VPN which allows out-of-office laptop users access to the in-house services (N-drive, email etc). This has dramatically improved execution of work assignments, particularly for staff on travel.

Wireless access throughout the office continues to offer internet services to visitors and consultants for easy execution of tasks, whilst also providing a further backup for internet services for staff.

Network Infrastructure has been revamped to a cat-6 standard and this has allowed the migration of the office’s voice and data networks for improved connectivity. Voice communication has been enhanced and there is a clear improvement in speed of data access over the network. Direct dialling to extensions over VOIP also allows circumventing the PaBX/Reception to reach staff directly, enhancing access to staff telephone extension even after work hours.

There is also a gradual increase in the assignment of laptops as against desktops to users and this has effectively allowed for extending work to out of office premises.

New equipment has been purchased to overhaul the server systems and improve upon services in the Tamale zone office. An ICT assistant stationed in the zone office, Tamale, has also been recruited and this has greatly improved provision of services, particularly the level of help desk support in the office.

Fund Raising and Donor Relations
Since fund-raising for Ghana is becoming more and more difficult, the office created a post for a L3 fund-raising expert/external communication officer who will join the office in early 2012. The office produced a fund-raising strategy and finalised (in draft) Natcom Donor Toolkits covering all 5 UNICEF focus areas.

Mechanisms are in place and working to monitor the use of donor funds. As a result, all donor reports were sent on time in 2011 and all expiring PBAs had utilization levels of over 95%. Nearly USD 13 million was received in OR funds in 2011, which represents 81% of the OR ceiling (USD 16 million for 2011).

**Management of Financial and Other Assets**

The office continued to improve on its contribution management, budget control and financial procedures, resulting in the utilization of more than 99% of its RR resources by the end of 2011. All PBAs were used within the duration of the PBA life, including over 95% use of OR-E within the original life of the BPA. The office liquidated all DCTs outstanding for over nine months and more by closely monitoring outstanding DCT Status report and rigorously following up on liquidations. The office outstanding DCT total as of 31 December 2011 stands at US$5,279,360; out of which $846,354 is six to nine months outstanding DCT, representing 16 per cent of the total amount outstanding. The office undertook HACT assurance activities by conducting regular spot checks and programme monitoring exercises. This resulted in identifying and addressing the lapses in the partners’ institutional and financial management capacity. As the current CP for the HACT agencies ends, a joint HACT audit is planned to be carried out during the first and second quarter of 2012 by the participating agencies; mainly UNICEF, UNDP and UNFPA.

The office strengthened security systems and installed CCTV cameras in the premises. The MOSS requirements were upgraded by installing concrete pillars (bollards) and walk way screen machine.

**Supply Management**

UNICEF continued to be a key strategic partner to the Government of Ghana in the procurement of commodities for programmes targeted at achieving the health, education, WASH related MDGs. Supply planning and procurement for WASH played a critical role in national Guinea worm eradication in line with MDG 7’s focus on improving access to safe drinking water and basic sanitation. Sections were assisted to improve supply planning and forecasting.

Supply procurement played a significant role in the implementation of the CP with USD 20.2 million worth of procured during the year. Approximately 40% of this amount was spent on the purchase of UNICEF programme supplies, whilst the remaining 60% was due to the purchase of medical supplies and equipment for the Government of Ghana (mainly vaccines and cold chain supplies), GCO Supply embraced efficiency and cost saving by maintaining LTA for fast moving regular commodities and services. The GCO Supply Plan was completed in March 2011 with 85% on time delivery.

GCO continued to work with counterparts and other agencies and NGOs to create awareness of UNICEF’s procurement services with Supply Division, especially for Vaccines and related devices. The Ministry of Health remains the largest user of these services with other UN Agencies, JICA and NGOs also benefiting from UNICEF’s procurement services in Ghana.

GCO was successful in exploring and ensuring the local availability of strategic essential supplies. This process involved aggregating needs through better forecasting and encouraging local industry to improve availability, pricing, quality and innovation of new products. It also involved communicating the needs of
children to suppliers to ensure fit-for-purpose commodities with improvement of product suitability through guidelines and specifications. A One UN local market survey is planned in 1st quarter 2012 with GCO supply leading as procurement task group for OMT. VISION roll out is being embraced by GCO supply team with timely input for data migration, training and inventory count.

Human Resources

2011 was a challenging year for UNICEF Ghana in terms of human resources management primarily due to heavy number of recruitments resulting from the development of the CPMP, tailored to the approved 2012-2016 CPD.

With the new Country Programme, the total number of approved posts went up from 88 to 98 (a net increase of 10 positions, all in the NO and GS categories). The office handled the recruitment in a transparent and open manner and developed initiatives to provide support to staff on abolished posts such as: organizing a career counseling, competency based interviewing techniques and CV writing workshops and holding individual meetings with staff on abolished posts with the Representative, the Chief of Operations, the Supervisor and HR.

The office adopted a structured approach to develop its human capacity needs for the 2012-2016 CPMP through conducting an analysis of the skills set needed and comparing those against what is currently available and lacking in the office.

The office continues to closely monitor the gender ratio and is fully committed to achieving gender parity. Currently GCO Gender Statistics is 50.5% females and 49.5% males.

The Human Resources Development Committee (HRDC) provided guidance for the preparation and implementation of the 2011 staff learning plan. The learning plan was based on the global, regional and office priorities. In accordance with the organizational principles, staff members were encouraged to undertake e-learning courses and to identify other opportunities for career development and self-learning. The office implemented 12 out of the planned 14 group learning priorities included in the Learning and Training Plan; and supported 5 external learning opportunities and 10 staff exchanges.

Managing staff performance has been a challenge but successful. HR section provided guidance and support to staff and supervisors in terms of individual work planning and compliance with PAS process and CMT monitored the completion status of PERs: 99% of 2010 PERs were completed and 80% key assignments for 2011 were completed by 30 November 2011.

The office has three Peer Support Volunteers: two in Accra and one in Tamale. Staff continue to be trained on HIV/AIDS in the workplace and the Caring for US Committee ensured the supply and replenishment of male and female condoms in the office washrooms.

All staff are aware of the following policies: Prevention of Harassment, Sexual Harassment and Abuse of Authority, Whistle Blower Protection and Disciplinary Measures, Gifts, Honours and Outside Activities; Conflict of Interest and Disciplinary Process policies. During the year briefing sessions were organised for all staff in both Accra and Tamale on: Gifts, Honours and Outside Activities; Conflict of Interest; and Anti Fraud Policies. The following policies were shared by email with all staff: Prevention of Harassment, Sexual Harassment and Abuse of Authority, Whistle Blower and Disciplinary Measures and Process policies. The office plans to organize briefing policies on all the above in 2012. These policies are also included in the Office SOP folder, which is distributed to all existing and new staff as part of the orientation.
**Efficiency Gains and Cost Savings**

The office re-negotiated the banking services and overseas bank transfer charges that resulted in saving of USD 25 per transaction (reduced from USD 60 to USD 35 per overseas bank transfer). UNICEF Ghana is continuously purchasing Local Ghana Cedi through DFAM to replenish the local cedi account resulting in significant amount of savings for the organisation. This initiative started in mid-2009 and has resulted in annual savings of USD 216,000 (DFAM estimates based on their analysis).

All staff members in both offices (Accra and Tamale) have signed the ten Eco-commitments to reduce the use of electricity, paper, printing etc, to enhance a ‘green office’.

CMT reviewed and endorsed a reasonable fixed amount per month as lump sum payment for long-term consultant accommodation contrary to the daily DSA rate to save resources for the organisation and needy children.

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**Changes in AMP and CPMP**

The 2012-2016 CPMP was approved in 2011.

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**Summary Notes and Acronyms**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>ARV</td>
<td>Anti-Retroviral</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CWSA</td>
<td>Community Water and Sanitation Agency</td>
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<td>DAs</td>
<td>District Assemblies</td>
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<td>DaO</td>
<td>Delivering as One</td>
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<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
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<td>DHIMS</td>
<td>District Health Information Management System</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>DOVVSU</td>
<td>Domestic Violence and Victim Support Unit</td>
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<td>DP</td>
<td>Development Partner</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
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<td>EHSD</td>
<td>Environmental Health and Sanitation Directorate</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EmONC</td>
<td>Emergency Obstetric and Neonatal Care</td>
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<td>ESP</td>
<td>Education Strategy Plan</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAQ</td>
<td>Food and Agriculture Organisation</td>
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<td>FDB</td>
<td>Food and Drugs Board</td>
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<td>FSNM</td>
<td>Food Security and Nutrition Monitoring</td>
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<td>GCLMS</td>
<td>Ghana Child Labour Monitoring System</td>
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<td>GDHS</td>
<td>Ghana Demographic Health Survey</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GES</td>
<td>Ghana Education Service</td>
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GHS | Ghana Health Service  
GIS | Ghana Immigration Service  
GLSS | Ghana Living Standards Survey  
GoG | Government of Ghana  
GSGDA | Ghana Shared Growth and Development Agenda  
GSS | Ghana Statistical Service  
HIV | Human Immune Deficiency  
HRBA | Human Rights Based Approach  
ILO | International Labour Organisation  
IMEP | Integrated Monitoring and Evaluation Plan  
IMO | International Maritime Organization  
IMIS | Integrated Management Information System  
IOM | International Organisation for Migration  
UN IPG | Inter-agency Programme Group  
ISSER | Institute for Statistical, Social and Economic Research  
ICYF | Infant and Young Child Feeding  
JHS | Junior High School  
JP | Joint Programme  
LEAP | Livelihood Empowerment Against Poverty  
M & E | Monitoring and Evaluation  
MAF | MDG Acceleration Framework  
MDA | Ministries, Departments and Agencies  
MDG | Millennium Development Goals  
MESW | Ministry of Employment and Social Welfare  
MIC | Middle Income Country  
MICS | Multiple Indicator Cluster Survey  
MLGRD | Ministry of Local Government and Rural Development  
MMDA | Metropolitan, Municipal and District Assemblies  
MMRWH | Ministry of Water Resources, Works and Housing  
MNCH | Maternal Neonatal and Child Health  
MoE | Ministry of Education  
MoFEP | Ministry of Finance and Economic Planning  
MoH | Ministry of Health  
MOWAC | Ministry of Women and Children’s Affairs  
MTCT | Mother-To-Child-Transmission  
NADMO | National Disaster Management Organisation  
NDPC | National Development Planning Commission  
NGO | Non Governmental Organisation  
NHIS | National Health Insurance Scheme  
NSC-CL | National Steering Committee on Child Labour  
ODF | Open Defecation Free  
OVC | Orphans and Vulnerable Children  
PBB | Programme Based Budgeting  
PCAs | Project Cooperation Agreements  
PMTCT | Prevention of Mother to Child Transmission  
PPP | Public Private Partnerships  
RBM | Results Based Management  
RC | Resident Coordinator  
SWA | Sanitation and water for All  
SWAp | Sector Wide Approach  
UAP | UNDAF Action Plan
### Evaluation

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<td>Baseline Assessment of resources spent on M&amp;E and Statistics in Ghana, 2011</td>
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<td>Analysis of 2012 National Budget and economic policy statement to determine gaps and opportunities for women and children</td>
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Programme Documents