Update on the context and situation of children


Ghana, a lower-middle income country (LMIC), has been recognized for its stable political and socio-economic environment. However, poverty reduction has slowed substantially, with widening inequalities and income disparities across regions, districts, rural and urban areas. Underserved communities, particularly in northern Ghana, are vulnerable to instability in the Sahel region, violence among ethnic groups, and cyclical natural hazards. In the context of the COVID-19 pandemic, economic growth slightly recovered in 2021 to 3.5 percent. The GoG continued to promote economic transformation, job creation, aid in dependence and the collection of domestic tax revenue. The fiscal deficit and debt-to-GDP ratio remain very high, with the latter projected to exceed 80 percent in 2022. This has dire consequences on the fiscal space and needed investment in social sectors. Further efforts will be required to improve efficiency in spending, transparency and accountability, to strengthen the delivery of essential social services.

Ghana was the first country in the world to receive COVID-19 vaccines through the COVAX facility in February 2021. While the goal was to vaccinate 20 million people, global supply limitations and inequity in the vaccine distribution affected the national response. By end 2021, the country had secured over 25 million vaccines through the COVAX facility, AVAT and bilateral donations. With a more stable vaccine pipeline and enhanced cold chain infrastructure, the GoG accelerated vaccinations. By end January 2022, 7 million Ghanaians (36 percent of the target population) had received at least one dose, and 3.8 million people (19 percent) were fully vaccinated. Ghana recorded over 150,000 confirmed cases and around 1,300 deaths.

In this context, UNICEF Ghana prioritized five key results for children (increasing immunization, nutrition, learning outcomes, and ending violence and open defecation), with a focus on gender equality, equity, inclusion and innovation.

Other key developments relevant to children and young people in 2021 include:

**Goal area 1: Every child survives and thrives.** More than 1 million children under one year received the third dose of DTP by November, with zero dose and under-vaccinated children in the hard-to-reach and peri-urban/urban areas prioritised. Immunization cold chain systems were strengthened at all levels across the country. More than 2 million children under five years benefited from the lifesaving Vitamin A supplementation, over 2.5 million adolescent girls benefited from anemia prevention through Iron Folic Acid Supplementation and 350,100 mothers and caregivers of young children received nutrition counselling.

**Goal area 2: Every child learns and acquires skills for the future.** Nearly 9.7 million learners were enrolled following the full re-opening of schools in January 2021, a 5.36 percent increase on pre-pandemic levels. Gross enrolment rates increased at all levels, except kindergarten (KG), including by 3.6 percent for senior high school. Nevertheless, over 1 million primary and secondary school-aged children are not in school, and 25 percent of upper secondary-aged children are out-of-school, with drop-out due to teenage pregnancy rising. Children with disabilities make up 1.6 percent of the school-aged population but account for less than 0.5 percent of children enrolled. Transition rates improved for boys and girls at primary and secondary levels. While female enrollment in SHS reached 48.7 percent, girls’ participation in science, technology, and mathematics lag considerably. The implementation of the Ghana Accountability for Learning Outcomes Project progressed, with Differentiated Learning and Universal Design for Learning being scaled across 10,000 disadvantaged
basic schools. Real-time school-level data capture was mainstreamed into education sector accountability frameworks through the mobile School Report Card (mSRC) application. The geolocations of 18,000 schools were mapped to [www.projectconnect.world](http://www.projectconnect.world), a first step towards ensuring internet connectivity.

**Goal area 3: Every child is protected from violence, exploitation, abuse, neglect and harmful practices.** Attrition rates for sexual violence cases coming to the criminal justice system remain very high. For example, less than 15 percent of the cases filed at the Accra Gender Based Violence (GBV) court ends in guilty verdict through trial. Linkages between social welfare and the criminal justice system remain limited due to low resource allocations to decentralized services. Child marriage, affecting 1 in 5 girls, is linked with pregnancy and the lack of reproductive health services for adolescents. Nine out of ten school-age girls who are married are not going to school. Integrated social services and the social welfare information management system were scaled to 100 districts to improve the accessibility and responsiveness of social services. Approximately 30,423 children (F:16,393) benefitted from case management services in 2021. By October 2021, following COVID-19 disruptions, around 69 percent of births were registered within one year.

**Goal area 4: Every child has access to WASH and lives in a safe and sustainable climate and environment.** Approximately 380,000 people gained access to safely managed water supply, a 30 percent increase on 2020. Advocacy by UNICEF and the Coalition of National NGOs in Water (CONIWAS) supported an increase in WASH sector budget from GHC 320 to 560 million in 2021 – although far less than the targeted 0.5 percent of annual GDP. Household investments in market-based sanitation solutions continued to be facilitated by the government, which endorsed the establishment of a National Revolving Fund for Sanitation, backed by a UNICEF innovative financing approach and supported through the SDG Fund Component 2 and partners.

**Goal area 5: Every child has an equitable chance in life**

For 68 percent of households, income has not recovered to pre-COVID-19 levels with inflation impacting consumption. Social assistance coverage, through the Livelihoods Empowerment Against Poverty (LEAP) programme increased to approximately 350,000 households, reaching 1.5 million people. Over 64,000 people benefited from emergency cash transfers in 2021. However, significant inequities in access to social services prevail between districts. District Assemblies allocated over GHC 3 million in support of integrated social services (ISS). The GoG submitted its 6th and 7th periodic reports to the UN Committee on the Right of the Child (CRC), while national civil society organisations (CSOs) started preparing a parallel report.

**Major contributions and drivers of results**

Aligned with national priorities, the UN Sustainable Development Partnership (UNSDP, 2018-2022), and UNICEF global and regional strategies, UNICEF in Ghana contributed to the following results:

**Goal area 1:** UNICEF played a key role in the deployment of over 25 million doses of COVID-19 vaccinations received through the COVAX facility. UNICEF supported cold chain capacity enhancement through the procurement and installation of ultra-cold chain equipment (36 units), walk-in cold rooms and freezers (20 units), vaccine fridges (420) and freezers (275), and remote temperature monitoring devices (18). This resulted in 89 percent of children under one year receiving a third dose of DTP.

UNICEF supported access to inpatient care for small and sick newborns by establishing 14 special newborn care units (NCUs) in eight regions. Of the 9,633 sick newborns admitted by October 2021, 96 percent survived, and 88 percent of low birth weight and pre-term babies received kangaroo mother care (KMC). UNICEF also supported the rollout of national KMC guidelines in 25 districts and increased the availability of handwashing facilities at NCUs.
The office continued to support the implementation of the Scaling Pneumonia Response Innovations programme. Over 800,000 amoxicillin dispersible tablets were procured, enabling pneumonia prevention and treatment for 62,000 children under five years. UNICEF supported a national oxygen quantification assessment and the policy, guideline, and costed strategy development for medical oxygen. US$ 2.5 million was mobilized for oxygen equipment and supplies procurement.

The Safety Net electronic register and dashboard were developed and tested in four northern regions, enabling real-time data collection on adolescent health. Point-of-Care technologies for HIV Early Infant Diagnosis and Viral Load Testing were piloted and scaled to 10 districts, with 683 HIV-exposed children tested. Forty-one HIV positive babies were diagnosed, of which 31 were put on treatment.

A total of 133,744 children (aged 6-23 months) were reached with micronutrient powders, and 10,437 children with severe acute malnutrition received lifesaving treatment. A school-age nutrition programme was scaled to 800 schools, reaching 227,640 children with health and nutrition services and education for improved dietary practices.

**Goal area 2:** Following the full re-opening of schools in January 2021, UNICEF worked with the Ghana Education Service (GES) to conduct a nationwide “Back to School” (B2S) campaign, reaching 176 districts. This included advocacy with traditional and religious leaders on the return of pregnant schoolgirls and adolescent mothers, and the importance of safe schools, right-age enrolment, and inclusive education. Two million listeners were reached by radio with B2S information and COVID-19 measures, across 8 regions and in 16 local languages. Over 1.8 million children were screened for ill-health and disability in 15,000 KGs nationwide during ‘My First Day at School’ activities.

UNICEF supported the development and rollout of radio-based lessons for KG-Junior High School (JHS) students in Mathematics, Science, English, and Social Studies. Lessons were broadcast on national and private radio stations in 100 districts across all 16 regions, reaching 5 million learners. With UNICEF’s support, the MOE rolled out the Safe School policy and accompanying resource materials. About 90,000 (G:41,519) learners from 833 JHSs in 20 districts were reached with psychosocial skills content. A digital literacy package was developed benefitting 7 million pre-tertiary learners and 338,758 teachers. UNICEF supported 60 national trainers with awareness and planning skills on Education in Emergency (EiE), enhancing Annual District Education Operational Plans in 260 districts.

UNICEF supported mainstreaming of universal design for learning (UDL) principles in in-service and pre-service training content for GES and Colleges of Education. Focusing on inclusive Foundational Literacy and Numeracy, UNICEF equipped 1,260 master trainers and reached about 1,645 primary head teachers and teachers to support Differentiated Learning (DL) in 235 schools in 47 districts across the six new regions. Best practices in UDL were mainstreamed at pre-tertiary and pre-service levels.

The Early Childhood Education (ECE) Policy was launched, and oversight mechanisms were established with 380 education officials oriented. The ECE in-service training package was digitized along with 66 supplementary readers in six languages for quality teaching and learning, and to promote early reading. With UNESCO, UNICEF supported the development of a Comprehensive National Teacher Policy for Ghana. National Standard Operating Procedures were revised, and 126 (F:77) national, regional and district officials were empowered to enhance planning coordination and monitoring of education results.

**Goal area 3:** The National Development Planning Commission (NDPC) included 21 child protection indicators in the National Medium-Term Development Policy Framework (NMTDPF) for 2022-2025. District assemblies allocated over GHC 3 million in support of integrated social services (ISS). UNICEF also supported assessments of performance contracts for all 16 Regional Coordinating Directors and 260 District Assemblies.
UNICEF supported the scale-up of the ISS initiative to 100 districts, including the rollout of the Social Welfare Information Management System (SWIMS), enhancing intersectoral referrals and case management. Over 2,604 social service staff were trained on case management, community mobilization, case referrals, and SWIMS. Over 30,000 children-in-need benefitted from social services under ISS. This included 11,082 children (G:7355) who received inter-sectoral case management services across the 100 districts. Over 960 children living in residential facilities were profiled, and over 1,350 children were reunified with their primary caregiver or provided with family-based care or alternative care services.

UNICEF supported the Ghana Health Services (GHS) and selected NGOs to reach 143,221 adolescent girls with age- and gender-responsive prevention and care services through the Global Programme to End Child Marriage. This included adolescent reproductive health information, sexual and GBV response services, and support to remain in school.

As part of the ongoing Child-friendly Policing Initiative, over 2,000 law enforcement officials were trained on standard operating procedures for handling child victims, witnesses, and offenders. UNICEF supported the Judicial Service to establish eight child-friendly GBV courts and two juvenile justice courts across six regions.

Having dropped to 68 percent in 2020 (from 80 percent in 2019), infant birth registration recovered slightly to 69 percent by October 2021. UNICEF facilitated the decentralization of births and death registration and enhancement of health and civil registration systems’ interoperability.

Messages from traditional and religious leaders from the Ghanaians Against Child Abuse campaign, and the ‘Girlz Girlz Power’ TV talk show, reached over 11 million viewers on TV, 6 million listeners on radio and engaged 1,284,566 people online, raising awareness on child labour, child trafficking, online child safety, child marriage, family-based care and COVID-19 prevention.

**Goal area 4:** The review of the Rural sanitation model and strategy and the assessment of Sanitation financing modalities in Ghana were completed, with key policy recommendations disseminated. The impact study of the Basic Sanitation Fund (BSF) and the mid-term review of the District Sanitation Fund (DSF) - two UNICEF-supported revolving loan schemes for household sanitation financing - provided evidence for national scale up. With UNICEF and development partners support, CONIWAS engaged stakeholders, including a parliamentary select committee, on establishing a national sanitation revolving fund based on the BSF. A national Hand Hygiene for All (HH4A) technical group was established to steer the development of a costed HH4A strategy, to revise the national sanitation policy, and to cost the Open Defecation Free (ODF) strategy for Ghana.

National Menstrual Health and Hygiene Management guidelines for schools were launched in 2021. The National Water Policy was updated and is pending parliamentary review. With support from the Government of Denmark, water supply service options were modelled in eight low-income urban communities in Accra and Kumasi, standing to benefit 60,000 people with safe and sustainable water. UNICEF also supported an independent Sustainability study of water, sanitation and hygiene services in selected schools and communities across the country, with key recommendations. Technical advice was provided to the Government in drafting the Mid-term Development Plan (2022-2025) and the Sustainable WASH Programme Development Plan (2022-2030).

An additional 58,808 people accessed basic sanitation and 188 communities (31,514 people) achieved ODF status with UNICEF support in 2021. WASH infrastructure was improved in 15 schools and 31 health centers and infection prevention and control measures were enhanced in 260 schools and 60 health facilities. Approximately 177,000 people benefitted from hygiene messages, services and supplies, including handwashing with soap, especially in COVID-19 infection epicenters. An additional 6,484 people gained access to safe water supply from newly completed town water systems.

**Goal area 5:** Findings from the UNICEF-supported evaluation of the NMTDPF (2018-2021) and
considerations related to SDGs and Children’s Rights were incorporated into the draft NMTDPF (2022-2025) and related planning guidelines for MMDAs and MDAs. UNICEF supported the Ministry of Local Government, Decentralisation and Rural Development as it prepared the forthcoming National Urban Policy, which includes a section on children. The Government submitted its State Party Report to the Committee on the Rights of the Child and CSOs started drafting an independent report.

UNICEF supported the Ministry of Finance and GHS in health planning and budgeting, developing a Public Finance Management social accountability template and health community scorecard. Townhall meetings were held with CSOs, where youth unemployment was prioritized. Through a social impact hackathon with MEST Africa, UNICEF supported young people in developing solutions to address district planning and budgeting challenges. The 2020 District League Table Report was launched with NDPC, gaining significant media coverage.

UNICEF supported approaches to extend access to the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme, including using mobile money, strengthening core operations, and introducing intersectoral technologies and operating protocols. Partnerships around social accountability with CSOs helped enhance debate around social protection financing. The programme supported high-quality evidence generation on vulnerability, exclusion, and social protection, and established a baseline for the upcoming impact evaluations of LEAP and ISS.

Innovative approaches were developed for GHS maternal and child health home visits for LEAP families. An application programming interface between LEAP, the National Health Insurance Authority and GHS information management systems enabled automatic data sharing to enhance health insurance registration and renewals, health outreach and follow-up. As part of ISS, the National Health Insurance System (NHIS) and LEAP reviewed bottlenecks at national and subnational level limiting access to free insurance for families receiving LEAP allowances. ISS has resulted in a 6-fold increase of LEAP member active enrolment onto the NHIS.

Cross-cutting Areas:

**Emergency preparedness and response.** The office enhanced cross-sectoral emergency preparedness, complying with 98 percent of Emergency Preparedness Planning criteria. UNICEF chaired the Inter-Agency Working Group on Emergencies (IAWGE), fulfilled the role of technical advisor, and influenced interventions improving national capacity on coordination and emergency response. UNICEF led the IAWGE in two rapid risk assessments, responding to flooding and tidal waves in the Upper West and Volta regions of Ghana respectively. The office delivered relief items (including safe water, sanitation and hygiene, health, and education supplies and psychosocial services) benefitting 5,830 displaced persons (1,247 men; 1,697 women; 1,376 boys; 1,510 girls).

Findings from a vulnerability capacity assessment of communities experiencing spillover impacts from instability in the Central Sahel, were validated with 92 stakeholders from Upper East and West Regional Coordinating Councils (RCCs), district assemblies and other decentralized agencies. UNICEF and NDPC staff gained new knowledge on risk-informed programming. The office coordinated with the UNICEF WCARO and other countries in relation to the Sahel crisis spillover to coastal countries. Data was collected, including among vulnerable communities, and shared with the UNCT and partners to strengthen information sharing and joint programming in northern Ghana.

**Social & Behavior Change Communication (SBCC).** UNICEF strengthened vaccine confidence promotion, supporting stakeholders in the development of vaccine demand strategy, misinformation management, SBCC messaging, materials development, and workforce training. For example, over 7 million caregivers were reached with prevention messages, increasing polio vaccine confidence to 79 percent among mothers of children under 5 years of age. UNICEF also led on the development of the National Communication, Advocacy and Crisis Strategy for the introduction of the type-2 novel oral polio vaccine (nOPV2).
Over 81,000 unique callers (51 percent female, mostly adolescents aged 15 to 24 years) accessed the Agoo IVR platform. Text messages were sent to 20 million recipients by MTN and Vodafone (on COVID-19 vaccination, and B2S) using behaviour-driven approaches. Over 2,162 adolescents received counselling services on reproductive health through the Agoo SHE+ Call Center.

UNICEF continued to work with six CSOs partners on community engagement around adolescent reproductive health, lead poisoning, pneumonia, WASH, nutrition and COVID-19. Over 1 million people participated in theatre performances and community discussions in 49 districts across 9 regions. Nine million people were reached through radio messaging, community information centers, posters and social media.

Over 130 SBCC professionals participated in a Knowledge Exchange Seminar, hosted by the University of Ghana with UNICEF support. The seminar focused on SBCC responses to COVID-19, centering on working through drama, engaging traditional and religious leaders, and using digital platforms. Five research abstracts relevant to UNICEF interventions were presented. UNICEF supported 50 national and regional CSOs and government partners to develop capacity by establishing an SBCC professional network with online workshops.

Over 76,000 users joined the U-Report platform in 2021 and contributed to shaping initiatives for young people. U-Reporters in Ghana numbered 212,000 in 2021. Eleven surveys were disseminated, engaging 99,000 adolescents on climate change, mental health, the national budget, adolescent health and nutrition and COVID-19 vaccination. UNICEF developed a chatbot (accessible through U-Report Ghana Facebook and WhatsApp) enabling users to locate nearby vaccination points and receive health information from GHS.

**Adolescents, Youth, and Gender.** UNICEF continued to support a multi-sectoral package of interventions for adolescent girls, reaching 2,664,115 girls with health, nutrition, WASH, education and protection services, empowerment and skills. A thematic analysis of gender equality and adolescent girls, using MICS 2017/18 data generated evidence for policy-advocacy.

A landscape assessment of public and private support systems for young people in Ghana was conducted, engaging a wide cross-section of stakeholders. The assessment (which is pending validation) will inform the development of a national, multi-stakeholder investment roadmap for young people. With support from Louis Vuitton, UNICEF worked with the Ghana Library Authority to pilot ten youth-led engagement centers in community libraries. The centers aim to reach at least 10,000 young people with learning, employability, and empowerment opportunities in 2022. UNICEF also piloted UPSHIFT through school and community platforms, adapting the methodology to reach specific disadvantaged groups, and enabling 400 young people to strengthen their social innovation and employability skills. A virtual youth engagement programme, named #YouthShapeGhana, was launched by UNICEF and Goodwall, engaging 45,000 young people on career development, climate change, mental health, and the national Gender Equality Policy. UNICEF supported the first Local Conference of Youth on Climate (LCOY) in sub-Saharan Africa. The LCOY Ghana produced a national youth statement, which informed young people’s COP26 advocacy. A Youth Climate Council was launched to strengthen youth advocates’ capacities and representation in climate decision-making.

UNICEF’s StartUp Lab graduated 22 social impact companies, offering market-based solutions in education, health, WASH and financial inclusion. UNICEF partnered with the Digital Public Goods (DPG) Alliance, registering three locally-developed solutions as DPGs and advancing five more submissions. With AITI-KACE, UNICEF built awareness on DPGs through the local open-source community. Sourcing datasets from diverse partners, including the Ghana Statistical Service, UNICEF validated and mapped 18,000 school geolocations and 34,878 towns to the global GIGA platform.
UN Collaboration and Other Partnerships

Under the UNSDP, COVID-19 Preparedness and Response Plan, and Socio-Economic Response Plan, UNICEF supported several Delivering-As-One initiatives, coordinated with the UN Country Team and participated in UN joint programmes.

UNICEF contributed substantively to the UNSDP Evaluation, Common Country Assessment, and the next UN Sustainable Development Cooperation Framework. UNICEF chaired the UNSDP Result Area Group 3 on ‘Protected and Safe Environment’, the Inter-Agency Working Group on Emergencies (IAWGE), the UN Programme Criticality Custodian Group, and the UN Operations Management Team. UNICEF participated actively in weekly COVID-19 Oversight Committee meetings, and the UN Communication Group.

UNICEF played a strategic role in development financing in Ghana. Under the SDG Fund Component 2 on Catalyzing Strategic Investment in SDGs, UNICEF promoted a blended finance instrument for increasing household access to sanitation. Under the SDG Fund Component 1 on Reinforcing SDG Financing, UNICEF worked to enhance public financial management for children and health financing.

UNICEF leads or co-leads several sector working groups - including for Health, Nutrition, Education and WASH - and participates in technical coordination groups. Multi-stakeholder partnerships with UN and government helped institutionalize the Food Security and Nutrition Monitoring System, and develop Food Based Dietary Guidelines.

Denmark and Global Affairs Canada supported sustainable health and WASH services benefitting vulnerable families in urban settings. With the Netherlands, UNICEF is scaling financial access to household sanitation. UNICEF convened technical expertise from multiple organisations to operationalize the child protection digital forensic lab and to enhance national response capacity to online child sexual exploitation and abuse.

With the Mastercard Foundation, UNICEF worked to improve quality and resiliency in education. UNICEF also worked with the World Bank to monitor the implementation of Accelerated Funds for COVID-19 response from the Global Partnership for Education. The Ghana Broadcasting Corporation joined UNICEF in increasing public awareness on maternal and child health and other issues through education programmes broadcast on seven television channels and 16 radio stations. Partnerships with Viamo centered on experimental behavioral science research and, with MTN, enabled COVID-19 prevention, vaccination, and B2S messages to reach 20 million recipients.

UNICEF jointly advocated with H.E. The First Lady of the Republic of Ghana, Madam Rebecca Akuffo-Addo, to promote nutrition for young children and adolescents. Influencers spurred uptake of IFA supplements reaching 2.5 million adolescent girls. UNICEF also worked with the Food and Drug Authority to tackle the advertisement of unhealthy foods. Over 40 businesses were engaged to support Family Friendly corners at workplaces and breastfeeding. A partnership with Louis Vuitton supported youth skilling through education and community platforms, including seed-funding for youth-led innovation.

In 2021, the International Year for the Elimination of Child Labour, UNICEF cooperated with the GoG, European Union, and private sector to promote transformative and sustainable progress in tackling child labour in agriculture, especially in the cocoa sector.

With the World Resource Forum, UNICEF explored a potential PPP to mobilize resources from the extractive sectors, for children and young people. Similarly, civil society partnerships, such as with Duke University, enabled piloting of behaviour insights and human-centered design methodologies.
Lessons Learned and Innovations

The country office invested in several research and evaluation products in 2021, generating valuable lessons learned, which were considered in the development of the next country programme of cooperation. For example:

- The UNICEF-supported research entitled “Citizens’ knowledge and perceptions about poverty, vulnerability and social protection in Ghana: a baseline study” examined understanding, perceptions and attitudes about poverty and vulnerability, and participation in social protection programmes. The study, which was nominated for the Best of UNICEF Research 2021, recommended better public sensitization about the causes of poverty and vulnerability. It sought to address what was suggested to be a common confusion that poverty and vulnerability are synonymous, and to highlight circumstances at various stages in life, which could render anyone poor or vulnerable. The study also identified the importance of securing an adequate institutional and legal basis for reliable financing, rights-based messaging, grievance, and redress mechanisms. It highlighted the need to secure the quality of existing programmes, the adequacy benefits, expanded coverage, and streamlining targeting mechanisms to reduce inclusion and exclusion errors. It also suggested developing universal social programmes in the long run, while in the short run ensuring adequate coverage for citizens considered more vulnerable or prone to poverty. The study also recommended that social protection strategies should be specific to the needs of urban and rural populations, and that poverty and vulnerability are not mainly a rural phenomenon.

- In Ghana, high levels of neonatal and maternal mortality are prevalent despite high antenatal care attendance, skilled delivery and post-natal care coverage. UNICEF therefore supported an assessment of Emergency Obstetric & Newborn Care (EmONC) to explore possible causal links behind mortality and quality of care. The survey was implemented by GHS across 1,713 facilities in all 16 regions, and revealed that only 136 facilities (less than 10 percent) were compliant with EmONC standards. Over 60 percent of facilities lacked adequate supplies, equipment & drugs and 99% of facilities designated as delivery points were missing at least one signal function. Similarly, an assessment of Kangaroo Mother Care (KMC) standards across 25 districts of the Ashanti Region showed that only 40% facilities had dedicated space for KMC, and 88% of health staff had no formal training in this area. Moreover, 60% of newborn care units had no handwashing and toilet facilities. Both assessments highlight the improvements needed to improve quality of care levels.

- A formative and summative evaluation of the Government of Ghana and UNICEF’s Child Protection Programme (2012-2019) was finalized in 2021. Stretching across two programme cycles, the evaluation covered implementation at national and sub-national levels, collecting evidence of changes in the child protection system, and working backwards to determine whether and how UNICEF contributed to those changes. The evaluation aimed to clarify the changes in child protection in Ghana that have been brought about by UNICEF’s programming, and to determine whether the current programme has the right strategic focus to contribute to strengthening the child protection system moving forward. It identified three key lessons.
  o Firstly, building a fully functioning child protection system involves not only the introduction of a legislative framework, but also effective governance structures; a continuum of services, human, financial and infrastructure resources; robust data collection and monitoring systems; minimum standards and oversight and mechanisms for child participation and community engagement. These require long-term commitment to raise public awareness, train stakeholders on new policies, laws and practices, and ensure their full implementation. It can take over three or more country programme cycles to strengthen systems and reach a level of maturity.
Secondly, the identification and appropriate referral of cases is essential to the systematic delivery of effective response services. This requires both effective referral processes and widespread training and awareness raising over time. Education and health services are the most likely to encounter children who have suffered or are at risk of suffering from violence, abuse, neglect or exploitation. These services therefore require repeated and continued training to understand and utilize the referral process.

Thirdly, significant improvement has been made over time in attitudes and practices across a range of issues, such as the placement of children in residential care or in boarding schools. There has been less attitudinal change regarding the use of corporal punishment and towards child marriage in rural and less educated communities. The latter lesson was also supported by the ‘Multi-Country Evaluation of Community Engagement to End Child Marriage in Ghana (2016-2019)’, conducted in 2020-2021, which noted that community mobilization, capacity building for the social service workforce, and referrals between services remain a challenge and require additional investment. More targeted interventions will be needed, especially in the regions showing slower progress towards ending child marriage.

An operational research titled ‘Understanding the impacts of a targeted toilet subsidy in Ghana’ was undertaken by UNICEF and WASH Partnerships and Learning for Sustainability (WASHPals). It reviewed the appropriateness and effectiveness of targeting criteria for the ‘pro-poor’ grant component of the District Sanitation Fund (DSF). The DSF is a revolving loan scheme that provides small loans to households and sanitation businesses with flexible payment terms and subsidized interest rates. Its social support scheme enables households from the poorest quintile to build household latrines at no cost. Eligible households are selected based on a comprehensive ‘ground truthing’ criteria intended to identify only the households that would be unable to build latrines without external support. The research tested the reliability of criteria, finding that of the 508 households identified for support, 444 (86 percent) met the eligibility criteria. It also found that of the 444 households, 441 (99 percent) built toilets and sustained their use. The research found therefore that the targeting criteria was adequate, and funds were utilized for the outcome intended. It also showed that only a small proportion of the poorest households require subsidies, and that the majority of household can avail of small capital loans where available and affordable. The research also strongly supported advocacy for the establishment of a national revolving fund to support access by households to affordable sanitation.