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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ghana

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Ghana for the period 1996 to 2000 in the amount of $15,000,000 from general resources, subject to the availability of funds, and $26,828,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $650,000 to fund the approved country programme for the period 1991 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. After 11 years of military rule, presidential and parliamentary elections were held in 1992. Elections for district assemblies were also held. However, devolution of budgetary authority and other responsibilities is only beginning, and capacity at the district level remains low.

2. Ghana's economy is one of the fastest growing in Africa, with a growth of 5 per cent per annum during the 1990s. Structural adjustment policies of the mid-1980s have reduced inflation and, combined with the easing of controls on the private sector, have revitalized both domestic and foreign investment in the country. However, there have not been significant improvements in the lives of most Ghanaians. Improvement in the per capita gross national product has been slow. Infant mortality, under-five mortality and adult literacy rates have not improved significantly, even though Ghana has pursued social development policies designed to protect vulnerable groups from the adjustment process. Hence the Government and a number of donors are re-examining how social and economic development can be accelerated with limited resources. The Government's accelerated growth strategy recognizes the need for expanded investment in education and health to ensure more rapid and sustainable economic growth.

3. The situation of children in Ghana remains serious despite some improvements in recent years. The infant mortality rate (IMR) is estimated at 103 per 1,000 live births and the under-five mortality rate (U5MR) at 170 per 1,000 live births. Approximately 50 per cent of infant deaths occur in the neonatal period. Mortality among one- to four-year-olds declined between 1988 and 1993 for both males and females. Further reductions in under-five mortality will require attention to child-care practices, food security and disease control. According to government sources, the maternal mortality rate (MMR) has fallen from the 1970 level of 1,000-1,500 per 100,000 live births to 214 per 100,000 live births in 1991-1992.

4. The strengthening of district health systems, supported by the World Health Organization and the Overseas Development Administration (ODA) (United Kingdom), has, for example, increased expanded programme on immunization (EPI) coverage by 5 per cent between 1992 and 1993. The proportion of children under five years of age receiving oral rehydration therapy (ORT) and oral rehydration salts (ORS) has risen to almost 44 per cent. Hence Ghana should be able to achieve and sustain the decade goals as set out in the national programme of action (NPA).

5. The nutritional status of children in Ghana appears to have improved between 1986 and 1991, although chronic malnutrition remains high at 27 per cent. The high prevalence of micronutrient deficiencies (vitamin A and iodine) and protein-energy malnutrition have probably limited progress in reducing under-five mortality. Poor families comprise 36 per cent of the population and spend almost 70 per cent of their incomes on food. Combined with relatively less access to health services, these nutrition factors contribute to higher mortality and morbidity rates in the north.

6. While some morbidity indicators, including those for measles and neonatal tetanus, have improved, the indicators for cholera, acquired immune deficiency syndrome (AIDS), yaws and malaria have worsened. Although people's health awareness has increased, some health practices are slower to change. Although 80 per cent of the population have knowledge of ORT, only 44 per cent use ORT. Approximately 80 per cent of the population have some knowledge of family planning, but only 13-15 per cent practise family planning. Approximately 2 per cent of Ghana's population were infected with the human immunodeficiency virus (HIV) in 1993, with about 12,000 cases of AIDS. AIDS could become the major cause of death for both adults and children, unless most people change their practices.

7. Many people recognize that improving the participation of girls and the poor is essential to reducing gender, education and economic disparities. The gross enrolment rate in primary school is 77 per cent. However, girls are far more likely to be out of school or to drop out, and two thirds of all illiterates are female. This disparity is acute in the northern regions. In the first phase of Ghana's education reform, basic education was restructured and rehabilitated through dramatically higher budgetary allocations. These reforms have not, however, significantly transformed the behaviour of teachers or the learning achievements of students. Some 90 per cent of children finish primary school without being able to read or perform simple arithmetic. Thus, the second phase of the reform involves improvements in curriculum, school management, teacher effectiveness and reaching those out of school.

8. Ninety per cent of Ghana's rural population live in approximately 16,000 communities, each consisting of between 100 and 5,000 people. Water-borne diseases such as typhoid, cholera, schistosomiasis and dracunculiasis (guinea worm disease) are serious problems. Cases of dracunculiasis have declined by 90 per cent between 1990 and 1993 due to an intensive eradication effort which relies on community-based surveillance. National rural water supply coverage is about 46 per cent, using piped water, hand-pumps installed on boreholes and hand-dug wells. Many piped water supplies are intermittent and some 30 per cent of the hand-pumps installed are not operational. Thus, effective coverage is about 20 per cent.

9. The draft National Development Policy Framework, prepared in early 1994, clearly identifies the decade goals of the NPA as national development priorities. The Ministry of Education has developed a national policy paper on basic education reforms for the year 2000 as a follow-up to the NPA. The Ministry of Health prepared a multi-sector strategy for "Health for All Ghanaians". The World Bank, ODA, Save the Children (United Kingdom) and UNICEF are assisting in these efforts. The World Bank is exploring with the Government ways to integrate the NPA with longer-term social sector development priorities. The Government, through the National Development Planning Commission, the Ministry of Local Government and Rural Development and the Ministry of Food and Agriculture, is preparing more comprehensive and integrated activities in nutrition and household food security.

10. The situation of children in urban areas is also of concern. A disease mapping exercise in Accra revealed significant disparities in terms of morbidity and mortality. High population density, poor sanitation and low incomes are important factors in these disparities. Increasing stress on families, the growth of urban gangs or "bases" and persistent poverty are contributing to the deterioration of the situation of many urban children and women.

11. The eruption of ethnic tensions in 13 districts in the north-east in early 1994 resulted in about 15,000 deaths, the destruction of 450 villages and 150,000 homeless persons. The army's rapid response quelled the fighting. Donors and non-governmental organizations (NGOs) provided seeds, tools and other support in time to avert serious food shortages. However, many people continue to feel the desire for revenge. Ghana also continues to host about 20,000 refugees from Liberia and Togo.

PROGRAMME COOPERATION, 1991-1995

12. The objectives of the 1991-1995 country programme included: (a) reduction of U5MR by 16 per cent to approximately 134 per 1,000 live births in 1995; (b) reduction of MMR by 25 per cent; (c) improved access to basic education and improved literacy for women; (d) enhanced capacity for planning and social development, particularly at district and community levels; and (e) enhanced health knowledge, especially among mothers, of Facts for Life messages. The NPA

and the joint Government/United Nations Development Programme (UNDP)/UNICEF Human Development Strategy provided a sharp focus for the programme of cooperation. There has been progress towards these objectives. Recent studies show reductions in U5MR and MMR and increases in primary school enrolment. Institutions and systems are stronger; they now provide a basis for accelerated and sustainable improvements.

Health

13. The health programme helped to (a) establish a sustainable EPI and ORS delivery system; (b) support one district in each region to develop primary health care (PHC); and (c) improve safe delivery practices in three regions. More immunizations than ever before were provided for all antigens, and strengthened PHC systems will help to sustain the increase in coverage. ORS and ORT use improved; the prevalence of dracunculiasis decreased; and iodized salt production was begun, as well as a national safe motherhood programme.

14. The Government and other key donors lacked consensus regarding the role of campaigns in building sustainable systems for EPI. UNICEF responded with support for a more integrated approach to health development. The adjustment opened the way for greater UNICEF access to, and involvement in, the health policy process. UNICEF has provided most of the inputs for EPI and ORS production, and also made essential drugs, clinical equipment and transport available. Although these types of support continue, UNICEF efforts also focus much more on training, particularly at the policy and district and subdistrict levels in support of PHC.

15. The shift of UNICEF assistance from a strong focus on service delivery and supply of materials and equipment to one which increasingly also addresses capacity-building and systems development has demonstrated potential. UNICEF, along with others, helped to develop a national health strategy, which effectively serves as the health sector's implementation plan for the NPA and involves the collaboration of donors.

Basic learning

16. UNICEF assistance focused on primary education, non-formal education and early childhood development (ECD). UNICEF supported the incorporation of Facts for Life into the primary school curriculum and readers for literacy programmes; the development of the policy paper which leads to the second phase of education reform; a baseline study on early childhood care; and the revision of ECD guidelines.

17. Lessons learned during programme implementation brought forth more UNICEF support for community-based alternatives to pre-schools; greater attention to the quality of education in order to reduce drop-outs, particularly among girls; and support of literacy and preventive health care for illiterate women.

Water supply and sanitation

18. The programme demonstrated that small-scale facilities can be built and managed by communities themselves with a minimum of external support. UNICEF supported training on the construction of hand-dug wells, village-level operation and maintenance of pumps, hand-drilling techniques and dracunculiasis eradication through the provision of chemicals, filters and funding for social mobilization. UNICEF also assisted with the construction of household ventilated improved pit (VIP) latrines with inexpensive local materials.

19. UNICEF participated in the formulation of both the dracunculiasis eradication programme and the national rural water supply strategy. Many

appropriate technology approaches supported by UNICEF have become the foundation for national strategies to achieve and sustain NPA goals.

Social mobilization and advocacy

20. Social mobilization activities helped to increase EPI coverage in 1990 and 1991, although a subsequent decline in coverage highlighted the need to develop more sustainable approaches. These activities were linked to national, regional, district and local committees. An evaluation concluded that institutional barriers and the fact that these committees ran parallel to other structures were important reasons for shifting activities to the social sector subcommittees of district assemblies.

21. UNICEF advocacy was successful in that Ghana was the first country to ratify the Convention on the Rights of the Child, and was one of the first countries in Africa to develop an NPA in response to the World Summit for Children. UNICEF cooperation with the International Club of Journalists for Child Rights brought continuous press coverage of children's issues. Increased advocacy with NGOs and religious and traditional leaders raised public consciousness of children's issues. The Ghana National Commission was assisted with its capacity-building needs and for special events related to children.

Planning, monitoring and evaluation

22. Activities included a national survey of IMR, U5MR and MMR to provide a baseline for decade goals; preparation of the NPA; preparation with UNDP of a Human Development Strategy for Ghana; and preparation of the 1994 situation analysis with the National Development Planning Commission. Support was also provided to the 1992 EPI/ORT coverage survey and the multi-donor evaluation of the programme to mitigate the social consequences of structural adjustment.

23. The social mobilization evaluation and the mid-term review helped to adjust the country programme. For example, in order to improve management systems and programme performance, a revision of monitoring systems for annual project plans of action and UNICEF financial inputs was undertaken.

Emergencies

24. UNICEF responded to government requests for assistance to 15,000 Liberian and more than 5,000 Togolese refugees through the provision of supplies of Weanimix (high-protein weaning food supplement), water purification systems, water tanks and drug kits. In response to the ethnic conflict in the north in early 1994, UNICEF assisted with needs assessments, medical supplies, seeds and tools. UNICEF also provided support for a consortium to coordinate NGO responses to the crisis.

Lessons learned

25. There is a need to increase emphasis on policy dialogue with the Government and other donors, for example, priorities for capacity-building have not been adequately addressed. These priorities include the strengthening of existing institutions, stronger linkages among programmes and improved monitoring and use of data at all levels. In terms of empowerment strategies, there needs to be more integrated efforts to benefit women and girls and a stronger focus on disadvantaged and marginalized groups, particularly in urban areas. These lessons have greatly influenced the reorientation of the current country programme and the strategy for the new period of cooperation.

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995	Additional funding proposed Total
1991-1995	12 810	650	650

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

26. The Ghana country programme for the period 1991-1995 was approved by the Executive Board with an allocation of $11,625,000 from general resources (E/ICEF/1991/P/L.7). Based on the availability of general resources and the reassessment of data on IMR and U5MR, the annual planning level was increased from $2,325,000 to $2,558,000 for the period 1992-1993, and to $2,600,000 for 1994. To cover revised planning levels and to facilitate accelerated implementation, the Executive Board approved an amount of $1,184,551 in 1994 (E/ICEF/1994/P/L.31). As part of the annual reassessment of indicators in 1994, the annual planning level was revised upwards by $400,000 to $3,000,000 for 1995. In addition, general resources in the amount of $250,000 are needed to assist the Ministry of Health to accelerate activities related to the achievement of the mid-decade goals. Therefore, a total of $650,000 is needed in 1995 to cover the increase in the planning level. The additional resources will be used for the strengthening of PHC systems to improve service delivery for EPI, the initiation of salt iodization activities, the acceleration of the dracunculiasis eradication programme, the promotion of the Baby-Friendly Hospital Initiative, support to social mobilization efforts for increasing the use of ORT and for the national safe motherhood programme.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Recommended programme cooperation a/

(In thousand of United States dollars)

	General resources	Supplementary funds b/	Total
Health	4 075	8 353	12 428
Human resource development	2 280	7 310	9 590
Water supply and sanitation	1 299	3 155	4 454
Food security and nutrition	1 455	2 415	3 870
Community-based policy development	1 675	1 930	3 605
Social mobilization	1 426	1 915	3 341
Social research and NPA monitoring programme	1 540	1 175	2 715
Programme support	1 250	575	1 825
Total	15 000	26 828	41 828

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

27. Planning for the proposed 1996-2000 country programme has fully involved government partners, other United Nations agencies and bilateral donors. This participation was responsible for the strong consensus on the problems to be addressed, the strategies selected and the role of UNICEF support in complementing the efforts of the Government and other donors. The harmonization of the Government, UNDP, the United Nations Population Fund and UNICEF programme cycles in 1996 and the formulation of a country strategy note in 1995 will strengthen collaborative efforts among United Nations agencies.

28. Workshops on trends in the well-being of children and women were held prior to the mid-term review. The mid-term review consisted of a series of two-week evaluations of UNICEF assistance to each of four programmes and a needs analysis related to community and urban activities. Following the mid-term review, a strategy paper was prepared in conjunction with a plan for the pursuit of the mid-decade goals. The strategy was based heavily on the themes presented in the multi-donor evaluation of UNICEF and preliminary findings of the situation analysis. In April 1994, the strategy and programme structure were agreed upon, and a draft master plan of operations was prepared in July 1994.

Objectives and strategy

29. With reference to the Government's overall development strategy, the 1996-2000 country programme aims to improve the coverage and delivery of social services in health, education, water supply and sanitation and household food security in order to reach the most vulnerable families. The Government will use UNICEF cooperation to complement the activities of other donors in selected geographical locations. To complement its assistance for service delivery, UNICEF will also contribute to building of capacity for policy analysis, planning, social research and programme communication for behavioural change. A third element of the strategy is to reinforce community participation as a key foundation for sustained programme delivery and to empower the rural and urban poor, especially women, through the transfer of knowledge and skills, and the promotion of group organization and participation. Programme cooperation will also advocate for human and child rights, especially for women and girls and other disadvantaged populations. The building of partnerships for children and women will be sustained and enriched within the programmes of health, human resources development, water supply and sanitation and food security and nutrition through dialogues on policy, community development, social mobilization, social research and monitoring and evaluation.

30. The country programme strategy is based on a conceptual framework in which the key factors underlying child survival and growth include: (a) access to food; (b) proper care for children and women; and (c) access to quality health services and a healthy environment.

31. The World Summit for Children goals, as set out in the 1992 NPA entitled "The Child Cannot Wait", and the draft National Development Policy Framework of the Government of Ghana are the principal references for the proposed country programme. Through advocacy for the improved use of government, donor, NGO and UNICEF resources, the country programme aims to contribute to: (a) the reduction of IMR and U5MR by 40 per cent, from 103 to 60 per 1,000 live births and from 170 to 100 per 1,000 live births, respectively; (b) the reduction of MMR to approximately 200 per 100,000 live births; (c) the reduction by 50 per cent of severe and moderate malnutrition among children under five years of age; (d) the provision of universal access to basic education and completion of primary education by at least 80 per cent of children aged 6 to 11 years; (e) the reduction of adult female illiteracy by 50 per cent; (f) an increase in safe water supply coverage to 90 per cent of the rural population by 2010; (g) an increase in access to sanitary means of excreta disposal to 90 per cent of the rural population (by 2010); (h) the reduction in the proportion of children in especially difficult circumstances; and (i) widespread acceptance and observance of the Convention on the Rights of the Child.

Health

32. The health programme aims to establish a decentralized district health system in three regions with a cost-effective package of services in every district. UNICEF will also cooperate to strengthen the capacity of the health system, particularly at the subdistrict level. This strategy will help to reduce vaccine-preventable diseases by 70 per cent through 90 per cent immunization coverage for infants. Other objectives include the eradication of poliomyelitis, the reduction of deaths due to acute respiratory infections (ARI) and the prevention of 50 per cent of deaths currently due to diarrhoea. The incidence of diarrhoea should decline by 25 per cent. Ghana should achieve the eradication of dracunculiasis and the elimination of iodine and vitamin A deficiencies, along with the reduction of anaemia among pregnant women by 50 per cent. All pregnant women will have access to prenatal care, referral services and trained attendants during birth delivery. UNICEF will also support the empowerment of all women to exclusively breast-feed for six months and to continue breast-feeding for a second year.

33. UNICEF assistance will help at the national level to improve project coordination and provide service coverage in three regions with 25 to 30 districts. In child health promotion, activities will focus on strengthening service delivery in EPI; training for health workers in the management and treatment of cases of ARI, diarrhoea, malaria and malnutrition; cold chain and logistics infrastructure; and support for health education and promotion. For the implementation of a basic health care package, UNICEF support will cover improved management and coordination at the subdistrict level; strengthening of community participation and co-financing; improved community-based disease surveillance; and reinforcing community capacities for home-based care, particularly for AIDS patients.

34. UNICEF will also support improved antenatal delivery and post-natal care through effective case management at health centres. The programme will improve referral mechanisms, the management of equipment, drugs and supplies, health education and supervision and training, particularly for traditional birth attendants.

Human resources development

35. The programme aims to improve the quality of basic education, to promote learning and to reduce the number of drop-outs as part of a strategy to ensure access to education and literacy for all. UNICEF will assist in providing girls and women with the key resources they require, notably information and access to credit, for becoming more active in their own development. Coverage will focus on selected communities in five districts. Specific targets are to reduce by one third gender disparities in enrolment and to increase literacy among women by one third. A target for both girls and boys is to have at least 60 per cent of those leaving primary school achieve functional literacy. As a result of improved economic and social status, women should be better able to care for and educate their children. Improving the health and well-being of children aged 0-10 years should help them succeed in primary education.

36. The new country programme will encompass a strategy of human resource development. Basic education will serve as a platform for sustainable growth and development. Strengthening basic education policies and strategies is a major priority. Three other initiatives will focus on activities at district and community levels in the selected areas. The child-school-community project will provide an example of improving the quality of basic education through intensive community participation and local intersectoral linkages. The credit with education for rural women project and the child care and ECD project will need supplementary funding for the provision of small-scale credit to enhance women's incomes and to improve child care and ECD. The ECD project will be linked to national activities such as the training of all childhood educators. By documenting programme experiences in selected communities, UNICEF will promote the adoption of similar approaches nationwide.

Water supply and sanitation programme

37. The programme will contribute to building capacity at all levels to formulate and implement policies on providing sustainable water supply and sanitation services to the poorest, most underserved communities. To strengthen sustainability, the programme will promote community ownership, co-financing and management, the active involvement of women, the provision of goods and services by the private sector, and promotion and support from the public sector. The strategy combines the provision of water, sanitary facilities and hygiene education with primary environmental care in four districts in the eastern, northern, upper-east and upper-west regions. Increased community awareness and responsibility will be used to address major public health problems related to poor environmental sanitation and hygiene. Targets include increasing the per capita consumption of clean water from 15 litres to 25 litres daily through the

construction of 600 hand-dug wells fitted with hand-pumps, 1,000 hand-dug wells and 100 boreholes. These facilities should reduce the workload of women and children in carrying water over long distances. In sanitation, targets are to construct 1,200 household VIP latrines and other appropriate facilities and to establish a revolving fund for improvement of sanitation, with women involved in service delivery. The programme will strengthen new institutional structures under the Government's national community water supply and sanitation programme, particularly at the district level. It will also build the capacity of the sector at all levels to plan, manage and monitor services in partnership with the private sector and NGOs.

38. For demonstration purposes, the programme will operate in communities with between 75 and 2,000 inhabitants. Priority will be given to districts where dracunculiasis is endemic, overlapping, wherever possible, with the districts of the community-based development programme.

Food security and nutrition policy

39. The programme will strengthen the institutional capacity of the National Development Planning Commission and the Ministry of Food and Agriculture with respect to analysing the impacts of national policies on household food security and nutrition. UNICEF will support the development of a national food security and nutrition policy based on the UNICEF global nutrition strategy. This strategy should lead to increased public awareness of nutrition and food security as a multisectoral issue. Activities will include: (a) advocacy and social mobilization to raise public awareness of the importance of nutrition in the prevention of diseases and the reduction of under-five and maternal mortality; (b) strengthening national capacity to support districts and communities in achieving sustainable food security; and (c) strengthening linkages between policies at the national level and impacts at the community level.

40. UNICEF will provide technical assistance to the National Development Planning Commission, the Ministry of Food and Agriculture and other national institutions through the International Food Policy Research Institute. A senior researcher from the International Food Policy Research Institute will assist in strengthening capacity for research and policy analysis. The community-based development programme will include complementary village-level pilot activities.

Community-based development

41. The programme will orientate planners and mangers at all levels to the principle that communities are the main implementing partners in development. Therefore, UNICEF will help to increase the capacity of the Ministry of Local Government and Rural Development, particularly district and local administrators, to support community-based initiatives in both rural and urban areas. UNICEF will cooperate to strengthen community capacity to find solutions to development problems. UNICEF will advocate use of the assessment, analysis, action ("triple A") approach using local government, NGOs and extension service staff as facilitators with communities. UNICEF will also support assessments to permit the community-based approach to be adopted as national policy.

42. The programme will cover three rural areas and one poor urban area. The involvement of national institutions, such as the Ministry of Local Government and the National Development Planning Commission, should create strong linkages between this programme and the food security and nutrition policy programme. Activities will focus on child care, especially breast-feeding, income generation, preventive health, household food security and urban street children and working children. Evaluation indicators will include the reduction of the number of severely malnourished children, the incidence of low birth weight, the

increase in the coverage of services and the increase in the involvement of community committees in development activities.

Social mobilization programme

43. The programme will strengthen media reporting on and advocacy for child rights and increase the capacity of NGOs to communicate Facts for Life messages to communities. Equally important will be UNICEF support to strengthen government capacity to communicate effectively with the public and enhance the ability of the Commission on Children to advocate on behalf of children. Advocacy efforts will use data on children from the social research and NPA monitoring programme. A specific challenge will be to change attitudes and practices in order to reduce HIV transmission. The strategy will include improved collection, storage and retrieval of data on children, particularly regarding attitudes and practices. UNICEF will support activities within each programme through technical assistance and training.

Social research and monitoring

44. The priority is to strengthen national capacity in research on socio-economic indicators related to children and women. A related priority is to strengthen the capacity of the National Development Planning Commission, the Commission on Children and selected district assemblies in monitoring progress towards the NPA goals. UNICEF will provide technical support to selected district assemblies and district administrations to strengthen their capacity to collect and use data, so as to better target and improve basic services for children and women. UNICEF will support (a) social policy research on the status of children, e.g. the food security and nutrition policy programme; (b) processing information for advocacy, in conjunction with the social mobilization programme; (c) monitoring the progress of districts using community-based approaches, in conjunction with the community-based development programme; (d) strengthening collaboration between the Government, universities and NGOs; and (e) publication of reports on the status of children.

Programme management

45. An estimated $1,250,000 in general resources and $575,000 in supplementary funds will be used to support UNICEF office operations. Funds for each programme include support for project staff and logistics. UNICEF support for AIDS and food security and nutrition policy activities require two additional posts, which are contingent on securing supplementary funds.

46. The Ministry of Finance will remain the coordinating ministry for UNICEF cooperation and will help to ensure the allocations of government resources to support the programme. Government officials at national and district levels will be integral to project planning, implementation and monitoring.

Monitoring and evaluation

47. A detailed monitoring and evaluation plan has been drawn up to cover all programmes. Indicators that are readily accessible will be used for monitoring. Key indicators that are not readily available will be obtained through studies. These data, together with experiences from community activities, will be used to refine planning and targeting for programmes, as well as for advocacy. Specific programme evaluations will include surveys on EPI and ORT coverage and the elimination of dracunculiasis. Multiple indicator cluster surveys will be conducted during the first quarter of 1996 to evaluate the achievements of the mid-decade goals. A process evaluation of the country programme will be conducted as part of the mid-term review in 1998. Annual project plans of action with budgets will be prepared by UNICEF and Government agencies. The annual plans will be monitored on a monthly basis.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ghana	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	170	(1993)	Very high U5MR
Infant mortality rate	103	(1993)	Very high IMR
GNP per capita	$ 450	(1992)	Low-income GNP
Total population	16.5 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	403	495	649	683
Infant deaths (under 1)	(thousands)	45	47	67	70
Under-five deaths	(thousands)	75	77	110	116
Under-five mortality rate (per 1,000 live births)		187	157	170	170
Infant mortality rate (under 1) (per 1,000 live births)		112	96	103	103

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1988)	Moderate & severe	..	27
	Severe	..	6
Babies with low birth weight (%, 1988)		..	17
Primary school children reaching grade 5 (%, 1980/1991)		83	69

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1988)	..	2
Timely complementary feeding rate (6-9 mos.) (%, 1988)	..	57
Continued breast-feeding rate (20-23 mos.) (%, 1988)	..	52
Prevalence of wasting (0-59 mos.) (%, 1988)	..	7
Prevalence of stunting (0-59 mos.) (%, 1988)	..	31
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	76	93
Total goitre rate (1993)	..	10
Household expenditure (% of total income, 1980-1985)	All food/cereals ..	50 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1992)		3	44
Access to health services	Total	..	60
(% of population, 1985)	Urban/rural	.. / ..	92 / 45
Access to safe water	Total	45	57
(% of population, 1980/1992)	Urban/rural	72 / 33	76 / 46
Access to adequate sanitation	Total	27	29
(% of population, 1980/1992)	Urban/rural	47 / 17	61 / 11
Births attended by trained personnel (%, 1993)			59
Maternal mortality rate (per 100,000 live births, 1984)		1000	..

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	67	41	81	70
	DPT	22	23	57	48
	Polio	25	18	56	47
	Measles	23	..	60	50
Pregnant women (%) immunized against:	Tetanus	11	2	33	6

TABLE 1 (continued)

Ghana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	80 / ..	77 / ..
	Male	89 / ..	84 / ..
	Female	71 / ..	69 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	41 / ..	38 / ..
	Male	51 / ..	47 / ..
	Female	31 / ..	29 / ..
Adult literacy rate, 15 years & older (%, 1985/1990)	Total	53	60
	Male/female	64 / 42	70 / 51
Radio/television sets (per 1,000 population, 1980/1991)		158 / 5	268 / 15

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	8612	10736	15020	16446	20172
Population aged 0-15 years	(thousands)	4116	5058	7142	7830	9364
Population aged 0-4 years	(thousands)	1561	1904	2746	2927	3377
Urban population (% of total)		29.0	31.2	34.0	35.5	39.2
Life expectancy at birth (years)	Total	49	52	55	56	59
	Male	47	50	53	54	57
	Female	51	53	57	58	61
Total fertility rate		6.7	6.5	6.2	5.9	5.3
Crude birth rate (per 1,000 population)		46	45	43	41	38
Crude death rate (per 1,000 population)		17	15	12	12	10

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988)		..	13
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.1	3.3
	Urban	3.3	4.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		-0.8	-0.1
Inflation rate (%, 1970-1980/1980-1992)		35	39
Population in absolute poverty (%, 1987)	Urban/rural	.. / ..	59 / 37
Household income share (%, 1989)	Top 20%/bottom 40%	.. / ..	44 / 18
Government expenditure (% of total expenditure, 1988)	Health/education	.. / ..	9 / 26
	Defence	..	3
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / ..
Official development assistance: (1981/1992)	$US millions	145	626
	As % of GNP	1	9
Debt service (% of goods and services exports, 1982/1992)		10	17

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1995 a/

COUNTRY: GHANA
LATEST BOARD APPROVAL: 1991
GENERAL RESOURCES: $12 809 551

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	1 913	2 752	170	231	389	9	867	874	3 339	5 263	3 866	7 333	7 205	12 596
Water supply and sanitation	1 236	186	134	75	37		593	17	2 000	1 479	278	2 032	2 278	3 511
Education	304	81	418	99	252		475	223	1 449	1 925	403	3 463	1 852	5 388
Women-centred programme	2		31				93		126				126	
Social mobilization and advocacy	318	18	119		49		385		871	1 305	18		889	1 305
Planning and social statistics	117		24				672		813	854			813	854
Programme support	320	9	63	12	1 466		782	129	2 631	1 984	150		2 781	1 984
Emergency	73		35				171		279				279	
GRAND TOTAL	4 283	3 046	994	417	2 193	9	4 038	1 243	11 508 b/	12 810 c/	4 715	12 828 d/	16 223	25 638

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.

c/ Including additional general resources of $1 184 551 (E/ICEF/1994/P/L.31).

d/ Of this amount, $5,822,930 remains unfunded.

/....

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: GHANA **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health	GR	835	834	757	802	847	4 075
	NSF	2 833	2 038	1 756	883	843	8 353
Human resource development	GR	456	456	456	456	456	2 280
	NSF	1 530	1 540	1 540	1 360	1 340	7 310
Water and sanitation	GR	273	273	236	246	271	1 299
	NSF	642	663	670	617	563	3 155
Community-based and development	GR	329	329	339	339	339	1 675
	NSF	450	410	410	350	310	1 930
Food security and nutrition policy	GR	301	276	301	276	301	1 455
	NSF	495	475	475	495	475	2 415
Social mobilization	GR	285	286	285	285	285	1 426
	NSF	395	375	375	395	375	1 915
Social research and NPA goal monitoring	GR	271	296	376	346	251	1 540
	NSF	229	229	239	239	239	1 175
Programme support	GR	250	250	250	250	250	1 250
	NSF	115	115	115	115	115	575
TOTAL	GR	3 000	3 000	3 000	3 000	3 000	15 000
	NSF	6 689	5 845	5 580	4 454	4 260	26 828
GRAND TOTAL		9 689	8 845	8 580	7 454	7 260	41 828

GR = General resources.
NSF = New programmes for supplementary funding.
