



United Nations Development Assistance Framework (UNDAF) For Ghana, 2006-2010



United Nations Country Team
April 2005



REPUBLIC OF GHANA



United Nations Development Assistance Framework (UNDAF)

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ABBREVIATIONS

ACSD	Accelerated Child Survival and Development
AED	Academy for Educational Development
APRM	African Peer Review Mechanism
ART	Anti-Retroviral Therapy
BED	Basic Education Division
CCA	Common Country Assessment
CHRAJ	Commission for Human Rights and Administrative Justice
CRIS	Country Response Information System (HIV/AIDS)
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSO	Civil Society Organisation
CWIQ	Core Welfare Indicator Questionnaire
CWSA	Community Water and Sanitation Agency
DA	District Assemblies
DANIDA	Danish International Development Agency
DFID	Department for International Development (UK)
DRI	District Response Initiative
DSW	Department of Social Welfare
EC	Electoral Commission
EMIS	Education Management Information System
EOC	Emergency/Essential Obstetric Care
EPA	Environmental Protection Agency
EPI	Expanded Programme of Immunisation
ESP	Education Strategy Plan
FAO	Food and Agriculture Organisation
FAWE	Forum of African Women Educationists
FDB	Food and Drugs Board
FHI	Family Health International
GAC	Ghana AIDS Commission
GDHS	Ghana Demographic Health Survey
GDP	Gross Domestic Product
GES	Ghana Education Service
GER	Gender Enrolment Rate
GEPC	Ghana Export Promotion Council
GHS	Ghana Health Service
GIPC	Ghana Investment Promotion Council
GJA	Ghana Journalists Association
GLSS	Ghana Living Standards Survey
GPI	Gender Parity Index
GPRS	Ghana Poverty Reduction Strategy
GSB	Ghana Standards Board
GSS	Ghana Statistics Service
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Human Management Information System
IEC	Information, Education and Communications
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
ITN	Insecticide Treated Bed Nets
JICA	Japanese International Cooperation Agency
JSS	Junior Secondary School
MAP	Multi Agency Programme for HIV/AIDS
MDA	Ministries, Departments and Agencies
MD	Millennium Declaration
MDBS	Multi Donor Budget Support
MDG	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development

MMR	Maternal Mortality Ratio.
MMS	Maternal Mortality Survey
MMDE	Ministry of Manpower Development and Employment
MOFA	Ministry of Food and Agriculture
MOFEP	Ministry of Finance and Economic Planning
MOEYS	Ministry of Education, Youth and Sports
ME	Ministry of Energy
MoI	Ministry of Interior
MES	Ministry of Environment and Science
MOH	Ministry of Health
MPS	Making Pregnancy Safe
MPSD	Ministry of Private Sector Development
MTI	Ministry of Trade and Industry
MOWAC	Ministry of Women and Children's Affairs
NACP	National AIDS Control Programme
NADMO	National Disaster Management Organisation
NCCE	National Commission on Civic Education
NCSA	National Commission on Small Arms
NDPC	National Development Planning Commission
NEPAD	New Partnership for Africa's Development
NFED	Non-Formal Education Division
NHDR	National Human Development Report
NGO	Non-Government Organisation
NMC	National Media Commission
NPC	National Population Council
NSF	National Strategic Framework (HIV/AIDS)
NYC	National Youth Council
OVC	Orphans and Vulnerable Children
PBMED	Planning, Budgeting, Monitoring and Evaluation Department (Ministry of Education)
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PPMED	Policy, Planning, Monitoring and Evaluation Division
PSI	President's Special Initiative
RA	Regional Assemblies
RC	Resident Coordinator
RED	Reaching Every District
SFO	Serious Fraud Office
SWAP	Sector Wide Approach
U5MR	Under 5 Mortality Rate
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team (Heads of Agencies)
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
UNU	United Nations University
USAID	United States Agency for International Development
VA	Vulnerability Assessment
VCT	Voluntary Counseling and Testing
VPD	Vaccine Preventable Diseases.
WAJU	Women and Juvenile Unit (Ghana Police)
WATSAN	Water and Sanitation
WAPCAS	West African Project for Combating AIDS and Sexually Transmitted Infections
WB	World Bank
WFP	World Food Programme
WUSC	World University Services of Canada
WHO	World Health Organisation

GHANA



Gulf of Guinea

EXECUTIVE SUMMARY

As part of the Secretary-General's 1997 Reform Programme to make the UN a more effective and efficient institution, the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) have become the primary tools to facilitate a common programming framework for all UN agencies at the country level. The Ghana 2004 CCA was a collective assessment that identified the causes of key development challenges. To tackle these challenges and meet the Millennium Development Goals (MDG), the Ghana 2005 UNDAF has been formulated as the management tool for coordinating UN System development assistance from 2006-2010. The UNDAF enables the UN System to work together and in close cooperation with the Government and development partners for enhanced efficiency and impact, in response to Ghana's development challenges.

The UNDAF is based on the challenges identified in the Ghana 2004 CCA and lessons learnt from the previous CCA/UNDAF process. It supports national priorities as set out in the Ghana Poverty Reduction Strategy (GPRS) and is guided by the principles of the Millennium Declaration (MD) and its Goals. Six inter-related areas of cooperation have emerged as particularly critical for UN System's support to Ghana between 2006 and 2010. These are access to health, improving enrolment and gender equity in basic education, increasing productive capacities, strengthening the national response to HIV/AIDS, improving data management systems and increasing the effectiveness of governance systems. In supporting these outcomes, the UN will be guided by the human rights based approach, which means putting emphasis on the most deprived districts and vulnerable groups in order to reduce regional disparities and bridge social gaps in basic social services. Programme implementation and monitoring will focus on capacity building, advocacy and policy dialogue, service delivery, social mobilization, policy development and strategic partnership building. In addition, the UNDAF as structured, aims at coordinating strategies, consolidating information and facilitating joint programming. In keeping with the consultative and participatory process that underlined the formulation of the UNDAF, the UN System will continue to engage the Government and other development partners throughout the UNDAF cycle.

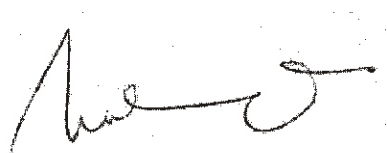
The UNCT will guide the UNDAF process whilst the UNDAF Technical Working Group and the six UNDAF Theme Groups will be the primary avenues for implementing and monitoring the UNDAF. Annual reviews of the UNDAF will be done through the annual Resident Coordinator System Report whilst a Mid-Term Review will be carried out in 2008 and an End-of-Cycle Evaluation in 2010. Other monitoring and evaluation mechanisms have been designed to analyse progress towards the attainment of the UNDAF outcomes and lessons learnt.

UNDAF SIGNATURE PAGE

The United Nations Country Team (UNCT) will support the national priorities of the Government of Ghana as set out in the Ghana Poverty Reduction Strategy and assist Ghana to meet the MDGS.

We shall work closely with Government and other development partners to improve access to health and basic education, increase productive capacities, strengthen national response to HIV / AIDS, improve data management information systems and increase the capacity of governance institutions. In pursuing these outcomes, the UNCT will be guided by the human rights based approach with a focus on the most deprived districts and the poorest and most vulnerable groups. This is crucial in the national efforts to reduce regional disparities and bridge social gaps.

Our collective aspiration in the UNDAF (2006-2010) is to achieve greater strategic consistency, efficiency and enhanced impact in our development assistance to expand the choices and enlarge opportunities for Ghanaians in a peaceful and stable environment.



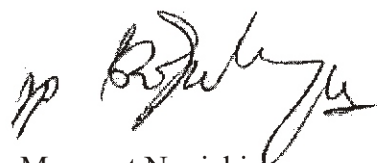
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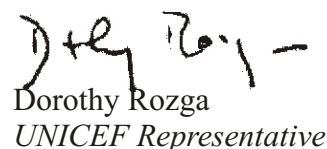


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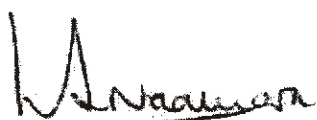


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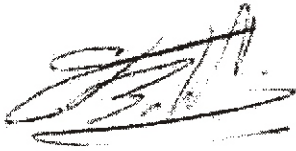
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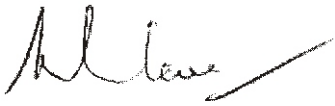
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1.0 INTRODUCTION

The third Ghana United Nations Development Assistance Framework (UNDAF 2006-2010) was prepared by the UN agencies in close collaboration with the Government and with the involvement of other development partners. It defines areas where the UN's collective interventions are likely to make significant and strategic contributions in tackling Ghana's key development challenges. The Ghana UNDAF is guided by the national priorities as outlined in the GPRS, the Millennium Declaration and its Millennium Development Goals. The basis for the UN choices in the UNDAF is the collective diagnosis undertaken in the Ghana 2004 Common Country Assessment (CCA), which identified the causes of Ghana's key development challenges and proposed three broad areas of cooperation to guide future collaboration with Government and other development partners:

- ▶ Increasing opportunities for the poor and targeting vulnerable and excluded groups
- ▶ Strengthening decentralized structures for delivery of services and
- ▶ Support to independent institutions of governance.

With the completion of the CCA, the CCA theme groups were re-constituted into six UNDAF theme groups to prepare the UNDAF Results Matrices. From the key findings of the CCA, the six UNDAF outcomes were adopted during an UNDAF Prioritisation Workshop held in November 2004. Based on the lessons learnt from the previous UNDAF and the UN's comparative advantages, as well the human rights based approach to development, six specific interventions were chosen to reduce regional inequalities and bridge social gaps, with a sharp focus on vulnerable groups and deprived districts. The six outcomes also provide opportunities to strengthen national capacities so as to accelerate the implementation of the GPRS and meet the MDG. Consensus on the three broad areas of cooperation were reached and the six UNDAF outcomes were validated during a two-day workshop held on 10-11 February 2005 attended by the UN, Government and other development partners. The UNDAF outcomes were therefore formally accepted as the strategic contributions of the UN to targeted national priorities as set out in the GPRS. The workshop also established clear and substantive links between the UNDAF outcomes and the Country Programme Documents of UNICEF, UNFPA, UNDP and WFP as well as the programmes of all specialized UN agencies in Ghana. The main objective was to ensure that individual agency programmes between 2006 and 2010 are consistent with the UNDAF outcomes, the MDG and the Government's national development priorities.

The UNDAF Validation Workshop was followed by several meetings of the six UNDAF Theme Groups to take account of the workshop's recommendations especially on the identification and role of non-UN partners, coordination between the six UNDAF Theme Groups and the Government led sector/thematic coordination groups and the reporting, monitoring and evaluation of the UNDAF. These thematic consultations were also used to ensure that the UNDAF outcomes supporting the national priorities are consistent with the UN's past experiences and collective comparative advantage.

2.0 PROGRAMME FRAMEWORK (RESULTS)

2.1 The Ghanaian Context for UN Programme Choices

Dimensions of Poverty

As outlined in the Ghana Common Country Assessment (CCA) 2004, Ghana has made good progress in reducing overall poverty from the high incidence rates of 51.7% in 1992 to 39.5% in 1999. Extreme poverty has also declined from 36.4% to 26.8% over the same period, representing an annual decline of 1.3%. Overall spending on poverty related programmes exceeded the planned amounts totaling 6.8% of GDP in 2003. Basic education, primary health, rural water and feeder road programmes were among the programmes with the highest rates of budget execution, while poverty focused agriculture and rural energy programmes lagged furthest behind. An annual real GDP growth rate of 5% is projected to bring poverty down to 32% by 2007. If today's trends in poverty reduction and economic growth are continued, Ghana will meet the MDG of halving its poverty rate before 2015.

Although the incidence of overall poverty has declined, there is growing evidence of deepening poverty among some groups, such as food crop farmers, particularly in the northern and central coastal regions, with large numbers of households in situations of chronic or persistent poverty. The incidence of poverty among food crop farmers for example was 50.4% in 1999, compared to those in private formal employment, where only 11.3% were considered poor. The gap between rural and urban poverty is still a matter of concern, with the urban areas registering better poverty and inequality reduction results than rural areas. The poor in the northern and central coastal areas continue to be isolated from the economic growth-taking place in the rest of the country with limited opportunities to reduce poverty levels due to limited access to education, markets and public services.

Poverty in Ghana is, to a large extent, related to a number of factors including geographic location, access to services, demographics, educational attainment and socio-economic groups. Poverty has also undermined the provision of basic social services leading to deterioration in key human development indicators over the last five years. Based on the CCA, the key development challenges lie in combating hunger, reducing under-five mortality, improving maternal health, reversing the spread of HIV/AIDS and malaria, increasing primary school enrolment, eliminating gender inequality and improving access to quality water supply and sanitation.

Education

Gross enrolment in basic education for example has increased marginally from 79.5% (2001/2002) to 86.3% (2003/2004), but there are still marked rural-urban disparities with the rural situation being substantially worse. Attempts to achieve universal basic enrolment must therefore include the reduction of the relatively high incidence of rural poverty and ensure adequate funding for education investments and school improvements. Other critical factors to address in the education sector include the abolition of school fees, introduction of school feeding and health programmes and training of teachers in order to improve quality education, all of which require special attention to retaining girls in the education system. A key finding in the CCA revealed that female enrolments are increasing, but more girls than boys still fail to complete their primary and junior secondary education.

Health

Health care remains poor with a national average of just over 50% with access to health care. The proportion of people with access to health care is far lower in the three northern regions and some of the coastal areas. There has been improved planning under the Sector Wide Approach (SWAP) and increased resources are being committed to the health sector, but key indicators still show a worsening trend over the last five years. The under five mortality rate did improve in the 1990's, declining from 155 to 111 per 1000 births between 1990 and 2000, but the gains made in both infant and childhood mortality rates seem to have been eroded in the last five years (1998-2003). Infant mortality actually increased by 12.3% from 57 per 1000 in 1998 to 64 per 1000 in 2003. As in most of the other indicators, the situation is worse in the northern regions due mainly to income poverty and poor access to basic services. The 2003 Preliminary Report of the Core Welfare Indicator Questionnaire Survey showed that the under five mortality rates for the northern regions are three times as high (at 177 per 1000) as in the Greater Accra Area.

Maternal mortality also remains high, situated at 214 per 100,000 live births with regional variations as high as 453 per 100,000 live births. These unacceptably high rates highlight the need for support in a number of inter-related areas such as reducing risky fertility behaviour and the high incidence of poverty while addressing low levels of education or literacy among mothers. Malaria continues to be the leading cause of outpatient morbidity in all ages and sex groups. Outpatient morbidity decreased only slightly from 44% in 1989 to 41% in 1998 and 20% of all deaths occurring in children under five years are due to malaria. Prevalence of malaria actually reaches 34-38% in the impoverished Northern and Volta regions as reported in the 2003 Ghana Demographic and Health Survey. The low use of bed nets particularly for children, lack of education and non-adherence to treatment regimes, as well as the poorly managed community environmental sanitation programmes and limited geographical access to basic health services, continue to act as major constraints in meeting the MDG target on malaria.

The onset of the HIV/AIDS has worsened the situation in the health sector. Current estimates indicate that 85% of infections are occurring within the 15-49 age group and the potential of the epidemic to increase exponentially is demonstrated by the fact that 8 out of the 30 sentinel sites (27%) have HIV prevalence rates exceeding 5%. If the current trend of infection remains unchecked, Ghana's rate of infection will reach between 4% and 9% by 2014. Ghana has been able to invest increasing amounts of money in HIV prevention and control but there are concerns about the sustainability of resources. There is growing consensus on the need for a coordinated approach to tackling the HIV/AIDS problem.

Food Security

The attainment of food security is considered crucial for reducing poverty, child malnutrition and improving health standards. Ghana, however, is far from reaching its goal of food self-sufficiency. Strategies towards food security need to focus on disparities in regional production levels, over reliance on rain-fed production methods, lack of adequate storage facilities, poor infrastructure and distribution mechanisms. Special attention must also be placed on the estimated 65% of food crop farmers who are women and amongst the most vulnerable groups with only limited access to key resources. The key challenge to reducing hunger is demonstrated by the proportion of underweight children, which remains high at 22%. There has been an

increase in child malnutrition in all regions and prevalence is above the national average in the Ashanti (46%), Greater Accra (40.4%) and Western (36.9%) regions. 45% of all child deaths beyond early infancy in Ghana are due to malnutrition. In the three northern regions (representing 17.5% of the country's population), the proportion of underweight children under five years is much higher, ranging from 34% to 38%. Similarly, while overall in Ghana, the stunting rate is 29% of children under five, in the northern regions the rates range from 35% to 40%. In general rural children are twice as stunted (30%) as urban children. These worsening indicators raise concerns because if the current trends continue, Ghana will not be on track with most health-related MDG, especially the target of reducing the maternal mortality ratio by two-thirds by 2015. To meet the target of halving underweight children by 2015, Ghana needs to reduce the rate by about 0.9% annually. The Government has identified household food security as an important challenge, but more efforts are needed to promote equitable growth and access to food through pro-poor growth initiatives, minimize the incidence of inappropriate feeding practices and ensure adequate dietary intake. Actions to prevent malnutrition and thereby decrease the under five mortality rates will involve optimal breastfeeding, complementary feeding, feeding of the sick child, women's nutrition, control of micronutrient deficiencies, notably Vitamin A and iodine. It is also important that health education messages are made more specific and targeted, whilst integrating nutrition into relevant health, education and agricultural policies at all levels.

Water and Sanitation

In the water and sanitation sectors, the priority activities are to increase access to safe water in rural areas, especially guinea worm endemic areas and to provide proper sanitary facilities. Progress in water and sanitation has been faster in urban than rural areas, where provision of both is currently off track for meeting the MDG. Although access to safe water has improved (urban access is 70% while the rural population with access to safe water increased from 40% in 2002 to 46.4% in 2003), there are still wide disparities among regions and between urban and rural areas. The rural-urban gap is similarly wide in sanitation, with 80% of the urban areas enjoying improved access against 20% or lower in the three deprived northern regions. The national average on access to sanitation facilities is 55%. Based on the available data, if these trends continue, the MDG will be missed in all areas except urban water supply. A number of factors continue to constrain the supply of water and these include low installed plant capacity, inadequate collaboration between stakeholders and the lack of funding. In the rural areas the limited capacity of communities to contribute to capital costs for water projects remains a key challenge. The situation in the rural areas is compounded by low borehole yields, poor quality of ground water and low levels of training for local maintenance staff.

Vulnerable and Excluded

The CCA also highlighted the plight of various vulnerable and excluded groups who are more affected by extreme poverty. Their powerlessness is manifested by the lack of capacities to assert their rights or claim their entitlements as provided for in the relevant provisions of the Ghana Constitution and international conventions. They include children in difficult circumstances, women, pregnant teenagers, adolescent girls, people living with disabilities, school dropouts and vulnerable unemployed people. The limited financial and human resources of national agencies responsible for protection, poor targeting of resources, poor enforcement of laws, income poverty, harmful traditional practices and poor parental care and guidance exacerbate

their condition. There exists a strong sense of solidarity at various levels of Ghanaian society, but this is being tested by increased urbanization and the problems associated with it such as unemployment, HIV/AIDS and street children. In this context, sustained efforts are needed to ensure that criteria for resource allocation at various levels include reaching vulnerable groups as well as ensuring that those resources actually reach them. Strengthening of key social protection agencies, mobilizing traditional authorities and law enforcement agencies to focus more adequately on eliminating harmful traditional practices and making citizens aware of their rights are also key priorities.

Governance

The Government of Ghana, the UN System and Development Partners continue to underscore the importance of improving governance and public sector management for the implementation of the growth and poverty reduction agenda as set out in the GPRS. Ghana has made significant progress in democratic governance since the promulgation of the 1992 Constitution and there have been appreciable improvements in the guarantees of human rights and civil liberties. Despite this considerable progress in a stable political environment, there exists a number of opportunities for strengthening democratic governance. These will include increasing support to independent governance institutions to expand their coverage to the deprived districts, accelerating support to Parliament to better carry out its oversight and resource appropriation roles to ensure equity and accountability. Others include expanding the assistance to the judiciary to improve access to justice to the poor especially in the rural areas, addressing important gaps in the systems and mechanisms for conflict management and prevention as well as supporting the building of a strong cadre of civil society organizations, especially in the regions and districts to engage in public debates about governance.

2.2 National Development Goals and Priorities

In its quest to achieve middle-income status within a generation, Ghana launched the Ghana Poverty Reduction Strategy (GPRS) in 2002, which mapped out the medium-term strategy for promoting growth and reducing poverty. The GPRS is therefore the key development policy framework for the country and it has been used to inform all key policy and budgetary decisions both at the national and district levels. The overall goal of the GPRS is to achieve sustainable equitable growth, accelerated poverty reduction and the protection of the vulnerable and excluded within a decentralized democratic environment. The Government's poverty reduction strategy is increasingly being aligned with the MDG and has been articulated around five main themes:

- (i) Maintaining macroeconomic stability by reducing and restructuring the domestic debt, improving public expenditure management, improving fiscal resource mobilization and pursuing price and exchange rate stability.
- (ii) Increasing production and employment by focusing on the development of the rural economy through modernization of agriculture, sustained environmental protection through re-forestation, enhancing infrastructural development and creating an enabling environment for private sector activities and development
- (iii) Promoting human resources development which focuses on policies in a) access and quality education, b) access to health care, c) provision of potable drinking water and d) provision of sanitary environment

- (iv) Implementing special programmes for the vulnerable and excluded through the creation of opportunities, including the assertion of rights, access to services and to decent livelihoods and improvements in the quality of life of the victims of HIV/AIDS
- (v) Ensuring good governance through accountability and transparency. The key areas of focus under governance are security and rule of law, decentralization and public sector reform.

These themes, which are now at the core of the national planning process, correspond with the six thematic outcomes identified by the UN System in the UNDAF and encompass the MDG. With reference to the first two themes (maintaining macroeconomic stability and increasing production and employment), two key issues need to be addressed to consolidate progress on macroeconomic stability and poverty reduction: reducing high domestic debt and improving the public expenditure management framework that will adequately target the poor. The third and fourth themes (i.e promoting human resource development and implementing special programmes for the vulnerable and excluded) are aimed at achieving the human development targets under the MDG, but with growing evidence of poverty among some socio-economic groups and regions, overall poverty reduction, arising from accelerated growth, needs to be complemented with more efficient basic services delivery and the specific targeting of vulnerable and excluded groups. As explained in the CCA, Ghana must improve water supply and sanitation coverage, quality and access to education, nutrition and access to supervised deliveries in order to achieve the human development targets of the MDG. The rising incidence of HIV/AIDS and malaria needs to be addressed as well. In the light of the findings from the CCA, the implementation of the fifth theme of the GPRS (ensuring good governance through accountability) rests upon the effective application of legal, regulatory and institutional frameworks to enhance the performance and accountability of the independent institutions of governance, decentralised delivery structures and civil society groups.

2.3 Strategic Areas of Cooperation

Based on the priorities set out in the GPRS, the key development challenges analysed in the CCA and bearing in mind the MDG, the overall goal of the UNCT in Ghana is to support the Government in its efforts to achieve equitable growth, accelerate poverty reduction and protect the vulnerable and excluded within a decentralized, democratic environment. In response to this goal, the UNCT has identified the following six strategic areas as the pillars of the UNDAF from 2006-2010 :

By 2010,

- (i) The population of people in Ghana particularly those living in the most deprived districts whose right to health is fulfilled is increased.
- (ii) 100% gross enrolment ratio and gender equity in enrolment, retention and completion achieved in basic education in the most deprived districts.
- (iii) Increased productive capacity for sustainable livelihoods especially in the most deprived districts.
- (iv) National response to HIV/AIDS strengthened
- (v) Policy, budgeting, monitoring and evaluation processes at all levels are informed by an effective data management information system

- (vi) Capacity for equitable and participatory governance systems are made more effective at all levels and guided by human rights principles.

These six UNDAF Outcomes, which are closely linked to the priorities identified by the Government for achieving growth and reducing poverty under the GPRS are inter-related and mutually reinforcing. The expected outcomes to be achieved from 2006-2010, the country programme outputs/results, the role of the partners, the resource mobilization targets and the monitoring and evaluation frameworks have been identified for each area of cooperation. Details are described in Tables 1 to 3 in the annex.

2.4 Expected Outcomes

2.4.1 UNDAF Outcome 1: By 2010, the population of people in Ghana, particularly those living in the most deprived districts whose right to health is fulfilled, is increased

An assessment of Ghana's health sector indicates that inter-regional disparities continue to affect the overall performance and quality of health care delivery. Poor and inadequate services, lack of a human resources development programme in the sector, as well as poverty, especially at the district level, undermine Government's efforts to bridge the equity gap in accessing quality basic health care particularly for deprived communities. As a result, health care outcomes in the poorest regions are considerably worse than the national average. In addition to regional disparities, financing the health sector continues to pose the biggest challenge. Currently, the sector is grossly under funded to enable it to attain the required scaling up of key interventions to achieve the MDG. Current per capita spending on health is \$11-12 which translates to 9.5% of the Government's budget. This is well below the \$30-34 per capita as recommended by the Report on the Commission on Macroeconomics and Health and the \$34 per capita to achieve the MDG. Another key challenge is the unavailability and poor retention of human resources to deliver the key interventions and to assume management and planning functions. Ghana continues to lose professional health workers to the US, UK and neighbouring countries, whilst the distribution of those staff that remains is heavily skewed towards Accra, Kumasi and other urban areas. This has serious implications manifested in the inability of the Government to scale up key interventions. It also highlights the urgent need for giving priority attention to Ghana's human resources requirement in donor supported programmes.

Currently, Ghana is implementing a five-year Health Sector Programme of Work (2002-2006) under the theme "bridging the inequality gaps" to respond to these challenges. The programme of work has already imbibed the tenets for a rights-based approach to health as it draws attention to existing inequalities with emphasis on the most deprived regions. It also supports measures to encourage health professionals to work in remote areas and to ensure sustainable financing arrangements to protect the poor. There has been progress in the implementation of the five-year programme of work. A new recurrent expenditure allocation formula, favouring the most deprived areas, was adopted and applied in the 2004 budget. Additional funding has been made to deprived areas based on population adjusted for health needs (under-five mortality rate and infant mortality rate) and deprivation (% of the population below the poverty line). The Ministry of Health has also identified 55 districts, which include all of the districts in the deprived regions

as targets for interventions to retain and attract new staff. A fee exemption policy, targeting the poor, and extension of the policy for maternal deliveries began in 2003. The phasing out of the cash and carry system is therefore critical in eliminating financial barriers to access health services for the poor. In this regard, the Government, with assistance from the ILO, has already begun the evaluation of the financial implications of the newly introduced National Health Insurance Scheme.

To assist the Government in achieving sustainable improvements in the access to quality health including reducing child malnutrition and mortality, improving reproductive health, water and sanitation, the UN System will take the following actions:

- ▶ Increasing both coverage and access to integrated child survival interventions in the deprived districts with a focus on vaccine preventable diseases targeted for the elimination and accelerated control of malaria, diarrhoea and acute respiratory illnesses
- ▶ Strengthening the capacity of health care providers to deliver integrated child survival interventions whilst enhancing awareness among communities about the prevention and management of child killer diseases and conditions. In addition to strengthening routine immunization services and encouraging the wider distribution of insecticide treated bed nets (ITNs), the accelerated child survival and development model will be fully implemented in two of the most deprived regions to reduce the under five mortality rate by 5% in these regions.
- ▶ Advocacy for political and financial commitments to safe motherhood and health of newborn babies whilst rendering technical support for operational research into maternal and newborn health. In the light of the high maternal mortality rates, there will be extensive support for the development of a strategy (road map) for accelerating the reduction of maternal and newborn morbidity and mortality. Key aspects of this initiative are increasing access to skilled delivery services, improving access to modern contraceptive methods and increasing the number of pregnant and lactating women in quality community based supplementary feeding programmes.
- ▶ Special emphasis will be given to decreasing malnutrition in the most deprived areas by strengthening nutrition activities within the health care system and at the community level. This will involve intensifying health and nutrition education, providing technical expertise in nutrition at the district and community levels while strengthening community based growth monitoring.
- ▶ Efforts will also be undertaken to increase food availability and utilization by increasing the number of children under five who are in quality community based supplementary feeding programmes, ensuring production and consumption of adequately iodised salt by 2006 and supporting access to and availability of micronutrients through supplementation, production and consumption based approaches.
- ▶ Support to Government's efforts to increase access to safe water and sanitation will be concentrated in guinea worm endemic areas where surveillance and case management of the disease will be intensified and awareness of communities about safe water and prevention methods enhanced with the aim of certifying Ghana as guinea worm free by 2009.

2.4.2 UNDAF Outcome 2: 100% gross enrolment ratio and gender equity in enrolment, retention and completion achieved in basic education by 2010 in the most deprived districts

The Ghana Education Strategic Plan (ESP 2003-2015) provides the strategic framework for the development of the sector. The ESP identifies a clear set of costed objectives and the chosen time frame allows the integration of the two relevant MDG, i.e. achieving gender parity in primary enrolments by 2005 and achieving universal primary completion by 2015. With support from the UN System, the main pillars of the human rights approach to development (availability, accessibility/affordability, acceptability and adaptability) have been incorporated into the activities of the ESP. Planned actions are aimed at addressing persistent inequalities in access at all levels, improving efficiency and equity of financing education and ensuring the quality of basic education. Education outcomes in the northern regions are considerably worse than the national average. Gross primary enrolment in the northern regions is 35% lower than the Greater Accra region and the gross enrolment for girls is still lagging behind that of boys. Furthermore, it is estimated that 30% of children between the ages of 6-14 years are not in school and the situation is worse for girls, the disabled and those living in the rural deprived areas. The key challenges to achieving universal basic enrolment include the reduction of the relatively high incidence of rural poverty and ensuring adequate funding for education investments and school improvements. In addition to these challenges, actions need to be taken on the following: the abolition of school fees, the implementation of school feeding and health programmes and the training of teachers in order to improve the quality of education, all which require special attention to retaining girls in the education system.

To ensure the provision of public education services in the deprived and rural areas, Government and donor actions have focused on two strategic objectives:

- (i) Increasing access, completion and quality especially in the three most deprived regions (Northern, Upper East and Upper West). Incentive schemes to encourage girls to complete basic education and teacher retention schemes have been in place since the 2002/2003 school year. These actions were aimed at redressing existing gender imbalances in educational outcomes and producing better quality education in the deprived districts by ensuring adequate staffing for the schools.
- (ii) Ensuring sustainable financing arrangements that protect the delivery of education to the poor. Actions in this area focused on a range of measures to improve resource allocation which included better budget execution of non-salary expenditures, improvements in the Government's ability to better target schools in the deprived districts through the extension of school mapping and the introduction of a new formula for recurrent expenditure allocation.

The impact of the various interventions appears to be positive. In 2003/2004, 54.6% of the population aged 4-5 years were enrolled with the primary gross enrolment improving from 78.3% (2001/2002) to 86.3% in 2003/2004. Primary completion rates also improved from 68.9% to 77.9% over the same period, but the primary gender parity index improved slightly from 0.91 to 0.92.

The main objective of the education outcome in the UNDAF is to provide further support to the ESP to achieve universal primary completion and gender parity in enrolment by 2010 in the most deprived districts through the following actions:

- (i) Enrolment of out of school children in basic education among which 50% are girls, on site feeding for children in basic education and take home rations for girls as incentives, the inclusion of vulnerable groups, orphans and children with disabilities in basic education and access to quality non-formal education to youths and adults.
- (ii) Improvement of the teaching/learning environment to make it more conducive to quality education as well as providing improved teaching/learning materials and methodologies. Specific outputs will include training of untrained teachers in quality teaching/learning processes, equipping classrooms with updated teaching/learning materials, establishment of special education assessment centers, provision of water and gender sensitive sanitation facilities (toilets/urinals) in schools, development of pre and in-service training programmes for kindergarten teachers and improvements of physical and stimulating facilities in kindergarten schools. Special efforts will also be deployed in developing public and cost effective complimentary basic education programmes for girls and other disadvantaged groups.
- (iii) Support the development of gender sensitive district education plans in all 138 districts in Ghana.

2.4.3 UNDAF Outcome 3: Increased productive capacity for sustainable livelihoods especially in the most deprived districts by 2010

The UN will contribute to the achievement of the relevant national priority goals (development of the rural economy through the modernization of agriculture, creation of an enabling environment for private sector activities and protection of the environment) by focusing attention in five key areas:

- (i) Increased production, productivity and income generating capacity in 30-40 districts. The basic objective is to support development and implementation of policies/programmes to eradicate poverty in rural areas as a key to ensuring food security for all and sustaining broad based national economic growth. This will involve improvements in the quality and quantity of products through the provision of technical and entrepreneurial skill development programmes and improvements in market access for non-traditional exports.
- (ii) Promotion of appropriate technologies for increased productive capacities as well as for food security and trade at community and household levels. Assistance will be extended in the adoption of new technologies (including training) and supply of basic farm inputs to food crop farmers (who make up the bulk of the rural poor) as well as measures to enhance processing, reduce post-harvest losses and improve food security through inter-sectoral policies and strategies.
- (iii) Enhancement of an enabling environment for private sector development and investment. A national medium term private sector development strategy has been elaborated on the basis of several studies on Ghana's business environment and the UN will support key actions identified in the strategy's action plan.

- (iv) Promotion of sustainable use of natural resources and good environmental management. Land degradation and deforestation are regarded as the most pervasive natural resource and environmental management threats in Ghana. The UN will provide support to Government in its efforts to establish and enforce regulatory frameworks for promoting the sustainable use of natural resources. In addition, it will assist in the preparation and implementation of sustainable natural resource management plans at the local levels with a view to reducing poverty and conserving biodiversity. The UN will contribute to the coordination of community level training on the most appropriate technologies such as renewable energy as one way of increasing access to rural energy services in order to support growth, equity and gender equality.
- (v) Strengthening national systems for emergency preparedness, disaster prevention, response and mitigation. The UN will draw up appropriate strategies for disaster risk reduction and early warning systems. The government will also be supported to strengthen institutional structures and coordination for vulnerability and risk mapping and disaster risk management whilst ensuring that the national contingency plan, the emergency profiles and disaster risk management report are published and disseminated.

2.4.4 UNDAF Outcome 4: By 2010, national responses to HIV/AIDS strengthened

The HIV/AIDS epidemic in Ghana has evolved overtime and still continues to rise steadily. The AIDS Commission estimates that nationally, HIV-prevalence rate will rise from the current 3.6% to between 4% and 9% by 2014, depending on the efficiency of control measures. The potential impact on the economy and society makes HIV/AIDS one of the most important challenges Ghana will face in the implementation of the GPRS. The national response needs to be strengthened and scaled up if the sixth MDG, GPRS and UNGASS targets are to be met. Using the rights based approach, the UN will seek to achieve three key outcomes through the following actions:

- ▶ Intensifying prevention interventions in high risk and vulnerable groups
- ▶ Developing and operationalising a national HIV/AIDS communication strategy
- ▶ Improving access to quality services and treatment for vulnerable and high risk groups
- ▶ Strengthening the operationalisation of the three ones (one national AIDS authority, one national strategic plan and one monitoring and evaluation framework) as a way of improving the coordination of the national response
- ▶ Scaling up the District Response Initiative to all districts while improving capacities at all levels
- ▶ Building stronger partnerships and intensifying advocacy for gender mainstreaming into national programmes and policies.

2.4.5 UNDAF Outcome 5: By 2010, policy, planning, budgeting, monitoring and evaluation processes at all levels are informed by an effective data management information system

Under this outcome, the UN will assist the Government to develop a solid base of qualitative and quantitative information to measure progress towards the GPRS and the MDG. The

Government has been conducting annual reviews of the GPRS with the NDPC as the lead agency and in close collaboration with the regional and district planning departments. The annual progress reports have led to greater alignment between the budget and the GPRS on one hand, and between regional and district planning programmes and the GPRS on the other. The reports have however highlighted the urgent need to take further steps to strengthen monitoring and evaluation in Ghana especially in such areas such as sharpening the definition of targets, indicators and baseline data, identifying outcome indicators and the role of impact assessments and enhancing the feedback provided by monitoring and evaluation.

The UN will therefore specifically support the improvement of monitoring and evaluation capacity of the Government by training Policy, Planning, Monitoring and Evaluation Department (PPMED) staff of key Ministries in policy and budget management and strengthening coordination between the PPMEDs. Support will also be provided to enhance national capacity to conduct, analyse and disseminate key national studies/surveys like the next decennial census to be conducted in 2010, the Multiple Indicator Cluster Survey, the Demographic and Health Survey, the Maternal Mortality Survey, the Core Welfare Indicators Questionnaire and the Ghana Living Standards Survey. National data management systems to be based on Ghana Info will be developed and implemented at all levels by 2008. Using the information generated from the Ghana Info, planned surveys/studies and other analyses, the UN will support training, advocacy and social mobilization to leverage resources for deprived groups, empower children, women, families and communities and civil society groups to claim and fulfill their rights.

Population issues and employment and income generating concerns will be integrated into planning and management processes as one way of speeding up the pace of sustainable development and poverty reduction.

2.4.6 UNDAF Outcome 6: By 2010, capacity for equitable and participatory governance systems made more effective at all levels and guided by human rights principles

One of the main objectives of the GPRS is to develop an environment where every one has the option to express his/her views on issues of national interest, make his/her own choices and participate freely in decision making processes at all levels. This implies that poverty reduction requires the institutionalization of good governance to facilitate entrenchment of a culture of accountability, transparency and openness at all levels of society. The Government has therefore formulated a national decentralization action plan in 2003 aimed at strengthening and deepening the decentralisation process by transforming the district assemblies into focal points for all development activities at the local level. Specific actions by the UN in support of this action plan will include enhancing the capacity of local Governments to plan, manage and monitor social, spatial and economic development and increasing the participation of locally-based civil society organizations in policy formulation and implementation with emphasis on the needs of the poor and the vulnerable. The Government will also be supported to develop a unified policy and legal instruments on decentralization so as to harmonise the different legal instruments that contain contradictory provisions on decentralization such as the Local Government Service, the Ghana Education Service and Ghana Health Service Acts among others.

Within the framework of poverty reduction, the UN will strongly advocate the inclusion of vulnerable groups within development policies and the protection of their rights as a strategic economic and social imperative as well as a legal obligation arising from the universality of human rights. The national social protection strategy is important for the UN System as it will provide an early warning system to identify those segments of society that are likely to be marginalized and in the context of existing safety nets, alert policy makers to intervene to minimize the likelihood of marginalisation. In this regard, the UN will support the completion of the national social protection strategy and the adoption of a framework for the creation of sustainable safety nets, social insurance programmes and other forms of social assistance services to protect vulnerable groups. More specifically, mechanisms for protection of children will be established and the capacity of the judicial and law enforcement agencies will be enhanced to ensure the protection of children's rights.

Further support will be provided to the independent governance institutions to assert their independence and to Parliament so that it can carry out its oversight and resource appropriation roles more effectively. Assistance to the judiciary and human rights institutions will be expanded to improve access to justice for the poor, especially in the rural areas. A key aspect of this intervention is increasing the capacity of enforcement institutions to coordinate information and enhance speedy and effective access to justice.

The activities of civil society organizations continue to have significant impact on women's rights, including delivery of legal services for women, creation of rights awareness and the adoption of gender-friendly laws and policies. Despite these achievements, major gender disparities still persist in several areas. Consequently, the UN will collaborate with other partners to facilitate the full incorporation of gender perspectives in policy and budget formulation and strengthen the capacity of central and local institutions dealing with women and children affairs. In addition to increasing awareness of women rights and responsibilities, efforts will be made to accelerate the participation of women in local and national leadership roles.

Although Ghana's political environment is relatively stable, there are a number of challenges to be addressed in the areas of conflict management and prevention. In a sub-region dominated by recurrent political and civil strife, it is becoming clear that Ghana faces security threats emanating from chieftaincy rivalries and natural resource conflicts, in particular access to and use of land. Of immediate concern is the strengthening of capacities to manage national, regional and local conflicts and the development of early warning systems through systematic engagements with traditional leaders, the media, women groups and civil society organizations to determine circumstances under which communities begin to show signs of discord and stress and implement effective and sustainable responses to them. A key aspect of the UN's support will be the development of mechanisms for the control, de-proliferation and demobilization of small arms and light weapons in the country.

3.0 ESTIMATED RESOURCE REQUIREMENTS

The estimated financial resources required to achieve the six UNDAF Outcomes are indicated in **Table 1**. The table provides a break down of targets by agencies and areas of concentration. These contributions include a) financial allocations from each participating UN agency or regular resources and b) resources that agencies expect to mobilize during the UNDAF time frame (2006-2010). Working in close collaboration with Government and other partners, the UN will seek to mobilize extra budgetary resources and strengthen partnership building in pursuit of the UNDAF outcomes. Resource commitments are made not through the UNDAF, but rather through in-country programmes, according to the procedures and approved mechanisms of each agency.

4.0 IMPLEMENTATION

The UNDAF will be implemented through the Government-approved country programme documents of the UNICEF, UNFPA, UNDP and WFP which already have harmonized programme cycles coinciding with the UNDAF time frame. The country programmes and project documents of the specialized agencies (FAO, UNESCO, UNHCR, UNIDO, UNU, WHO) will have explicit links with the UNDAF Outcomes specifying how they will contribute to the UNDAF and its cooperation strategies. The UNCT will also develop a mechanism through which the valuable knowledge and inputs of non-resident UN agencies can be engaged in the implementation of the UNDAF.

Programme implementation will focus on capacity building at national and local levels, advocacy and policy dialogue, social mobilization policy development and strategic partnership building. The UNDAF provides a unique opportunity for working together through the design and implementation of joint programming (i.e. on girls education and the school feeding programme), formulation and implementation of individual programmes (developed within the UNDAF) and parallel programmes. In addition, a number of Government led sector and thematic coordination groups offer opportunities for the UN to work with partners in such areas like policy dialogue, joint advocacy, promoting the MDG and analytical works that feed into the GPRS.

The human rights-based approach to development (bringing human rights standards and values to the core of all UN activities/interventions) will be the main strategy for the implementation of the UNDAF. The UN will therefore target the most deprived districts and vulnerable groups in Ghana to ensure their active participation in the decision making process so as to reduce regional disparities and bridge social gaps that continue to hamper the development process.

5.0 MONITORING AND EVALUATION

Provisions have been made for monitoring and evaluation mechanisms that are guided by the results-based management approach. Three formal reviews and evaluations are planned based on the principle that the UNDAF is a living document which may be adapted to respond to changes in Ghana :

- (i) Annual Reviews- to allow for inter-agency feedback and refinement of indicators
- (ii) Mid-term UNDAF review with participation from the Government, UN and development partners at the mid-point of the UNDAF (2008). The review will coincide with some agencies' mid-term country programme review (UNFPA, UNICEF, UNDP and WFP) and provide an opportunity for adjustments to ensure UNDAF Outcomes remain consistent with national priorities in the GPRS.
- (iii) UNDAF end-of-cycle evaluation. A joint end-of-cycle evaluation will be held to obtain substantive feedback on progress made in each of the outcomes. The basic idea is to ensure that achievements and lessons learnt are widely disseminated. The final evaluation will also allow the UNCT to consider constraints encountered and ways and means of addressing them to inform the design of the next UNDAF.

The six UNDAF Theme Groups will meet regularly and serve as the main mechanisms for implementing and monitoring the UNDAF. Each theme group will prepare an annual work plan to be incorporated into the RC annual report. The theme groups will update key indicators for monitoring and tracking progress in their area of focus, always taking into account the GPRS and MDG. Joint field assessments and monitoring will be strongly supported. The RC's annual report and the work plans will be the key instruments for annual reporting of the UNDAF.

The CCA/UNDAF Technical Working Group will meet quarterly, convened by the Resident Coordinator Unit to review progress on the UNDAF and make recommendations to UNCT. The Resident Coordinator's Unit will compile and analyse periodic reports of the UNDAF theme groups, prepare the RC annual report with details on the UNDAF and coordinate the reviews and evaluations of the UNDAF.

The UNCT will oversee the implementation of the UNDAF and for ensuring that individual agency programmes remain consistent with the UNDAF. The monthly meetings of the UNCT will review the activities of the theme groups to ensure they are functioning effectively. In general, the monthly meetings will continue to provide high level policy advice, facilitate information sharing and strengthen partnerships among the agencies.

Table 1.1

UNDAF RESULTS MATRIX FOR HEALTH

National Priority/Goals (Reference GPRS matrix)	<ul style="list-style-type: none"> Bridge equity gaps in access to quality health care Implement special programmes to support the vulnerable and the excluded. <p>Increase access to safe and sustainable water and sanitation coverage for rural and small town populations</p>			Resource Mobilization targets
UNDAF Outcome (Resolution from UN retreat)	By 2010, the population of people in Ghana particularly those living in the most deprived districts whose right to health is fulfilled is increased.			
CP Outcome	Country Programme Outputs			
Decrease in child morbidity and Mortality in most deprived districts	<ul style="list-style-type: none"> Integrated child survival interventions in the deprived districts is increased both coverage & access (Vaccine preventable Diseases targeted for eradication, elimination, Malaria, Diarrhea, ARI will be focused on) Capacity of health care providers in delivering integrated child survival interventions is strengthened & improved Awareness among communities and health care providers about prevention & management of child killer diseases & conditions enhanced <ul style="list-style-type: none"> WHO Country office Expected results (\$2,000,000 for 2006-2007) <ul style="list-style-type: none"> Routine Immunization services strengthened & sustained through RED Burden of mortality and morbidity of Vaccine preventable diseases reduced and quality supplemental immunization activities implemented to sustain interruption of wild poliovirus circulation Improved surveillance of VPD targeted diseases for elimination/eradication and accelerated control Mechanisms for ITNs distribution and use in place Interventions for expanding IMCI including the clinical care of children scaled up within districts UNICEF Country programme (2006 to 2010) <ul style="list-style-type: none"> Accelerated Child Survival and Development (ACSD) model fully implemented in two of the most deprived regions and U5MR reduced by 35 percent in these regions By 2006 Ghana declared polio free Prevention of Mother to Child Transmission of HIV (PMTCT) implemented nationwide and a national response in place for the detection, treatment and care of HIV+ children. 	Ghana Health Service, GAVI, USAID, Health Partners Malaria Consortium, Italian Embassy District Assemblies	Projected total funding that may be available to UNICEF for the combined Health, Nutrition and Sanitation Programme is US\$ 38,500,000 for the 5 year period, 2006-2010.	
Decrease in maternal morbidity and mortality in most deprived districts	<ul style="list-style-type: none"> Country specific strategy for reducing maternal & neonatal mortality (road map) developed Access to skilled attendants at birth increased Access to modern contraceptive methods improved Access to Basic & comprehensive EOC increased Pregnant & lactating women in quality community based supplementary feeding programmes supported 	MOH, GHS, Health partners, District Assemblies		

	<ul style="list-style-type: none"> o WHO Country office Expected result (\$256,000 for 2006-3007) <ul style="list-style-type: none"> ▪ Quality of referral system for MPS improved ▪ Advocacy for political and financial commitment to safe motherhood and newborn health increased ▪ Technical support provided for operational research for maternal & newborn health o UNFPA CP <ul style="list-style-type: none"> ▪ Increased access to maternal health care and youth friendly services in programme districts o UNICEF CP <ul style="list-style-type: none"> ▪ Advocacy for political and financial commitment to safe motherhood and newborn and adolescent health increased 		
<p>Decrease in Malnutrition in most deprived districts</p>	<ul style="list-style-type: none"> ▪ No of vulnerable children < 5yr in quality community based supplementary feeding program supported ▪ Access to and availability of micronutrients through local food based approaches supported ▪ Technical expertise in nutrition at district/community level and for development of guidelines, educational materials supported ▪ Nutrition IEC strengthened & expanded <ul style="list-style-type: none"> o WFP CP <ul style="list-style-type: none"> ▪ Reduced level of malnutrition among pregnant and lactating women ▪ Reduced level of malnutrition among children under 5 years o UNICEF CP <ul style="list-style-type: none"> ▪ Accelerated Child Survival and Development (ACSD) model fully implemented in two of the most deprived regions and child malnutrition (underweight) reduced by 20 percent in these regions. ▪ By end 2006 all household salt iodized o WHO Country office Expected result (2006-2007 estimated \$100,000) <ul style="list-style-type: none"> ▪ Health care system strengthened for implementing and monitoring nutritional interventions 	<p>District assemblies, CBOs, NGOs, Ministry of Food & Agric, MOH, GHS</p>	
<p>Increase access to safe water & sanitation</p>	<ul style="list-style-type: none"> ▪ Availability of potable water in Guinea worm endemic areas increased ▪ Awareness of community members about safe water and prevention methods of Guinea worm enhanced ▪ Surveillance and case management of guinea worm intensified ▪ Access to sanitation facilities in deprived communities increased 	<p>WATSAN, District assemblies, Global 2000, JICA</p>	

	<ul style="list-style-type: none"> ○ UNICEF CP <ul style="list-style-type: none"> ▪ By 2006 Break transmission of Guinea worm and by end 2009 Ghana certified as Guinea Worm free. ▪ Cost effective and sustainable rural sanitation model available for national replication, and rural sanitation increased by 35 percent in the Northern Region. ▪ Increased availability of potable water for communities in Guinea worm endemic areas ▪ Increased number of community members supported on knowledge of prevention methods of Guinea worm ○ WHO Country office Expected result <ul style="list-style-type: none"> ▪ Surveillance & case management for Guinea worm sustained in recently free districts from Guinea worm 	
<p>The Resident's coordinators office through the Health thematic group and health partners group will hold periodic meetings to facilitate the process.</p>		

Table 1.2

- UNDAF Results Matrix For EDUCATION - 100% GROSS ENROLMENT RATIO AND GENDER EQUITY IN ENROLMENT, RETENTION AND COMPLETION ACHIEVED IN BASIC EDUCATION BY 2010 IN THE MOST DEPRIVED DISTRICTS.

COUNTRY PROGRAMME OUTCOMES	COUNTRY PROGRAMME OUTPUTS	UN and other Development Partners	ROLE OF KEY PARTNERS	RESOURCE MOBILIZATION TARGETS (US\$)
<p>Outcome 1: Equitable access, enrolment, retention and completion in quality basic education for school going age in Primary and JSS in most deprived districts increased.</p>	<p>1.1 Output 1: (UNESCO, UNICEF) Out of school children enrolled in primary school among which 50% girls.</p> <p>1.2 Output 2: (UNESCO, UNICEF) Villages sensitized on Gender and Education for Quality Life Improvement.</p> <p>1.3 Output 3: (UNESCO, UNICEF) Untrained teachers trained in quality teaching/learning processes and preventive education.</p> <p>1.4 Output 4: (UNESCO, UNICEF) Classrooms equipped with the updated teaching and learning materials.</p> <p>1.5 Output 5: (WFP) Basic Education Students (P1-P6) receive on-site feeding (Boys and Girls) and take home rations (Girls) in P4-JSS3.</p>	<p>UNESCO, UNICEF, WFP, FAO, UNDP, WHO, UNFPA, UNHCR, UNAIDS</p> <p>MDBS Partners, USAID, JICA, GTZ, TECNOSERV, OICI, CRS, ACTION AID, WORLD VISION, WUCS, FAWE</p> <p>(UNESCO, UNICEF, WFP, FAO, UNDP, UNFPA, WHO, UNAIDS)*</p>	<p>Ministry of Education, Ghana Education Service, Local NGOs, FBOs (Implementation)</p> <p>Ghana Education Service, Local NGOs, FBOs (Implementation)</p> <p>Ghana Education Service (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ghana Education Service Local Government (Implementation)</p>	<p>7,500,000</p>

<p>Outcome 2: Equitable access to quality non-formal basic education for youth and adult in most deprived districts promoted.</p>	<p>1.6 Output 6:(UNICEF, UNESCO) Inclusive Basic Education targeting vulnerable groups (for Boys and Girls, HIV Orphans, Children with disabilities), promoted.</p> <p>2.1 Output 1:(UNESCO) Youth and adults have access to quality non-formal basic education in the most deprived districts of which 50% women and girls.</p> <p>2.2 Output 2:(UNESCO) Non-formal Community Facilitators trained of which at least 50% women.</p> <p>2.3 Output 3:(UNESCO) Literacy classrooms equipped with adequate literacy materials.</p> <p>2.4 Output 4:(UNESCO, UNDP) Women and girls engaged and involved in income-generating activities.</p> <p>2.5 Output 5: (UNESCO) Villages support quality Education for Quality Life Improvement.</p>	<p>(UNICEF, UNESCO, WFP, UNHCR, WHO, UNAIDS)*</p> <p>UNESCO, UNICEF, WFP, UNDP, WHO, UNFPA, UNHCR</p> <p>MDBS Partners, USAID, JICA, GTZ, TECNOSERV, OICI, CRS, ACTION AID, WORLD VISION, WUSC, FAWA</p> <p>(UNDP, FAO, ILO, UNFPA, UNESCO)*</p>	<p>Ministry of Education, Ghana Education Service, Local NGOs, (Implementation)</p> <p>Ministry of Education, Ministry of food and Agriculture, Ministry of Women and Children Affairs, Ghana Education Service, Local NGOs, (Implementation)</p> <p>Ministry of Education, Ministry of food and Agriculture, Ministry of Women and Children Affairs, Ghana Education Service, Local NGOs, (Implementation, Coordination)</p> <p>Ministry of Education, Ghana Education Service, Local NGOs, (Implementation)</p>	<p>1,500,000</p>
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<p>Outcome 3: Improved Quality of Education increased and learning capacity of Children in Basic Education promoted.</p>	<p>2.6 Output 6:(UNESCO, UNHCR) Inclusive Non-Formal Education targeting vulnerable groups (youth and adult refugees, youth and women with disabilities, etc.), promoted.</p> <p>3.1 Output 1:(WFP, FAO) Cost effective Models for replication under Government School-Feeding Programme established, including scaling up the current school garden programme.</p> <p>3.2 Output 2 (WFP) Students (50% girls) receive on-site feeding, composed of micro-nutrients fortified food commodities.</p> <p>3.3 Output 3:(UNICEF, UNFPA) Integrated approach to school environment and school health implemented.</p>	<p>(UNHCR, WHO, ILO, FAO, UNAIDS, UNESCO)*</p> <p>UNESCO, UNICEF, WFP, FAO, UNDP, WHO, UNFPA, UNHCR, ILO, UNAIDS</p> <p>MDBS Partners, USAID, JICA, GTZ, TECNOSERV, OICI, CRS, ACTION AID, WORLD VISION, WUCS, FAWA</p> <p>(WFP, FAO, UNICEF, UNDP)*</p> <p>(WHO, UNFPA, FAO, WFP, UNICEF, UNDP)*</p> <p>(</p>	<p>Coordination of Refugee support activities by UNHCR</p> <p>Ministry of Education, Ministry of Food and Agriculture, Ghana Education Service, Local NGOs, (Implementation)</p> <p>Ministry of Food and Agriculture, Local Government, Ghana Education Service (Implementation)</p> <p>Ministry of Education, Ghana Education Service, Local Government, local NGOs (Implementation)</p>	<p>7,000,000</p>
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	<p>3.4 Output 4:(UNICEF, UNFPA) Capacity of all basic schools to implement school health programme strengthened (e.g. deworming, hygiene, screening and identification of children with special needs) in 3 Northern regions.</p> <p>3.5 Output 5 :(UNICEF) Special education assessment centres established in 3 Northern regions.</p> <p>3.6 Output 6:(UNICEF) WATSAN facilities (e.g. toilets, urinals) for girls provided in all basic schools in 3 Northern regions.</p> <p>3.7 Output 7:(UNICEF) Teachers' common room attached to all basic schools in 3 Northern regions.</p> <p>3.8 Output 8:(UNICEF) Transport means (e.g. bicycle, tricycle, canoe) provided for all girls having difficulties in travelling to schools in 3 Northern regions.</p> <p>3.9 Output 9:(UNICEF, UNESCO, UNAIDS)</p>	<p>(WHO, UNFPA, FAO, WFP, UNICEF, UNESCO)*</p> <p>(UNAIDS, UNICEF, UNESCO, WHO, UNFPA)*</p>	<p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government (Implementation)</p> <p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government (Implementation)</p> <p>Ghana Education Service, local Government</p> <p>Ghana AIDS</p>	
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<p>Outcome 4: Gender parity in enrolment, retention and completion achieved in basic education (primary and JSS), especially in the most deprived districts</p>	<p>4.1 Output 1:(UNICEF, UNESCO) Gender sensitive District Education Plans developed in all 138 districts.</p> <p>4.2 Output 2:(UNICEF, UNESCO) 5-year rolling gender sensitive school performance improvement plans developed in all basic schools nationally.</p> <p>4.3 Output 3: (UNESCO, UNICEF) Public and Cost-effective complementary basic education programme for girls and other disadvantaged groups developed and scaled up</p> <p>4.4 Output 4 : (WFP) 50 000 Girls (P4-JSS3) receive take home rations for more than 85% monthly attendance</p> <p>4.5 Output 5: (UNICEF, UNFPA) Capacity of all basic schools to implement school health programme strengthened (e.g. deworming, hygiene, screening and identification of children with special needs) in 3 Northern regions.</p>	<p>UNICEF, UNESCO WFP, UNDP, WHO, UNFPA, UNHCR</p> <p>MDBS Partners, USAID, JICA, GTZ, TECNOSERV, OICI, CRS, ACTION AID, WORLD VISION, WUCS, FAWA</p>	<p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government</p>	<p>6,000,000</p>
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	<p>4.6 Output 6: (UNICEF) Special education assessment centres established in 3 Northern regions.</p> <p>4.7 Output 7: (UNICEF) WATSAN facilities (e.g. toilets, urinals) for girls provided in all basic schools in 3 Northern regions.</p> <p>4.8 Output 8: (UNICEF) Teachers' common room attached to all basic schools in 3 Northern regions.</p> <p>4.9 Output 9: (UNICEF) Transport means (eg bicycle, tricycle, canoe) provided for all girls having difficulties in travelling to schools in 3 Northern regions.</p> <p>4.10 Output 10: (UNICEF, UNESCO, UNAIDS) All basic schools became HIV-alert nationally.</p>	<p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government</p> <p>Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government (Implementation)</p> <p>Ghana Education Service, local Government (Implementation)</p> <p>Ghana Education Service, local Government (Implementation)</p> <p>Ghana AIDS Committee Ministry of Education, Ministry of Health, Ghana Education Service, Ghana Health Service, Local Government Coordination role of UNAIDS</p> <p>(UNICEF, UNESCO, WFP, FAO, UNFPA, WHO) *</p>	
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<p>Outcome 5: Equitable access to quality early childhood education increased, especially in the most deprived districts.</p>	<p>5.1 Output 1: (UNICEF) Curriculum and standards developed and disseminated nationally.</p> <p>5.2 Output 2: (UNICEF, UNESCO) Both pre-and in-service training programme developed for KG teachers.</p> <p>5.3 Output 3: (UNICEF, UNESCO) Equitable access to Quality Early Childhood Education increased, especially in deprived districts, through the development of accessible quality model of pre-school education.</p> <p>5.4 Output 4: (UNICEF, UNESCO) Resource centre to produce teaching and learning, and IEC materials established at national and regional levels (3 Northern regions)</p> <p>5.5 Output 5: (UNICEF) Comprehensive database for assessing and monitoring child growth and development (including data and education, health, nutrition etc.) developed based on the standards.</p>	<p>UNICEF, UNESCO WFP, UNDP, WHO, UNFPA, UNHCR</p> <p>MDBS Partners, USAID, JICA, GTZ, TECNOSERV, OICI, CRS, ACTION AID, WORLD VISION, WUSC, FAWE MURAG</p> <p>(UNICEF, UNESCO, WFP, FAO, UNFPA, WHO)*</p> <p>(UNICEF, UNESCO, WFP, UNFPA, UNDP)*</p>	<p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education, Ghana Education Service, Local Government (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p>	<p>7,000,000</p>
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	<p>5.6 Output 6: (WFP, UNICEF) All caregivers in the feeding centres in 3 Northern regions trained.</p> <p>5.7 Output 7: (WFP, UNICEF, UNESCO) Models for integrated interventions to create synergies in young child development strengthened and scaled-up.</p> <p>5.8 Output 8 : (UNICEF) Physical/stimulating facilities improved in all KGs in 3 Northern regions</p> <p>5.9 Output 9 : (WFP,UNICEF) WFP Supplementary feeding in pre-schools transformed into kindergarten under MoEY</p>	<p>Ministry of Education; Ghana Education Service Local Government (Implementation)</p> <p>Ministry of Education, Ministry of Health, Ministry of Food and Agriculture Ghana Education Service, Ghana Health Service, Local Government (Implementation)</p> <p>Ministry of Education, , Ghana Education Service, Local Government (Implementation)</p> <p>TOTAL TARGETS</p>	<p>29,000,000</p>
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* *Joint Programming*

The UNDAF Education Theme Group and the Government led Coordination Group on Education will meet periodically to implement and monitor the UNDAF Outcomes on Education.

Table 1.3

UNDAF RESULTS MATRIX FOR SUSTAINABLE LIVELIHOODS

National Priority or Goals: Reducing Poverty and stimulating growth by modernizing agriculture and reducing post harvest losses			
UNDAF OUTCOME 3: Increased productive capacity for sustainable livelihoods, especially in the most deprived districts by 2010.			
Country Programme Outcomes	Country Programme Outputs	Role of Partners	Resource mobilization targets
1. Increased production, productivity and income-generating capacity in deprived sectors and districts (30-40 districts).	UNIDO CP Output 1.1 The quality and quantity of products improved through the provision of various technical and entrepreneurial skill development programmes.	UNDP/FAO: Participation NBSSI: Host institution MOTI, FDB and GSB: Collaboration	US\$500,000
	UNIDO CP Output 1.2 Trade capacity raised in the whole value chain and market access improved, in particular, for non-traditional exports	UNDP/FAO: Participation MOTI/FRI/FDB/GSB: Collaboration GEPC: market information	US\$650,000
	UNDP CP Output 1.3 Support the mainstreaming of sustainable livelihood approaches into development frameworks.	NDPC: Collaboration: DAs: Implementation	US\$300,000
	WFP CP Output 1.4 Increased effective demand for domestic farm produce in response to newly created NEPAD school feeding market requirements.	FAO/UNU: Participation MOFA: Implementation	US\$10.5 million

<p>2. Appropriate technologies for increased productive activities as well as for food security and trade at community and household level promoted</p>	<p>FAO CP Output 2.1 Adoption of new technologies (incl. Training) and supply of basic farm inputs to farmers as well as measures to enhance processing, reduce post-harvest losses and improve food security.</p> <p>UNDP CP Output 2.2 Identification and (promotion of the) application of ICT advancements for increased productivity and marketing.</p>	<p>IFAD/WFP: Participation MOFA: Implementation</p> <p>IMO/FAO: Participation DAs: Implementation</p>	<p>US\$520,000</p> <p>US\$650,000</p>
<p>3. Enabling environment for private sector development and investment enhanced</p>	<p>UNDP/UNIDO CP Output 3.1 Support to the implementation of the Private Sector Development Strategy and PSIs</p> <p>UNDP/UNIDO CP Output 3.2 Support increased access to affordable finance for the private sector, especially for SMEs</p> <p>UNDP/UNIDO CP Output 3.3 National trade and investment promotion policies strengthened to attract Foreign Direct Investments and promote export.</p>	<p>FAO: Participation MPSD: Implementation</p> <p>FAO: Participation Rural banks/financial services: Collaboration</p> <p>FAO: Participation GIPC & GEPC: Implementation</p>	<p>US\$550,000</p> <p>US\$500,000</p> <p>US\$200,000</p>

<p>4. Sustainable use of natural resources and good environmental management promoted</p>	<p>UNDP/FAO CP Output 4.1 Establishment of regulatory framework for promoting sustainable use of natural resources</p> <p>UNDP/FAO CP Output 4.2 Community efforts to reduce poverty and conserve biodiversity strengthened through community-to-community learning exchanges, and training of local entrepreneurs.</p> <p>UNDP/UNIDO/FAO CP Output 4.3 Access to rural energy services to support growth, equity and gender equality improved through energy efficiency, renewable energy and technology demonstration projects.</p>	<p>UNU & UNEP: Participation MES & EPA: Collaboration</p> <p>UNEP & UNFPA: Participation MLFM: Collaboration DAs: Implementation</p> <p>MoE & Energy Foundation: Collaboration DAs: Implementation</p>	<p>US\$350,000</p> <p>US\$500,000</p> <p>US\$1,000,000</p>
<p>5. National and local systems for emergency preparedness, disaster prevention, response and mitigation strengthened</p>	<p>UNDP/FAO/WFP Output 5.1 Appropriate national strategies for disaster risk reduction and early warning systems developed.</p> <p>UNDP/FAO/WFP Output 5.2 Strengthened institutional structures and coordination for disaster risk management</p> <p>UNDP/FAO/WFP Output 5.3 National contingency plan and disaster risk management report published and disseminated</p>	<p>MoI, MOFA, EPA & NADMO: Collaboration</p> <p>MoI, MOFA, EPA & NADMO: Collaboration</p> <p>UNFPA: Participation MoI, MOFA, EPA & NADMO: Collaboration</p>	<p>US\$150,000</p> <p>US\$150,000</p> <p>US\$125,000</p>
<p>UNDAF Theme Group on Sustainable Livelihoods and Government led coordination group on Production and Gainful Employment will hold periodic consultations for implementing and monitoring the outcomes.</p>			

Table 1.4
UNDAF RESULTS MATRIX FOR HIV/AIDS

National Priority	Reduce the spread of HIV/AIDS epidemic in most deprived regions		
UNDAF Outcome	By 2010, national responses to HIV/AIDS strengthened		
Country Programme Outcomes	<p>Country Programme Outputs</p> <p>Output 1.1 UNFPA</p> <ul style="list-style-type: none"> Prevention interventions in high risk and vulnerable groups intensified based on evidence where available (including young people, uniformed personnel, female commercial sex workers, MSM, and displaced population) <p>Output 1.2 UNICEF</p> <ul style="list-style-type: none"> Scaling up prevention education with the HIV/AIDS Alert School model nationwide <p>Output 1.3 UNICEF</p> <ul style="list-style-type: none"> The national HIV/AIDS communication strategy developed and operationalized <p>Output 1.4 UNDP</p> <ul style="list-style-type: none"> Implementation of prevention interventions accelerated, especially taking into consideration the high prevalence areas and recommendations of the Joint Review 	<p>Partners (with UNAIDS)</p> <p>UNAIDS Cosponsors, Ghana AIDS Commission, DFID, USAID, DANIDA, Academy for Educational Development (AED), Family Health International (FHI), Royal Netherlands Embassy, Ministry of Education and Sports, NGOs and CBOs</p>	\$3 million
Equal access to quality services and treatment for vulnerable and high risk groups improved by 2010	<p>Output 2.1 WHO & UNICEF</p> <p>Access to VCT, STI, PMTCT+, ART and integrated youth friendly and reproductive health services to most deprived districts, including refugees and displaced populations increased</p> <p>Output 2.2 WHO & UNICEF</p> <p>? Increased access to anti-retroviral therapy based on experiences of 3 by 5 Initiative (including paediatric ART)</p>	<p>Partners (with UNAIDS)</p> <p>UNAIDS Cosponsors, National AIDS Control Programme, Ghana AIDS Commission, DFID, USAID, DANIDA, AED, FHI, Royal Netherlands Embassy, NGOs and CBOs</p>	\$10 million

	<p><u>Output 2.3 WHO</u></p> <ul style="list-style-type: none"> • Blood safety promoted in all health institutions <p><u>Output 2.4 UNFPA</u></p> <ul style="list-style-type: none"> • Condoms promotion and distribution increased <p><u>Output 2.5 UNFPA & WHO</u></p> <ul style="list-style-type: none"> • STI treatment and management facilities made accessible to the high risk groups, and in deprived districts <p><u>Output 2.6 UNICEF</u></p> <ul style="list-style-type: none"> • Increased access of OVCs to the basic package of services, with the view of respecting, protecting and fulfilling OVCs civil rights (including identity, heritage rights, education, nutrition and protection) <p><u>Output 2.7 UNDP</u></p> <ul style="list-style-type: none"> • Increased access to basic package of services for PLWHA (including management of opportunistic infections, home based care, nutrition, and support for improved livelihood) 	<p>UNAIDS Cosponsors, National AIDS Control Programme, Ghana AIDS Commission, DFID, USAID, DANIDA, AED,FHI, Royal Netherlands Embassy, NGOs and CBOs</p>	
<p>Management and coordination of the National Response improved by 2010</p>	<p><u>Output 3.1 UNDP</u></p> <ul style="list-style-type: none"> • Ghana AIDS Commission effectively function as the one national coordinating body for the national response <p><u>Output 3.2 UNDP</u></p> <ul style="list-style-type: none"> • Capacities built to effectively manage HIV/AIDS programmes at the national, regional and district levels (training in design, implementation, monitoring and evaluation) as per areas identified in NSF II <p><u>Output 3.3 UNDP</u></p> <ul style="list-style-type: none"> • HIV/AIDS and gender integrated into programmes and policies at the national level 	<p>UNAIDS Cosponsors, National AIDS Control Programme, Ghana AIDS Commission, DFID, USAID, DANIDA, AED,FHI, Royal Netherlands Embassy, NGOs and CBOs</p>	<p>\$3 million</p>

	<p><u>Output 3.4 UNDP</u></p> <ul style="list-style-type: none"> • Civil society groups, NGOs and the private sector effectively participate in the national response <p><u>Output 3.5 UNDP</u></p> <ul style="list-style-type: none"> • DRI strategy effectively used to strengthen and scale-up the local response to the epidemic <p><u>Output 3.6 UNICEF</u></p> <ul style="list-style-type: none"> • One national HIV/AIDS strategic framework operationalized <p><u>Output 3.7 UNFPA</u></p> <ul style="list-style-type: none"> • One national Monitoring and Evaluation (M&E) System established and operationalized <ul style="list-style-type: none"> ◦ M&E Framework of national response reformulated and operationalized ◦ Country Response Information System (CRIS) established and utilized at national, regional and district level ◦ Strategic management of HIV/AIDS information at all levels ◦ Second generation surveillance mainstreamed into existing MoH surveillance system ◦ Joint review of the national programme carried out on regular intervals <p><u>Output 3.8 UNESCO</u></p> <ul style="list-style-type: none"> • Priority operational research on different aspects of the HIV/AIDS epidemic in Ghana identified and implemented 	<p>UNAIDS Cosponsors, National AIDS Control Programme, Ghana AIDS Commission, DFID, USAID, DANIDA, AED, FHI, Royal Netherlands Embassy, NGOs and CBOs</p>	
<p>The UNDAF Theme Group on HIV/AIDS and the Expanded Technical Working Group comprising of government/public institutions and external aid agencies will hold regular consultations to implement and monitor the UNDAF outcomes.</p>			

Table 1.5

UNDAF RESULTS MATRIX FOR DATA MANAGEMENT INFORMATION SYSTEMS.

National Priority/Goals (GPRS Matrix):			
<ul style="list-style-type: none"> To strengthen national capacity to monitor and evaluate the policy agenda. 			
UNDAF Outcome by End of the Programme Cycle:			
<ul style="list-style-type: none"> By 2010, Policy, Planning, Monitoring and Evaluation processes at all levels are informed by an effective data management information system 			
CP Outcomes	CP Outputs	Development Partners	Resource Mobilization Targets
National capacity to conduct, analyse, report and disseminate key national studies/surveys/evaluations enhanced by 2010	<p>Timely and reliable data available at all levels: National Census, Demographic and Health Survey, CWIQ, Maternal Mortality Survey, Ghana Living Standards Survey, Industrial Survey and others carried out and completed by 2010.</p> <p>Increased capacity of the national system to register and monitor all children at birth</p>	<p>UNFPA (Census, MMS) UNICEF (MMS) WHO (DHS) UNIDO (Industrial S) ILO (EA, CWIQ, GLSS) UNICEF(BDR)</p>	<p>The allocation of funds to be decided by partners including the modality of funding, parallel, etc.</p>
National data management systems strengthened at all levels.	<p>Ghana Info database developed, implemented and operational at the national /regional levels by 2008.</p> <p>MDAs/RCCs/DAs decentralized data bases established and functioning by 2010.</p> <p>Country Response Information System (CRIS) to monitor HIV/AIDS programme indicators established at national/regional/district level.</p>	<p>UNDP (with NDPC) UNICEF (with GSS + regions/districts) UNFPA (GSS) ILO (GSS) UNIDO, UNFPA, ILO UNAIDS (GAC)</p>	-do-

<p>National M&E capacity improved by 2010</p>	<p>MDAs/RCCs/DAs data collection and management knowledge/ skills and capacity improved by 2010.</p> <p>Co-ordinated M&E structures mechanisms established/operational at national and regional levels.</p>	<p>UNDP (NDPC) UNFPA (GSS, NPC, NDPC) UNICEF (GSS, NDPC, MOEYS, MOH, MOWAC, MLDRD, MMDE/DSW, CWSA, RCCs/DAs, etc) FAO (MoFA) WHO (MoH) ILO (Manpower, Youth & Employment</p>	<p>-do-</p>
<p>Evidence-based planning and decision making strengthened at all levels.</p>	<p>Population, RH/Gender concerns integrated into development planning and management process at all levels.</p> <p>Compliance with implementation of UN conventions, treaties, protocols, legislations, etc effectively monitored and reporting obligations met.</p> <p>Social protection strategy for vulnerable groups implemented</p>	<p>UNFPA (NPC, NDPC) UNDP, WHO UNIDO, UNFPA, ILO, WFP, UNAIDS. UNICEF (GNCC/MOWAC, NCCCE, MMDE/DSW, Police Service, MOJ, WAJU, DAs, NGOs, NYC, etc.)</p>	<p>-do-</p>
<p>The UNDAF Theme Group on Data Management Information Systems which includes representatives from the Ghana Statistics Service, the National Development Planning Commission and the National Population Council will be responsible for the implementation and monitoring of the UNDAF outcomes.</p>			

Table 1.6
UNDAF RESULTS MATRIX FOR GOVERNANCE.

National Priority/Goals (Reference GPRS matrix)	Reduce poverty by enhancing good governance		
UNDAF Outcome (Resolution from UN retreat)	By 2010, Capacity for Equitable and Participatory Governance systems made more effective at all levels and guided by human rights principles.		
CP Outcomes	Country Programme Outputs	Role of Partners	Resource Mobilization Targets
<p>1. By 2010, more effective participation of central and local institutions and the civil society for good decentralized governance</p>	<p>UNHABITAT and WB CP Output 1 Enhance the capacity of the most deprived districts in planning, budgeting, effective performance, and service delivery.</p>	<p>Local NGOs, Ministry of Local Government and Rural Development, Ministry of Presidential Affairs</p>	<p><i>Habitat USD 1 million</i></p>
	<p>UNDP CP Output 1.1 Increased capacity among decision makers and communities about public participation in local governance UNDP CP Output 1.2 Increased participation of civil society organizations in policy formulation and implementation, with emphasis on the poor and the vulnerable. UNDP CP Output 1.3 Enhanced transparency and accountability in governance UNDP CP Output 1.4 Development of e-governance process promoted and supported WB CP Output 1.5 Development of a unified policy and legal instrument on decentralization supported</p>	<p>NCCE, EC, CHRAJ, SFO, and GACC, Ministry of Justice, Ministry of local Government and Rural Development, Ministry of Presidential Affairs, WB: civic education campaigns; e-governance capacity building</p>	<p><i>UNDPUSD 2 million</i></p>

<p>2. By 2010, Improved access to justice and the exercise of their rights in particular the poor and vulnerable</p>	<p>UNDP CP Output 2.1 Governance policy and legal framework strengthened UNDP CP Output 2.2 Human rights institutions supported for equitable enforcement of basic rights and enhanced access to justice, especially for the marginalized UNDP CP Output 2.3 Increased capacity of enforcement institutions to coordinate information and enhance speedy and effective access to justice UNDP CP Output 2.4 Awareness, capacity, and assertion of human rights by the public enhanced UNDP CP Output 2.5 Participation of civil societies in policy dialogue and service delivery to ensure a pro-poor perspective supported.</p>	<p>NDPC, APRM, CHRAJ, LAB, UNHCR, CSOs, Ministry of Justice, Ministry of Information, NCCCE, Ministry of Presidential Affairs,</p>	<p>UNDP: USD 2 million</p>
<p>3. By 2010, accelerated progress achieved in Gender Equity and in the empowerment of women at all levels</p>	<p>UNDP CP Output 3.1 Full incorporation of a gender perspective in policy and budget formulation facilitated UNDP and UNHABITAT CP Output 3.2 Capacity of central and local institutions dealing with women and children strengthened UNDP CP Output 3.3 Promotion of women for local and national leadership roles accelerated UNDP CP Output 3.4 CSO's advocacy programmes aimed at facilitating empowerment of women encouraged UNDP CP Output 3.5 Increased awareness of rights and responsibilities including the availability of support services to women and children supported</p>	<p>Ministry of Women and Children's Affairs, Ministry of Education and Sports, Ministry of Manpower Development, Police, CSO's, NCCCE, Ministry of Interior, Ministry of Presidential Affairs, and EC: promote the inclusion of women in leadership roles</p>	<p>UNDP: USD 1 million Habitat: USD .5 million</p>

<p>4. By 2010, enhanced mechanism is in place for conflict prevention management and resolution</p>	<p>UNDP CP Output 4.1 Structures and institutions for managing national, regional, and community level conflicts strengthened UNDP CP Output 4.2 Mainstreaming of women and youths in conflict prevention and resolution supported UNDP CP Output 4.3 Development and institutionalization of an early warning and early response mechanism as Governance practice supported UNDP CP Output 4.4 Capacity building for conflict management within the public service as well as public education on conflict prevention and peace building supported UNDP CP Output 4.5 Development of institutional mechanisms and critical mass for peace building and conflict prevention supported UNDP CP Output 4.6 Development of a peer review mechanism and the strengthening of professionalism in the media promoted UNDP CP Output 4.7 Development of mechanisms for the control, de-proliferation, and demobilization of small arms and light weapons promoted.</p>	<p>Chiefainy Institutions, Ministry of Interior, Regional Ministries, Ministry of Local Government and Rural Development, CSO's, MOWAC, NYC, Ministry of Youth, Security Agencies, NADMO, GJA, NMC, EC, UNIC, NCSA, CSS's, Ministry of Presidential Affairs,</p>	<p><i>UNDP Regular resources: USD 2 million</i></p>
<p>5. By 2010, progress made in the promotion, respect and protection of children's rights</p>	<p>UNICEF CP Output 5.1 Mechanism for participation of children established UNICEF CP Output 5.2 Capacity of judicial and law enforcement systems enhanced to ensure the protection of children's rights UNICEF CP Output 5.3 Strengthen children's capacity to claim their rights through awareness creation UNICEF CP Output 5.4 National Social Protection Strategy completed and implemented.</p>	<p>MOWAC, DSW/CD, MMYE, CRI (Children's Rights International), Women and Juvenile Unit (WAJU), CRI, Ghana National Coalition on the Rights of Children (GNCRC), MLGRD, DSW, NDPC, WB, DFID</p>	<p><i>UNICEF Regular resources: USD 6 million</i></p>
<p>UNDAF outcomes will be implemented and monitored by the UNDAF Governance Thematic Group and Government led Coordination Group on Good Governance.</p>			

Table 2.1
UNDAF M & E FRAMEWORK FOR HEALTH

CP Outcomes	Indicators (with baseline)	Sources of Verification (by agency)	Risks and Assumptions
<p>1) Decrease in child mortality in most deprived districts</p>	<ul style="list-style-type: none"> • Child mortality rate (111/100,000 2003 GDHS) • Infant mortality rate (64/1000 2003 GDHS) • Proportion of children <1 year vaccinated against measles (64.9% -2003 GDHS, 82% EPI GHS, 2003) • Trend of <5 malaria (Morbidity & mortality) • Use of ITN < 5 children (3.3%, GDHS 2003) 	<p>GDHS</p> <p>Routine EPI administrative data</p> <p>EPI survey report (2004-GHS)</p> <p>Routine surveillance data</p>	<p>The GDHS data is not district specific hence assumption of averages used</p> <p>For routine administrative data, data quality problem may lead to bias so survey will be conducted to supplement the administrative data</p> <p>Incomplete health facility reports may affect the quality of surveillance data</p>
<p>2) Decrease in Maternal Mortality in most deprived districts</p>	<ul style="list-style-type: none"> • Maternal Mortality ratio (214/100,000 1994 Ghana Statistical Services) • Proportion of births attended by skilled health personnel (2003 GDHS, 47%) • Contraceptive Prevalence rate (GDHS 2003, 19%) • No of functional basic and comprehensive EOC (no base line data to be included in the survey of MMR) • No. of Districts carrying out IPT (20 districts in 2004) 	<p>Service reports and GDHS</p> <p>GDHS</p>	<p>MMR statistics coated methodology used is sisterhood which may have potential recall bias and wide confidence interval</p>

<p>3) Decrease in Malnutrition in most deprived districts</p>	<ul style="list-style-type: none"> ● Prevalence of underweight children under 5 years of age (%7) ● Prevalence of wasting (22%) ● Prevalence of stunting (30%) ● Prevalence of Anemia in women (45%) and children (75%) ● % Of House holds using adequately iodized salt (28%) ● % Of children <5 (6-59 months) using Vitamin A supplement (78%) 	<p>GDHS</p>	<p>The GDHS is not district specific, hence assumption of averages used.</p>
<p>4) Increase access to safe water in Guinea worm endemic areas</p>	<ul style="list-style-type: none"> ● Proportion of guinea Worm endemic communities/villages that have access to safe water 	<p>(Ghana Guinea Worm Eradication Programme, Ghana Health Service) 45% by October 2004</p>	

Table 2.2
UNDAF M&E FRAMEWORK FOR EDUCATION

CP Outcomes	Indicators (with baseline)	Sources of Verification	Risks and Assumptions
<p>Outcome 1: Equitable access, enrolment, retention and completion in quality basic education for school going age in Primary and JSS in most deprived districts increased</p>	<ul style="list-style-type: none"> • Gross Enrolment Ratio in primary schools to rise from 79% in 2002 to 100% by 2010. • 100% Net admission at Primary 1 by 2010 • Net Enrolment Ratio : 80% by 2010 • Percentage of untrained teachers to be reduced from 21.2% at the Primary level and 12.8% at JSS to not more than 7% in each of the two levels by 2010 • Increase in percentage of girls enrolled. • Increase in the number of vulnerable children in school. • % of students (P1-P6) receiving on site feeding; • % of girls benefiting from take home rations. 	<p>EMIS Reports GES, BED PBME Das</p>	<p>Efficient use of decentralized resources; Effective Community Participation</p>
<p>Outcome 2: Equitable access to quality non-formal basic education for youth and adult in most deprived districts promoted.</p>	<ul style="list-style-type: none"> • Increase in percentage of youth and adults having access to quality non-formal education. • % of women and girls having access to quality non-formal education 	<p>NFED; EMIS; SRIMPR.</p>	<p>District Education Oversight committees operational; Greater Efficiency of District education Offices</p>

	<ul style="list-style-type: none"> • Increased in the number of trained community facilitators • % of women community facilitators. • % of villages supporting effectively quality education for quality life improvement by villages. • Increase in the number of vulnerable groups (youth and adults, refugees, youth and women with disabilities, etc) having access to inclusive education 		<p>Effective Community Participation</p> <p>Strengthened partnership with NGOs and CSOs</p>
<p>Outcome 3: Improved Quality of Education increased and learning capacity of Children in Basic Education promoted.</p>	<ul style="list-style-type: none"> • Primary pupil textbook ratio to be 1:1 for all subjects by 2006. • 100 %teachers have access to teaching support materials by 2008. • % girls receiving on-site teaching, composed of micro-nutrients fortified food commodities. • Number of special education assessment centers established • % of new teachers trained in STI/HIV/AIDS basic counseling, prevention, care and support • Every JSS with one teacher designated and trained as an HIV/AIDS Counselor by 2006. 	<p>NFED; EMIS; SRIMPR.</p>	<p>District Education Oversight committees operational;</p> <p>Greater Efficiency of District education Offices</p>

<p>Outcome 4: Gender parity in enrolment, retention and completion achieved in basic education (primary and JSS), especially in the most deprived districts</p>	<ul style="list-style-type: none"> • 50% female enrolment in Primary Schools by 2010 • Retention rates of females and males on a par by 2010. • %Girls receiving take home rations • Public and cost-effective complementary basic education programme for girls available 	<p>EMIS Reports GES, BED PBME Das</p>	<p>Effective Community Participation</p>
<p>Outcome 5: Equitable access to quality early childhood education increased, especially in the most deprived districts.</p>	<ul style="list-style-type: none"> • % of public primary schools with 2 KG classrooms attached • Curriculum for pre-service teacher training in pre-school education available • % teachers trained in pre-school instruction • Number of Resource centres to produce learning and IEC materials established • % of caregivers in the feeding centers trained. • % of schools utilizing new Standards for Child development 	<p>EMIS; Reports GES; BED; PBME</p>	<p>Efficiency in the use of decentralized resources</p>

Table 2.3

UNDAF MONITORING AND EVALUATION FRAMEWORK FOR SUSTAINABLE LIVELIHOODS

Increased productive capacity for sustainable livelihoods, especially in the most deprived districts by 2010			
UNDAF Outcome	Indicators and Baselines	Sources of Verification	Risks and Assumptions
<p>1. Increased production, productivity and income-generating capacity in deprived sectors and districts (30-40 districts).</p> <p>1.1 The quality and quantity of products improved through the provision of various technical and entrepreneurial skill development programmes.</p>	<p>Indicators:</p> <p>1.1.1 A programme matrix of Agencies and roles in place by Nov 2005</p> <p>1.1.2 Number of people trained in entrepreneurial skills.</p> <p>1.1.3 Number of farmers having access to improved technology</p> <p>Baselines:</p> <ul style="list-style-type: none"> 20 deprived districts with approximately 10,000 people without access to entrepreneurial skills 20 deprived districts with approximately 50,000 farmers without access to improved technology. 	MOTI/FDB/NBSSI/GSB/ Agencies/Districts/ Communities	Non-availability of published data. Baselines based on conservative estimates.
<p>1.2 Support the mainstreaming of sustainable livelihood approaches into development frameworks.</p>	<p>Indicators:</p> <p>1.2.1 Plans and programmes of Districts Assemblies (DAs) containing sustainable livelihood approaches.</p> <p>1.2.2 Number of DAs and Government officials sensitized and trained in managing sustainable livelihood approaches.</p>		Districts will be selected from amongst the deprived ones. Timely presentation of plans.

	<p>Baselines:</p> <ul style="list-style-type: none"> • Number of DAs with plans and programmes as at Dec 2005. • Number of DAs and Government officials with requisite training as at Dec 2005 		
<p>1.3 Increased effective demand for domestic farm produce in response to the newly created NEPAD school feeding market requirements.</p>	<p>Indicators:</p> <p>1.3.1 Tonnage and monetary value of food commodities procured locally under the initiative.</p> <p>1.3.2 Number of farmers/farmers' groups supported under the initiative</p> <p>1.3.3 Farm household revenues from produce sales to the local food procurement initiative</p> <p>Baseline:</p>		<p>Availability of products at competitive prices and as per WFP specs Availability of donor</p>
<p>1.4 Trade capacity raised in the whole value chain and market access improved, in particular, for non-traditional exports</p>	<p>Indicator:</p> <p>1.4.1 Volume of non-traditional exports.</p> <p>Baseline:</p> <p>Performance of non-traditional exports as at Dec 2005</p>		

<p>2. Appropriate technologies for increased productive activities as well as for food security and trade at community and household level promoted</p> <p>2.1 Adoption of new technologies (incl. Training) and supply of basic farm inputs to farmers as well as measures to enhance processing, reduce post-harvest losses and improve food security.</p>	<p>Indicator: 2.1.1 Number of farmers and producers trained in applying improved technology in production and processing.</p> <p>Baseline: Number of farmers and producers with requisite training as at Dec 2005</p>	<p>MOTI/MOFA/Agencies/Districts/Communities</p>	<p>Non-availability of published data. Baseline based on actual performance.</p>
<p>2.2 Identification and (promotion of the) application of ICT advancements for increased productivity and marketing.</p>	<p>Indicator: 2.2.1 Number of facilities with internet connection in 20 deprived districts.</p> <p>Baseline: Number of facilities with internet connection in 20 deprived districts as at Dec 2005.</p>		<p>Timely availability of resources to beneficiaries.</p>
<p>3. Enabling environment for private sector development and investment enhanced</p>		<p>MPSD/GIPC/Agencies/Private Sector (Micro, Small and Medium)</p>	

<p>3.1 Support to the implementation of the Private Sector Development Strategy and PSIs</p>	<p>Indicator: 3.1.1. Number of people aware of and involved in market opportunities of PSIs</p> <p>Baseline: Number of people aware of and involved in market opportunities of PSIs as at Dec 2005.</p>		<p>Programme to be designed to be complementary to past and ongoing assistance to MPSD and GIPC.</p>
<p>3.2 Support increased access to affordable finance for the private sector, especially for SMEs</p>	<p>Indicator: 3.2.1 Number of people/groups (women and micro & small enterprises) with access to affordable finance.</p> <p>Baseline:</p>		<p>Availability of adequate resources.</p>
<p>3.3 National trade and investment promotion policies strengthened to attract Foreign Direct Investments and promote export.</p>	<p>Indicators: 3.3.1 Number and value of FDIs 3.3.2 Volume and value of non traditional exports</p> <p>Baselines:</p> <ul style="list-style-type: none"> ● Number and value of FDIs as at Dec 2005 ● Volume and value of non traditional exports as at Dec 2005 		
<p>4. Sustainable use of natural resources and good environmental management promoted</p>		<p>MES/MoE/MLFM/EF/..Districts/Communities</p>	

<p>4.1 Establishment of regulatory framework for promoting sustainable use of natural resources</p>	<p>Indicator: 4.1.1 A draft regulatory framework available by Dec 2006 Baseline: Regulatory mechanisms and gaps as at Dec 2005</p>	<p>Timely presentation of assessment report and draft framework.</p>
<p>4.2 Community efforts to reduce poverty and conserve biodiversity strengthened through community-to-community learning exchanges, and training of local entrepreneurs.</p>	<p>Indicators: 4.2.1 Number of communities involved 4.2.2 Number of local entrepreneurs trained Baselines:</p> <ul style="list-style-type: none"> • Number of communities engaged in practice as at Dec 2005 • Number of local entrepreneurs trained as at Dec 2005 	<p>Communities to be selected from the deprived districts.</p>
<p>4.3 Access to rural energy services to support growth, equity and gender equality improved through energy efficiency, renewable energy and technology demonstration projects.</p>	<p>Indicators: 4.3.1 Number of people by gender with access to rural energy services 4.3.2 Number of programmes by type enhancing access to rural energy services Baselines:</p> <ul style="list-style-type: none"> • Number of people with access to rural energy services as at Dec 2005 • Number of programmes enhancing rural energy services as at Dec 2005 	

<p>2. National and local systems for emergency preparedness, disaster prevention, response and mitigation strengthened</p> <p>5.1 Appropriate national strategies for disaster risk reduction and early warning systems developed.</p> <p>5.2 Strengthened institutional structures and coordination for disaster risk management</p> <p>5.3 National contingency plan and disaster risk management report published and disseminated</p>	<p>Indicators:</p> <p>5.1.1 Number and type of strategies</p> <p>5.1.2 Number and type of early warning systems and frequency of updating information</p> <p>5.1.3 Number of qualified personnel and facilities (equipment, mobility etc) in use</p> <p>5.1.4 Organizational arrangement for coordination</p> <p>5.1.5 National contingency plan and disaster risk management report published.</p> <p>Baseline Assess existing strategies, structures, plans and gaps.</p>	<p>MOFA/EPA/NADMO/.MoI/ Agencies/</p>	<p>Timely establishment of coordinating body with TOR. Mapping and TOR of all relevant national institutions. Timely availability of resources.</p>
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Table 2.4
UNDAF M&E FRAMEWORK FOR HIV/AIDS -

UNDAF Outcome	Indicators (with baseline)	Sources of Verification (by agency)	Risks and Assumptions
<p>Further spread of HIV infection among most vulnerable and high risk groups reduced by 2010</p>	<ul style="list-style-type: none"> • Percentage of blood samples taken from pregnant women aged 15-49 that test positive for HIV during routine sentinel surveillance at selected antenatal clinics • Percentage of blood samples taken from pregnant women aged 15-24 that test positive for HIV during routine sentinel surveillance at selected antenatal clinics • Percentage of blood samples taken from female commercial sex workers that test positive for HIV on their first visit to selected sentinel surveillance sites. • Percentage change in HIV prevalence for uniformed personnel • Percentage change in HIV prevalence for prison inmates • The national HIV/AIDS communication strategy is developed and functional, with identified coordinating institutions • National IEC for HIV/AIDS “Clearing House” established • Increase in number of projects and financial support on HIV/AIDS in high prevalence areas 	<p>National AIDS/STI Control Programme Ghana Health Service National AIDS/STI Control Programme Ghana Health Service WAPCAS/AED Reports</p> <p>Armed forces project data University of Ghana/NACP GAC GAC Data from CRIS and MAP II project and financial data</p>	<p>NSF II/MAP II/CRIS implementation is assumed to be started early 2005.</p>
<p>Equal access to quality services and treatment for vulnerable and high risk groups improved by 2010</p>	<ul style="list-style-type: none"> • Number of Centres that have at least one staff trained as a counsellor providing specialised HIV counselling and testing services free or at affordable rates • Percentage of people with advanced HIV infection receiving antiretroviral combination therapy • Number of centres providing PMTCT+ services increased from 19 to 138 	<p>VCT records / District Assemblies MoH/GHS programme records (TAP, 3by5) MoH/GHS PMTCT records</p>	

	<ul style="list-style-type: none"> • Percent of HIV positive women and their new born babies who receive a complete course of ART to prevent MTCT in past 12 months • Percent of young people 15-24 years reporting the use of condom at last sexual intercourse with non-regular partner • Percent of patients with STIs at selected health care facilities who are appropriately diagnosed, treated, and counselled according to national guidelines. • Number of refugees and displaced persons with access to package of services (VCT, PMTCT, STI, ART, Condoms) • Number of deprived districts with youth friendly services • Number of deprived districts with functional VCT services • Number of deprived districts with STI treatment and management centres including condoms • Number of NGOs receiving financial assistance to give care and support to orphans and vulnerable children • Ratio of orphaned to that of non-orphaned children aged 6-14 who are currently attending school • Number of NGOs receiving financial assistance to give care and support services to PLWHA (including management of opportunistic infections, home based care, nutrition, and support for improved livelihood) • Number of PLWHA receiving care and support • Percent of blood units transfused in the last 12 months that have been adequately screened for HIV 	<p>MoH/GHS Programme records</p> <p>GDHS</p> <p>MoH/Health Facility Survey</p> <p>UNHCR record</p> <p>District assemblies /UN agencies</p> <p>District assemblies/NACP/UN</p> <p>District assemblies/NACP/UN</p> <p>GAC/MMDE/UNICEF</p> <p>GDHS/GAC/MMDE/UNICEF</p> <p>GAC/WHO/GHS</p> <p>GAC/WHO/GHS</p> <p>Ghana Blood Bank</p> <p>Services/HMIS special survey</p>	
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<p>Management and coordination of the National Response improved by 2010</p>	<ul style="list-style-type: none"> • National Strategic Framework on HIV/AIDS is funded and is managed by Ghana AIDS Commission • The monitoring and evaluation framework of the national response is updated and funded • Number of regional and district focal persons trained in use of CRIS and reporting regularly to Ghana AIDS Commission • Number of regions and districts using CRIS for regular reporting to GAC • Number of HIV/AIDS studies endorsed or funded and disseminated in the main intervention areas • Reports on second generation surveillance targeted at high risk groups conducted • Number of national AIDS accounts conducted • Number of joint reviews of the national response • Number of Agencies and partners participating in common funding and management arrangements • Number of capacity building workshops/trainings on HIV/AIDS programming at national/regional/district level • Percentage of projects supported by the UN system that mainstream HIV/AIDS and gender into regular programming • Number of civil society groups, NGOs and the private sector funded through the national response • Percent of donor funds awarded to NGOs/CBOs through DRI • Number of districts with HIV/AIDS plans developed and implemented 	<p>GAC/UNAIDS records GAC/UNAIDS records GAC/UNAIDS records GAC/UNAIDS records Review of UN/GAC records MoH/GHS GAC/UNAIDS UN agencies/GAC/Development partners UN agencies/GAC/Development partners District Assemblies/GAC/UNAIDS UN Agencies GAC records GAC/MLGRD GAC/MLGRD</p>	
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Table 2.5

MONITORING AND EVALUATION FRAMEWORK FOR DATA MANAGEMENT INFORMATION SYSTEMS

UNDAF Outcome	Indicators and Baselines	Sources of Verification	Risks and Assumptions
<p>UNDAF Outcome 6: By 2010, Policy, Planning, Budgeting, Monitoring and Evaluation processes at all levels are informed by an effective data management information system</p> <p>6.1 National capacity to the conduct, analyse, report and disseminate key national studies/surveys/evaluations results enhanced by 2010</p> <ul style="list-style-type: none"> • Timely and reliable disaggregated data available at all levels: National Census, Demographic and Health Survey, CWIQ, Maternal Mortality Survey, Ghana Living Standards Survey, Industrial Survey and others completed by 2010. • Increased capacity of the national system to register and monitor all children at birth 	<p>Indicators:</p> <ul style="list-style-type: none"> • National/sectoral/district level development agenda based on explicit scientific evidence. <p>Baselines:</p> <ul style="list-style-type: none"> • Indicator: <ul style="list-style-type: none"> • Number of implementing partners with the capacity to conduct key national studies and surveys. • Number of surveys/evaluations meeting quality standards implemented/ completed. • Number of survey/evaluations reports published and disseminated according to schedule. • Universal registration of births. • No. of staff trained <p>Baseline:</p>	<p>GPRS, CCA/UNDAF III, District Development Plans</p> <p>GPRS, CCA/UNDAF III, District Development Plans</p> <p>Survey data set and final reports.</p> <p>Births and Deaths Registry Records and reports.</p> <p>Agencies reports/project review meeting</p>	<p>State risks and assumptions for the UNDAF and CP outcome</p> <p>Lack/shortage of funding.</p>

<p>6.2 National data management systems based on Ghana Info developed, implemented and functioning at the national /regional/district levels by 2008.</p> <ul style="list-style-type: none"> Ghana Info national database developed, implemented and operational at the national /regional levels by 2008. MDAs/RCCs/DAs data collection and management knowledge/ skills and capacity improved by 2010. CRIS to monitor HIV/AIDS programme indicators established at national/regional/district level. 	<ul style="list-style-type: none"> Ghana Info database operational at national/regional levels, data widely disseminated and used. No. of technical staff with capacity to manage DevInfo database (national / regional / district). No. of agencies with functioning database system Database on HIV/AIDS established. 	<p>Agency reports/project review meeting/field visit reports</p> <p>-do-</p> <p>-do-</p>	<p>Lack of reliable, complete and up to date data including desegregation by geographic areas, gender, etc. can affect the quality of data base.</p>
<p>6.3 National M&E capacity improved by 2010</p> <ul style="list-style-type: none"> MDAs/RCCs/DAs data collection and management knowledge/ skills and capacity improved by 2010 Co-ordinated M&E structures mechanisms established/operational at national and regional levels. 	<ul style="list-style-type: none"> -National/regional M & E monitoring structure and coordination mechanism functional and capacities built. - Number of implementing agencies with data collection and management capacity. 	<p>Agency/ies report, field visits</p>	<p>Frequent transfers of staff.</p>

<p>6.4 The use of evidence-based decision making strengthened at all levels.</p> <ul style="list-style-type: none"> Population, RH/Gender concerns integrated into development planning and management process at all levels. Compliance with implementation of UN conventions, treaties, protocols, legislations, etc effectively monitored and reporting obligations met. Social protection strategy for vulnerable groups implemented and practices effectively monitored. 	<ul style="list-style-type: none"> Number of national/district policies/plans/programmes that make explicit linkages among population/RH/gender and development. No. of implementing agencies with capacity to integrate population/RH/gender into development process. No. of cases of children and women rights violations reported. No. of communities/districts/community based organizations that have establish monitoring/reporting system on children/women rights violations. No. of actions/measures taken on reported violation cases. 	<p>National/district policies/plans and programmes</p> <p>Agency training reports</p> <p>Agency/ies report, surveys</p>	<p>Lack of commitment/ownership from communities/districts/stakeholders can affect the initiative on monitoring child rights violations.</p>
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Table 2.6
UNDAF M & E FRAMEWORK FOR GOVERNANCE

National Priority/Goals (Reference GPRS matrix)	Reduce poverty by enhancing good governance			Risks and Assumptions
CP Outcomes	Indicators (with baseline)	Source of Verification (By Agency)		
<p>1. By 2010, more effective participation of central and local institutions and the civil society for good decentralized governance</p>	<ul style="list-style-type: none"> ● Baseline <ul style="list-style-type: none"> ○ Legal instruments for decentralization exist but several factors have hindered implementation ● Indicators <ul style="list-style-type: none"> ○ Review of annual budget and actual disbursement ○ Number of consultations held to receive input on policy instrument ○ Institutionalization of a process of consultation in policy formulation ○ Appropriate guidelines on local revenue sources available for use by districts. 	<ul style="list-style-type: none"> ● NCCCE reports on policy dialogue ● Ministry of Finance ● Ministry of Local Government (Inspectorate Division) annual reports 	<ul style="list-style-type: none"> ● Assumption <ul style="list-style-type: none"> ○ Stated commitment by central government to decentralize ● Risk <ul style="list-style-type: none"> ○ Matching commitment with action ○ Lack of capacity of CSO at the local level 	
<p>2. By 2010, Improved access to justice and the exercise of their rights in particular the poor and vulnerable</p>	<ul style="list-style-type: none"> ● Baseline <ul style="list-style-type: none"> ○ Litigation is expensive and time consuming in Ghana ● Indicators <ul style="list-style-type: none"> ○ Increased use of ADR in courts and by CHRAJ ○ Length of time to conclude petitions by CHRAJ and cases in courts ○ Number of cases handled by legal aid board 	<ul style="list-style-type: none"> ● CHRAJ and Judicial Service ● Judicial Service ● Legal Aid Board 	<ul style="list-style-type: none"> ● Assumption <ul style="list-style-type: none"> ○ Commitment to the ADR process by Judiciary and CHRAJ ● Risk <ul style="list-style-type: none"> ○ Availability of funding for systems wide application of ADR 	

<p>3. By 2010, accelerated progress achieved in Gender Equity and in the empowerment of women at all levels</p>	<ul style="list-style-type: none"> ● Baseline <ul style="list-style-type: none"> ○ Limited progress in gender achieved since Beijing Plus Five ● Indicators <ul style="list-style-type: none"> ○ Adoption of a national policy on women ○ Number of training programs organized for women and women's groups ○ Increase number of women in leadership roles at all levels ○ Number of Ministries and Districts with established gender desks 	<ul style="list-style-type: none"> ● MOWAC ● CSO Reports ● Media Report ● Ministry of Local Government reports 	<ul style="list-style-type: none"> ● Assumption <ul style="list-style-type: none"> ○ Stated commitment by central government and MOWAC to policy on women ● Risk <ul style="list-style-type: none"> ○ Matching commitment with action
<p>4. By 2010, enhanced mechanism is in place for conflict prevention management and resolution</p>	<ul style="list-style-type: none"> ● Baseline <ul style="list-style-type: none"> ○ Hundreds of unresolved conflicts that need to be dealt with in a systematic way. ○ There is limited capacity at the local levels for resolving the conflicts ● Indicators <ul style="list-style-type: none"> ○ Adoption of early warning and early response policy ○ Establishment of small arms register ○ Development and adoption of a self regulatory process by the media ○ Increase number of training for peace builders 	<ul style="list-style-type: none"> ● NMC Rport ● Media Report 	<ul style="list-style-type: none"> ● Assumption <ul style="list-style-type: none"> ○ General recognition and willingness by governments and other stakeholders to deal with the violent conflicts in the country ● Risk <ul style="list-style-type: none"> ○ The historicity of the conflicts and their politicization makes executive commitments to resolving them suspect.

<p>5. By 2010, progress made in the promotion, respect and protection for rights of children</p>	<ul style="list-style-type: none"> • Baseline <ul style="list-style-type: none"> ○ Legal frameworks exist but capacity to implement is weak • Indicators <ul style="list-style-type: none"> ○ Number of child panels established and participation in school governance ○ Number of trained persons on child rights of law enforcement agencies ○ Human Trafficking and Domestic Violence Bill passed ○ Universal birth registration by 2010 ○ National Social Protection Strategy 	<ul style="list-style-type: none"> • Reports/Surveys from Ministry of Education, CRI • Reports/surveys of WAJU, Judicial service • Parliament Laws passed • Birth registry figures at Birth and Deaths registry 	<ul style="list-style-type: none"> • Assumption <ul style="list-style-type: none"> ○ Schools and communities will recognize the rights of children ○ Government committed to the promotion and protection of children's rights • Risk <ul style="list-style-type: none"> ○ Cultural resistance to issues of rights of children ○ Government taking ownership of Social Protection Strategy
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Table 3

**UNDAF MONITORING AND EVALUATION PROGRAMME
CYCLE CALENDAR (2006-2010).**

		Year 1	Year 2	Year 3	Year 4	Year 5
UNCT Monitoring and Evaluation Activities	Surveys / Studies	<ul style="list-style-type: none"> Conduct baseline surveys and relevant/researches/studies to determine baseline of identified indicators in the UNDAF. Also conduct studies on feasibility of joint programmes in areas of cooperation identified in the UNDAF. Annual Sentinel Surveillance Survey School Mapping Exercises in deprived districts 	<ul style="list-style-type: none"> Preparation of programme documents and agreements for joint programmes Annual Sentinel Surveillance Survey Conduct of Ghana Living Standard Survey 	<ul style="list-style-type: none"> Preparation of project proposals and mobilization of funds for National Census Survey Conduct of Demographic and Health Survey Annual Sentinel Surveillance Survey 	<ul style="list-style-type: none"> Preparatory phase of national census Conduct of Core Welfare Indicators Questionnaire Annual Sentinel Surveillance Survey 	<ul style="list-style-type: none"> Conduct of national census State of the Environment Report Conduct surveys/studies to fill in data gaps in CCA/UNDAF

		Year 1	Year 2	Year 3	Year 4	Year 5
Monitoring Systems	<ul style="list-style-type: none"> Regular monitoring of MDG/CCA/UNDAF (Data collection/Reporting). Joint Field Visits with Partners Annual Vulnerability Assessments Joint Follow-up on training programmes 	<ul style="list-style-type: none"> Data Collection/Reporting Joint Field Visits with Partners Vulnerability Assessments Early Warning Systems to monitor conflict management. Joint Follow-up on training programmes 	<ul style="list-style-type: none"> Set up GhanaInfo at national/regional levels. Collection of annual data/progress report on MDG/GPRS Joint Field Visits Monitoring Conference on HIV/AIDS - Vulnerability Assessments - Joint Follow-up on training programmes 	<ul style="list-style-type: none"> Regular monitoring of MDG/CCA/UNDAF Indicators through GhanaInfo at national/regional levels Joint Field Monitoring with Partners 	<ul style="list-style-type: none"> Regular monitoring of MDG/CCA/UNDAF indicators through GhanaInfo at national/regional levels. 	
Evaluations						<ul style="list-style-type: none"> - Conduct of UNDAF Final Evaluation
Reviews	<ul style="list-style-type: none"> UNDAF Annual Review CP Annual Programme Meeting 	<ul style="list-style-type: none"> UNDAF Annual Review CP Annual Programme Review Meeting Review of Environment Legislative Frameworks 		<ul style="list-style-type: none"> UNDAF Annual Review CP Annual Programme Review Meeting 	<ul style="list-style-type: none"> Conduct of UNDAF Final Review Review of M&E Plan Review of M&E Programme Cycle Calendar 	

		Year 1	Year 2	Year 3	Year 4	Year 5
UNDAF Evaluation Milestones	<ul style="list-style-type: none"> Conduct of UNDAF Annual Review 	<ul style="list-style-type: none"> Conduct of UNDAF Annual Review 	<ul style="list-style-type: none"> Joint Mid-term evaluation of UNDAF CP Mid-term evaluations 	<ul style="list-style-type: none"> Conduct of UNDAF Annual Review. Joint Programming Evaluation 	<ul style="list-style-type: none"> Conduct of Joint Strategy Meeting for UNDAF. Conduct UNDAF Final Evaluation 	
M&E Capacity Building	<ul style="list-style-type: none"> Blended Food Capacity Building Training of technical staff from MDAs/Das/Ras on M&E Training of technical staff from MDAs/Das/Ras on GhanaInfo Training on Advocacy, Social Mobilisation and Empowerment using information generated from surveys/studies, GhanaInfo, CCA updates, Annual Progress Reports and CP reviews 	<ul style="list-style-type: none"> Training of staff from MDAs/Das/Ras on M&E Training of technical staff from MDAs/Das/RAs on GhanaInfo Training on Advocacy, Social Mobilisation and Empowerment using information/data generated from surveys/studies, GhanaInfo, CCA updates, CP reviews etc. 	<ul style="list-style-type: none"> Capacity Building activities to be implemented based on needs identified in UNDAF Reviews and Evaluation 	<ul style="list-style-type: none"> Capacity Building activities to be implemented based on needs identified in UNDAF Reviews and Mid-Term Evaluation 	<ul style="list-style-type: none"> Capacity Building activities to be implemented based on needs identified in the UNDAF 	

	Year 1	Year 2	Year 3	Year 4	Year 5
Use of Information	<ul style="list-style-type: none"> • Annual Report of the RC • Annual review on MDG/GPRS progress and achievement • Collection of data on agreed outcome and output indicators 	<ul style="list-style-type: none"> • Annual Review of UNDAF to be used in Annual Resident Coordinator's Report. • Annual Review on MDG/GPRS progress and achievement • Collection of data on agreed outcome/output indicators. 	<ul style="list-style-type: none"> • Mid-term review/evaluation of UNDAF to be used in the Annual Resident Coordinator's Report • Annual Review on MDG/GPRS progress and achievement • -Collection of data on agreed outcome/output indicators 	<ul style="list-style-type: none"> • Annual Review of UNDAF to feed into the Annual Report of the Resident Coordinator • Annual review meeting on MDG/GPRS progress and achievements • Collection of data on agreed outcome/output indicators 	<ul style="list-style-type: none"> • Final UNDAF Evaluation to be used to refine UNDAF Results Matrices, M&E Framework and Plan. • Final UNDAF Evaluation to be incorporated into Annual Report of the Resident Coordinator • End of term Evaluation of National Governance Programme
Partner Activities	<ul style="list-style-type: none"> • Annual Health Summit (POW) • Annual Review Meeting on Education (ESP) • Annual review of MDBS • GPRS Annual Progress Review Meeting 	<ul style="list-style-type: none"> • Annual Health Summit (POW) • Education Annual Review Meeting (ESP). • Annual review of the MDBS • GPRS Annual Progress Review Meeting 	<ul style="list-style-type: none"> • Annual Health Summit (POW) • Education Annual Review Meeting (ESP) • Annual Review of the MDBS • GPRS Annual Progress Review Meeting 	<ul style="list-style-type: none"> • Annual Health Summit (POW) • Education Annual Review Meeting (ESP) • Annual Review of the MDBS • GPRS Annual Progress Review Meeting 	<ul style="list-style-type: none"> • Annual Health Summit (POW) • Education Annual Review Meeting (ESP) • Annual Review Meeting on the MDBS • GPRS Annual Progress Meeting