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Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Ghana

Proposed UNFPA assistance:	\$27 million: \$15 million from regular resources and \$12 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2006-2010)
Cycle of assistance:	Fifth
Category per decision 2005/13:	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.8	5	11.8
Population and development	3.9	4	7.9
Gender	2.0	3	5.0
Programme coordination and assistance	2.3	0	2.3
Total	15.0	12	27.0

I. Situation analysis

1. Ghana enjoys relative political and socio-economic stability. The gross domestic product grew from 4.2 per cent in 2002 to 5.8 per cent in 2004. The poverty rate is expected to decline to 32 per cent or lower by the end of 2007.

2. The 2000 census indicated a population of 18.9 million, with an annual growth rate of 2.7 per cent. The total fertility rate declined from 6.4 children per woman in 1988 to 4.4 in 2003. The contraceptive prevalence rate for modern methods increased from 5 per cent in 1988 to 19 per cent in 2003. However, the unmet need for family planning is still high, at 40 per cent.

3. The infant mortality rate declined from 77 per 1,000 live births in 1988 to 57 in 1998, but it rose to 64 in 2003. Life expectancy is 59 years (57 years for males and 69 for females). The maternal mortality ratio is high, with a national average of 214 deaths per 100,000 live births; some districts, however, report a maternal mortality ratio of over 700. Although antenatal care coverage is 92 per cent, less than 50 per cent of deliveries are supervised by a health professional.

4. Access to health services, especially at the community level, is poor, and there is no effective emergency obstetric system. The slow pace of women's empowerment contributes to undesirable health behaviour. Traditional practices such as female genital mutilation/female genital cutting, mainly in Northern Ghana, exacerbate the situation.

5. Sexually transmitted infections (STIs) and HIV/AIDS are a major concern. HIV prevalence rose from 2.3 per cent in 2000 to 3.6 per cent in 2003 and is expected to exceed 9 per cent by 2014. The female-male ratio of HIV infected persons, which was 6:1 in 1987, is currently 2:1.

6. Although women constitute 50.5 per cent of the population, only 25 out of 230 members of parliament are women. The literacy

rates for women and men are 52 per cent and 63 per cent, respectively. Gender-based violence is a major concern.

7. Persons aged 10 to 25 constitute 30.5 per cent of the population. Young people, particularly females, are especially vulnerable because they are often exposed to unsafe sex. Contraceptive use among adolescents is only 6.4 per cent, with an unmet need of 50 per cent. A recent study revealed that young women constitute 35 per cent of the total number of abortion cases and that abortion is a major cause of maternal mortality. Most adolescent sexual and reproductive health problems result from the limited availability of and access to reproductive health information and services.

II. Past cooperation and lessons learned

8. The population and development component of the previous country programme strengthened government commitment to population issues. The programme supported the analysis and publication of district profiles from the 2000 census and the publication of fact sheets to make reproductive health, HIV/AIDS and population data and information available at the district level. It also trained programme staff on integrating population and gender issues into the planning process.

9. The programme also advanced gender equity and addressed gender-based violence through advocacy and behavioural change communication (BCC) efforts. The Government is reviewing a domestic violence bill. Increased advocacy and partnership helped to mainstream gender and HIV/AIDS into public-sector plans.

10. In the area of reproductive health, the programme helped to improve access to and the availability of high-quality, integrated reproductive health services, mostly in urban settings. The programme trained service providers; expanded the number of service delivery points; improved coverage through the existing referral system; and increased the availability of reproductive health commodities.

11. The main achievement in adolescent sexual and reproductive health was the increased availability of gender-sensitive, integrated health information and services for adolescents, emphasizing HIV/AIDS prevention, in the 20 districts covered by an African Youth Alliance (AYA) project. Results included integrating adolescent sexual and reproductive health into the curriculum of pre-service nursing training; institutionalizing youth-friendly services in private and public facilities; and enhancing the capacity of communities to implement reproductive health, gender, and adolescent sexual and reproductive health initiatives.

12. A key lesson learned was the importance of targeting resources, both geographically and thematically. Another was the importance of including traditional leaders and faith-based organizations in reproductive health, reproductive rights, adolescent sexual and reproductive health, gender and HIV/AIDS initiatives.

III. Proposed programme

13. The goal of the country programme is to contribute to improved quality of life of the people of Ghana by supporting population, reproductive health and gender policies and programmes. The proposed programme was developed with the full participation of the Government and civil society partners under the chairmanship of the Ministry of Finance and Economic Planning. It is aligned with the Ghana poverty reduction strategy, the national population policy, the programme of work of the Ministry of Health, and the national gender policy.

14. The programme, which is anchored in human rights and gender equality and equity, focuses on improving maternal health to reduce poverty, as highlighted in the Millennium Development Goals (MDGs), the 10-year reviews of the International Conference on Population and Development and the Fourth World Conference on Women, the common country assessment (CCA) and the United Nations Development Assistance Framework

(UNDAF). The programme will help to develop a country-specific road map to attain the MDGs related to maternal and newborn health.

15. The programme will subsume two regional projects: the AYA project, which ends in 2005, and a European Commission-supported project, which ends in 2006. The programme will contribute to the UNDAF outcomes related to health, HIV/AIDS, gender, women's empowerment, data management and human rights.

16. The focus of the programme will be on districts, but it will provide national coverage in reproductive health commodity procurement, the development of standards and protocols, and data collection and advocacy. The geographical focus is based on: (a) lessons learned; (b) social and cultural diversity; (c) poverty levels; and (d) government pro-poor and decentralization policies.

17. The programme will continue its interventions in some districts of the three northern regions through a joint programming arrangement with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Food Programme (WFP). To maximize the impact of the AYA project and the UNFPA-European Commission project, the programme will reinforce and expand its activities in the Central Region. Some districts from the Volta Region will also be selected for their geographical and cultural diversity.

18. The proposed programme has three components: reproductive health, population and development, and gender. These components incorporate cross-cutting dimensions such as gender analysis, a rights-based and socioculturally sensitive approach, and advocacy.

Reproductive health

19. The reproductive health component has two outcomes: (a) increased utilization of high-quality reproductive health services; and (b) a supportive environment that promotes reproductive health and rights.

20. Output 1: Improved access to maternal health care and youth-friendly services in programme districts. This output will be achieved by conducting a facility needs assessment to scale up reproductive health services, including those for adolescents, and by upgrading selected health facilities to provide emergency obstetric care services. The programme will assess the capacity of service providers in life-saving skills, programme management, family planning, adolescent sexual and reproductive health, and fistula repair. The programme will focus on preventing STIs and HIV among young people, pregnant women and non-pregnant women, and will support condom programming. Family planning will be a cornerstone of the programme. The programme will also help the Government to implement its reproductive health commodity security strategy.

21. Output 2: Improved reproductive health behaviour among men, women and young people, particularly those living in UNFPA-supported districts. This output will be achieved by providing an environment that will help women and young girls make decisions about delaying motherhood; ensure safe deliveries; and reduce risks associated with pregnancy and delivery. The programme will also help to establish a community care facility and a strategy to encourage families to seek early care for obstetric emergencies. In addition, the programme will help to design BBC strategies that are gender- and culturally sensitive.

22. Output 3: Strengthened capacity of implementing agencies to manage, plan, formulate, implement, monitor and evaluate reproductive and adolescent health services at the national level and in targeted districts. The programme will help to improve programme management skills, particularly for district health management teams, in order to translate the programme of work of the Ministry of Health into reproductive and adolescent health plans and budgets. The programme will enhance the advocacy and partnership skills of programme implementers to leverage resources to sustain the programme. The programme will also

support studies and operations research to bolster evidence- and results-based programming and implementation.

23. Output 4: Strengthened advocacy and awareness of reproductive health, adolescent sexual and reproductive health, reproductive rights and gender at the national level and in UNFPA-supported districts. The programme will disseminate information on and raise awareness of population, reproductive health and gender policies, laws and by-laws. It will also seek to improve the capacity of selected institutions to bolster national and community awareness and implementation of these laws. The programme will also build on the positive experience of the AYA project, and will collaborate with partners such as the United States Agency for International Development (USAID). The programme will support formal and non-formal educational institutions to make population-related subjects relevant to all students. The programme will also encourage the development of media partnerships to disseminate culturally and gender-sensitive advocacy and BCC information.

Population and development

24. The population and development component has two outcomes: (a) increased use of reliable data on population and reproductive health for development planning, monitoring and evaluation; and (b) strengthened linkages among population, reproductive health, gender and development in policies and programmes at all levels.

25. Output 1: Availability of timely and reliable age-, gender- and spatially disaggregated population and reproductive health data at the national level and in UNFPA-supported districts. In collaboration with the Government and development partners, the programme will support preparations for the 2010 population and housing census. It will also support operations research, sociocultural studies, district profiles, and the 2008 demographic and health survey. Within the context of the UNDAF and in collaboration

with the statistical service and national development planning commission, the programme will help to develop the *DevInfo* database to support national programme implementation, monitoring and evaluation. The programme will also help to establish a specific country programme database.

26. Output 2: Strengthened institutional and technical capacity to integrate population, reproductive health and gender concerns into development planning and budgeting at the national level and in UNFPA-supported districts. The programme will conduct training at the national level and in programme districts to strengthen the capacity of personnel to integrate population, health and gender issues into the development planning process. The programme will also support institutions of higher education in conducting research and training activities in the areas of population, reproductive health and gender.

Gender component

27. The expected outcome of this component is: improved institutional and social frameworks to promote and advance women's and girls' rights, and gender equity and equality.

28. Output 1: Strengthened capacity of national and local institutions, including the Government, parliament, non-governmental organizations (NGOs), and civil society organizations, to effectively implement the national gender policy. This output will be achieved by supporting the capacity-building efforts of national institutions to mainstream gender concerns, promote gender equality and rights, and empower women. The programme will also strengthen partnerships and networks with women's economic groups and religious and professional associations.

IV. Programme management, monitoring and evaluation

29. The country programme is linked to the Ghana poverty reduction strategy. The Ministry of Finance and Economic Planning will serve as the

government coordinating authority. The three programme components – population and development, reproductive health and gender – will be coordinated by the National Population Council, the Ministry of Health and the Ghana Health Service, and the Ministry of Women's and Children's Affairs, respectively. Implementing partners include government agencies, United Nations organizations, and international and national NGOs.

30. The programme will establish systematic planning, monitoring and evaluation mechanisms within the framework of results-based management. Data will be generated from sociocultural research findings, management information systems, the census and other surveys, using indicators agreed upon by the Government, the United Nations system and other partners.

31. The resource mobilization strategy will attempt to increase domestic financial support for district assemblies for activities related to population, reproductive health and gender. The programme will consolidate partnerships with traditional donors and harness additional resources from other international and bilateral agencies.

32. The UNFPA country office consists of a representative, an assistant representative, a national programme officer, an operations manager, national project personnel and support staff. A request has been made for a deputy representative post. Four national programme officers are currently being recruited, within the framework of the approved country office typology. National project personnel and two national United Nations volunteers may also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Dakar, Senegal, along with national institutions and consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR GHANA

National priority: (a) bridge equity gaps in access to high-quality health care; and (b) implement special programmes to support the vulnerable and the excluded UNDAF outcome: by 2010, increases in the number of people in Ghana whose right to health is fulfilled, particularly among those living in the most deprived districts				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome 1: Increased utilization of high-quality reproductive health services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Skilled attendance at birth • Proportion of adolescents using adolescent reproductive health services by gender <p>Baseline: 2004 reproductive and child health annual report</p> <p>Outcome 2: A supportive environment that promotes reproductive health and rights</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Extent to which reproductive health and gender are reported in the MDG report and other relevant country reports <p>Baseline: CCA/UNDAF III (2006-2010); the annual review of the programme of work of the Ministry of Health</p>	<p>Output 1: Improved access to maternal health care and youth-friendly services in programme districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Proportion of facilities providing basic and comprehensive emergency obstetric care in the programme districts • Proportion of facilities providing youth-friendly services in the programme districts <p>Baseline: 2003 Ghana service provision assessment survey</p> <p>Output 2: Improved reproductive health behaviour among men, women and young people, particularly those living in UNFPA-supported districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage increase in knowledge among men and women of complications of pregnancy and delivery • Percentage increase among men and women, including youth who know signs and symptoms of at least two STIs and the correct source of treatment for STIs • Contraceptive prevalence rate <p>Baseline: Ghana health service statistics 2005; 2003 Ghana demographic and health survey</p> <p>Output 3: Strengthened capacity of implementing agencies to manage, plan, formulate, implement, monitor and evaluate reproductive and adolescent health services at the national level and in targeted districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of district health management teams with reproductive health commodity procurement plans • Number of district health plans with integrated reproductive health and adolescent sexual and reproductive health <p>Output 4: Strengthened advocacy and awareness of reproductive health, adolescent sexual and reproductive health, reproductive rights and gender at the national level and in UNFPA-supported districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of implementing partners advocating reproductive health, reproductive rights, adolescent sexual and reproductive health and gender issues • Amount of non-programme resources raised at national and district levels in support of reproductive health and gender issues 	<ul style="list-style-type: none"> • UNICEF; WHO; WFP • Danish International Development Agency (DANIDA) • Department for International Development of the United Kingdom (DFID) • Government of the Netherlands • Japanese International Cooperation Agency (JICA) • USAID • World Bank • European Union 	\$11.8 million (\$6.8 million in regular resources and \$5 million in other resources)

<p>National priority: strengthen the capacity to monitor and evaluate the policy agenda (Ghana poverty reduction strategy) UNDAF outcome: by 2010, the policy, planning, budgeting, monitoring and evaluation processes at all levels are informed by effective data management information systems</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome 1: Increased use of reliable data on population and reproductive health for development planning, monitoring and evaluation</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of national and sectoral policies, development plans and programmes that link among population, reproductive rights, gender and socio-economic development <p>Baseline: CCA/UNDAF III (2006-2010); Ghana poverty reduction strategy; national and sectoral plans</p> <p>Outcome 2: Strengthened linkages among population, reproductive health, gender and development in policies and programmes at all levels</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage increase in health-sector budget allocated for contraceptive procurement <p>Baseline: Ghana poverty reduction strategy; CCA/UNDAF III (2006-2010); Ministry of Health programme of work II</p>	<p>Output 1: Availability of timely and reliable age-, gender- and spatially disaggregated population and reproductive health data at the national level and in UNFPA-supported districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Demographic databases and 2008 Ghana demographic and health survey available District-level disaggregated population data available <p>Baseline: CCA/UNDAF III (2006-2010); 2000 census; 2003 Ghana demographic and health survey</p> <p>Output 2: Strengthened institutional and technical capacity to integrate population, reproductive health and gender concerns into development planning and budgeting at the national level and in UNFPA-supported districts</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Number of staff of implementing partners able to integrate population issues into development planning processes <p>Baseline: Training reports</p>	<ul style="list-style-type: none"> UNICEF; UNDP DFID World Bank European Union USAID JICA Embassy of China 	<p>\$7.9 million (\$3.9 million from regular resources and \$4 million from other resources)</p>
<p>National priority: mainstream gender and children's concerns into the national development process to improve the social, legal, civic, political, economic and cultural conditions of the people of Ghana, particularly women and children UNDAF outcome: 100% growth in the enrolment ratio and gender equity in enrolment, retention and completion of basic education by 2010 in the most deprived districts</p>				
Gender	<p>Outcome: Improved institutional and social frameworks to promote and advance women's and girls' rights, and gender equity and equality</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of district assemblies with by-laws to promote gender equality and women's rights Number of sectoral plans with gender issues integrated in them <p>Baseline: District assembly records; gender policy</p>	<p>Output 1: Strengthened capacity of national and local institutions, including the Government, parliament, NGOs, and civil society organizations to effectively implement the national gender policy</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls Number of members of parliament with the capacity to advocate gender issues <p>Baseline: Training reports; parliamentary debate records; media reports</p>	<ul style="list-style-type: none"> UNICEF; UNDP; International Labour Organization; WHO; WFP Canadian International Development Agency DFID World Bank; JICA 	<p>\$5 million (\$2 million from regular resources and \$3 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$2.3 million from regular resources</p>