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UNITED NATIONS IN GHANA

VOICES FROM THE FIELD



UN Ghana Mission Statement

The United Nations Country Team works coherently and effectively to support Ghana in achieving the Millennium Development Goals, advancing equitable economic growth and reducing poverty, through capacity development, strengthening of accountability systems and the delivery of quality social services, with a focus on the most deprived and vulnerable populations.

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Foreword

The Millennium Declaration and the Millennium Development Goals (MDGs) are at the heart of Ghana's national development agenda and the focus of United Nations assistance to Ghana. Ghana has made substantial progress on a number of MDGs and MDG targets. At the same time, despite strong economic growth and rising per capita income, Ghana is still facing some challenges which might prevent it from achieving all the MDGs and which can potentially reverse hard-won development and economic gains. Rising disparities and inequalities between Ghana's regions, social exclusion, and economic and financial vulnerabilities constitute a serious threat to sustainable development, social cohesion and peace, and could even jeopardize Ghana's status as a Middle Income Country (MIC). The United Nations system in Ghana, with its wide range of knowledge, experience and skills, has a long track record in working with the Government of Ghana to support economic growth and development and to ensure that gains on the economic front translate into sustainable livelihoods and wellbeing for all Ghanaian men, women and children.

At present, the United Nations System in Ghana comprises 26 UN agencies, funds and programmes whose different mandates and specialized expertise support the full range of MDGs and MDG targets. To ensure complementarity and synergy between the different UN entities, the UN system in Ghana has adopted the "Delivering as One" approach under the leadership of the Government. Following this approach, all UN activities are based on a single plan, the UN Development Assistance Framework (UNDAF) 2012-2016. This "One UN" plan is directly derived from key priorities and themes in Ghana's national development agenda.

As UN Resident Coordinator in Ghana and on behalf of all my UN colleagues it is a great pleasure to share with you this first compilation of stories of what the United Nations does in Ghana. The 33 stories cover a wide range of areas where UN assistance has made tangible contributions to achieving the MDGs in Ghana and to making a difference in the lives of Ghanaian men, women and children. Each story indicates the MDG targets and UNDAF results to which the described intervention has contributed as well as the national and international partners who have been instrumental in achieving the intended results.

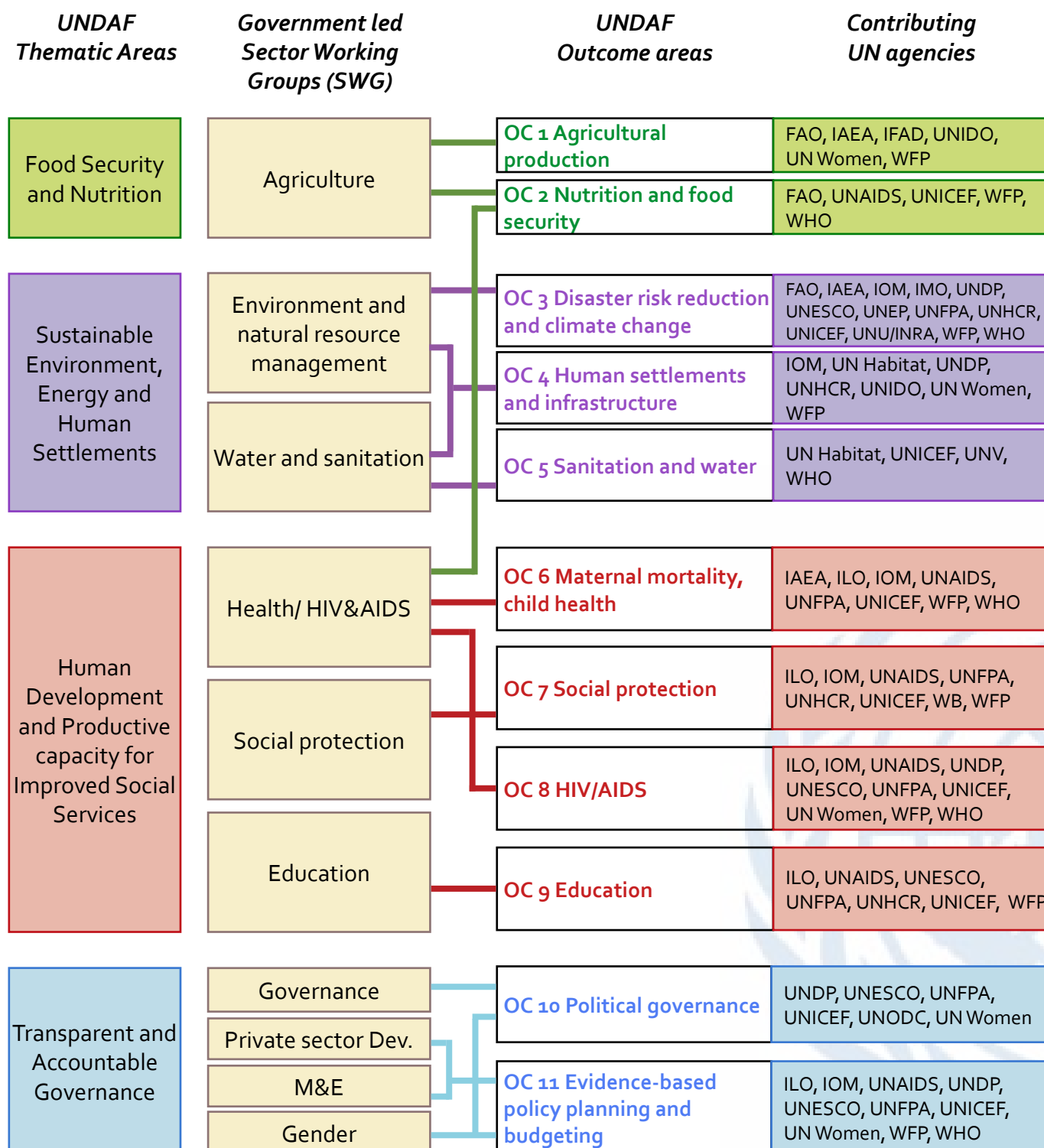
We hope that these stories help to shed more light on what the UN family is contributing and achieving on the ground and where and how the UN is making a difference in the lives of Ghanaians, in particular the most vulnerable populations, and women and children. Finally, it is my wish that these achievements encourage all of us to accelerate our individual and collective efforts to achieve all the MDGs in Ghana.



Ruby Sandhu-Rojon
UN Resident Coordinator in Ghana
UNDP Resident Representative

UNDAF Programme Alignment

The UN in Ghana has four programme areas for the period 2012-2016 which are fully aligned with the GSGDA and the MDGs. The UN is organized in 11 Outcome Groups that are linked to the national Sector Working Groups.



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TARGETS

1. Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
2. Achieve full and productive employment and decent work for all, including women and young people
3. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

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TARGET

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TARGETS

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TARGETS

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TARGETS

1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
2. Reduce biodiversity loss, achieving, by 2010
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4. Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

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TARGETS

1. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
2. Address the special needs of least developed countries, landlocked countries and small island developing states
3. Deal comprehensively with developing countries' debt
4. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
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Linked to:

MDG 1 "Reducing the proportion of the population living in extreme poverty"

UNDAF Outcome 1 "Ensuring that people have access to adequate nutrient-rich food, tackling hunger, child malnutrition"

Contributing UN entities and partners:

UNICEF, WB, Department for International Development (DFID), USAID, Ministry of Employment and Social Welfare (MESW), Ministry of Finance and Economic Planning

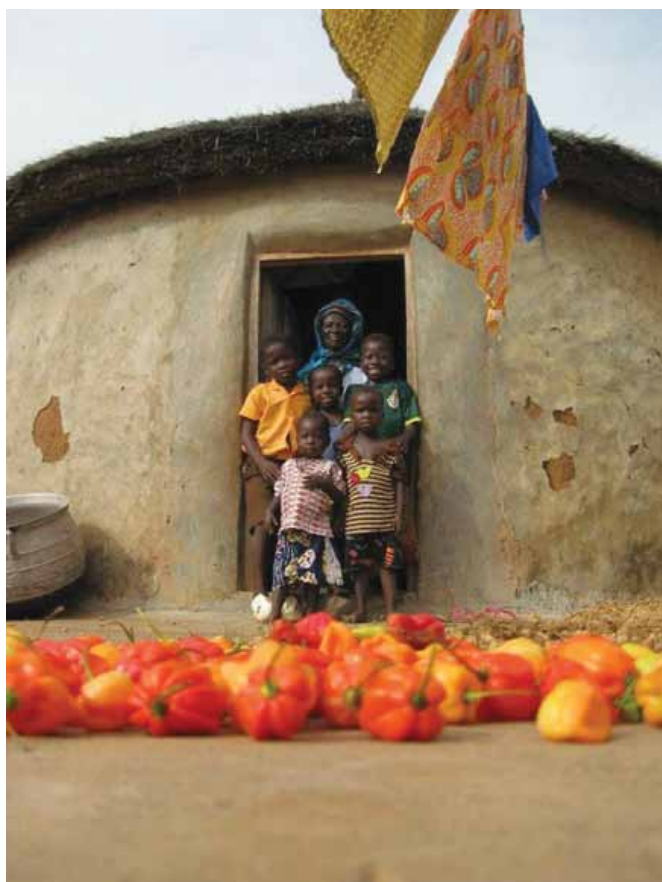


TRYING TO LEAP OUT OF POVERTY

EMPOWERING THE MOST VULNERABLE IN GHANA

Azara once prayed she would never again have to serve her family with the brewed hot water, salt and pepper that had become their standby meal. She is raising four grandchildren in the village of Sung. Mohammed, 17, is disabled, and 4-year-old Aisha is an orphan. Before 2008, the four children often ate this 'soup', which quelled their hunger pains enough to let them sleep. Azara, a widow, has no income and relies on the **LEAP (Livelihood Empowerment Against Poverty Programme)** grants to support her grand-children.

As a priority, the **LEAP programme is targeting the livelihood of the extremely poor, the elderly, orphans and the disabled.** The 2010 Ghana MDG report shows that Ghana is on track to achieve several key Millennium Goals. However, 28 per cent of the population is still poor and 18 per cent continues to live in extreme poverty, unable to meet their basic nutritional requirements.



Ghana has therefore developed a **National Social Protection Strategy (NSPS)** that attempts to provide a more targeted set of interventions for the chronic poor. As Ghana gets close to reaching Middle Income Status, a social security system will ensure that the new wealth is distributed equitably to ensure a minimum standard living for all. *"LEAP helps us buy food if we run out. It has also helped my family to cope with increased prices"* (a married man, Chereponi, 2009).

LEAP was launched in March 2008 and by mid-2012 had been implemented in **100 of 178 districts and reached over 680,000 households.** When it started it was only reaching 74 districts and 26,000 households. **The programme aims to use cash transfers to help people 'leap' out of poverty.** Like other conditional cash transfer programmes, LEAP sets positive conditionalities which promote synergies with complementary social services – including advancing children's school enrolment and retention, registration at birth, and immunisations for young children.

It also includes a number of conditionalities aimed at eliminating certain behaviours, such as ensuring that children are neither trafficked nor engaged in the worst forms of child labour. *"Children are happy to go to school unlike before. Now they have money for food at school and there is also food for them at home after school"* (a male beneficiary, Chereponi, 2009). **The World Bank, Department for International Development (DFID), USAID and UNICEF** have supported the adjustment, implementation and monitoring and evaluation of the **LEAP Common Targeting Mechanism (CTM)**. Specific actions are being undertaken with regards to institutional arrangements, human resources, and infrastructure. For example, UNICEF and DFID have contributed to design the **Management Information System (MIS)** used for registration and targeting of beneficiaries and the production and liquidation of the cash payments in an automated way.

"LEAP helps me take care of my children after the death of my husband and access better health care and drugs especially for the children when they are sick" (Female FGD, Gushiegu, 2009)

When the programme was launched, the value of the grants ranged from 8 to 15 GHS (depending on number of eligible persons in the household) which was very low for international standards. The programme was launched without sufficient training, human resources, infrastructure, or mechanisms. Therefore, quality of service (delayed payments) was challenging and the quantity of the amount was unlikely to impact the beneficiaries' welfare. So far, the impact of these social protection programmes on the poorest has been limited. *"Money is used mainly to buy food. I would like fertiliser, and also to be able to pay for medical care but the amount is insufficient"* (a woman, Gushiegu, 2009).

UNICEF, DFID, and the World Bank promoted the grants' value increase and Ministry of Finance and Economic Planning has committed to allocating an additional **GHS 8 million to LEAP in 2012, to triple the value of the grants delivered**. The program is now thriving thanks to the advocacy, financial investment (WB, DFID and UNICEF) and technical assistance of development partners, and the great partnership with the Ministry of Employment and Social Welfare (MESW). The number of beneficiaries has dramatically increased and the targeting mechanism has been refined. The last four payments were also processed on time. Improvements and refinements are being made through stronger government ownership and leadership. Tackling poverty and vulnerability demands complementary social protection measures to help the poorest citizens of Ghana to meet their basic need and in some cases escape poverty. Linking LEAP to school enrolment, uptake of health services, and improved nutrition will be the main upcoming challenge. Yet, it is our hope that it will help people and the next generation to alleviate poverty. When the programme was launched, the value of the grants ranged from 8 to 15 GHS (depending on number of eligible persons in the household) which was very low for international standards.



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Linked to:

MDG 1 "Eradicate extreme poverty & hunger"

MDG 3 "Promoting women empowerment"

UNDAF Outcome 1 "Increasing farmers' incomes"

Contributing UN entities and partners: WFP

P4P partners - ACDI/VOCA-ADVANCE, Alliance for Green Revolution in Africa (AGRA), FAO (Food and Agriculture Organization), Ghana School Feeding Programme, Crop Research Institute, IFDC, Japan International Cooperation Agency (JICA), Kwame Nkrumah University of Science and Technology, Ministry of Food and Agriculture, Savannah Agriculture Research Institute, Adventist Relief Development Agency (ADRA), Farm Radio International (FRI)



EMPOWERING FARMERS, PURCHASE FOR PROGRESS

PROMOTING THE DEVELOPMENT OF AGRICULTURAL MARKETS IN GHANA

Fati Mahama is a smallholder farmer in Ejura Sekyedumasi in Ghana's Ashanti Region. She grows maize and cowpea on a small farm which is less than 2 hectares large.



Fati Mahama, a member of a women's group which participates in the P4P

In March 2012, Fati Mahama increased her income by 50 percent when she sold maize to the **World Food Programme (WFP)** through its **Purchase for Progress (P4P)** initiative.

"I can't believe that I sold only six heaped maxi bags (100kg) and made so much money," she said.

Fati is a member of **Nso Nyame Ye Women's Group**, one of the maize producing farmer organizations which participate in the P4P programme in Ghana. When WFP ordered maize from these groups for its food for assets programme in the three northern regions, Fati and all 41 members of her women's group made more money than they would have if they had sold on the open market. **Instead of GHS 540 (USD 270), she made GHS 810 (USD 420)** whilst her group made GHS 36,000 (USD 18,000), from the sale of 800 mini bags. The reason for the marked increase in earnings is because on the open market, Fati and her group would have used the "bush weight" system for checking their quantities.

This system consists of selling heaped bags of between 130kg and 150kg of maize for the value of a 100kg bag, thereby depriving the farmer of the extra kilos per bag. However, thanks to the weighing scales which WFP introduced and provided, farmers can now weigh their produce and earn more money than they previously did.

"The weighing scales have helped us to make more money," Fati explained. "When I weighed six heaped bags, I ended up with nine maxi bags (100kg) which I re-bagged into 18 mini bags (50kg) and sold to WFP for more money."

Under the P4P initiative, WFP provided weighing scales, tarpaulins, sacks, stitching machines and thread to 16 farmer organizations in Ejura Sekyedumasi, to enable them supply an order of 514 metric tonnes of maize. These farmer organizations, as well as 10 other rice and cowpea producing groups in Tamale and Tolon Kumbungu in the Northern Region, have so far been trained to **improve their agricultural practices.**

The P4P initiative is a five-year pilot project which WFP launched in 2008 to promote the **development of agricultural markets for smallholder farmers** in 21 selected pilot countries including Ghana, where the programme started at the end of 2010. **The objective is to empower at least 500,000 farmers to be able to produce food surpluses and sell them at fair prices to various markets including WFP operations.** As in many developing countries, smallholder farmers in Ghana, particularly in the northern areas, have been identified as one of the poorest and most food-insecure livelihood groups. **P4P enables WFP to work more closely with them and thereby contribute directly to the improvement of their food security and income.**

Working more closely with smallholder/low-income farmers allows WFP to actively build longer-term resilience and food security for many poor producers.

The farmer groups in the Northern Region have also been given rice threshers, reapers and tarpaulins. In addition, construction of community storage facilities and energy saving stoves will soon be completed and handed over to them. In all, a **total of 1,344 farmers in 26 farmer organizations benefitted from the first phase of P4P trainings.** The second phase of trainings has begun for 1,524 farmers. Partnerships have been established with several government and private institutions to address constraints along the entire food value chain.

Participating farmers have been given hands-on training in production, post-harvest handling, quality control and assurance, and marketing. Unlike the competitive tendering process used in the traditional WFP procurement model, new procurement modalities such as direct negotiations, soft tendering and other farmer-friendly initiatives have been introduced to enable these smallholder farmers meet their orders. Efforts are also being made to link them to the national school feeding programme and connect them to a warehouse receipt system.

"The weighing scales have helped us to make more money"

Fati Mahama

P4P is also gender-focused. Although women constitute more than half of the agricultural workforce and produce about 70 percent of the food grown in the country, women smallholder farmers face difficulties in accessing resources to increase their production. Linkages are being established with financial institutions to address these challenges. WFP is working with some government institutions to increase awareness on **the importance of gender equality and empowering women farmers.** Ultimately, all these activities should enable them to increase the quantity and quality of food they grow so as to sell them at better prices to a wider range of markets.

P4P builds on significant investments made by the Government and other stakeholders such as the Comprehensive Africa Agriculture Development Programme (CAADP) and the Millennium Challenge Corporation (MCC), which target smallholder or low-income farmers' productivity and enhance market infrastructure. **P4P has great potential to stimulate agricultural and market development in a way that will maximise the benefits to the farmers.**



Linked to:

MDG 1 "Eradicate extreme poverty & hunger"

UNDAF Outcome 1 "Improved agricultural extension services and access to markets"

Contributing UN entities and partners:

FAO, Ministry of Food and Agriculture (MoFA), International Institute on Tropical Agriculture (IITA)



Infected papaya plant

ENSURING FOOD SECURITY THROUGH THE MANAGEMENT OF THE PAPAYA MEALYBUG MENACE

The agricultural sector is very important in the Ghanaian economy as it contributes up to 22.7% of GDP, employs about 60% of active labour force and accounts for 60% of foreign exchange earnings.

Fruits such as mango, papaya and pineapple account for the main part of exports and contribute to create employment, fiscal revenue and foreign exchange to the Ghanaian economy.

"85% of cultivations in 2009 have been destroyed and 1,734 employees in the sector lost their jobs."

MoFA (District Agricultural Development Units), 2009

Papaya (Pawpaw) is cultivated on a large scale in the four Ghanaian regions of Greater Accra, Central, Eastern and Volta and it is widely recognized to have an increasing export potential. However, papaya production is constantly challenged by the persistent attack of insect pests both on the field, during transportation and in storage. In particular, a new invasive species known as the **papaya mealybug (Paracoccus marginatus)** has been identified by the **International Institute for Tropical Agriculture (IITA)** to have affected papaya crops since 2009 in Ghana.

As a result of this infestation, **about 85% of cultivations in Ghana in 2009 were destroyed and thousands of employees in the sector lost their jobs.** Furthermore, the pest infestation caused a 65% reduction in the 2009 export level compared to the previous year.

Addressing the menace, **FAO** collaborated with **Ministry of Food and Agriculture (MoFA)** to manage the situation using the consolidated technique of biological control. **The project (support for the control of the new invasive papaya mealy bug by Classical biological control in Ghana)** was designed to strengthen mealybug management capacities of the recipient farmers as well as of personnel of the Plant Protection and Regulatory Services Directorate (PPRSD) of Ministry of Food and Agriculture.



A Ministry of Food and Agriculture staff sampling the bioagents on the papaya tree

With an effective **papaya mealybug control system** in place, the project has contributed to reduce crop losses by 100% in the four affected regions and has helped farmers to meet international demands for papaya. Ghana is then expected to regain its position as the fourth largest papaya exporter. The intervention will further enhance employment opportunities among local population and will constitute effective mechanisms for ensuring poverty reduction among farmers in these regions. FAO's intervention was therefore to provide farmers and PPRSD with resources and expertise to effectively manage the outbreak of papaya mealybug pest through training and capacity building using suitable equipment and sustainable supply rearing of the Biological Agent.

FAO invested in laboratory equipment and materials to provide the PPRSD with a well-functioning environment in which to rear and maintain the bioagents. Laboratory equipment and materials complemented and strengthened the impact of capacity building activities towards increased response to pest outbreaks. **FAO also invested in creating awareness and build capacity among farmers on Papaya Mealybug management organizing trainings for harvesting and release of bioagents.**

Approximately 2,510 papaya producers affected by the menace have been directly involved in the project's activities. Greater Accra, Eastern, Volta and Central Regions in Ghana are the main papaya growing areas in the country. Papaya cultivation represents one of the main source of income for the farmers of these regions.

The growing international demand from Europe represents a high economic potential both for farmers and traders. Furthermore, papaya plays an important role in enhancing food security at local level.

Civil servants within the National Plant Protection Organization of Ghana and within the Plant Protection and Regulatory Services Directorate of MoFA have also increased their expertise in effective papaya mealybug pest control. MoFA has received additional technical equipments and materials so as to enhance their pest control capacity for future papaya mealybug outbreaks.

"biological control is among the most cost-effective methods of pest control all over the world"

T.S. Bellows and T.W. Fisher (1999)

There is abundant empirical evidence showing that biological control is among the most cost-effective methods of pest control. **The natural enemy rarely requires additional input and it continues to kill the pest without any human intervention.**

The project was implemented in consonance with the development policy of the Government of Ghana and the Ministry of Food and Agriculture's priority programme for boosting agriculture in rural areas. The selection of agriculture as one of the priority areas of the government and its commitment to ensure all-year farming and Government's focus on agriculture as the key to growth and poverty reduction are additional elements that point to the long-term sustainability of the project.

The Introduction and release of bioagents have proven to be a successful means to control the pest, hence the paramount importance to provide national laboratories with the equipment and technical expertise to rear and to mass produce effective bioagents, and FAO has supplied such equipments for a green house laboratory at the PPRSD premises to facilitate a sustainable production of the biological Agents.



One of the bio-control facility (greenhouse)

Capacity building activities, as well as awareness-raising would continue to be of paramount importance to provide farmers with effective tools for rapid response to future outbreak of papaya mealybug pest.

Linked to:

MDG 1 "Promoting resource efficiency in the production chain to ensure companies reduce waste, which accrues to increased markup (profitability) and competitiveness"

UNDAF Outcome 3 "National systems and existing institutional arrangement for Climate Change mitigation and adaptation and for disaster risk reduction"

Contributing UN entities and partners:

UNEP - Regional Office for Africa, UNIDO, Ghana National Cleaner Production Centre (GNPCPC), Environmental Protection Agency



Capacitor banks installed to increase machine efficiency and reduce electricity consumption and hence associated energy consumption cost

RESOURCE EFFICIENCY IN COCOA PROCESSING INDUSTRY

Production processes in industries are resource intensive, in terms of energy, water and raw materials. They also generate large volumes of waste. These dynamics put an undesirable strain on natural resources and the environment. In response, UNEP developed the **Promotion of Resource Efficiency in SMEs (PRE-SME)** tool kit under the **Resource Efficient and Cleaner Production (RECP) Programme** which seeks to **promote low-waste production technologies, efficient use of water, energy and raw materials, optimization of existing technologies and a high standard of operational safety.**

UNEP supported the implementation of the RECP Programme in a cocoa processing industry located within Ghana's Tema Free Zone enclave, **Niche Cocoa Industry** from January to December 2012. The Programme was implemented in collaboration with the Ghana National Cleaner Production Centre (GNPCPC) and Ghana Environmental Protection Agency.

As a result, the company was able to adopt a preventive approach to environmental management in cocoa processing, thereby **minimizing their waste, reducing pollution and re-using cocoa shells (bi-products of the process) in energy generation.**

Overall, the **RECP Programme has enabled Niche to make more efficient use of resources, and this has resulted in reduced cost of production.**

Following the implementation of the Programme, savings were made on Liquefied Petroleum Gas (LPG) delivery by installing meters on gas receiving tanks. There was a reduction in energy per tonne of cocoa beans processed by 14.67kWh/t by replacing 2 pin mills with a **hammer mill**. There was a noted reduction in pollution load on effluent resulting from using **siphon pumps** to transfer chemicals rather than the manual transfer that was previously being used.

There was a reduction in the volume of paper use with the introduction of double sided printing. Promoting the use of the internal mail system to share and exchange information also reduced the need to print internal documents.

The company began to sell cocoa shells for reuse rather than dumping at the waste disposal plant, thereby generating revenue and reducing amount of waste. They now plan to use the cocoa shells for generating energy using a more efficient boiler system.



Installation of a hammer mill in place of 2-pin miller for a more efficient milling process

Niche Cocoa Industry also embarked on the procurement of equipment for **Free Fatty Acids (FFA) analysis** which requires less butter; and as a result, the company saves GHS 1,898 per year.

About 2,592 hectoliters per month of boiler feed water for the soxhlet extractor in the laboratory are recycled. This saves the company GHS 56,509.75 per year.

The results of the Programme will enhance the competitiveness of Niche in the international market while at the same time realizing resource efficiency.

Implementing the RECP Programme in Niche Cocoa Industry was beneficial to the company itself, where savings in terms of costs have been gained as well as a reduction in the amount of waste. Members of staff also benefited from training and using more efficient equipment. In general, members of the public will benefit from reduced amounts of pollution in their surrounding.

The members of staff have been actively involved in achieving the success through working with the GNCPC in identifying options for resource efficiency and implementing them.

As a result, organizational behavior has changed. There is an awareness that things could be done differently to ensure efficiency that would free resources for others to use and also make savings for the company.

Various actions and strategic decisions which have proven most essential and effective in achieving success were identified. For instance, the workers took ownership of the Programme once they were convinced it would lead to their benefit following the training. Commitment from the management saw to it that Resource Efficient and Cleaner Production (RECP) targets were set and supported efforts towards their achievement. Efficient record keeping helped in ensuring that progress of the Programme is monitored.

As a result of successful implementation of the RECP Programme, a number of next steps have been identified in order to continue improving resource efficiency within Niche and promote sustainability of the Programme. The measures that have been implemented so far will be reviewed and the company will embark on other options yet to be implemented. The GNCPC will be engaged continuously in implementing these other options. More people will be trained in order to ensure continuity in implementing the RECP Programme. Plans are underway to use the cocoa shells to fire boilers in the future.

Opportunities exist for replicating the Programme in other cocoa, shea or soya bean processing industries to cut down on the cost of production, meet national environmental regulations and also remain competitive in the world market.



Use of Siphon pumps (in place of manual mode of fetching chemicals etc.) to reduce chemical spillage

Particular challenges were encountered while implementing the Programme. Those identified include lack of funding; difficulties in overcoming business as usual practices and unavailability of data required for calculations, tracking trends and making comparison (benchmarking).

An unexpected outcome encountered during implementation was that the installation of the meter on the gas tank was to regulate and monitor the use of LPG in the factory. It however revealed that the company was being short-changed by the supplier.

The challenges experienced were overcome by implementing low cost, short payback time options first and then using the results to justify the implementation of the others. As a precautionary measure to safeguard against overstressing the finances of the company, implementation was carried out in phases. The continuous education and training of the members of staff enhanced acceptability and ownership of the Programme. An implementation committee was set up and charged with the mandate to oversee implementation of the RECP Programme.

Linked to:

MDG Target 1.B "Achieve full and productive employment and decent work for all, including women and young people"

UNDAF Outcome 7 "The most disadvantaged and vulnerable groups across Ghana benefit from at least four social services in an integrated social protection system"

Contributing UN entities and partners:

UNICEF, Department of Community Development



VOCATIONAL CENTRES SKILLS TRAINING GIVES HOPE TO THE COMMUNITY

PROVIDING YOUTH WITH ENTREPRENEURIAL SKILLS

For **Yussuf Abdulwahab**, it was never hard to answer the question, "What will you be when you grow up?" "When I was a small boy I already loved to do carpentry," he smiles shyly. "My brother is a carpenter and he was my example. I was always hanging around his workshop trying to make things."

This 21-year-old carpenter and entrepreneur was born and raised in a family of six in Kumbungu, in the Tolon-Kumbungu District in the North of Ghana. In the past, this was the area where cereal was produced for national consumption. But economic decline coupled with the importation of foreign products put an end to this.

Nowadays, most people subsist on farming. Climate change has left them with only one rainy season; droughts and floods make livelihoods very insecure. Many children do not go to school. If they do, most find it too hard financially to continue beyond primary school. Even though education is free, the cost of books, uniforms, and especially transportation (secondary schools are harder to reach than primary schools) often prove too much for families without cash earnings. Many youth and children try to earn some money themselves (to buy a bike for example) by going to a big city during the holidays and trying to find work there; being ill prepared for the hard city life they very often suffer all kinds of abuse and exploitation. Still, many don't want to come home; some out of embarrassment (those who can't bring home anything, girls who have gotten pregnant) but mostly because they don't want to go back to the life they fled; a life of farming without any future prospects.

Yussuf was amongst the lucky few: "I enjoyed primary school very much. So I was very happy when my parents decided I could continue to junior high school. My favorite topics were PE, English, and business administration." He smiles again, confidence now showing through his shyness: "**Because I already knew what I wanted to do, you see.**"



Yussuf busy to plane the head of an ordered beds

Yussuf's education would have ended in JHS if it weren't for the fact he lived close to the town of **Zugu-Daboguni**, which has a very active **Child Protection Team (CPT)**.

The Zugu-Daboguni team was very worried that most of their young boys and girls were running off to the city to work. CPT members said many children who moved away went through horrifying experiences of (sexual) abuse and exploitation; some came back pregnant; or even worse, sick with HIV. There were also plenty of children who did not go to school at all. They realized they needed some sort of alternative. The team, with the support of the community and partners, decided to set up a vocational training center to provide youth from their community and other surrounding communities with entrepreneurial skills.

After Junior High School, Yussuf was able to enrol in this vocational school to do carpentry. *"I just started making things small small. Easy things, like the tailor bench. I went to vocational school to learn how to make the bigger size items such as roofing and room dividers."* Proudly: *"I was a very good student."*



Part of teaching staff of the Vocational Center in front of the girl's hostel

The center itself had also started 'small small'. With the support of the **Regional Directorate of Community Development** they managed to obtain use of an abandoned building. The center started with two volunteer teachers, a lady from Malbo for dressmaking and the secretary of the CPT for carpentry. The first class for dress making consisted of 15 girls who returned from working as kayaye (head porters) in Accra and Kumasi. Half of them had their own sewing machines so they worked with two people on one machine. Since they wanted to enrol more students, the CPT went on a quest for more tools and sewing machines. The Department for Community Development assisted in writing a successful proposal to **UNICEF**. Since most students are from surrounding communities, the community of Zugu-Daboguni decided to build a hostel for the girls. The structure was set up by communal labor with all 21 surrounding communities pitching in. Impressed by their efforts, the **Member of Parliament (MP) for Kumbunga** donated the cement plus labor to finish it. UNICEF then assisted again in providing furniture, household goods and impregnated bed nets for the hostel.

Students started graduating from the center in 2006 and Yussuf was one of them! After completing his training in December 2006, he, however, only had money to buy a saw and a hammer. He started working with what he had anyway; so basically, continuing to work 'small small'. Luckily, his efforts with limited resources did not stay unnoticed.

The 21 communities hold annual meetings about subjects, teachers, and facilities. Management introduced a follow up component where they monitored the activities of past students to assess how well they were utilizing their acquired skills.

During such a monitoring visit in 2007 the management of the vocational school observed that Yussuf was not only working for himself, but was also training others. They decided to give him additional tools which were donated to the center by UNICEF.

Yussuf did not plan to take on apprentices: *"I would be in my workshop working and they will just come in and ask me, please, can I come and work with you? And I will say, go and ask your parents, if they agree it is fine with me. They come with their own tools, you see, their parents will buy it for them. These boys have not gone to school, they are mostly illiterate. So the parents are very happy that with me they can still learn a trade. So it is basically no additional cost for me, it is just extra hands."*

Yussuf has eight trainees now, whom he intends to train for three years in a row. Three of them are in their first year while the other five are in their second year. While he acts as if it is not a big deal, it means an extra responsibility that demands good planning. With customers being mostly local farmers, business is dependent on the season and the specifics of local economy.

"Clients are coming from Kumbungu as well as from surrounding communities. Mostly people come and order something: I need this, make this for me please. Then they pay a down payment. Usually it would be doors, windows, beds and seats. Before you price your items you have to know the costs of the materials that go into it and the time you spend on it. I buy the wood at Tamale timber market. I am also supposed to give the trainees something small every day; and at the end of the month I give them soap to wash their clothes and stuff like that."

In the dry season, there is work enough because people will be building and doing all kinds of things. But in the rainy season everyone is farming and then work is really slow. So you have to save your money and manage it smart. During the dry season you can get more than 100 GHS a day in profit. Someone can order 100 benches, or complete roofing, or a school asks for furniture for an entire class. I have a bank account so if business is not going well in the rainy season I take 'small small' to do small things, just to keep business going. During the dry season I have enough cash to produce but it does not suffice to produce stock in the rainy season. If the work is too much in the dry season I ask the vocational center if their students can assist in making simple things."



Yussuf is confident in the future! He would like other youth to have the chance to set up their own enterprises as well.

Since 2006 the center has had 175 students graduate from five districts. In 2011, 47 were enrolled and 70 were on the waiting list. The management is investing in new facilities so they can also host teachers and boys. They limit applications based on the tools available. They still strive for more diversity and more enrollments but do what they can.

Yussuf's story shows that support is needed after graduation. Yussuf has high ambitions for the future: *"I want to be a teacher in the carpentry department of a real vocational center. Here it is just small boys, but at a real institute I could really spread my knowledge. It would be great if UNICEF could also support the youth completing the vocational training to establish enterprises of their own."* Is he not worried about the competition from ex-students setting up their own workshop? He laughs confidently: ***"Quality is more important than quantity. I am not afraid of any competition because I know I make quality products with love."***

Overview of 11 UNDAF Outcomes

Thematic Areas	UNDAF/UAP outcomes
Food Security and Nutrition	<p>1. At least an additional 15% of medium and smallholder farmers (including at least 50% women farmers); in at least 5 regions have access to MoFA - approved agricultural extension services and access to markets in a timely manner -by 2016.</p> <p>2. At least, an additional 10% of households consume adequate levels of safe, nutritious foods and adopt positive dietary behaviour.</p>
Sustainable Environment, Energy and Human Settlements	<p>3. National systems and existing institutional arrangements for Climate Change mitigation and adaptation and for disaster risk reduction, as defined in the Hyogo Framework for Action at the district, regional and national level are functional.</p> <p>4. At least 15% of the Slum and Disaster Prone Communities including women have improved livelihoods through better access to affordable and sustainable housing and skills training in 5 major regions.</p> <p>5. An additional 2.5% of the population have sustainable use of improved drinking water and sanitation services and practice the three key hygiene behaviours by 2016.</p>
Human Development and Productive Capacity for Improved Social Services	<p>6. Women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions.</p> <p>7. The most disadvantaged and vulnerable groups across Ghana benefit from at least four social services in an integrated social protection system.</p> <p>8. Strengthened and scaled up national multi-sectoral, decentralized AIDS response to achieve Universal Access targets by 2016.</p> <p>9. Socioeconomically excluded and disadvantaged groups have increased access to education services and demonstrate increased attainment in literacy, numeracy and life skills.</p>
Transparent and Accountable Governance	<p>10. Key national institutions of democracy are effective, accountable, gender responsive and promote peace, inclusive governance, human security with focus on vulnerable groups, by 2016.</p> <p>11. Ministries, Departments and Agencies (MDAs), Local Government and CSOs have effectively developed, funded, coordinated, implemented, monitored and evaluated national and sectoral policies, plans and programmes aimed at reducing poverty and inequalities and promoting inclusive social-economic growth by 2016.</p>

Linked to:

MDG 2 "Achieve universal primary education"

UNDAF Outcome 9 "Socioeconomically excluded and disadvantaged groups have increased access to education services"

Contributing UN entities and partners: IOM,

Ministry: Ministry of Gender, Children and Social Protection;

Departments: Department of Social Welfare, Ghana Education Service (GES), Ghana Health Service (GHS);

Agencies: Ghana Police Service, Anti-Human Trafficking Unit; and relevant **Municipal/District Assemblies** in the Volta and Central Regions and **Local NGOs/Community Leaders**



SAVING CHILDREN FROM TRAFFICKING

BUILDING HOPE FOR CHILDREN AND FAMILIES

Stephen, a 13 year old boy, had been identified for rescue by IOM and its partners. After much investigation, IOM learned that he had been trafficked six times in his short life, travelling as far as Benin and Cote d'Ivoire. Faced with severe economic hardship, his mother had resorted to trafficking him for small sums of money.

While most children are in school or playing with their friends, trafficked children who work in the fishing industry along the Volta Lake and mainly live in Ghana's Brong-Ahafo and Volta Regions are forced to work under truly harsh conditions. Bonded into labour due to poverty, these children (some as young as 4 years old), spend their days paddling boats, collecting fish and diving under the Lake Volta to disentangle nets. Most of the girls are made to work as domestic helpers in fishermen's homes.

They are not given the opportunity to go to school and are **often ill-treated and malnourished**. **Yao**, another trafficked child, and one of the twenty-two children of his father, was rescued from Yeji in the Brong Ahafo Region. During his stay with his master, he was made to cast nets, paddle canoes and fetch water out of the canoes. He was also denied schooling, averagely ate twice a day and woke up as early as 4 a.m. each day till his rescue. "We were having financial problems at home because of the number of children my father had. One man promised to send us to school and then after school we would help him."



A trafficked child sported working on the lake before his rescue

In Ghana, within the context of an extended family, people take advantage of tradition to exploit children. They say they will take care of the children for the good of the family and the child, but sometimes the child is used to reimburse a debt or used as collateral to take a loan to look after a sick parent or relative. Parents often consider the children's assistance as a transition solution. Fishermen in Ghana prefer to have children working with them since it is cheaper, not restrictive and because some methods of fishing are easier with children.

The reality that was awaiting **Yao** was very different from what he had been promised. "We woke up around 4 a.m. every morning. We had to set off for fishing, and while fishing, we worked without rest. We were asked to dive into the river to remove nets that got stuck onto tree stumps. **We were not going to school at all and the food that was given to us was not enough.**" Yao does not blame them though: "I know it's their life, it's their culture, it's their way of doing things. Sometimes it comes out of ignorance." Through in-depth analysis, **IOM** found that the **causes of child trafficking are often related to poverty and broken homes**, whereby parents give out their children to fishermen for a certain amount of money (USD 50 - USD 100) for a number of years.

It is a commitment towards children on offering them a better life

Stephen's mother gave out her child because she could not feed him anymore. Six years later, she realised what was happening to him on a video taken by IOM. "We showed her a video of him working in a fishing boat on the lake. When she saw her son's condition and the work he was forced to do, she was filled with shame and regret, and asked IOM to help secure his release." This programme has been running continuously for the past ten years. In addition to these remedial measures, preventive measures are also carried out, such as activities involving the provision of information through sensitisation and education meetings, role plays, and drama performances.

In terms of **prevention**, the project aims to **reduce child trafficking through awareness-raising and consensus building in both sending and receiving communities**. It also addresses the root causes of child trafficking by providing assistance to parents/guardians and fishermen, to enable them to become economically independent. With regards to protection, the IOM Accra mission rescues and rehabilitates trafficked children, reunites them with their parents/guardians and provides reintegration support. Regarding **prosecution**, IOM strengthens the capacity of competent Ghanaian authorities to detect, investigate, prosecute, and convict traffickers using the **1998 Children Act and the Human Trafficking Act of 2005**.

Life is not easy even after being rescued though. Yao remembers the trauma: "I used to dream about the past. Sometimes big fishes would be chasing me in the river but I no longer have those dreams." His reintegration demanded a lot of effort from him and his family but was finally successful.

Yao who has just completed his senior secondary education said "I am also happy because I am now schooling again and I can see education is changing me. I can now speak English and I understood that education is the key to success. I'm happy to be with my family so that they will guide me and counsel me to become a successful man in future."

731 trafficked children like Stephen and Yao have been rescued, rehabilitated, returned, and reintegrated with follow-up assistance based on their individual needs. Over 690 of these children have been enrolled in school; some have graduated from the tertiary and apprenticeship levels and are now supporting themselves. In total, 48,663 community members in 131 sending and receiving communities have been sensitised. **55 government and NGO partners, and 95 other key stakeholders have been provided with capacity-building support in order to ensure ownership and sustainability of the programme.** Community development projects, such as the Kente-weaving and beads-making, have been set up for vulnerable parents/guardians and unemployed youth in two sending communities.

"What is important is to ensure that in the long term, the lives of those rescued will be improved"

IOM knows that the key to the success of the project relies in involving all relevant stakeholders at the family, community, district and national levels. Explaining why IOM does not undertake mass rescues but targets not more than 35 children in a year, **IOM's Counter-Trafficking Officer, Jennifer Asuako** said: "It is not about rescuing thousands of children. What is important is to ensure that in the long term, the lives of those rescued will be improved." **It is a commitment towards children on offering them a better life.** She continues "it is a complex issue which requires partner coordination before, during and after the rescue."

Yao has a last message to send: "Children who are still in the trafficking areas shouldn't worry at all. They should have faith and hope that one day their situation will be changed. And those who IOM has rescued shouldn't take anything for granted. They have to learn, work hard and take this opportunity to go to school so that in the future, life will be easier for them too."



IOM staff (right) meets with a reintegrated trafficked child and her family to witness first-hand the success of the assistance provided to the child and her mother

Linked to:

MDG 3 "Promoting women empowerment"

UNDAF Outcome 1 "Improve Medium and smallholder farmers' access to approved agricultural extension services and markets"

Contributing UN entities and partners:

International Fund for Agricultural Development (IFAD),
Ministry of Trade and Industry, African Development Bank



BUMPING INTO A LAMP POST

IMPROVING THE LIVELIHOOD OF SMALL FARM AND NON-FARM ENTERPRISES IN RURAL AREAS

Ms. Afia Kye has been producing yam for the past eight years in the Mampong district. "In the beginning I used to laugh at them because I didn't really believe what they were showing us," she remembered. **Mr. Kwaku Baa** also benefited from the **Root and Tuber Improvement and Marketing Programme (RTIMP)**. "It was always difficult to get seeds and so I got interested and decided to adopt the new technology. I was taught how to cut the yam into small pieces for planting and how to make beds to space the yam and not waste land."

Rural areas are facing intractable socio-economic challenges and farming businesses still need to build their competitiveness. Generally, average income per head is lower in rural regions and the skills base is also less developed. **Improving the opportunities and creating a thriving rural economy is essential for the development of Ghana.**



Jane Gyima Kessel, a cassava farmer, one of the beneficiaries of the RTIMP

"In the beginning I laughed at them, because I didn't really believe what they were showing us."

The **8-year RTIMP** is funded by the **International Fund for Agricultural Development (IFAD)** and implemented by the **Ministry of Food and Agriculture**. The goal of RTIMP is **to increase food production and enhance the income levels of the rural poor**. Prior to RTIMP's intervention, most processors were using rudimentary equipment which was inefficient.

Smallholder farmers mostly produce raw commodities which have the least value. Until her processing facility was upgraded, **Janet Gyima Kessel produced three 80kg bags of processed cassava a week. Today she produces thirty-five bags per week.** Women are recording higher incomes because their trade volumes have shot up. This has led to increased and more regular flows of income, which has improved women's standards of living. Some 750,000 farmers, mainly cassava farmers, were reached in the first phase of the project which was implemented (1999-2005). The main goal of this phase was to improve the productivity of farmers. The second phase which runs from 2006 to 2014 has adopted a value-chain development approach focusing on **market linkages, processing and access to financial services.**

The Rural Enterprises Programme (REP), implemented by the Ministry of Trade and Industry with co-financing from IFAD and the African Development Bank has among others, developed equipment specifically designed for processing root and tuber products. The RTIMP and REP programmes supported by IFAD are bringing optimism into communities. It is obvious that even though there are many remaining challenges, participants feel less vulnerable and are looking towards the future. With clear-sighted goals, well-defined targets and determined international donor support, a state-driven social intervention can succeed. Ghana has to offer real market opportunities for its people.

"We called this yam "bumping into a lamp post" because people weren't looking where they were going as they were staring at the field, thinking "how could this small piece of land yield that many yams."

- Mr. Baa and Ms. Kyee

Made from a blend of **sweet potato** and milk which is pasteurised and then turned into a nutritious and filling type of yoghurt, **Potagurt is a new product that has created income opportunities for women's groups in Ghana.** "Some of us were sitting down doing nothing," says **Madam Doris**, a member of one group in Kassena Nankana district of the Upper East Region. "In fact we didn't know that something good could come out of potatoes. **The information has helped a lot of us to be able to have a trade that brings income into our homes.**" "We have training programmes in quality management and processing system. We are building the capacity of these women so that they will be confident and will stand on their feet," explains **Veronica Ivy Dzreke** who is leading the development of the Potagurt programme for IFAD.



Woman harvesting sweet potatoes, one of the crops promoted by RTIMP

To facilitate access to finance for equipment while interest rates in Ghana are high, the programme has a micro-enterprise fund which is disbursed in the form of a matching grant. Clients are trained to run their enterprises as profitable businesses and open **savings accounts.** According to **Kambilige Stanley, Naara Rural Bank project officer,** "almost 100 per cent of the repayments are on time and are up to date in terms of amount." Half of the 1,200 clients using support services are women.

The RTIMP and REP programmes seek to reduce poverty and improve living conditions through increased productivity and capacity building. It will engender income and marketability, encourage more competitiveness and sustainable business developments. The programmes also have an impact in improving incomes and food security of the clients, and strengthened skills in processing and marketing allowed them to access improved technologies.

Madam Doris can now afford to pay the school fees from her increased income. Women are recording higher incomes. Traders from Mali, Benin and Burkina Faso now come to them to purchase their products and this has led to increased and more regular flows of income which are trickling down to the family benefit. They can then invest more money into obtaining better inputs to enhance their farm productivity.

Thanks to the use of simple tools, careful financial analysis, entrepreneurial principles, linkages between different actors all integrated in a network, this investment is designed to be sustainable. Mr. Kwaku Baa and Madam Doris have given evidence of their motivation and dynamism. Active farmers in over 85 districts are now engaged in the multiplication of seed yam and improved cassava varieties and Potagurt sales points are now being set up at in the three northern regions.

Linked to:

MDG Target 3.A "Eliminate gender disparity in primary and secondary education"

UNDAF Outcome 9 "Socio-economically excluded and disadvantaged groups have increased access to education services"

Contributing UN entities and partners:
WFP, Ghana Education Service (GES)



TAKE HOME FOOD RATIONS

PROMOTING GIRLS' EDUCATION, FOOD SECURITY AND PEACE AT HOME

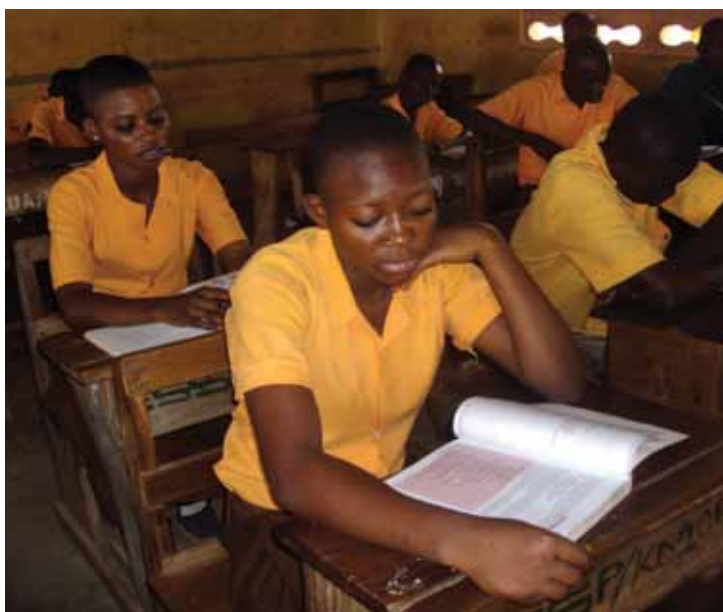
In 2009, **Mariama Baba's** life changed when she moved to Karaga Junior High School and became one of 30,000 girls who receive **take-home food rations from the World Food Programme (WFP)**. Seventeen-year old Mariama lives in Karaga, the community with the largest household sizes in Ghana's deprived Northern Region. She repeated Form 2 a year ago, because she scored very low grades in all her subjects. Ordinarily, that should have been more than enough reason for her father, Baba Mohammed, to withdraw her from school; after all, she was not his only child and resources were spread thin among his two wives and nine children. However, he decided to keep her in school mostly because of the food she takes home at the end of each month. "He even bought me a pair of socks on 6th March (Ghana's Independence Day)," Mariama said. "This is not common in my home, especially for someone in my position and this is all thanks to the food rations I take home."

"I've always enjoyed going to school, but with WFP's TAKE-HOME RATIONS, my mother can enjoy it as much as I do."

Mariama Baba

WFP's Take Home Ration programme has been implemented in northern Ghana since 1998/99. In response to a government request for assistance to **improve gender parity in deprived areas**, WFP partnered with the Ghana Education Service to begin a **food-based incentive programme** aimed at increasing girls' enrolment, attendance and retention in primary and junior high school in northern Ghana where only half of girls of school going age were in school, compared with the national average of 78 %.

The programme was designed to attract girls from deprived food-insecure homes to school using food as an incentive for both they and their entire families. The programme is still being implemented in some 500 schools in eight food insecure districts in the Northern and Volta Regions where girls' school attendance is still very low. These districts are Bunkpurugu/Yunyoo, Gushiegu, Karaga, Nanumba South, Sawla-Tuna-Kalba, Yendi and Zabzugu/Tatale in the Northern Region, and Kpandai and Nkwanta North in the Volta Region.



The current beneficiaries are now in the upper classes, Class 4 up till Junior High School Form 3, the period when girls tend to be withdrawn from school for various reasons. In Ghana's rural areas, most families send their daughters to school at the lower primary level but withdraw them as they grow older and move into upper primary and Junior High School. This is because older girls become valuable to the household as they usually help with housework, cook, take care of younger siblings, help their parents on the farm, engage in petty trading to supplement meager household budgets, and sometimes, are married off to older men. **Take home rations enable girls from poor and food insecure homes to attend and complete school.** In selected schools with low gender parity, girls who attend school regularly for more than three-quarters of the month are each given 8 kg of maize, 2 litres of oil and 1kg of iodized salt, as an incentive for them to continue attending school.



This food constitutes an additional source of income for the family, compensating parents for the loss of their daughter's labour. It serves as a trade-in for the lost economic value of the girl's services at home and is particularly useful for families during the lean season when food is scarce and consequently, very expensive.

Several successes have been chalked up since WFP and the Ghana Education Service began implementing the programme. **Girls' school attendance and academic performance have significantly increased while retention rates in assisted schools have doubled.** Above all, food assistance programmes such as this one, have been cited as a major reason why the Upper East and Upper West Regions were the first two out of ten regions, to attain gender parity in primary education in Ghana.

For Mariama, the take-home ration programme has been a huge blessing. In 2011, when her father's farm was submerged by floods, the food helped her family cope with the crisis. Above all, **Mariama feels the programme has contributed to a peaceful atmosphere at home.**

Mariama's mother, Memunatu, earns very little from the oranges she sells at Karaga Primary School and her father is a smallholder farmer whose income is too small to adequately support his large family. Before she began receiving the food rations, her mother and step-mother often quarreled over food. But once the food started coming in, both she and her mother were accorded a lot more respect at home and in the community.

Now Mariama has the peace of mind to study to enable her pursue her ambition of becoming a nurse in future and to be a role model for her eight younger siblings. *"I've always enjoyed going to school, but with WFP's take home rations, my mother can enjoy it as much as I do,"* Mariama said.

Linked to:

MDG 3 "Promoting gender equality and women empowerment"

UNDAF Outcome 3 "Increased productive capacity for sustainable livelihoods, especially in the most deprived districts"

Contributing UN entities and partners:

UNDP, Africa 2000 Network, Japanese WID Fund, JICA, Embassy of Japan in Ghana



SHEA BUTTER “THE WOMEN’S GOLD”

They call it “*women’s gold*”. When crushed and processed, the nuts of the shea tree yield a vegetable fat known as shea butter. Generations of women in northern Ghana have passed on to their daughters the technique of manually harvesting and processing shea nuts into butter. **Shea butter is used as cooking oil for traditional dishes and as a panacea for skin and inflammatory ailments.** Hence, Ghanaian culture regards the shea nut tree as a sacred resource that can neither be individually owned nor cut down. The tree is an integral part of the local ecosystem, providing a natural barrier to encroaching desertification from the Sahel basin.

Shea butter production also plays a unique economic role. The activity is reserved for women and is exclusively under their control, allowing them to generate an income. 80 percent of Africa’s shea exports are currently sold as raw nuts to large industrial processors. **Producing and exporting processed shea butter adds value to the product, increasing the incomes of women and households in some of the most impoverished regions of West Africa.**

Through a three-year programme started in January 2008 by the **United Nations Development Programme (UNDP)** and **Africa 2000 Network**, with financial support from the **Japanese Government**, several women such as **Amina** have received skills to enable them process shea nuts into butter, soap and other finished products for local

consumption and export. Other improvements such as the addition of henna herb in the soap-making process were introduced in order to diversify production.

UNDP and Africa 2000 Network adopted a comprehensive approach working with people’s knowledge, language and culture. Capitalising on shea butter’s global popularity, **UNDP and Japan have teamed up to bolster female entrepreneurs in Ghana and strengthen the African country’s economy by increasing production of the nut-based fat.** Working with the Sangnarigu Women’s Shea Butter Group, the Project facilitated the creation of synergies among various shea butter production groups who now benefit from other initiatives. Leaders of Sangnarigu Women Shea Butter Group visited Japan and recently India to share their experience and learn how to market their products.

The project has been successful because the women identified their own needs and made evidence of a strong cohesion. They have nominated leaders and are trying to improve the situation in their communities. The association and exposure has helped them to better communicate and has significantly broadened their perspectives.

Adamu is a 65-year-old woman from Sagnarigu Dungu, a community in Ghana's Northern Region. She has been working with the Sangnarigu Women's Shea Butter Group for 12 years. After getting married, she began producing shea butter on her own. She used to make about GHS 6.00 (USD 3.00) a month but she now earns approximately GHS 50.00 (USD 25.00) a month. **Shea butter production can significantly contribute to improve living standards of local women and their households.** For many years, **Amina** faced countless challenges not knowing how to fend for herself and her four children before she joined the **Sangnarigu Women Shea butter Group**.



The Sangnarigu Women's Center has created an environment for women to gather and work together as a group

A year after joining the center, **Amina's** monthly income has increased to GHS 80 (USD 40). The increase in her income has had numerous positive impacts on her health, the education levels of her children and the atmosphere in her marital home. She now can afford to buy school uniforms, bags and shoes for her children. An increase in nutrition levels has translated into a reduction in the number of visits to the hospital for both Amina and her family. Adamu proudly said that in the event that she needs access to emergency funds she could go to the local market to sell some shea butter. This would help her avoid always resorting to borrowing in times of need. The benefit in the households has been dramatic. Women always have soap now while others have been able to afford furniture and mattresses.

Linked to:

MDG 3 "Eliminating gender disparity and promoting women empowerment"

UNDAF Output 3.2 "Adaptation and mitigation strategies and practices integrated into climate resilient development policies, plans and programmes"

Contributing UN entities and partners:

UN Women, Upper West Rural Women Association (UWRWA), ABANTU/GACESS, National Disaster Management Organization (NADMO), Environmental Protection Agency (EPA)



PITO BREWERY

BUILDING CAPACITIES TO INFLUENCE CLIMATE CHANGE FROM A GENDER PERSPECTIVE

'Pito' is served as an ordinary drink during special occasions like weddings, funerals or naming ceremonies. It is typically served in a calabash and consumed at the brewer's place. It is a **women's activity** which involves the high use of fuel, wood and water which are scarce resources in the **North-eastern regions of Ghana**. Women in developing countries and especially in rural areas prepare their food using energy from fossil fuels. In Ghana, 80% of households do not have access to modern stoves and more than 90% of these are in the rural areas.

For many years, it was assumed that **Climate Change** as a science had little to do with **gender inequality**. However, the level of experience of women and men across the world has led to the recognition of the direct relationship between climate change and gender relations.



Pito being served in a calabash

For example, it is recognised that women and men experience climate change differently, and that gender inequalities can worsen as a result of climate change. Indeed, it has been observed that poor and marginalized women's livelihoods are further hampered by the adverse effects of climate change.

In **Lawra** and **Nandom** communities in the Upper West Region, women and children spend disproportionate amounts of hours a day collecting fire wood, a task that contributes to **deforestation and soil erosion**. **ABANTU/GACESS** in partnership with the **Upper West Rural Women Association (UWRWA)** with financial support from **UN Women** supported **Legsege Pito brewers** in Lawra and Nandom districts in the North of Ghana. Beneficiaries were engaged in various levels of Pito brewing as an **income generation and livelihood venture**.

The two-year project titled '**Building Capacities to influence climate change from a gender perspective**' was intended **to empower women to contribute to the sustainability of the environment in which they live**. It did not only focus on advocacy but also sought to support women economically, as they often bear the brunt of climate change. Pito brewers were supported with **improved technology in the form of energy conserving stoves**, made of cement blocks, iron rods and sand, for brewing their Pito. A **loan management scheme** was also made available to enhance their business.

The new improved stoves are said by the groups to be more economical. Indeed, the cement blocks retain the heat, thus less firewood is needed. It also took longer time for the Pito to brew before the introduction of this technology. It means that women do not have to collect as much fire wood as before, which is an improvement for the local environment and also for their daily quality of life. The women further mentioned that another advantage of the improved stove is the fact that they can work near it without feeling much of the heat; it is therefore safer and more comfortable for them to attend to the Pito while it is boiling (see pictures). The stoves are also easier to maintain as they are sheltered, compared to the initial stoves that used to be damaged by the rains. Now the women are able to brew their Pito when it rains and are also protected them from the open fire.

Women and men experience climate change differently; gender inequalities can worsen as a result of climate change



An old stove

In Ghana, 80% of households do not have access to modern stoves and a majority of these are in the rural areas.

It is envisioned that the provision of the cooking stoves will significantly contribute to improving living conditions of women who have limited choices or alternatives in terms of providing basic energy needs for their households. We are hopeful that this success story can trigger support to help scale up and extend the project to other communities. At the national level, the two-year gender and climate change programme has contributed immensely to the reviewing of new and existing **climate change-related policy documents** from a gender perspective notably the National Climate Change Adaptation Strategy, Ghana Goes for Green Growth and Readiness Preparation Proposal (REDD).

Pito brewing has been and will continue to be a source of livelihood for the people of this region for a long time to come. It is therefore important to mobilise stakeholders to recognise the harmful effects of climate change on the economic activities especially in the rural areas. **Behaviour change** is difficult to achieve but with time and sustained efforts, the ultimate change and impact will be achieved.

This programme is a clear demonstration that the UN and its partners are constantly seeking simple solutions to major challenges that afflict many of us, particularly women, in the society.

Women of the groups do not know much about the science of climate change, but they know it is affecting their daily life. Therefore, the programme combined **sensitisation** through radio programmes, trainings and actual livelihood improvement to mitigate the effect of climate change. Women's active participation is essential for sustainable development and the reduction of the effect of climate change. Not only the woman but also the households benefited from the programme, which succeeded in raising awareness on the importance of sustaining their environment. We believe that when women are sensitised on a particular issue affecting the household, then the message goes down to the grassroots.

Yet, one of the challenges of the project was the limited resource for its implementation. This is why the project has focused its activities on only two communities and three groups. There are still many communities and groups in the district that could benefit from this project as we see the positive impacts for the women in these two particular ones.



The improved stoves are easy to use

Linked to:

MDG 3 "Promote gender equality and empower women"

UNDAF Output 10.2 "Mechanisms are in place to ensure that women and vulnerable groups are informed about their rights to participate actively in decision making processes"

Contributing UN entities and partners:

UNFPA, International Federation of Women Lawyers (FIDA-Ghana)



COMMUNITY PARALEGAL VOLUNTEERS AT WORK

SUPPORTING THE HUMAN RIGHTS OF THE VULNERABLE GROUPS

Emmanuel Prince Semevo is the secretary of the paralegal association in South Tongu District in the Volta Region. He lives at **Sogakope** on the main road from Accra to Lomé. He sees a lot of women and children of school going age and young people, selling by the roadside to travellers.

People in developing countries, especially in rural areas, have difficulty **accessing justice**. In communities throughout the world, **people struggle with legal issues related to access to social services like housing, family support, burden of debts, reproductive health and reproductive rights issues and domestic and gender based violence**. Those who are poor, geographically isolated, or otherwise vulnerable are often unable to obtain assistance in protecting their rights and solving access to justice problems. They may suffer under harmful practices, discriminatory laws or lack the legal means to enforce norms that should protect them.



Emmanuel receiving his Training Certificate

"They live in bad conditions, I feel bad when I see children who need to be protected from all kinds of harm in such situations."

Emmanuel P. Semevor

Community-based paralegal programmes can help communities that have limited access or lack access to the legal system, to promote/protect their rights and resolve their rights violations, abuses and access to justice issues, particularly in remote areas where basic knowledge of the law is limited. Many **women**, especially those living in rural communities and raised with little or no legal and/or formal education, are frequently denied access to vital services, resources, control over their reproductive rights, and participation in decision-making processes.

The project, supported by **UNFPA** and implemented by the **International Federation of Women Lawyers (FIDA-Ghana)** seeks to enhance community legal literacy on human and women's rights in support of indigent women and children in selected regions (Central, Upper West, Northern and Volta regions) of Ghana. Community-based paralegals offer many distinct advantages. These are the focus on mediation, cost-efficiency and presence in the field in terms of locally based community level support for victims of rights abuses and violations, and mutual trust from the community.

Emmanuel is indeed proud of "championing the cause of women and children" in his community. "I tell them the position of the law through educational programmes, conferences and sensitization and outreach. These activities are very participatory."

The paralegals cannot enforce the law, but they assist the communities to understand their rights, as well as the law, and its implications. Paralegals are also on hand to provide immediate victim support and referrals to service providers. **Emmanuel** added, "We don't blame them but we tell them the position of the law and leave them to make their choices."

Through this programme, **27 other paralegals** in the South Tongu District of the Volta Region, **received legal coaching and training** on relevant national laws, dispute resolution, sexual and reproductive health including maternal health, family planning and HIV and AIDS, domestic and gender based violence. These trainings also revisited the issue of men's roles and identities in order to increase men's involvement in working towards **rights protection and gender equality**.

For example, a four day training exercise involved discussions on international and national laws affecting the rights of women and children, relevant sections of the Ghanaian constitution, marriage and divorce laws in Ghana, inheritance issues, rape and defilement laws, and the Domestic Violence Act (DVA) and response strategies. The paralegals were taught **how to identify legal issues and analyze laws**. They were also provided with **counseling skills, conflict resolution and mediation skills and advocacy strategies to advance women and children's rights**.

Emmanuel is grateful for the training provided "I learned that under the inheritance law, some sections were revised in terms of property to take into consideration women's need. This is what we try to promote now. For instance, a widow with three children was left homeless because the family took the house after the husband died." The position of the law says the house and all personal effects in the house of a demised husband, including the house if owned by the deceased husband goes to the surviving wife and the children. "So we went into mediation and thanks to our intervention, the matter was resolved. The family of the deceased husband agreed and returned all the properties involved. Now they are living in peace."

"The programme has become an eye opener to women and some men"



Participants during the paralegal training in South Tongu District

Community-based paralegals provide a dynamic and community-oriented solution to family issues, personal rights abuses and violations, especially for women and girls, and community-related conflicts. They develop skills, assist communities in promoting sustainable community life and become agents for change. Potential community conflicts and rights based abuses have been halted through community mobilization, advocacy with local leaders, education/sensitization and victim support organized through durbars and outreach activities by the paralegals in communities of South Tongu District.

UNFPA and its partners hope that the adoption of this rights-based approach at the community level, will ensure not only the protection of the rights of women and young people, but will catalyse change processes and result in the socio-economic development of women and ultimately, their full and effective participation and contribution to their family, community, and consequently to the national development processes. **Emmanuel** concludes with optimism: "I can identify a problem and solve it, I can advise on family and marriage matters, rights abuses such as domestic violence or convince parents to send their children to school." He concludes: "The programme has become an eye-opener to women, children/young people and some of the men."

Linked to:

MDG 3 "Promote Gender Equality & Empower Women"

MDG 5 "Improve Maternal Health"

MDG 6 "Combat HIV/AIDS"

UNDAF Outcome 9 "Socioeconomically excluded and disadvantaged groups have increased access to education, services and demonstrate increased attainment in literacy, numeracy and skills"

Contributing UN entities and partners:

UNFPA, Village Exchange Ghana (VEG), Ministries of Health / Ghana Health Service, Ministry of Education



PROMOTING RESPONSIBLE REPRODUCTIVE AND SEXUAL HEALTH AND EMPOWERING TEENAGE MOTHERS

Village Exchange Ghana (VEG), a community-based NGO supported by **UNFPA** offers support to young mothers and young people in the rural areas of the Volta region. **Teenage pregnancy programmes** which used to focus only on girls included advice on growing up and the consequences of not following this advice. According to **Ms. Milev, Executive Director**, "there's a lot of stigma. Your family may reject you, the boy may leave you, and there is also a thirst for information that is not being met."

Since society frowns on abortion in Ghana, girls often resort to desperate unsafe measures such as swallowing concoctions of broken glass or inserting metal objects or sticks inside themselves to terminate an unwanted pregnancy. **Worldwide, girls aged 15-19 account for one in four unsafe abortions, reaching 5 million each year. In Ghana, it is estimated that 13.3% of women aged 15-19 have had children or are currently pregnant (WB, 2008).**

Ho, the capital of Volta region and its surrounding rural areas have a high rate of teenage pregnancies. As a result of dropping out of school, teenage mothers are unable to provide the essentials for their children and themselves due to the fact that they have no income generating skills. Teenage mothers suffer stigmatization, social isolation and trauma and are considerably economically disadvantaged.

The programme supported by UNFPA, aims at **improving access to information on sexual and reproductive health issues for teenage mothers and young girls as well as improving the lives of disadvantaged women.**

The VEG Youth Centre provides counseling and advice to young people and offers skills training in batik, dressmaking and bead making. The girls also learn how to make other accessories such as bags and hats.

All these are produced with local equipment and ingredients and sold throughout the country and even internationally through VEG's website. There are also various opportunities to participate in vocational training and microfinance projects. The special combination of skills building and education on sexuality reproductive health provides a holistic approach to ensuring that teenage mothers are empowered and are armed with the necessary information to safe guard against future unwanted pregnancies.



Young girl learning how to make batik cloth

This capacity-building component of the center's services is essential for ensuring that teenage mothers have the opportunity to generate income to look after themselves and their children and be reintegrated into the community.

The counselors provide one-on-one, couples or group counseling to young people including adolescents and hold discussions on specific topics related to adolescent sexuality. Multi-media resources on a wide variety of subjects are made available in order to increase their knowledge.

The Centre conducts **peer education sessions, self-esteem building sessions** to give teenage mothers moral support and hope for a bright future. Radio announcements are made informing young people and the community about these services.

The programme delivers a simple message to teenage mothers who often drop out of school: **"Your life has not come to an end."** Bernice Nomesi is a staff member and a peer educator at Village Exchange Ghana. She says the Centre has created a space for young women to come together and learn the skills they need to empower themselves. *"Most of them are left to fend for themselves by their families, and they have no special skills to start a business of their own,"* she says.

"responsible reproductive and sexual health is an important way of promoting the empowerment of women"

Early sensitization is vital to reduce risks and encourage young people to adopt responsible behaviors. **Nadia Nyarko, 17,** is in Senior High School and volunteers as a peer educator with Village Exchange Ghana. *"We have been able to form a club in the school,"* she says. *"The club provides the opportunity for students to learn about reproductive health based on the belief that young people are more likely to listen to their peers than adults."* She says, **"I help educate young women about how the choices they make in life will affect them."** By having three peer educators in each school, **a total of approximately 2,500 young people were actively involved in reproductive health education.**



Peer educators being updated in ASRH

Peer educators take their peers through adolescent sexuality, teenage pregnancy, sexually transmitted infections, HIV and AIDS among many other essential topics on life skills.

Over a two year period, VEG recorded a regular increase in the attendance of young people to the Youth Centre.

To ensure that the programme was beneficial to young people, young people were involved in the design of the programme and shared their experiences to define what kind of support they needed. Government (**Ministries of Health and Education**) have been very supportive of the project.

Walking up the main street of Ho, signs to the Lady Volta Resource Centre, inviting youth (under 26 years of age) to **"Come have a chat!"** are clearly visible. VEG says, *"It is time for young people to be empowered to find their own solutions rather than just being preached to."*

Linked to:

MDG Target 4.A "Reduce by two thirds, between 1990 and 2015, the under-five mortality rate"

UNDAF Output 7.2 "Social Welfare Service providers across Ghana deliver efficient, quality, social welfare services to the most vulnerable groups"

Contributing UN entities and partners:

UNICEF, UNFPA, UNAIDS, Ghana Health Service, Saltpond Hospital, University of Pretoria in South Africa Development Bank



KANGAROO MOTHER CARE

A SIMPLE SOLUTION SAVING CHILDREN'S LIVES

For staff at the **Saltpond Hospital** within the Mfantseman Municipality of the Central Region of Ghana, **neonatal mortality** was a major concern. Mothers are often ill with malaria or other infections, all having an effect on the pregnancy and the health of the unborn baby. Many of the babies are born preterm and weigh under 2500 grams. As **Saltpond Medical Superintendent, Derek Bonsu** stated, "This should not be deadly; but as **there is not any functioning incubator, the hospital was losing babies.**"

This situation has improved dramatically since the introduction of **Kangaroo Mother Care (KMC)** at the Saltpond Hospital. KMC is so simple that it is almost hard to believe it can save babies' lives. Basically, **the newborn baby is tied 'skin-to-skin' to the mother, fixed between her breasts. The mother becomes like an incubator.** The baby is comfortable and the mother's heartbeat is soothing. The baby grows better, the body temperature is better maintained and the baby is protected against infections and experiences less stress.

Kangaroo Mother Care was introduced in Bogotá, Colombia in 1979. **Research proved KMC actually contributed to reduce the deaths in preterm newborn babies.** **UNICEF** ignited the flame for KMC in Ghana in 2007. **Ghana Health Service (GHS)** took over the torch, and has kept it burning ever since. As **Isabella Sagoe-Moses, Child Health Coordinator at GHS** reflects: "UNICEF enabled staff to go to South Africa to observe the practice in partnership with the University of Pretoria. Once people saw it, they got convinced immediately."

The project started as a pilot in 2008 and is still ongoing, as it was expanded nation-wide by GHS. **Patrick Aboagye, Deputy Director Family Health** (and Head Reproductive and Child Health) with GHS, introduced Kangaroo Mother Care to the regions. He said KMC was widely accepted by medical professionals from the start: "It was introduced by doctors; we learned from the experiences of our colleagues in South Africa... that gave us the confidence that it was based on evidence in practice."

GHS in partnership with UNICEF Ghana and the University of Pretoria in South Africa, launched a **Kangaroo Mother Care Implementation Project** in the Central, Northern, Upper East and Upper West Regions in 2008. A KMC training strategy and a progress monitoring model were developed to ensure implementation and measure how far health care facilities had progressed with KMC. The KMC training strategy consisted of a basic training workshop, a steering committee training workshop, and an advanced training workshop for steering committee members; all conducted in that same year, 2008. Trainees also met with the health volunteers and did sensitisation with the traditional birth attendants.



KMC Crew in their quarters, Saltpond Hospital, Second from the left is Augustina Quansah, KMC Coordinator

Crying babies but smiling mothers! Augustina Acquah (left) holds her son Jonathan who was born full-term but weighed only 2100 grams. Now at two months he weighs 3500 grams (seven pounds). Augustina: "I had heard about Kangaroo Mother Care (KMC) during my antenatal visits. I knew how to do it, so I only had to stay one day. And look, he is growing really fast!" Christopher (right) was born preterm at eight months and only weighed 1500 grams. His mother, Rahel Attey had come to antenatal visits, but only heard about KMC when she delivered. She did not find it difficult or strange: "It was not a burden at all to carry him around all day, and it was reassuring to have him in sight all the time."



Augustina Quansah, has been working in the Saltpond Hospital since 2002 and is now the **Principal Nursing Officer** at the maternity ward, is a great supporter of KMC and tries to stimulate her team and the other clinics to monitor progress wherever they can. "You have to move yourself, otherwise the thing becomes stagnant; if people see you are doing a good job, the support will come."

The success of KMC is partly due to its **easy adaptation**, says **Patrick Aboagye** of the Ghana Health Service (GHS). He adds that, "**KMC is the kind of program where you can adapt to your own culture.**"

With this simple technology the hospitals have been able to save so many lives. The hospitals keep records and pictures to convince mothers to use the KMC. Some even recognise women in the pictures which strengthens buy-in. In Central Region, student nurses and midwives are being sensitised in KMC during their clinical practice to recognise an underweight child and introduce KMC. Since then, more training, monitoring and evaluation have been done to disseminate the advantages of KMC and to learn from the experiences of different health facilities. As a good solution sells itself, KMC use is widespread now.

In Ghana the Under 5 child mortality rate had stalled at 111 deaths per 1,000 live births between 1999 and 2003 (Source GDHS 2008). Most recent statistics show a 30% decline to 69 deaths per 1000 live births (2009) which is a huge step towards reaching MDG 4 (40 per 1,000) in 2015.

The Health Policy of Ghana (2007-2015), for example, mentions newborn deaths (in the first four weeks of life) representing 40% of all deaths in children under 5.

Another important key achievement is the **alignment of KMC with other policies and practices on reproductive and child health**. The coordination between different UN agencies such as **UNFPA and UNAIDS** who supported the programme was also essential. At the Saltpond Hospital for example, this holistic approach of reproductive and child health is being practiced. **Derek Bonsu** explains that it involves different departments working together towards comprehensive antenatal care, starting with the lab where the mother is tested for malaria, HIV, anemia and other diseases.

It continues in the antenatal/postnatal care room where the mother receives all the necessary information and is checked physically for the status of her pregnancy and for any abnormalities. Reducing neonatal mortality is a great challenge in Ghana. **Isabella Sagoe-Moses** (GHS) explains that new policies on postnatal care have a new emphasis on the vulnerable first week of life. The new approach leaves room for home treatment and monitoring, and the involvement of, amongst others, traditional birth attendants (TBA).

In that sense, Saltpond Hospital's dreams are bigger: as Derek Bonsu said, "**What really needs more attention is prevention. We should have an assembly point where people can go for information, mothers can help each other, and training for different target groups can be done.**"

KMC is so simple that it is almost hard to believe it can save babies' lives

Patrick Aboagye agrees with the need to expand KMC: "For me KMC is part of all the programs we do to improve reproductive and child health. If we cannot prevent the low birth weight and/or premature birth, Kangaroo Mother Care is the after-stop."

Rahel Attey, a young mother had come to antenatal visits, but only heard about KMC when she delivered. She did not find it difficult or strange because as she puts it: "It was not a burden at all to carry him around all day, and it was reassuring to have him in sight all the time."

Linked to:

MDG 4 "Reduce Child Mortality"

UNDAF Output 7.2 "Social Welfare Service providers across Ghana deliver efficient, quality, social welfare services to the most vulnerable groups"

Contributing UN entities and partners:

UNICEF, Ministry of Health (MoH), Ghana Health Service (GHS)



Fuseina with her son Abdulai in the clinic

COMMUNITY BASED AGENTS (CBAs)

BRINGING HEALTHCARE ONE STEP CLOSER

It is really busy at the sub-district health centre of Tampion in the Savelugu-Nanton district in the Northern Region of Ghana. Inside, the tiny space is crowded. Outside, mothers with babies are trying to find themselves a place in the shade. The clinic is supposed to provide primary health care services for almost 10,000 people living in the town and surrounding communities. But, it would not be able to reach everybody in need if it was not for the **27 Community Based Agents (CBAs); volunteers** who are providing support in each of the sub-district's 27 outlying communities.

The programme started as a pilot inspired from international experience and is now used by the **Home Based Care strategy** of the Ministry of Health (MoH) and Ghana Health Service (GHS) to address the **main causes of mortality in children under the age of five years: malaria, diarrhea, malnutrition and pneumonia**. UNICEF has been supporting the Ghana Health Service since 2008 to roll out this strategy in the four UNICEF focus regions - namely the Northern, Upper East, Upper West and Central regions. There are **more than 10,000 volunteers today in Ghana** selected and monitored by their communities.

Community Based Agents (CBAs) bring healthcare one step closer to people. CBAs live and work in the communities and report to the district base quarterly. They are taught the necessary skills and are equipped with the necessary tools and drugs to go from house to house. They identify the cases and decide if they can treat or should refer the patients to health facilities. In Ghana, it took passion and perseverance to convince health professionals and policy makers that Home Based Care could make a crucial difference. Initially, there was a discussion about how community volunteers could handle this kind of responsibility. But as the pilots went well, it became part of **Child Health Policy and Strategy**.

UNICEF supports the programme with capacity-building, supply of drugs (for pneumonia and diarrhea) and training materials. The antimalarial drug is supplied by the National Malaria Programme of Ghana Health Service.

Health facilities usually manage the supply of drugs to dispense for diarrhea, malaria and pneumonia, as they can easily be identified by the CBAs. Community Health Nurse, **Celestina Banga** explains: "*CBAs have been trained to determine and decide whether the patients need simple home treatment or special treatment by a trained health worker. If the child is less than 6 months old, they always have to refer to us. If the child is older, then they can take care of diarrhea and of malaria according to the weight of the child. If there is no improvement in 24 hours they preferably have to come with the patient, or at least help organise transport. They also check malnutrition cases and refer those to us. We monitor all the volunteers and at the end of every month they report back to us.*"



Celestina Banga, Community Health Nurse at Tampion and first point of reference for CBAs

CBA's are essential for detection and used as links between the authorities and the community. UNICEF has been partnering with the Ghana Health Service (GHS) throughout the whole process: **from designing the training curriculum and education materials, to funding the training of all health workers and volunteers.** Apart from their regular supply of drugs, the trained CBA's also received a practical package to facilitate their work including a bicycle. *"Because the CBA's intervene on the ground, they can catch cases really early and prevent complications. The rainy season is the crucial time, with lots of colds turning into pneumonia, and transport limitations. We make sure the logistics they need are always available. Everyone benefits from this first line intervention,"* recalls Celestina. Besides diagnosis, treatment and referral, the CBA's also help with health promotion and the distribution of insecticide-treated bed nets. **Alhasan Yakubu** is part of all the steps: *"If mothers don't know how to hang it we bring the nails and hammer and rope and hang it for them. This has really helped the community."*



Alhasan Yakubu, Community Health volunteer for more than 20 years

Fuseina Abukari is very happy with the CBA in her community: *"When my child has a fever I run to the volunteer for first aid and he is close by."* Fuseina brought her son Abdulai (9 months) to the CBA and he was diagnosed as malnourished. Because of the referral, Abdulai is now part of a programme in the Tampion clinic which is helping him to recover. Fuseina is satisfied with the help of the volunteer, because he also teaches her about the importance of a balanced diet, sleeping under a mosquito net, and avoiding exposing children to cold water as a means of preventing pneumonia. CBA's are also instrumental in facilitating the health workers' activities. **Disease Control Officer, Mary Ali** appreciates their assistance in outreach activities: *"They mobilise the mothers for you, control the crowd. Some help weigh or assist in immunisation. Most importantly, community members listen to them, they are trusted. The people will come if the CBA says it's all right, they have the confidence."* Respect and social consideration from the community is an important motivation factor for the CBA's.

"CBA's mobilize the mothers for you or assist in immunization. Most importantly, community members listen to them, they are trusted."

CBA's are chosen by their communities. This is what makes home-based care systems work. They also help in many other aspects that are difficult to measure. At all levels, and from different partners, there is a growing acknowledgement that the contribution of CBA's to primary healthcare system is crucial. It is definitely an innovative and cost-efficient outreach. **Health District Director, Joana Quarcoo** has so much faith in the volunteers that she wants to widen their responsibilities: *"It would be so nice if, in some years to come, people in the community could assist the program much better, recording data and reporting, among others. It would make monitoring so much easier."*

The design of the programme has strengthened ownership as regards decision-making at different levels. Lately policy makers in Ghana Health Service are working towards developing the national strategy for the community based health volunteers. **Patrick Aboagyi from Ghana Health Service (GHS)** has already some clear ideas on this. *"If we take these people seriously we could do serious community work."*

Linked to:

MDG 5 "Improve Maternal Health"

UNDAF Outcome 6 "Women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions"

Contributing UN entities and partners:

UNFPA, WFP, Ghana Health Service(GHS), Department of Women (Ministry of Women and Children's Affairs), Society for Women and AIDS in Africa (SWAA Ghana), Vodafone, Tamale Rotary Club, Brooks Limited, Ghana Medical Association, Kpandai District Assembly



Prevalence of Fistula (UNFPA, 2012)

HEALING WOUNDS, REPAIRING LIVES

MAKING MOTHERHOOD SAFER BY ADDRESSING OBSTETRIC FISTULA IN GHANA

"**Obstetric fistula** is one of the most devastating consequences of neglect during childbirth and a stark example of health inequity in the world," **Secretary-General Ban Ki-moon** says in a report to the General Assembly in which he calls for intensified investments for improved maternal health. A very serious injury of childbearing, obstetric fistula represents a hole connecting the birth canal with the urinary bladder and/or the rectum caused by prolonged obstructed labour due to untimely and inadequate medical care. Although it is one of the most severe pregnancy-related complications, obstetric fistula remained unacknowledged at both international and national level until recently. The cause is usually prolonged, obstructed labour without prompt and skilled medical intervention. It mostly affects poor and marginalized women, many of them adolescent girls who are far removed from health facilities during labor. As a result of stigmatization, fistula remains hidden, even from many health professionals in the countries where it occurs. It is closely tied to social and economic factors in both its causes and consequences as it reflects underlying socio-economic and gender-based inequities including poverty, early marriage and harmful traditional practices such as FGM. The medical consequences of fistula include permanent incontinence of urine and/or faeces, and frequent infection of the urinary tract. Women with fistula are therefore often neglected because they smell. **This leads to isolation from the community, stigma and abandonment, which further impoverishes them.**



Participants at an advocacy meeting on Obstetric Fistula

The **World Health Organization (WHO)** estimates that **each year some 50,000 to 100,000 women worldwide are affected by obstetric fistula and the condition appears to be more prevalent in Africa than any other region in the world.** At the start of programming activities to address the predicament of women and girls affected by obstetric fistula in Ghana, the exact magnitude of the problem was not clear, and there existed very limited facility records of repairs done at the time. An assessment conducted in 2004 by UNFPA and Engender Health in 6 health facilities indicated that 70 women had fistula repair services in 2003 alone. Given the low access to health facilities, these numbers, as facility data, may be underestimates of the real scope of the problem, hence the start of **UNFPA and Ghana Health Service Fistula programming** in 2005. This initiative was followed by the establishment and commissioning of a **Fistulae Center of Excellence** in Tamale in 2009 to serve the three Northern regions where fistula is mostly found. In these regions, when a woman experiences prolonged labour, the cultural belief is that she may have had sex outside marriage and hence is being punished by the gods. Instead

of helping her seek medical care, she is subjected to questioning to confess her crime. Women are sometimes not allowed to be taken by friends and female family members to the hospital when in labour, unless the husband has previously given his approval. Other factors that hinder the women from seeking medical care are access to transportation (because of the smell) and lack of funds (due to poverty) to register with the National Health Insurance Scheme, which then allows them to undergo free medical care.

"Obstetric fistula a stark example of health inequity in the world"

The **Fistula programme in Ghana** is built on three pillars. Pillar one is **prevention** where advocacy activities aimed at preventing its occurrence and recurrence are carried out. Pillar two is **repairing women who are victims**. Social mobilization activities are carried out and identified victims are sent to the facilities for surgery and the final pillar: three is **reintegrating the treated women back into the society** since they become outcasts when affected. They are given entrepreneurial skills to enable them regain their dignity. For purposes of sustainability, UNFPA initiated advocacy with the Ministry of Health/Ghana Health Service (MOH/GHS) to integrate fistula in the routine clinical and public health activities. Since the beginning of the Obstetric Fistula programme in 2005, the programme has trained and continues to train **Obstetric Fistula management teams**. There are currently two teams comprising **five trained doctors and four trained nurses** in the Upper East, Upper West Regions and the Tamale Fistulae Centre of Excellence. Treatment has been given to patients with the help of the resident surgeons in Tamale, surgeons from **Korlebu Teaching Hospital** and **Komfo Anokye Teaching Hospital** as well as from an external surgeon **Dr. Andy Murray Norman** from the USA on an outreach basis. With support from UNFPA, treated patients have been reintegrated in their societies. As part of their reintegration process, the fistula survivors have received vocational skills training, mainly in soap, pomade and tie dye making, and are currently making a profession out of these skills acquired. In addition, some have been trained in advocacy skills and are now great advocates whose activities help with stigma reduction and further identification of other women and girls living with fistula.

According to an evaluation report provided in 2010, Obstetric Fistula repairs in the Northern and Upper West Regions have received success rates of 73% to 80%, with a high rate of patient satisfaction on care received from the over 495 women who have undergone repairs.

Pregnancy and childbirth should be a special time for bonding in the lives of women and families. Unfortunately, it can also be a time of great danger. Obstetric fistula is without doubt the most severe of the pregnancy related disabilities. Beyond the physical consequences, the condition has a devastating impact on the social status of young girls and women who fall victims.



Miss Ghana @50 - Ms. Frances Techie Mensah is the Ambassador for Fistula Work in Ghana

To address the social mobilization and advocacy component, UNFPA partnered with **Miss Ghana@50 Ms. Frances Techie Mensah** (the beauty queen at Ghana's 50th Independence anniversary in 2007) the Department of Women (**Ministry of Women and Children's Affairs**), Pathfinder International and Society for Women and AIDS in Africa (**SWAA Ghana**) to intensify awareness creation as well as identification of affected women for treatment. The programme also reaches out to community leaders - including successfully treated females, religious and traditional leaders, health workers, assembly men and women, members of key governmental agencies and the media. The advocacy and social mobilization is yielding results according to **Dr. Banabas Gandau**, the Gynecologist in charge of Tamale Fistula Centre of Excellence. The centre has received support from World Food Programme (WFP), Vodafone, Tamale Rotary Club, Brooks Limited, Ghana Medical Association and the Kpandai District Assembly.

Dr. Gandau said the community sensitization and registration of Obstetric Fistula clients under National Health Insurance Scheme (NHIS) led to significant increases in service utilization (over 100%) at the Tamale Fistula Centre and he was grateful to UNFPA and the Government of Ghana LEAP programme for facilitating this process. He was, however, sad that the current ward can only contain 10 patients at a time and appeals for support to expand it to enable them cater for more patients. Dr. Gandau concluded, *"If we operate about seven people a day, then the following day we can only operate three because the ward can only take ten patients at a time; meanwhile the repaired cases need about 15 days of supervised nursing care after surgery to restore the life and dignity of the women."*

Linked to:

MDG 4 "Reduce Child Mortality"

MDG 5 "Improve Maternal Health"

UNDAF Outcome 6 "Women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions"

Contributing UN entities and partners:

UNFPA, Ministry of Health Ghana Health Service (GHS),

Ghana Registered Midwives Association (GRMA)



INVESTING IN MIDWIVES SUPPORTING MATERNAL HEALTH IN GHANA

Midwifery is a key element in the chain of maternal care. In addition to caring for pregnant women, midwifery encompasses **family planning, HIV prevention and treatment, child healthcare and gender based violence**. Midwives are the first point of contact for reproductive health issues including adolescent sexual and reproductive health. According to the Ghana Demographic and Health Survey of 2008, between 1990 and 2005, **the maternal mortality ratio** reduced from 740 per 100,000 live births to 503 per 100,000 live births, and further to **451 per 100,000 live births in 2008**. On that trend, maternal mortality will only reduce to 340 per 100,000 by 2015, against the MDG target of 185 per 100,000 live births by 2015.

An acute **shortage of midwives in Ghana** (with 90 % above 50 years of age) contributes largely to this situation. There are significant disparities in delivery according to location, income status, and educational levels. In the Northern Region the rate of skilled attendance at birth is as low as 27 per cent. The Majority in the rural areas believe that when a woman delivers at home she is said to be brave and faithful to her husband.

Throughout Ghana, midwives like **Mary Issaka** and **Alizetta Mahama** are working tirelessly to improve the health of mothers and newborn babies. **Alizetta** is a midwife in the Maamobi Polyclinic: "At times you can have just one midwife and you end up doing six, eight...ten deliveries alone, we do it."

The **UNFPA-ICM (International confederation of Midwives) Programme** in collaboration with **Ministry of Health and Ghana Health Service (GHS)** has focused on strengthening midwifery regulation, midwifery pre-service and in-service education especially in emergency

life-saving skills as well as building a stronger professional association to advocate for maternal health.

Although maternal health care in Ghana is improving, coverage and quality remain uneven. Gaps in access to care are largely due to challenges associated with the shortage of midwives. **Bernice**, a midwife in training at Korle-bu concludes: "*if there are more midwives, the country is going to be a healthy one.*"

Patrick Kuma Aboagye from GHS said midwives "*perform the bulk and a large chunk of our services because we do not have the doctors available.*" The non-availability of mannequins, teaching and learning aids were identified by UNFPA in 2009 after a nationwide assessment, as a major deterrent for skills acquisition of the midwifery students with large attrition into nursing due to non availability of higher education in midwifery in Ghana. The **Bachelor Midwifery Programme at KNUST** supported by UNFPA has the potential to improve the education and career pathways of midwifery, and increase the number of graduates.



59% of women delivered with the help of skilled attendance in Ghana GDHS 2008

UNFPA has consequently supported the eighteen colleges nationwide with anatomic model and medical equipment valued at \$4,00,000 dollars since 2009. This facilitated the establishment of the Tarkwa and Tamale Midwifery Colleges, the first one in the Northern Region.

Advocating for more investments and recognition in midwifery is gaining momentum. **Ghana Registered Midwives Association** is being strengthened with skills to champion the course with evidence based information to advocate for improved maternal health with policy makers.

Dr. Koku Awoonor Williams, the Upper East Regional Director of the Ghana Health Service stated that UNFPA commitment led to a better recognition of the role of the midwives in Ghana; they have become knowledgeable on current issues related to reproductive health and matters affecting midwifery. UNFPA in close collaboration with **government and NGOs** has made continuous advocacy efforts and provided technical assistance in support of improved midwifery education. Also, the international recognition of **Ghanaian midwife, Mary Issaka**, the champion of the "Zorkor Initiative" has motivated other midwives to be innovative in their approach to service delivery. Mary is a midwife who received the *Jhpiego's award of outstanding contribution to midwifery* in Washington in 2010 for her tremendous contribution towards tackling maternal mortality, unwanted teenage pregnancies, and neonatal morbidity and mortality in the Upper East Region. She said, **"We are engaging women who have had bad experiences to form a mother-to-mother support group."**



UNFPA has supported colleges with mannequins and medical equipment

Mary also encourages the opinion leaders to *"always take a decision before the woman gets into labor and encourages them to use the delivery facility."* With the free maternal health care policy being implemented through the National Health Insurance scheme, more women are accessing services and therefore it is critical to increase the service delivery points. With the aging population, there is the urgent need to invest in midwifery education to ensure that critical midwifery workforce is not depleted due to retirement. **Dr. Koku Awoonor Williams**, when paying tribute to the midwives for the **dramatic decrease** of maternal mortality in his region (from 300 in 2000 to 28 in 2008), added: *"when a woman dies, it's like saying a family is dead, especially in our tradition, we should declare zero tolerance for maternal mortality"* indicating his wish for Ghana to flood every community with midwives since they are a **key element of the solution to ending maternal mortality.**

"It is possible for a midwife to save lives, but before you do you first have to know the problems in the community"

Mary Issaka



Advocating for a better recognition of the role of the midwives in GHANA

Success relies in identifying where best practices are and trying to scale-up these practices. UNFPA envisions delivering a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.

Linked to:

MDG 5 "Improve Maternal Health"

UNDAF Outcome 6 "Women and children have improved and equitable access to and utilization of quality, high impact maternal, neonatal and child health and nutrition interventions"

Contributing UN entities and partners:

UN System, Ministry of Health (MoH), Ghana Health Service (GHS), European Union, Danish International Development Agency (DANIDA), USAID, Department for International Development (DFID)



THE UN MDG ACCELERATION FRAMEWORK WORKING TOGETHER TO ACCELERATE PROGRESS ON MATERNAL HEALTH

The Upper East Regional Director of the Ghana Health Service, **Dr. J. Koku Awoonor-Williams**, shared the sentiment that it was his wish to see a drastic reduction of the maternal mortality ratio in Ghana. Paying a glowing tribute to the midwives for contributing to the dramatic decrease of maternal mortality in his region (from 300 in 2000 to 28 in 2008) he added: "*when a woman dies, it's like saying a family is dead, especially in our tradition, we should declare zero tolerance for maternal mortality.*" Ghana's maternal mortality rate remains high despite several efforts and interventions by government and development partners. Progress made in reducing maternal mortality in the past 20 years has been very slow. According to the survey and institutional data, between 1990 and 2005, the maternal mortality rate has reduced from 740 per 100,000 live births to 503 per 100,000 live births, and further to **451 per 100,000 live births in 2008**.

At this rate, maternal mortality will only reduce to 340 per 100,000 by 2015, against the **MDG target of 185 per 100,000 live births by 2015**. According to the Ghana Demographic and Health Survey (GDHS), only 59% of women had skilled deliveries, with 30% of births delivered by a traditional birth attendant. Also, wide regional variations exist – 26% of women in the Northern region deliver in a health facility, compared to 84% of women in Greater Accra region. All these have a negative impact on the attainment of MDG 5 including maternal mortality.

This has been a concern to government, policymakers, and other stakeholders including development partners and Civil Society Organizations. The immediate response by the Government of Ghana was to declare maternal mortality a national emergency in July 2008. Other responses include free maternal health services; repositioning family planning in the health care delivery system; and training and recognising midwives and health workers.

The Government through the Ghana Health Service (GHS), and the technical and financial support of the **United Nations System in Ghana**, developed the **MDG Acceleration Framework (MAF) for maternal health**, to hasten progress on **MDG 5 on Maternal health by 2015**. The 2010 MDG progress report shows that, although significant progress has been made towards achieving almost all the MDGs, disparities persist by gender, socio-economic group and geographic location especially towards the achievement of MDG 5. Since all the eight MDGs are to a large extent interrelated and mutually reinforcing, reducing maternal mortality in Ghana was not seen as an end in itself, but also as a means to exerting positive impact on socio-economic development and progress toward the attainment of other MDGs.

The main purpose of the **MDG Acceleration Framework (MAF)** is to **better understand the deep-rooted causes militating against positive outcomes in MDG 5 on Maternal Health, find key solutions, and work towards reducing the risks hampering progress.** *The MAF is a single and clear framework that generates consensus among stakeholders to collectively tackle the problems of maternal health in Ghana.*

Anchored in national and health sector development frameworks, the final **MAF Country Action Plan (CAP)** streamlines the various parallel maternal health interventions into three - **Family Planning, Skilled Delivery, and Emergency Obstetric and Newborn care** - that have a proven track record of success. Specifically, the CAP attempts to intensify efforts to prioritise and find solutions to bottlenecks that affect the implementation of the three key interventions so as to accelerate Ghana's progress towards achieving MDG 5, and in the process contribute positively to the attainment of other MDG targets.

The UN's role was crucial in first introducing the concept, initiating, facilitating, and securing funding for the MAF development, obtaining expert technical support, overseeing the timely completion and providing quality assurance. UN support has also proven fundamental in mobilizing resources for MAF implementation. In 2011, the Ministry of Health successfully used the MDG Accelerated Framework to mobilise 52 million Euros from the European Union's MDG Fund and disbursement of the funds started this year.



According to the 2008 GDHS, 59% of women had skilled deliveries in Ghana

The MAF also attracted additional funding from the various UN agencies, Star Ghana, and the multi-donor pooled funding mechanism funded by the European Union, Danish International Development Agency (DANIDA), USAID and Department for International Development (DFID) through **'the Improved Access To Quality Health Services For All Ghanaians'** programme.

Government leadership and ownership has been vital for the success so far. The MAF is an embodiment of partnership, ensuring defined and complementary roles for all partners – Government, Development Partners, and CSOs. Even at an early stage in developing the MAF back in 2011, the WHO Representative to Ghana described the **MAF process as the best form of successful partnership in health at country level** he had ever witnessed.

Linked to:

MDG 6 "Halting and reversing the spread of HIV/AIDS"

UNDAF Output 9.5 "National and sub-national capacity enhanced to provide life skills education including HIV/AIDS education"

Contributing UN entities and partners:

UNICEF, Ghana AIDS Commission (GAC), Ghana Education Service, Department for International Development (DFID), Global Fund



HIV ALERT *BUILDING SKILLS FOR LIFE*

Ghana is making good progress in **containing the AIDS epidemic** in the country. The HIV prevalence rate in Ghana for 2010 was 2.0%; a slight increase from the year before (1.9% in 2009), and much less than other parts of sub-Saharan Africa. Ghana AIDS Commission (GAC) survey shows that most people in Ghana are aware of HIV but only 25% of young women (15-24) have comprehensive knowledge of HIV/AIDS. Young people constitute then, a major vulnerable group as well as a "Window of Hope" which can halt the spread of the epidemic. Many of the NGO interventions in HIV and AIDS are fragmented, limited in coverage and poorly coordinated. Hence, **Ghana Education Service (GES)**, with support from **UNICEF**, initiated the **HIV Alert School Model (ASM)** in 2006 to harmonize all HIV/AIDS interventions in Junior High Schools (JHS) and later in Primary Schools starting in September 2012.

The enthusiasm of different stakeholders around this program relies on the innovative and holistic approach of the model. It spreads the responsibility over three pillars: **the Teacher-Led Pillar, the Child-Led Pillar and the School-Community Pillar.**

Activities under each pillar have been designed to reinforce each other. It is an overall improvement compared to the situation where a single teacher had to undertake the full range of the HIV education activities in the school (which teachers considered as extra work). In practice, the Alert model is about developing necessary life skills to reduce risks for HIV infection; and it does so through capacity building and raising awareness of teachers, students, and community members.

Schools and communities have embraced the program. The Presbyterian Junior High School in **Donkorkrom**, the district capital of North Kwahu in the Eastern Region where HIV prevalence is above national average, was an early supporter. Fourteen-year-old **Faustine** is a peer educator. It has helped her to talk freely to people. She takes pride in her knowledge of the disease: "I know how to talk to people about sickness and drugs and of course, I would also know these things for myself!"



Pastor Otoo, chairman PTA (middle), explains how he uses information on HIV in his parish

The Alert model is developing necessary life skills to reduce their risks for HIV infection

Ellen Mensah is the **National Coordinator for the School Health Education Program (SHEP)** which includes all school health issues, from water and sanitation to HIV/AIDS. The programme facilitates and monitors the Alert Model through regional and district SHEP coordinators. Apart from assisting the schools with training and advice, they also help the GES structures to collect the **Alert Certification Tool (ACT)** forms. The certification is meant for monitoring, but also for motivation explains **Ellen**: *"The ACT assesses performance of the schools for each Pillar. Based on activities and scores for performance of peer educators, teachers and parents, schools can be rated in 3 progressive phases: the Inception Phase, the Pass Phase, and the Alert Phase. We motivate people by issuing Best Teachers Awards and best Alert Schools Awards. The Alert Schools will get an Alert Flag so everyone will see, there will be a massive media campaign to highlight their achievements; and motivate others to follow their good example!"*

Presby Junior High succeeded where many other schools failed: they have been able to maintain enthusiasm and continuity. The teachers are very committed to the program and integrate or infuse HIV and AIDS issues in their teaching and learning sessions. **The School-Community Pillar** is run by **Parent Teacher Associations (PTAs)**. The manual for PTAs includes resources on adolescence, pregnancy, HIV and how to assist a child in growing up and building self-esteem. Parents ideally should be able to talk about sexuality with their children; but very often they are not comfortable with this.

PTA assembled in Donkorkrom however did not show any inhibitions. PTA Members spoke freely about their own sexuality and the sexuality of their children. The PTA is chaired by **Pastor Otoo** (Christ Reformed Church). In his work he encounters many marriage related problems and counsels clients on the need for mutual understanding. All members of the PTA feel strengthened to discuss sexuality, with their partners and with their children. This does not only have to do with breaking taboos, but also with being provided with the right information. **Nana Acheaa**, a PTA member says, *"Because of Alert, when the children come home and they ask questions about sexuality, now I have some confidence to answer."*

A recent evaluation showed that exposure to the ASM steadily decreases risk practices. The evaluation also shows that **in gaining HIV knowledge, the Teacher Pillar was most effective; but in reducing HIV Risk Practices the Community pillar was most significant.** This means that when it comes down to changing children's behaviours the community is still the most influential, and that a **holistic approach** involving multiple stakeholders is necessary for tackling HIV/AIDS.

The GES secured HIV Alert funding partners for the Junior High Schools in all 10 regions of the country; the Government and DFID funded programmes of two regions each, Global Fund funded one and UNICEF funded five. When the Alert Model was launched in 2006 nearly six million youth aged between 10 and 14 in all ten regions of Ghana were reached. In the second edition of the Alert Model Guidelines for teachers (2009), the Ministry of Education proudly proclaimed that the Alert model was firmly owned and institutionalised in the Education Strategic Plan 2010-2020. Additionally, ASM is now part of the curriculum in Teacher Training Colleges.

The successful implementation of the ASM and the support of the district SHEP coordinator have inspired staff at Presby Junior High to take health education in the school one step further. The headmaster, **Mr. Ofori Asiamah** explains they now feel ready to form a health club in the school: *"It should include all kinds of health topics; personal hygiene, environmental hygiene, and taking care of one's reproductive parts."*

"I know how to talk to people about sickness and drugs and of course, I would also know these things for myself!"

Faustina Amedekanye, Peer Educator



There was interesting feedback from active peer educators throughout the country: they think HIV/AIDS should be made a compulsory, examinable subject in schools. To become better peer educators, they would like more teaching and learning materials. This resonates well with the peer educators at Presby Junior High school. As another peer educator, **Frederick** sighs, *"I would love to make my classes more interesting so I could be sure my school-mates stay alert."*

Linked to:

MDG 3 "Promote Gender Equality & Empower Women"

MDG 6 "Combat HIV/AIDS"

UNDAF Output 9.5 "National and sub-national capacity enhanced to provide life skills education including HIV/AIDS education"

Contributing UN entities and partners:

UNFPA, UNAIDS, Society for Women and AIDS in Africa (SWAA),

Ministry of Women and Children's Affairs



HARDSHIP IN THE MARKETPLACES OF ACCRA

IMPROVING LEGAL LITERACY AND HIV PREVENTION FOR KAYAYEE

Sixteen-year-old **Sahada** was pulled out of school when her family arranged a marriage for her. But it wasn't what she wanted. "I wanted to remain in school and learn," she said through a translator. "My family took me from school and told me it was time to get married." In spite of her resistance, Sahada was kidnapped into marriage with a man from another village. "In some cultures in the North, when a man falls in love with you, he just grabs you by force." These girls do not only suffer by carrying heavy loads or sleeping under chilly weather conditions, but also from human injustices. Sahada managed to escape on her own, making her way to Accra. **Mr. Mohammed Salifu, the President of Kayayo Youth Association** in the Agbogbloshie market said, "Walking along the streets of Accra, you will find many **Kayayee** carrying their children." **Kayayee** suffer disproportionately from unintended pregnancies, sexually transmitted diseases and gender-based violence.

Kayayee is a phenomenon of women and girls aged between 10 and 35 years, mostly uneducated, who migrate mainly from northern Ghana to market centres in Accra and other large cities where they work as head porters. Some of these girls are in search of better livelihood opportunities while others escape from harmful cultural practices, gender-based violence and ethnic or family conflicts. Leaving home and the only life they have ever known was not easy for Sahada, or other young women who now carry the burdens of others in the sprawling Agbogbloshie market.

"They come here alone with nobody to help them and they find unskilled work in places where they can be exploited and violated"

Gloria Deh-Tutu who works with the **Society for Women and AIDS in Africa (SWAA)** said "They come here alone with nobody to help them, and they find unskilled work in places where they can be exploited and violated." With little or no education and few skills, the young girls and women are vulnerable and frequent targets of violence and exploitation. Their work as **Kayayee** consists of carrying heavy loads on their heads, as such back pain and headache are part of their daily routine, as well as poor nutrition and health. "These young girls will carry anything just to earn 5 to 10 cedis a day."



Kayayee at the markets looking for clients to serve

UNFPA is working in partnership the Ministry of Women and Children's Affairs, UNAIDS, Society for Women and AIDS in Africa (SWAA, Ghana) and the **Kayayee** youth association to improve conditions for the young girls and women. A study has been conducted to identify factors which influence the vulnerability of **Kayayee** to human rights abuses and disempowerment, and factors which influence their access to Sexual Reproductive Health /HIV information and service. The goal of the **Kayayee** project was to improve sexual and reproductive health, legal literacy, and promote HIV Testing and Counseling among **Kayayee**. The interventions included capacity building of **Kayayee** and gate keepers from seven markets which include Mallam Atta, Agblogloshie,, Tema station and Darkuman.

"But with the knowledge and education, they are less likely to be taken advantage of"

The trainings exposed the **Kayayee** to many sexual and reproductive health issues, the physiology and anatomy of the male and female organs, of their body, STI/HIV prevention, condom use, hygiene and ways of addressing and reporting gender based violence. Peer education, HIV testing and counseling services, legal literacy campaigns, leadership empowerment training as well as condom promotion and distribution activities were carried out as well. As at June 2011, the total number of **Kayayee** in Accra was 7,787. Through UNFPA's partnership with SWAA, 5,800 **kayayee** have been reached with the above mentioned interventions.



Through the project some selected **Kayayee** were linked with livelihood skills institutions that enabled them to learn other income generating skills. Those **Kayayee** have received **vocational training in hair dressing and sewing** which would eventually grant them better employment and improve their living conditions. **Alima** married at age 17, but soon found that she wasn't safe with her husband. *"I wanted to leave him,"* she said through a translator. *"He used violence. His mother was violent to me too, so I had to leave."* Now aged 22, Alima is a peer educator who shares her knowledge of safe sex practices, and protection against sexual violence. She is working as an apprentice hairdresser. **By educating and teaching the young women and girls, they learn how to protect themselves from HIV while working as Kayayee.** The project aims to **give them confidence, a sense of self-worth and skills**, and the results have demonstrated many successes in light of these harrowing realities. Being vulnerable does not mean being weak: **Kayayee** have their own way of protecting themselves. It was essential to advocate for the rights of one of the most vulnerable group in Accra to empower them to say no to any form of abuse, particularly sexual abuse. **Networking and co-operation between implementing partners and strengthened linkages in various interventions** were key of the success of the **Kayayee** project.

Identifying their way of life, meeting with them in their environment and speaking their language was also crucial. Male involvement in the implementation of activities was essential. Many of the **Kayayee** are managed by their male counterparts and therefore it is vital to sensitize the male counterparts and create an enabling environment to engender ownership and ensure the successful implementation of activities.

"We have more than 40 peer leaders now," says **Mohammed** proudly. Through the assistance of the **Kayayee** Project, a few of the young girls have passed the Senior High School Certificate Examination. Appreciating the cultural context is a key element of the success as it allows you to turn a disadvantage into an advantage. When they come from northern Ghana, they can come into the hands of hooligans, or men who want to rape them: *"But with the knowledge and education, they are less likely to be taken advantage of."*

Linked to:

MDG 6 "Combat HIV/AIDS"

UNDAF Output 7.3 "Vulnerable and marginalized groups across Ghana empowered to access and utilize safety net programmes, social welfare and HIV/AIDS services"

Contributing UN entities and partners:

UN System (**UNAIDS**, UNDP, UNFPA, UN Women, IOM), West Africa Program To Combat AIDS And STI (WAPCAS), Ghana AIDS Commission, National Association of People Living with HIV (NAP+), Ghana HIV and AIDS Network (GHANET), Planned Parenthood Association of Ghana (PPAG), The Society for Women and AIDS in Africa (SWAA Ghana), Centre for Popular Education and Human Rights Ghana (CEPEHRG), Maritime Life Precious Foundation, FHI360

SEX WORKERS COACH PEERS ABOUT HIV-AIDS PREVENTION IN GHANA

"When I first came I didn't practise safe sex or use condoms. Now, I have educated my boyfriend," said Charlotte another peer educator (real name not used).

Using innovative outreach and targeted counselling, peer educators have helped bring about a nearly 30 percent drop in HIV infection rates among Ghana's sex workers over the past six years.

Thanks to effective campaigns by groups like **The West Africa Program To Combat AIDS And STI (WAPCAS)**, HIV prevalence among female sex workers in Ghana fell from 37.8% in 2006 to 25% in 2009, then further to 11.2%, two years later, according to the Ghana AIDS Commission.

Because sex work is illegal in Ghana, females engaged in the trade are vulnerable to exploitation and abuse which they cannot report because they have little legal recourse.

While HIV prevalence among the general population in Ghana is 1.37 percent, that among sex workers is much higher, around 11 percent, according to the Ghana AIDS Commission.

WAPCAS offers preventive services, counselling, free testing and referrals to hospitals or public health care for sex workers and other people defined as key populations or at higher risk of HIV exposure. Key populations include **people living with HIV (PLHIV)**, men who have sex with men and people who inject drugs.

The National HIV and AIDS Strategic Plan (2011–2015) helps manage the performance and accountability of all stakeholders in the national response, while the results framework ensures funds are used as efficiently as possible.

With support from **UNAIDS**, a legal audit was conducted to help draw attention to the rights of Key Populations and PLHIV in Ghana. **The Ghana AIDS Commission (GAC)** also engaged the Constitutional Reform Committee to put up a strong case on the need to protect the human rights of PLHIV and Key Populations including prisoners.

To tackle its many challenges, the GAC has built strategic partnerships involving public, civil society and private sector institutions.

Civil society organizations have several umbrella bodies coordinating HIV interventions. These include: the National Association of People Living with HIV (NAP+); Ghana HIV and AIDS Network (GHANET); the Planned Parenthood Association of Ghana (PPAG); West Africa Program To Combat AIDS and STIs (WAPCAS Ghana) and The Society for Women and AIDS in Africa (SWAA Ghana).

In 2011, about 34,000 Female Sex Workers (FSW) and 17,600 Men who have Sex with Men (MSM) were reached with HIV prevention information. During the same time frame over 10,464,624 condoms were distributed to Key Populations as well as over 900,000 lubricants. **A total of 10,624 persons from the Key Populations were referred for STI (Sexually Transmitted Infections) management.**

"I use female condoms if my clients refuse to wear them," said Tina who also chose not to be identified by her real name. "I always insist. Money can't buy back your health if you contract a disease," she added.

Another group that WAPCAS works with is **Men who have Sex with Men (MSM)**. The prevalence rate among this group is (approximately) 17 percent. Gay sex is illegal in Ghana and homosexuality carries a deep social stigma.

As a result, WAPCAS and other groups must strike a delicate balance. Taking steps to reduce HIV among this population while respecting the laws and cultural norms of the country.

Cultural and religious norms in Ghana make it very hard for homosexuals, lesbians and MSM, who face entrenched hostility against their lifestyle choice. "MSM are even more vulnerable than sex workers and face the worst violence," **Selasi Dzomeku**, a coordinator for WAPCAS said.

Dzomeku said the group has seen an increase in numbers of MSM throughout the country and is working to make sure they are included in testing, counseling and curative services. "If they go underground they will not access treatment and we will have a real problem," Dzomeku said.

According to the **Centre for Popular Education and Human Rights, Ghana (CEPEHRG)**, increased access to antiretrovirals along with testing, counseling and education programs has led to a decrease in the number of deaths of MSM in Ghana. The number of deaths in the capital among MSM members of the group had fallen from about 12 a year to only about 2 over the past four years.

Mac-Darling Cobbinah, national director of CEPEHRG, said **a peer educator program similar to that by the sex workers has also been successful in promoting safer sex practices within the community.**

The Centre seeks to promote the rights of the lesbian, gay, bisexual, transgender and intersex communities in Ghana. Because of stigma, funding for the Centre is almost entirely dependant on foreign and donor aid, Cobbinah said. "In Ghana "our" issues are still very sensitive. People find it difficult to identify or help us," he said.

Despite a general high level of awareness about safe sex with paying clients, a sex worker's relations with her boyfriend, spouse or non-paying partner is where there is potential for the spread of sexually transmitted infections (STIs) and the HIV virus, experts warn.

Many sex workers' partners are former or regular clients. If couples want to have children, they forego condoms, increasing their risk of becoming infected with HIV if their partners are untested.

With MSM's, the issue is compounded by the fear of disgrace or shame which leads many to take heterosexual partners to cover up their sexual preference. **The need to encourage safe sex becomes even more crucial**, said **Dr. Nii Akwei Addo**, head of the government's National AIDS Control Programme.

"We need to move out and bring services closer to them, make condoms available," Akwei Addo said.

Creating awareness about HIV and AIDS and sexually transmitted infections and teaching people how to avoid them are what groups like WAPCAS say they are all about.

Ghana saw an increase in treatment coverage for eligible PLHIV from 13,814 in 2011 to 14,332 in 2012.

The UN contributed to Ghana's key populations, (including men who have sex with men), receiving legal assistance and improved prevention services. HIV prevalence among female sex workers decreased from 37.8% in 2006 to 25% in 2009 and to 11.2% in 2012.

In 2012, the Ghana AIDS Commission conducted studies which showed reduction in HIV prevalence among FSW and MSM. HIV prevalence among MSM reduced from 25% in 2006 to 17% in 2011 and among FSW from 25% in 2006 to 11% in 2011.

Linked to:

MDG 6 "Combat HIV/AIDS"

UNDAF Output 6.1 "Strengthened capacity of health care providers to deliver comprehensive PMTCT (Prevention of Mother-To-Child Transmission of HIV)"

Contributing UN entities and partners:

UN System (UNAIDS, UNICEF, WHO, UNFPA, UNHCR, ILO, WFP), Ghana AIDS Commission (GAC), Ministry of Health (MoH), National AIDS Control Programme (NACP), Ghana Health Service (Family Health Division) (GHS/FHD), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

ANTIRETROVIRALS PROVE A LIFESAVER FOR GHANA PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The UN Resident Coordinator in Ghana, Ms. Ruby Sandhu-Rojon counts reduction in HIV prevalence, deaths and new infections and the increase in treatment coverage for affected people among the UN's key successes in Ghana.

Ms. Sandhu-Rojon pointed out that Africa is on track to achieve the MDG targets of universal primary education, gender parity at all levels of education, **lower HIV/AIDS prevalence among 15-24 year olds** and **increased proportion of the population with access to antiretroviral drugs**. She said while the picture may be brighter for the continent as a whole, it is not so bright for some of the individual countries. She said many countries including Ghana are lagging in child mortality, maternal health and sanitation targets.

Cradling her newborn son in her arms, **Gifty** shows him off proudly to family and friends. Gifty, 26, was shocked to discover her HIV positive status when she took a test during a regular antenatal visit last year.

"I didn't believe it at first. I just cried," said Gifty, a market trader in Accra, whose real name has been changed to protect her identity.

Yet, the test proved a lifesaver for both her and her son. She started taking antiretrovirals immediately and when her son was born in March he tested negative for HIV.

A campaign by Ghana's government, the United Nations and its partners to reduce mother-to-child transmission of HIV is bearing fruit. Antiretroviral drugs are more available and mothers are encouraged to take an HIV test early in pregnancy.

As a result, there was a **31 percent drop in the number of pregnant women passing HIV to their children between 2009 and 2012**. The reduction has been singled out as an African success story.

At the same time, the percentage of women who tested for HIV and received counseling rose from 39 percent to 71 percent, according to data from **the National Aids Control Programme**.

Under an ambitious global plan, Ghana hopes to eliminate transmission of the HIV virus from expectant mothers carrying the virus to their children by 2015. Gifty is just one of those success stories.

But stigma about HIV and AIDS remains a huge stumbling block. Many people who could benefit from antiretroviral treatment refuse to get tested.

When people fail to disclose their HIV status to their partners it exposes them to increased risk. In addition, they lose the advantage they could get from beginning antiretroviral treatment as early on as possible after being exposed, according to health experts.

Through UNAIDS advocacy, **the First Lady of Ghana, Mrs. Lordina Mahama**, became a National PMTCT (Prevention of Mother-To-Child Transmission of HIV) Champion in 2013 and a **Ghana's Premier Ambassador for HIV** for the implementation of the **Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.**

"I commit to ensuring that no child is born HIV positive, no child dies from the disease and no child is orphaned because of HIV," Mrs. Mahama said.



The First Lady of Ghana, H.E. Lordina Dramani Mahama (middle) with the UNAIDS Country Coordinator in Ghana, Girmay Haile (left) and the Director General of the Ghana AIDS Commission, Dr. Angela Ed-Adas (right)

While Gifty told her husband she was pregnant, she initially concealed her HIV status from him. At first, she would hide in the bathroom to take her daily doses of antiretroviral drugs. But a few weeks before her due date the strain became too great.

"Instead of being happy about the baby, I kept on crying and crying so he insisted on accompanying me for my last checkup. He said he knew something was up," said Gifty.

At the clinic, Gifty's husband learned the truth. He agreed to get himself tested and when the result came back it was HIV positive. Thanks to antiretrovirals Gifty's newborn infant tested negative for HIV, something she is delighted about.

The UN system contributed to eliminating AIDS-related maternal mortality by:

1. helping to develop and implement the prevention of mother-to-child transmission scale-up plan
2. providing technical assistance to prioritize interventions at national and decentralized levels
3. linking 38 microplans (districts) and two regional plans to Ghana's Prevention of Mother-to-Child Transmission efforts through the creation of a bottleneck analysis
4. building the capacity of health staff and service delivery for special populations in Ghana by providing technical assistance for care of HIV-exposed children and training for relevant staff.
5. UN agencies also provided services to pregnant refugees and migrants.

Many women in Ghana discover their HIV status during routine pregnancy checks at antenatal clinics. Gifty said the care and support by the nursing staff who disclosed the news to her helped her bear the shock. *"The nursing sister counseled me. She was so kind. She helped me cope,"* Gifty said.

Ghana will likely reach by 2015 the target set at the 2011 UN General Assembly High Level Meeting on AIDS. **Access to antiretroviral therapy for people living with HIV who are eligible for treatment increased from 30.5% in 2009 to 70% in 2012.**

Through its coordination role, UNAIDS ensures that the HIV-AIDS efforts are harmonized with all the agencies.

Linked to:

MDG 6 "Combat HIV/AIDS"

UNDAF Outcome 6 "Improved and equitable access to a utilization of quality, high impact maternal, neonatal and child health and nutrition interventions"

Contributing UN entities and partners:

UN System (UNAIDS, UNDP, UNFPA, UNIDO, WHO), Ghana AIDS Commission (GAC), Ministry of Health (MoH), National AIDS Control Programme (NACP), Ghana Health Service (GHS), private sector, Ministry of Finance and Economic Planning, Ministry of Trade and Industry



Rev. Kwashie Azumah, friend, Lydia Azumah, UNAIDS correspondent Amba Mpoke-Bigg

IN GHANA HIV NO LONGER A DEATH SENTENCE THANKS TO ANTIRETROVIRAL THERAPY

"We need to build local capacity and stop this reliance on imports," says **Dr. Yaw Adu Gyamfi**, a UN Trained Ghanaian pharmacist and owner of Danadams (Ghanaian manufacturer of antiretroviral drugs).

When **Charity Owusu Danso** lost her husband in 2002 after a lingering illness, she had no idea he had died of AIDS. But a routine blood test for her shortly thereafter revealed that she was HIV positive.

It shattered her world.

"I sunk into depression and totally neglected myself," said Charity who lives in the Ghanaian capital Accra. *"I thought I would die."*

With the help of counselling and a support group for people living with HIV, Charity slowly began to pick up. Then, in 2004, she became eligible for antiretroviral therapy. It changed her life.

"Antiretrovirals have made it easier for people living with HIV," Charity said. *"In the old days there was no cure. Right now I manage my HIV."*

Now Ghanaians have another reason to celebrate: these life-saving antiretrovirals are locally produced.

The UN has advocated at high level to support local production and funding of HIV response. The visit of the Executive Director of UNAIDS in February 2012 culminated in the release of the first tranche of Government's commitment of GHS 17.6 million, equivalent to USD 8.5 million in July 2012.

Only 15% of Ghana's response needs are met by local production of ARV's (Antiretroviral drugs).

The UN system and other development partners are working with the health, trade, and finances and economic planning ministries to establish an enabling environment to boost local production.

Locally produced antiretroviral drugs have significantly reduced stockouts in the public health system



ARV drugs undergo testing at Danadams

Africa has seen a marked decline in the number of HIV infections and related deaths between 2001 and 2011. Ghana has been particularly successful recording a 66 percent drop in new infections over that period, according to data from UNAIDS.

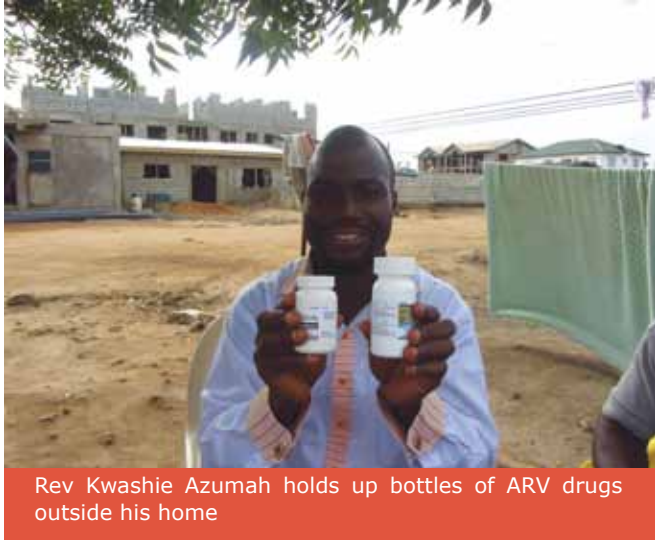
Thanks to an aggressive campaign to make antiretroviral drugs and testing available to pregnant women, the rate of transmission from Ghanaian HIV-positive mothers to their children between 2009 and 2012, also fell by 31 percent.

For **Rev. Kwashie Azumah** who has lived with the virus since 2001, the benefits of antiretrovirals are without dispute.

Lydia, his wife, who is also HIV positive, began treatment when she was already severely weakened by HIV. Within weeks the drugs gave her a new lease of life.

Today the Azumahs live robust, active lives, directing a national advocacy campaign for people living with HIV known as the Heart To Heart Ambassadors. None of their four children have the virus - even though three of them were born after they were diagnosed HIV-positive.

"Our children were born completely virus-free because my wife was on antiretroviral treatment throughout her pregnancies," Azumah said.



Rev Kwashie Azumah holds up bottles of ARV drugs outside his home

"I owe my life to ARV's," Kwashie Azumah said.

LOCAL PRODUCTION OF ARV'S THE KEY TO SUSTAINING GAINS

As Africa slowly begins to make inroads against the disease, Ghana's challenge is to sustain its advances with a dedicated HIV-AIDS program which guarantees a lifetime supply of antiretrovirals.

For now, Danadams is the only Ghanaian manufacturer of antiretroviral drugs. Danadams has been commended highly for its innovation. But because it does not meet World Health Organisation prequalification standards, it cannot compete for government tenders for the medicine. Despite producing seven licensed antiretrovirals, it currently supplies less than 20 percent of the local market.

Antiretroviral drugs supplied by Danadams have helped to fill in the gaps during a recent spate of shortages of the medicines in the country. The company is using recently acquired loans to upgrade its facility to comply with WHO pre-qualification standards. *"We stand poised to become a national and regional supplier of antiretroviral drugs,"* Dr. Yaw Adu Gyamfi said.

Quick Fact: Access to antiretroviral therapy for Ghanaians living with HIV who are eligible for treatment increased from 30.5% in 2009 to 70% in 2012.

WHAT ARE ANTIRETROVIRALS?

Antiretrovirals, or ARV's, are the standard treatment for HIV/AIDS. They can help infected people stay free of symptoms for many years, enabling them to live near normal lives by keeping the virus in the body at a low level.

The powerful drugs also arrest any weakening of the immune system and allow it to recover from any damage the HIV virus might have caused.

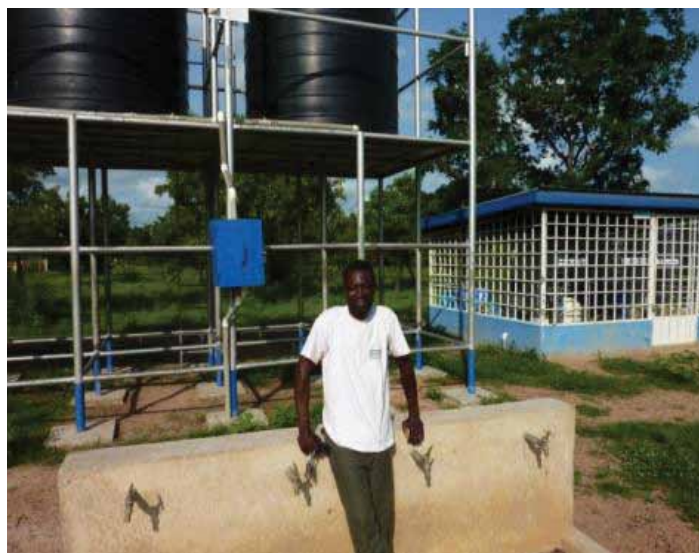
Linked to:

MDG Target 7.C "Reducing the proportion of the population without sustainable access to safe drinking water"

UNDAF Output 5.3 "An additional 2.5% of the population sustainably use improved drinking water and sanitation facilities by 2016"

Contributing UN entities and partners:

UNICEF, WHO, Ministry of Health/Ghana Health Service, European Union (EU), Carter Centre, Afram Plains Development Organization (APDO), Rural Water Development Program of the Church of Christ (CoC), NewEnergy and the Catholic Relief Services (CRS)



TRANSMISSION BROKEN

BEATING THE GUINEA WORM PERSPECTIVE

Guinea worm infection is waterborne. The worm releases its eggs (Cyclops) into the water. People drinking the water swallow the Cyclops that then start growing in their system. The worm grows as long as one meter and bores itself out of the body when it is ready to discharge its eggs. It is a scary and very painful experience as **Ester Attule, 14**, who was infected in the major outbreak of 2009, describes: "You want to walk but if you put your foot down you just cry out. It really puts you down. You cannot do anything."

It is often identified as a disease of **poverty and deprivation**, as the Guinea worm disease is a manifestation of huge **economic and social difficulties**. Infected adults cannot go to work, and children cannot go to school. In Ghana, usually people were 'down with Guinea worm' in the farming season, May to August, a situation which often led to food insecurity for the afflicted families during the rest of that year, and caused myths around Guinea worm. It was also difficult to break the belief system information around the cause of the disease as **Manteso Sedu**, water vendor, said: "Before, we never believed that the disease was in the water. We thought it is in the blood, you are born with it. ...Some even believed it was witchcraft."

In 2007, UNICEF together with the Delegation of the European Union (EU) in Ghana funded the project titled "**Integrated Approach to Guinea Worm Eradication through Water, Sanitation and Hygiene in the Northern Region, Ghana (IWASH).**" The project aimed at **reducing the incidence of water and sanitation related diseases, especially Guinea worm and diarrhea**. The project envisioned a sustainable solution by combining behavior change with the construction of physical facilities (water system and latrines).



Ester Attule (3rd from left) and schoolmates show their Guinea worm scars

Existing water systems were rehabilitated or expanded. Where pumping groundwater was impossible, alternatives were found. Ceramic filters were introduced to households, with the ability to filter out much more (bacteria's, viruses, parasites) than the cloth filters distributed before.

The **IWASH programme** was established through strong collaboration with implementing partners from Government and Civil Society, notably the Afram Plains Development Organization (APDO), the Rural Water Development Program of the Church of Christ (CoC), NewEnergy and the Catholic Relief Services (CRS), and effective government leadership coupled with funding for water supply, behavioural change, and sanitation activities.

Globally, an estimated **780 million individuals still lacked access to safe drinking water** in 2010. Access to clean, safe water and adequate sanitation reduce sickness, death and lower the risk of water-borne diseases especially among children. **Ghana has already achieved the 2015 target of 78 percent of its inhabitants using improved drinking water under MDG 7.** However, some rural communities are far behind the national rate. In 2004, less than half of the rural communities in the Northern Region had safe drinking water and not even one in five had proper sanitation.

In the primary school of **Ffulso**, a farming community in the Central Gonja District in the Northern Region of Ghana, prevention of Guinea worm has become part of life. Head of School **Bakari Gbandawura** remarked: *"The teachers had it added to their curriculum. The children taught their mothers at home about the causes of the Guinea worm disease and how they should use the filters."* The project has been the largest targeted water supply intervention in the Northern Region and succeeded in increasing the percentage of endemic communities with access to at least one safe source of water: from less than five out of ten (45 %) at the end of 2008, to eight out of ten (79 %) in March 2010. In Ffulso, the community is now Guinea worm free. **Asma Idi, Guinea Worm Eradication Volunteer (GWV)** prides himself in being part of that: *"We are not reporting any new cases and there is safe water to drink. The health in general has improved because of the water. Most of all, no one is down with Guinea worm."*



monitoring progress and with support from WHO, a surveillance system was put in place by the **Ghana Guinea Worm Eradication Programme** to detect and investigate every single case of Guinea worm. True to the integrated approach adopted by the IWASH project, support to sanitation schemes (latrine promotion through behaviour change initiatives) and hygiene education (hand washing with soap) were also part of the package.

Ghana succeeds in breaking transmission of the Guinea Worm

In 2009, the Ffulso community recorded 120 cases out of the total national GW case load of 242 cases. The massive interventions of potable water supply and the active surveillance system which led to 100 per cent case containment resulted in no confirmed cases being reported in Ffulso in 2010. Only 8 cases were recorded nationally in 2010, with the last indigenous case in Ghana being contained in May 2010.

The **National Guinea Worm eradication programme** is a great achievement for Ghana as it is difficult to eradicate a disease in a lifetime. There are several positive indirect effects from the breaking transmission of the Guinea worm disease. Improvement in the health situation generally, school attendance and poverty reduction can be easily mentioned as main examples. **Ghana looks forward to the eventual certification of eradication of Guinea worm in Ghana.**

The next goal for Ghana is to be declared Guinea worm free but it requires staying alert for 3 years since last case was declared. The breaking of transmission of Guinea Worm in the northern regions is a success story that demonstrates that concerted efforts to transfer substantial resources to deprived areas can dramatically improve the quality of life for poor children and families. Long-term collaboration at the community level as well as among the national Ministries of health, WHO, and many other organizations are a critical component of the campaign's success. **Working together was essential to ensure that investments were made equitably and that's why impressive results could be achieved.**



Abida Amadu (20) uses a cloth filter on top of her ceramic filter for double protection

As part of the empowerment strategy, the project built the capacity of local institutions (especially District Assemblies) to plan, facilitate and manage **Water, Sanitation and Hygiene (WASH)** interventions themselves. Civil servants and other stakeholders on different levels participated in relevant training sessions. Regarding

Linked to:

MDG 7 "Ensure Environmental Sustainability"

UNDAF Outcome 3 "National systems and existing institutional arrangements for Climate Change mitigation and adaptation and for disaster risk reduction, as defined in the Hyogo Framework for Action at the district, regional and national level are functional"

Contributing UN entities and partners:

UNDP, WFP, UNICEF, OCHA, Inter Agency Standing Committee (UN-IASC), National Disaster Management Organization (NADMO)



FROM REPAIR TO PREPARE

THE INTER-AGENCY FLOOD PREPAREDNESS AND RESPONSE SIMULATION EXERCISE

A national emergency was declared by the President of the Republic of Ghana as unusual torrential rains caused severe flooding in more than 20 districts in the three northern regions of Ghana. A long dry spell in the region provoked a sudden swelling of the Volta River. 260,000 people residing in communities along the river belt were extensively affected. In addition, there was severe damage to infrastructure; houses, schools and hospitals either collapsed or were inundated by flood waters. Several roads and bridges were washed away making access to most of these communities impossible. **This above situation is fictive.** It is taken from the inter-agency flood preparedness and response simulation exercise, but is unfortunately likely to happen.

"The simulation exercise sought to enhance disaster preparedness capacity, reinforce collaboration among humanitarian agencies"

On 4-5 May 2011 the National Disaster Management Organization (NADMO) along with their Government counterparts, UN system, NGOs and civil society partners took part in an inter-agency flood preparedness and response simulation exercise followed by a de-briefing workshop. The simulation exercise sought to **enhance disaster preparedness capacity, reinforce collaboration among humanitarian agencies and strengthen their capacity to respond to emergencies.** The aim was also to familiarize participants with the roles and responsibilities of participating agencies, highlighting immediate actions to be taken by these agencies in the initial hours of a crisis. More than 60 Participants from 48 agencies, institutions and organisations were provided with a fictional but realistic emergency scenario adapted to the Ghanaian context. This was augmented with script injects that provided additional information as the scenario evolved, meant to test the understanding and ability of participants to make use of existing preparedness measures such as **contingency plans** and available resources to adequately respond to the emergency.



Strengthen collaboration to respond to emergencies

Disaster preparedness is a component of Disaster Risk Reduction (DRR). It encompasses the concept and practice of reducing disaster risks through systematic efforts to analyse and reduce the causal factors of disasters. **The Climate Change and Disaster Risk Reduction Ghana Action Plan (2011-2015)** represents a coordinated national framework which would guide the interventions of stakeholders with the overall objective of reducing disaster risks and vulnerabilities. It is inspired by the Hyogo Framework for Action (HFA) which details the work that is required from all different sectors at country level to substantially reduce disaster losses by 2015 by building the resilience of nations and communities to disasters. NADMO as the coordinating agency will be supported by the UN system with technical guidance to attract financial support from various donors/ agencies and to ensure that disaster risk reduction is mainstreamed as a national and district priority with a strong institutional basis for implementation.

The simulation helped humanitarian stakeholder to identify gaps, strengthen preparedness and coordination mechanisms

Participants were expected to perform their roles and take on responsibilities as they would normally do in a real emergency, responding to ever-increasing information demands, preparing key response documents, and coordinating planned actions to ensure immediate and priority needs are met and existing gaps filled as appropriate. They were in agreement that the simulation had been extremely valuable since it helped them identify some key areas that needed improvement to further strengthen preparedness among all humanitarian stakeholders for better coordination when responding to major disasters. There were a few gaps in the flow of information between Government counterparts and other humanitarian partners, as well as some confusion in coordination mechanisms.

Nevertheless, by the end of an intense exercise, the team of humanitarian actors working together was able to produce most of the ten deliverable response actions, as well as a good number of additional emergency requests made to specific participating organizations. It became clear to participants that humanitarian actors have to work closely with the Government to deliver **early warning messages and the most urgent life-saving requirements**. Participants noted the need for a crisis communications system to be established for both internal and external information sharing. Inter-Agency and National Contingency Planning integrated and coordinated by Government have become a necessity in most countries due to the multi-dimensional nature of humanitarian emergencies.

However, experience has demonstrated that too often these plans are rarely or only partially utilised by actors in their initial response efforts at the onset of crisis mainly because there is not a clear identification of the role of each of the stakeholders. Simulation exercises like the one performed in Ghana are essential as they could offer **practical experience** needed to understand the value of such planning process at national and also district level. Such exercise **increases knowledge of roles and responsibilities of each participating agency, strengthens partnerships among the Government and the UN Country Team and improves emergency coordination mechanisms to address immediate needs and save lives in a situation of crisis.**



Linked to:

MDG 7 "Ensure Environmental Sustainability"

UNDAF Outcome 3 "National systems and existing institutional arrangements for Climate Change mitigation and adaptation and for disaster risk reduction, as defined in the Hyogo Framework for Action at the district, regional and national level are functional"

Contributing UN entities and partners:

UNDP, National Disaster Management Organisation (NADMO), Environmental Protection Agency (EPA), Ghana Meteorological Agency (GMet)



BUILDING A CULTURE OF SAFETY AND RESILIENCE

ACTION ON CLIMATE CHANGE AND DISASTER RISK REDUCTION

"The UN system has a critical role in providing advice for policy change and supporting national and local institutions to create the institutional frameworks and catalyse the investments necessary for the country and its communities in **ensuring sustainability and resilience to climate change and natural disasters**," UN Resident Coordinator in Ghana, **Ms. Ruby Sandhu Rojon** said. Natural climate related disasters are increasing in frequency and magnitude, both globally and in Ghana. Importantly, these increases are predicted to continue, meaning that their economic and social costs will also continue to rise.

"UN strives to build a culture of disaster resilience tackling various vulnerabilities of the communities and generating innovative and indigenous solutions"

Variability of rainfall increases the financial and livelihood risks associated with farming as seasonal forecasting is becoming very difficult in a country where agriculture is almost entirely rain fed. Crops are increasingly damaged by floods which have become more severe and frequent in recent years. In 2007, floods affected more than 300,000 people in the country and required more than \$25 million for emergency response, and more than \$130 million worth of direct damage (Government of Ghana). Climate change and related natural disasters may also exacerbate the existing inequalities between the North and the South of Ghana. Climate change poses a significant threat to Ghana's and Africa's economic growth, long-term prosperity, and sustainable human development. Learning from various disaster experiences throughout the world, the global community is now moving from a reactive and emergency response approach towards the inclusion of disaster risk reduction and preparedness through long-term planning. **Africa Adaptation Programme (AAP)** was implemented, from 2010 to 2013, across 20 countries in Africa to help with the continent's response to climate change and natural disasters, by **building capacities at the government level for long-term planning for climate change**, as well as **implementing simple, effective interventions** to explore and demonstrate what climate change adaptation means on the ground.



Construction of a new artisan market to relocate artisans

The UN system is strengthening the capacity of the Government of Ghana to implement **disaster risk reduction programmes** putting in place long term strategies to make Ghana a **climate resilient country**. The UN in Ghana has a long track record of effective coordination of humanitarian operations in response to natural disasters and other emergencies such as cholera outbreak or influx of refugees. The UN and its national partners endeavor to establish appropriate adaptation and mitigation options to work effectively towards sustainable development. Key partners in these efforts include the **National Disaster Management Organisation (NADMO)**, the **Environmental Protection Agency (EPA)** and **Ghana Meteorological Agency (GMet)**. It is essential that these institutions, and society as a whole, grasp the issue of long-term planning to mitigate the impacts of climate change and prevent the occurrence of disasters. It is therefore imperative that these issues are not considered to fall solely within the domain of the environmental sector.

The UN system is strengthening the capacity of Government of Ghana through long term strategies to make Ghana a climate resilient country

As we could see from the major 2007 floods, Ghana was not prepared to face such a catastrophe, resulting in unnecessary death. **Natural disasters can also potentially put decades of development gains at risk**, due to schools and hospitals being washed away as well as entire road networks being destroyed.

The **Aowin Suaman** District Assembly in the Western Region of Ghana has received training to mainstream climate change and disaster risk reduction into their District Development Plans, as well as support to implement practical climate change adaptation projects such as the construction of a new light industrial market to relocate business owners that were working in flood-prone areas. Through the participation of local stakeholders, **AAP** has also supported **the construction of foot bridges at key crossing points in the Keta District** so that children can cross over flooded lands during the rainy season to attend school, as well as women and men to commute to work or to the market.

The AAP pilot activities in Aowin Suaman and Keta are excellent examples of **how simple, and relatively low cost, measures can help communities attain short-term and long-term benefits** through mainstreaming the issues of climate change and disaster risk reduction into development planning. Through these programmes, the UN strives to build a culture of disaster resilience enhancing the knowledge and understanding of the hazards types, tackling various vulnerabilities of the communities and generating innovative and indigenous solutions through **capacity building and education**.

The UN and its partners will also pay particular attention to governance and institutional mechanisms which will support the smooth and effective implementation of the **Climate Change and Disaster Risk Reduction Ghana Action Plan (2011-2015)**. The Action Plan

represents a coordinated national framework which would guide the interventions of stakeholders with the overall objective of reducing disaster risks and vulnerabilities. The success of the Action Plan will depend on the commitment and effective coordination of all stakeholders towards linkages among various critical stakeholders. NADMO as the coordinating agency will be supported by the UN system with technical guidance in collaboration to attract financial support from various donors/agencies and to ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.



Children in the Keta district can cross over flooded lands during the rainy season to attend school (source: EPA Ghana)

Linked to:

MDG 7 "The linkage between sound management of chemicals and environmental sustainability"

UNDAF Outcome 3 "National systems and existing institutional arrangements for Climate Change mitigation and adaptation and for disaster risk reduction"

Contributing UN entities and partners:

UNEP - Regional Office for Africa, Ghana National Cleaner Production Centre (GNCPC), Environmental Protection Agency (EPA)



new containers used to transport chemicals to minimise the risks involved with chemical transport

CHEMICAL HAZARD MANAGEMENT AND SAFE TRANSPORTATION ACROSS THE WEST AFRICA SUB-REGION

In the handling, storage and transportation of chemicals, there are risks posed to human health and safety as well as to the environment, when they are not properly managed. The risks include spillages, leakages and accidents, which are in some instances, fatal.

UNEP's **Responsible Production Programme** provides a systematic framework and tools for enterprises to **improve chemical hazard management across the value chain**. It engages businesses, supply-chains, transporters and traders in safer production, accident prevention and emergency preparedness.

One of the beneficiary companies of the Responsible Production Programme is **Vehrad Transport and Haulage Company Limited**, a trucking company situated in Tema Heavy Industrial Area, Ghana. It is involved in transportation of industrial chemicals such as sodium cyanide and hydrogen peroxide across the West Africa sub-region in Ghana, Burkina Faso, Mali and Niger.

The Programme was implemented in Vehrad between 2011 and 2012, in collaboration with the **Ghana National Cleaner Production Centre (GNCPC)** and the **Environmental Protection Agency (EPA)** with **UNEP** support. **It aimed at addressing challenges associated with transportation of hazardous chemicals through the sub-region especially for the all-important mining industry.** Following implementation, the company improved its ability to manage hazards and risks associated with chemical substances in their operations.

Implementation of the Responsible Production Programme had positive results. It enabled the safe handling of chemicals from transportation, storage and use by customers. **The safe handling of chemicals helped prevent or minimize spillages, accidents and protect personnel from being exposed to the harmful effects of chemicals and also preventing environmental pollution.**

The Programme also resulted in reducing the frequency in occurrence of accidents when handling, storing, transporting and using chemicals; thus increasing overall safety. It also resulted in the increased awareness among the truck drivers and company staff on chemical safety, especially in the handling of cyanide.



One of the workers dressed in Personal Protection Equipment. The storage area is also cordoned off and labeled with warning signs.

A number of benefits have accrued from implementing the Programme. The main beneficiaries include **Safe Transport and Logistics Solution (STLS)**; personnel of Vehrad Transport and Haulage Company Limited and the environment.

The beneficiaries have been involved in training on the application of **Responsible Production (RP)** by the GNCPC, identification, implementation, monitoring and evaluation of improvement measures and the financing of improvement measures.

The personnel readily use **Personal Protection Equipment (PPE)** and they now know how to deal with emergencies. Enough PPE are stored within Vehrad premises and clear warning signs have been put up on the tracks, storage areas and on the storage tanks.

When transporting the chemicals, bulk vehicles move in convoys with a spill management team. The escort vehicles are loaded with safety equipment in readiness for any accidents or eventuality that may occur.

Success of the Programme may be attributed to a number of overarching factors. Support given by the GNCPC and facilitated by UNEP enabled the uptake of Responsible Production by Vehrad.

The regular training of personnel ensured that they were all aware of safety measures to be observed when handling chemicals in their respective roles in the value chain.

The company's desire to give customers excellent services bearing in mind potential dangers the operations pose, and to mitigate or prevent them outright thereby **protecting the environment, people and also maintaining their competitive edge**.

The major challenge that had to be addressed in achieving results included funding and inertia encountered in trying to change attitudes.



Personal Protective Equipment (PPE) to protect staff involved in chemicals handling



Cyanide storage area clearly labeled with warning signs to promote chemical safety

Sustainability of the Chemical Safety Management Programme will be achieved by ensuring the continuous education and training and engagement of third parties. The company will also continue liaising with the GNCPC for technical assistance. By engaging the **Ghana National Fire Service**, the company will also promote continued realization of safety in its operations.

Additionally, the Programme can be replicated in other chemical handling and transporting companies; both existing and new undertakings.

The next anticipated course of action will be the development of a container terminal to temporarily hold hazardous chemicals.

Linked to:

MDG Target 8.F "Make available the benefits of new technologies, especially information and communications"

UNDAF Output 4.3 "ICT centres established in 230 communities across the 10 regions of the country for the youth and local assemblies, and used for employable skills development and enhancement of assemblies"

Contributing UN entities and partners:

UNDP, Government of Ghana (districts of Afigya-Kwabre, Tano South)



THE COMMUNITY INFORMATION CENTRES

BRIDGING THE GAP AND CHANGING LIVES OF SCHOOL CHILDREN

In the words of the District Chief Executive (DCE), **Hon. Kaakyire Oppong Kyekyeku** (Afigya-Kwabre district): "Now, we are in IT age, so I think we should not discriminate against by virtue of location." For many school children in deprived communities in Ghana, **Information and Communication Technology (ICT)** used to be just a distant dream. There were whole districts with basic schools without computers.

Since 2006, **UNDP** and the government of Ghana invested in the **Community Information Centre (CIC)** project to **enhance and develop general and specialized employable ICT skills in underserved communities.**



"This project has given all of us a sense of support"

Akosua and her friends at Nkawie in the Ashanti region were excited to see the setup of the CIC project in their town. After many school terms during which they were learning using worn out books and learning about computers through pictures, their school agreed with the CIC managers to assist with **teaching basic ICT for children** in accordance with their curriculum.

To the children, the project has come at the right time. Through watching television, they had been able to witness the fact that ICT had played transformational roles in the development of economies worldwide. Akosua said: *"Now I feel like all these kids I see on television, and I know I am as smart as they are. Besides, I know I can study whatever I want to."* The project was geared to providing citizenry with ICT skills and access to the internet to promote the exploitation of ICTs. It even became an alternative source of livelihood, especially for the youth in the community. **DCE Kaakyire Oppong Kyekyeku** adds *"today we are attracting a lot of teachers into our new district because they know that they can still be here and take their long distance online courses."*

"We are in IT age, so I think we should not discriminate against by virtue of location"

The center manager **Nicholas** also positively witnessed that *"scarcely would one find the students playing when it's time for their ICT lessons. They listen attentively and appreciate every bit of what we teach them from their syllabus. This project has given all of us a sense of support."* The inclusion of ICT in the Ghana educational curriculum has further intensified the demand on the CICs to **respond to the needs of less privileged schools**. Besides, the centre organizes IT practical sessions for students from 12 beneficiary schools in and around Nkawie.

With **UNDP's** support, over 80 CIC managers have been trained in the management of ICT related centres, and over 700 officers of decentralised government institutions have also been trained nationwide in the use of ICT to expedite the delivery of government services at the district and community levels. **Kaakyire** gives us an example: *"The manager of the centre has been trained, he is now the technical man for the electoral commission and we have been allowed to enter a lot of data to assist the electoral commission."*



There are **over 70 functional CICs nationwide**. With an average class size of 30 pupils per class, every week, **over 720 school children like Akosua are benefiting from ICT training at the Nkawie CIC** where the practical sessions are attended by school children in upper primary (Primary 4 to 6) and Junior High School level.

Akosua said, *"the center has played a key role in transforming me from a grade 'C' to a grade 'A' student. I am now able to do research on my assignments and lessons."* The centre operates an **ICT club** for school children between the ages of 9 and 15 years. After just one year the club boasts a membership of 50 children, with 52% (26) girls. Members of the club have free access to the science, math and English educational program and games. For Akosua, the lessons from the centre have equipped her with skills that she previously couldn't even imagine, and she can attest to their profound impact especially on her grades.

Mr. Bukari Anaba Zakari, DCE of Tano South is grateful to UNDP as the CIC project has been *"beneficial to the people in the communities by improving access to information and reducing exclusion."* Kaakyire is confident that this programme *"will bridge the gap between those in the cities and those who live in rural areas."*



Linked to:

MDG 1 "Eradicate extreme poverty and hunger"

MDG 8 "A global partnership for development"

UNDAF Outcome 11 "Ministries, Department Agencies (MDAs), Local Governments and CSOs have effectively developed, funded, coordinated and implemented national and sectoral policies, plans and programmes aimed at reducing poverty and inequalities, and promote inclusive socio-economic growth by 2016"

Contributing UN entities and partners: UNESCO, Accra CAN

CULTURE WE DEY CHOP

ENHANCING OUR CULTURAL HERITAGE

Korkor Amarteifio, a member of UNESCO's partner **Accra CAN (Accra Culture and Arts Network)** explains to us: "In the early years of Ghana's independence, the Ghanaian culture and traditional arts was used as a glue to bind the people. We are trying to recreate the coherence of those days to harness the genius of all our people."

Heritage recognition and culture mainstreaming are essential contributors to national and sustainable development. Through creative industries and various forms of artistic expressions, culture as a sector activity becomes a powerful contributor to economic development.

As a repository of knowledge, meanings and values, culture also defines the way human beings live and interact. Culture should not be taken for granted; it has to be nurtured, especially given the challenges faced with regards to intertwined traditions, languages and customs in this age of globalisation. Accra CAN embarked on a **Cultural Mapping of Accra** to identify the city's cultural resources and patterns of usage of identified communities in order to generate new perspectives and prepare the ground for effective cultural planning. "We are trying to make the invisible visible" says Korkor.



There is a common vision of affirming the **cultural foundations of development** and enhancing the cultural sector within a concept of making Accra a creative city. Accra CAN, with support from UNESCO and the municipality and local communities, identified, located and created a **cultural mapping of the city's historical tangible and intangible cultural assets** with the aim of providing national policy makers, civil society and the private sector with information on Accra and using these assets as tools for **urban development**.

The aim of the **Cultural Mapping project** is to turn Accra into a cultural capital in West Africa. Korkor explains that the main goal is "to illustrate the potential of our communities to contribute to the social and economic development of the country." A partnership was therefore established with **Google** to create a complete mapping program for Accra. The mapping is now available online.

"Placing culture at the heart of development policy constitutes an essential investment in the world's future"

UNESCO

The Accra mapping project was showcased at the **Ghana Culture Forum** organized in collaboration with **UNESCO** in November 2011. The forum brought CSOs, the public and private sectors together and created the platform to share and explore ways to collaborate. Accra CAN and UNESCO are now hopeful that this will be a first step in the development of cultural initiatives to assist communities to implement their programmes. Surely, Accra is moving towards being a creative and cultural city. Korkor continues: *"Our goal is to use our cultural heritage in changing Accra for the better and having a cultural policy that will put Accra on the world map as an eventful city."*

Heritage recognition and mainstreaming culture are essential contributors to national and sustainable development

Today, more than half of the world's population lives in cities. The expansion of cities and the growing cultural diversity within them certainly have the potential to define a shared identity in an unprecedented manner. Cities are increasingly playing a vital role in harnessing creativity for economic and social development. As **creative industries** contribute to a city's social fabric and cultural diversity, enhancing the quality of life, it also strengthens a sense of community and helps define a shared identity. Accra, like many vibrant cities all over the world, embraces a diversity of cultural domains that fashion the city's identities in areas such as music, arts and crafts, gastronomy, literature and design.



Culture should not be taken for granted, it has to be nurtured.

UNESCO considers that the Cultural Mapping project prepares the ground for effective cultural planning. The Cultural Mapping provides the Accra Metropolitan Assembly and civil society with information on the assets and resources of the city and that of its different communities in various neighborhoods.

Three zones of operations have been selected for a first project. These are **Ga Mashie, Jamestown and Osu**, the oldest communities in the city and home to many pre-colonial sites. 250 photo images of houses such as the building where Nkrumah was arrested by the British in 1949, traditional family compounds, religious structures, churches like the Freeman Methodist Church, the first church built in Accra, mosques and indigenous shrines, palaces, forts, castles and memorials have been developed.

Research of the records of Ghanaian and British archives have been made to acquire over 150 photo images of Accra taken between 1909 and 1950. This activity has given the project some historical depth. Another set of three communities **Adabraka, Tudu and Nima** which are communities of recent migration are going to be studied in order to see the impact on the way of life and the outcome of cultural diversity.

ACCRA CAN and UNESCO's long-term objective is to generate strategies to **turn Accra into a cultural capital in West Africa**, attracting visitors through cultural activities and art events; expanding local audiences for cultural activities, and developing the careers and talents of art professionals in the city. Korkor concludes *"our hope is that Accra will progressively make better use of its urban and cultural spaces. That will not only bring the communities together but also expose the diversity of cultures that we have here."*

Linked to:

MDG 1 "Eradicate extreme poverty and hunger"

MDG 8 "A global partnership for development"

UNDAF Outcome 1 "Improving Agricultural Production by strengthening the capacity of institutions to comply with international trade standards"

Contributing UN entities and partners: UNIDO, Swiss Government, Ministry of Trade and Industry (MOTI), Ministry of Food and Agriculture (MoFA)



Upgraded facilities at testing laboratories

ENHANCING GHANA'S EXPORT PERFORMANCE

TRADE CAPACITY BUILDING PROGRAMME

Ghana is greatly endowed with resources and has the competitive advantage needed to develop a thriving commercial horticultural sector. With a very strong export potential in agricultural products, the country also has excellent climate, rich soil, good port facilities, continuous improvement in infrastructure base and a strategic location near profitable global markets.

However, it faces a number of obstacles due to its limited capacity to conform to international standards especially when exporting its product and these must be overcome in order to consolidate the country's gains and ensure continuous, inclusive and sustainable growth. **The country needs to continue adding value to its agricultural products and, to do this, it must guarantee the quality of these products, in particular those destined for export markets.**

"Developing countries and economies in transition like Ghana need to comply with international trade requirements if they want to export their products. Together with SECO, we have developed this project to strengthen the national quality infrastructure, which will not only improve access to markets but also contribute to the overall improvement of the quality, safety, health and consumer protection", said **Juan Pablo Davila, Project Manager at UNIDO (United Nations Industrial Development Organization).**

UNIDO with funding from the **Swiss Government** through the State Secretariat for Economic Affairs (SECO), is providing important assistance in the form of a trade-capacity building programme. **The Trade Capacity Building Programme**, set up in March 2007, in cooperation with the **Ministry of Trade and Industry (MOTI)** is aligned with the **Ghana's Shared Growth and Development strategy**, the industrial sector support programme (2011-2015) and SECO's country strategy (2013-2016).

The programme is to strengthen national institutions so that they can supply quality-related services; help local companies to adopt quality standards; establish a national traceability system for export products; and upgrade, as well as prepare, product-testing laboratories.

The objective of the programme is to enhance the export performance of the country by creating conditions for strengthening supply capacities in selected agriculture and industry branches, establishing a credible conformity assessment infrastructure, and fostering integration into the multilateral trading system while at the same time strengthening local consumer protection.

Phase 1 of the programme (2007-2011) offered specific technical assistance through training programmes and study tours and provision of equipment to strengthen institutions in areas such as standardization, testing, traceability, inspection and management system certification.



Training of consultants in ISO 22000¹

Beneficiaries of the first phase include the Ghana Standards Authority, which obtained accreditation for its System Certification Body, increased its capacity in Standard Development and upgraded its testing laboratories in areas of pesticide residue, mycotoxin, textile and microbiology.

"UNIDO realized how heavily both Ghana and the rest of West Africa needed a National Certification Body," states **Abena Safoa Osei, Document Control Officer at the Ghana Standards Authority**, "so they sponsored the establishment of this department here at the Ghana Standards Authority and helped more than 10 companies to prepare their documentation and systems to receive this certification from us."

The Plant and Protection and Regulatory Services Directorate (PPRSD) under the Ministry of Food Agriculture has also improved its inspection methods for exported fruits and vegetables, upgraded its seed testing laboratory for the analysis of quality seeds and is a European Union (EU) competent authority in the field of horticulture.



Training activities to upgrade technical competence of quality inspectors

Other beneficiaries of the UNIDO/MOTI Trade Capacity Building Project are the Food and Drugs Board (FDB) and the Ghana Export Promotion Authority which has an established national traceability system that ensures that exported horticultural products can always be traced back to the farms.



Training programmes on traceability

The programme also offered technical assistance to the private sector on quality standards compliance, conformity assessment and export promotion. **Ama Nyame Mogyabun, Quality Manager at Commodities Processing Industries**, an enterprise specializing in processing cocoa paste, compared the before and after scenarios, "In the past, we did not have working knowledge of the ISO 22000 and the ISO 9001² standards, so we could not reach out to the big manufacturers. After acquiring international certification, we are now able to sell to them. We are now more competitive."

The Phase 2 of the programme (2013-2016), continuously funded by the Swiss Government, builds on the results achieved in the first phase, and expands the scope to ensure upgraded services reach private sector actors throughout the value-chain and that sustainable standards are promoted and implemented.

Phase 2 focuses on selected export products including fruits (mangoes and pineapples), cocoa, fish and wood value chains. As part of the programme, UNIDO is conducting an in-depth value chain analysis on the products during the period to identify particular areas of intervention and development opportunities in fostering standard compliance and trade capacity building.

According to the **Chief Technical Advisor of the project, Victor Mills**, "The key objective is to ensure that the selected agricultural products improve their sustainability, quality and export competitiveness by complying with international standards and having access to conformity assessment services."

¹ ISO 22000:2005 Food Safety Management Systems — Requirements for any Organization in the Food Chain specifies requirements for a food safety management system which an organization in the food chain needs to demonstrate its ability to control food safety hazards in order to ensure that food is safe for consumption.

² ISO 9001:2008 – Quality Management Systems – Requirements provides guidance and tools for companies and organizations who want to ensure that their products and services consistently meet customer's requirements, and that quality is always improved.

Linked to:

MDG ALL

UNDAF Outcome 10 *"Key national institutions of democracy are effective, accountable, gender responsive and promote peace, inclusive governance, human security with focus on vulnerable groups, by 2016."*

Contributing UN entities and partners:

Government of Ghana, National Peace Council, Ghanaian religious bodies, traditional leaders and CSOs, Swiss and French Embassies, UNDP



THE NATIONAL ARCHITECTURE FOR PEACE IN GHANA *BUILDING A SUSTAINABLE PEACE*

The value of peace is evident in the words of the **Youth Chief of the Andani** community in the North of Ghana: *"Why are we fighting among ourselves? We cannot continue to carry this hatred into the future. Let us bury this hatred here, and tell our elders that we the youth are going to work together to promote peace."*

Although Ghana is commonly seen as an example of stability in the region, the country's security has at times been under threat, due to rivalries among local chiefs, conflicts over natural resources and political practices based on local allegiances and patronage networks.

UNDP is supporting the Government of Ghana in the development of peacebuilding mechanisms. The **National Peace Architecture** process endeavours to **institutionalise Ghana's socio-cultural traditions for managing conflict**. A policy framework was developed to promote cooperative problem-solving to conflicts and to institutionalise the processes of response to conflicts. Through this framework, Ghana developed a **conflict prevention strategy** offering indigenous perspectives, understandings and solutions to Ghanaian conflicts.

The Ghanaian experience would encourage other sister countries to see the possibility of peace

The **National Peace Architecture** aims to **harmonise peacebuilding activities** and **strengthen the capacity of peacebuilding institutions and practitioners** at regional and local level to address conflicts in the short, medium and long-term through interventions that are both reactive and proactive. Several strategies targeting different stakeholders were therefore implemented. One of the key achievements was the establishment of the **National Peace Council (NPC)**.



First established in 2006, the NPC was composed of members representing different religious, social and traditional groups in Ghana and was complemented by regional and district peace councils. The role of the Councils is to catalyse and **partner peace** while promoting early warning mechanisms to intervene proactively where there are tensions. Throughout the country, local councils have conducted outreach activities with a broad range of youth activists, women's groups and local officials, successfully settling community grievances and campaigning for peace. Thus, chiefs, women and youth groups, civil society and community based organisations also participated in promoting peace within their communities.

"There is an inextricable link between peace and development"

The **National Peace Architecture programme** helped **reduce irresponsible political behaviour and engagements, and violence**, around the 2008 national elections. Notably, and with **UNDP** support, the NPC provided critical support to electoral stakeholders to secure a peaceful transition of political power. UNDP also trained key stakeholders and thus contributed to de-escalating violence at the 2008 polls. UNDP again worked with electoral stakeholders through the NPC to help assure peaceful elections in 2012.



It is the hope of UNDP that **sharing the Ghanaian experience would encourage other sister countries on the continent and beyond to see the possibility of peace**. Early planning and preparation, capacity development including training of staff and other key stakeholders, partnerships and information sharing led to the success of the programme to build a National Architecture for Peace. Innovative mechanisms and consultations enabled bridge-building and fence-mending. Strong ownership, coordination, and involvement of all key partners in planning all aspects of the programme were essential to the success of the initiative.

Ms. Ruby Sandhu-Rojon, the UN Resident Coordinator, noted that *"examples in other countries abound, where the loss of peace has destroyed years of hard-won development gains,"* adding that Ghana's tradition in preserving the *"inextricable link between peace and development"* had to be treasured. Ghana's past and ongoing rapid development is thus to be treasured as a national reward for peace.

Linked to:

MDG ALL

UNDAF Outcome 10 *"Key national institutions of democracy are effective, accountable, gender responsive and promote peace, inclusive governance, human security with focus on vulnerable groups, by 2016"*

Contributing UN entities and partners:

UNDP, UNICEF, WFP, UNIDO, FAO, UNU



Traditional leaders brainstorming on roadmap to peace in Dagbon

ENHANCING HUMAN SECURITY THROUGH DEVELOPING LOCAL CAPACITY

UNITED NATIONS JOINT PROGRAMME IN NORTHERN GHANA

Although Ghana is seen as an oasis of stability in a volatile West African sub region, it nonetheless faces a number of human security challenges, especially in the three northern regions, which must be addressed before they undermine **peace and security** of the nation as well as the human development gains. **The United Nations Joint Human Security Programme in Northern Ghana (HSP)** addresses underlying threats to human security through empowering local institutions, communities and individuals to manage and **prevent conflict** in Northern Ghana as a means to sustainable human security. The concept of human security is based upon individuals' rights to "*freedom from fear*," "*freedom from want*" and "*freedom to live in dignity*"; it is distinguished from national security by its "*people-centred*" focus.

While there has been exceptional progress in Ghana towards meeting **MDG poverty reduction targets**, this improvement is seen primarily in the south of the country. Poverty levels in Ghana's Northern Regions are virtually unchanged since 1991-92. Development in the three northern regions has been hindered by ongoing disputes over land, political and chieftaincy issues.

With the aim of addressing threats to human security in Northern Ghana, and with particular reference to conflict prevention, conflict resolution and peace-building processes, the United Nations Joint Programme, "*Enhancing Human Security through Developing Local Capacity for Holistic Community-Based Conflict Prevention in Northern Ghana (HSP)*", was initiated in 2009.

The programme integrates the expertise and experience of **six UN agencies**; **UNDP** and **UNICEF** combines their expertise in local capacity development in governance, peace building, conflict resolution mechanisms and sustainable livelihoods, **WFP** ensures health and food/nutrition security, **UNIDO** extends its experience in small enterprise and business development skills, **FAO** promotes agricultural productivity and food security while **UNU** advocates the human security concept at all levels.

Concrete results on the ground have been achieved. According to the HSP mid-term outcome assessment in 2011, the majority of respondents in human security programme communities (85.5%) were of the view that the level of tension had reduced in their communities between 2009 and 2011.

"Stakeholders have developed much trust in the UN by virtue of its neutrality and all-inclusive engagement of all in the peace process"

Some of them referred to HSP as one of the major factors which contributed to the reduction of tension. These communities have been making efforts towards human security with holistic support from HSP including those in the areas of **food security, nutrition, livelihoods and peace building**.

For instance, 75 tree crop farmers from Bawku and Wa have received 840 improved mango seedlings and are growing the trees to improve upon household **food security and nutrition**. Also, 400 farmers have been trained in animal husbandry in preparation for the delivery of 2000 sheep in February 2012. A total of 21,584 metric tons of food supplements was distributed to 3,239 pregnant and lactating women and 775 children under five years.

Besides, key stakeholders in the Dagbon and Bawku conflicts have developed much trust in the UN by virtue of its neutrality and all-inclusive engagement of all in the peace process. This thus places additional responsibility to respond beyond capacity development by engaging in **high level mediation** to create the necessary space for further dialogue and reconciliation. The HSP also organized peace-building workshop for 53 members of the various media houses in the three regions of the north. This was aimed at ensuring transparent, fair, balanced and conflict sensitive reporting of sensitive issues such as conflicts and elections.

As part of mainstreaming and advocating human security in the context of Northern Ghana, a series of research activities and local-level dialogues have been undertaken to discuss current status, progress and the way forward for promoting human security as well as to facilitate learning about human security. Advocacy materials such as **"Human Security Tool Box"** are also being developed based on evidence and inputs by local stakeholders (i.e., Tamale, Yendi, Bawku and Wa).



400 Farmers received 2000 sheep in February 2012 (Tamale)

The HSP addresses underlying threats to human security through empowering local institutions, communities and individuals to manage and prevent conflict

Joint Programming is new and agencies have improved in their coordination building consensus and **developing synergies** and complementarities for working together and **"Delivering as One" (DaO)**. Working directly with communities through the use of the field specialists has brought the UN closer to the communities, although challenges are still lying ahead. The presence of the UN in the selected human security communities is eliciting positive responses from the local government system to the needs of those communities and thus paved the way for the UN to promote a wider understanding of how to address determinants of human insecurity. **Joint missions created synergy, and momentum** between agencies as well as fostered commitment from the communities to a **shared vision and ideas for further collaboration**. Furthermore, these joint efforts have been contributing to ensuring ownership of the Government of Ghana and other local stakeholders with an intention to sustain human security outcomes at the local level and in a long term perspective.



Farmer receives improved mango seedling

Contributing UN entities and partners:

UN System: UNHCR, IOM, UNAIDS, UNDP, UNFPA, UNICEF, WFP, WHO and others;

UNHCR Implementing Partners: National Catholic Secretariat, Christian Council of Ghana (CCG), AGREDS, Ghana Refugee Board (GRB);

Other contributing Agencies: MSF Spain, OXFAM, World Vision, Christian Aid, IPPF;

National Operational Partners: Ghana International School (GIS), National Organization for Disaster Management (NADMO), Ghana Red Cross, Ghana Health Service (GHS), Ghana Education Service (GES);

Corporate partners/ donors



EARLY HUMANITARIAN RESPONSE, EARLY LIVES SAVED

THE UN COORDINATED RESPONSE TO THE IVORIAN REFUGEE CRISIS IN GHANA

Eric was studying History in Abidjan, he had never thought he would have to live the life of a refugee *"I can't accept that because of power, we put in danger the country and the people, I am very sad."* As a result of the political turmoil in Cote d'Ivoire, more than 200,000 Ivoirians left the country and sought refuge in neighboring countries. About 18,500 Ivoirians were registered as asylum seekers in Ghana; women and children constituting the majority of this population. The immediate protection of the Ivoirians demanded urgent attention which resulted in a successfully coordinated response from the UN system and its partners.

Strong coordination and common mechanisms were essential to face the humanitarian crisis.



Some children who had just arrived from Cote d'Ivoire with their families waiting to go through registration procedures

Already in October 2010, tensions were rising towards the elections in Ghana or in Cote d'Ivoire. A contingency plan was updated by the **Ghana Humanitarian Country Team** and technical and logistics missions in field reception sites were put in place. Planning ahead was essential to ensure a quick, cost-efficient and coordinated response. The government of Ghana through the National Organization for Disaster Management (NADMO) and the Ghana Refugee Board (GRB) identified and allocated land in three regions for three campsites and reception facilities in close collaboration with the UN during the crisis.

Operations in the camp served as a lifeline for the asylum seekers

After a few weeks, Ghana had to face an influx on average of 200 refugees a day exceeding by far the provisions of the contingency plan. Challenges in funding occurred as the number of refugees was rising, soon leading the UN system to mobilize all available emergency support in order to ensure a basic safety net for the refugees. The UN system in Ghana managed to mobilize funds for refugees from the **UN Central Emergency Response Fund (CERF)**. This quick response boosted a **joint UN System humanitarian response to address the refugee situation.**

UNHCR as a specialized agency was in charge of the overall coordination. IOM was able to establish an office at the border with Cote d'Ivoire to provide immediate assistance with transportation and health assessment to more than 9000 people. More than 1000 tons of food was provided by WFP in the first six months. UNFPA and WHO worked closely together on epidemiological surveillance and health activities. Health partners with support from UNAIDS provided Antiretroviral drugs and sensitized over 2,000 young people in the camps on HIV/AIDS prevention. UNICEF worked towards improving access to drinking water and sanitation. UNICEF also supported the delivery of primary and secondary education and the establishment of child-friendly spaces in the camps. To augment the internally generated funds, the UN also sought the support of the private sector in Ghana. Technip Ghana in collaboration with its subcontractors (Orsam, Stellar and Conship) leased some office containers with furniture to be used for the registration and facilitation of the process for refugees coming in from Cote d'Ivoire.

The UN system has proved that in case of an emergency it can deliver as one using unique common funding mechanism and agency specialization to respond to urgent situations such as the 2011 influx of Ivorian refugees in Ghana.

The CERF was the largest channel of humanitarian funding to the Ghana effort, contributing USD 2,102,623 under the rapid response window. Support activities under CERF were divided into five sectors – **food, shelter, water and sanitation, health and security**. The implementation of the sector approach was one major achievement. It meant a greater coordination within and between sectors. Available funding was not sufficient to cover the sectors, which led to the interagency appeal for CERF funding.

As a result, operations in the camp hastened tremendously and served as a lifeline for the asylum seekers. Indeed, more food was immediately secured, provision of health related services improved and sanitary conditions ameliorated. Also, **information sharing between UN agencies, government bodies and implementing partners was boosted leading to a fruitful and close collaboration**. While the CERF contributions helped to accelerate and expand the relief response, it also brought higher quality assistance and comfort to Ivorian refugees.



Refugee child at the camp looking to the future with hope

Consequently, the sense of hopelessness, despair and vulnerability which characterized the start of the crisis was significantly reduced with the implementation of these life-saving interventions. Each agency, government body and implementing partner used its comparative advantage and collaborated with others to address refugee needs.

Raising funds for emergencies through regular channels often delays and consequently has an impact on the timeliness of the provision of assistance. Having ready access to the CERF funds enabled the timely procurement, delivery and distribution of commodities to enable the initial success of the emergency operations. The UN system has proved that in case of an emergency it can **deliver as one** using unique common funding mechanism and agency specialization to respond to urgent situations such as the 2011 influx of Ivorian refugees in Ghana.



THE OPERATION MANAGEMENT TEAM (OMT)

MAXIMIZING SYNERGIES AND MINIMIZING OVERHEADS

Recent experiences of the UN system have shown that only a unified and strong United Nations, which acts, speaks and delivers results through joint efforts, is well placed to tackle the global challenges lie ahead. The **"Delivering as One"** strategy provides a set of tools, principles and processes for the UN system to deliver more and better results. One component of the strategy consists in **harmonizing business processes** and **developing common services** for all UN agencies with a view to increase operational efficiency and reduce transaction costs. In Ghana, the **OMT** leads this strategy of ensuring operational efficiency and effectiveness.

The **Operation Management Team (OMT)** is a working group of all UN agencies in Ghana dedicated to the envisaged common services, dealing with all the administrative, financial and operational aspects of the UN services. The OMT, as a body, identifies alternative ways to optimise the use of pooled common resources and develops structures and processes to cater to the changing/evolving needs and requirements of the UN.

Amongst the major achievements of the OMT in Ghana is the establishment of the OMT secretariat composed of an Operations Analyst and a Common Service Assistant. The secretariat is responsible for assisting the OMT in the implementation of the OMT annual work plan and identifies opportunities to **harmonise UN operations and procedures in Ghana**.

By collaborating with the secretariat, the OM team members are able to focus on their agency's specific responsibilities while contributing to the harmonisation of common services.

In 2012, for instance, the OMT was requested by the UN Resident Coordinator to undertake a mission to Northern Ghana to identify efficient and cost effective ways of delivering common services. This led to the negotiations for additional office space for the UN in Northern Ghana. The mission also found ways in which the UN could collaborate with the best health facilities to improve staff medical needs of staff in.

Harmonizing business processes and developing common services for all UN agencies

To harmonize business processes and develop common services, the OMT facilitated the process of establishing **LTAs (Long Term Agreements)** with three major security and travel agencies while ensuring that all agreements were in accordance with UN procurement rules and regulations.

"Quick wins" will help to build best practices process and a spirit of collaboration enabling more ambitious results in the medium term

This and other initiatives **considerably reduce internal transaction cost and the quality of services** from vendors. The growing scarcity of budgetary resources gives more importance to reorienting the management of services. Beyond the cost benefit analysis, the OMT success relies also on the time gained by staff following the introduction of a common governance and proper management. A strong OMT ensures that the programmes are implemented in the most efficient way possible, **maximizing synergies between agencies and minimizing overheads**.

UN FAMILY IN GHANA

FAO	The Food and Agriculture Organization
IAEA	International Atomic Energy Agency
IFAD	International Fund for Agricultural Development
IFC	International Finance Corporation
ILO	International Labour Organization
IMF	International Monetary Fund
IMO	International Maritime Organization
IOM	International Organization for Migration
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Office on Drugs and Crime
UNU_INRA	United Nations University Institute for Natural Resources in Africa
UNV	United Nations Volunteers
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WB	The World Bank
WFP	World Food Programme
WHO	World Health Organization

UN Family in Ghana

