

increasingly being tied to counterpart government funding, especially for commodities, in a context where the Government is facing increasing fiscal challenges. This makes the funding outlook very uncertain as to the sustainability of gains in the three disease areas and scale-up of ongoing interventions in other priority programme areas.

Lessons learned:

The main **lessons learned** during the current country programme are that while the effectiveness of key health and nutrition interventions was demonstrated, this was not followed up by systematic documentation and the strategic engagement needed for scale-up. At the sectoral level, limited funding for operational costs, including essential commodity supplies, negatively impacted overall performance and the sustainability of gains made. Finally, upstream work was largely limited to issue-based policies and frameworks, with less emphasis on implementation and sustainability at downstream level. Based on these conclusions, UNICEF will adopt a systemic child-, adolescent- and gender-responsive approach to addressing critical sectoral issues such as neonatal mortality, immunization, stunting, quality of care, etc. The UNICEF health and nutrition programme will thus focus on system strengthening, capacity-building and technical support for disaggregated data generation and evidence-building, promoting equities, with limited, targeted service delivery whose scale will be determined by funding. This will be accompanied by evidence-based advocacy on these areas and issues. UNICEF will work through the monthly meetings of the Health Sector Working Group to raise issues with the Government and partners and to propose options and solutions, culminating in the annual National Health Summit, which takes place in April each year and is the forum for policy direction for the health and nutrition sector.

UNICEF's comparative advantage lies in its in-country presence, characterized by high-level technical expertise and deep understanding of Ghana's health and nutrition sector, backstopped by support from the Regional Office, headquarters or other country offices and including access to the latest research findings; its longstanding presence in the country, working at national and subnational levels and on the ground to support government capacity strengthening in the design, planning, costing (budgeting), implementation, monitoring and evaluation of health and nutrition interventions; and its credibility, based on its experience as an impartial and trusted long-term partner. UNICEF remains a source of technical expertise and information on nutrition-specific programming for government and non-state organizations. Above all, UNICEF brings to the health and nutrition sector its multisectoral approach and ability to leverage synergies with other sectors, particularly WASH, social protection and social policy, supported by cross-sectoral work on gender, monitoring and evaluation and communication for development.

3. Theory of change

The health and nutrition programme aims to support Ghana in achieving SDG 3.2, "By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births ", with a particular focus on U5MR; and SDG 2.2, "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in

children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons", with particular focus on the nutritional needs of under-5 children.

Conditions that must exist:

- Improved quality of both preventive and curative health care for children, adolescents and women of childbearing age
- Children, adolescents, and women of reproductive age access and utilize high-quality nutrient-rich foods, supplements and relevant services.

For the purpose of this document, the term "children" includes newborns, children under five years of age and adolescents (especially adolescent girls), and "women" refers to women of child bearing age with particular reference to the periods of pregnancy, delivery and post-partum.

UNICEF will contribute to the achievement of this impact result through two outcomes:

- 1. Health: By 2022, more children and women access and utilize quality health services**
- 2. Nutrition: By 2022, more children, adolescent girls and women of childbearing age access and utilize nutrition services, nutrient-rich foods and supplements to improve their well-being.**

3.1 Health Outcome

The vision of change is that by 2022, **more children under five years of age, particularly newborns and infants, access and utilize preventive and curative healthcare of enhanced quality.**

The theory of change is that:

if health facilities are geographically and financially accessible to the population irrespective of their place of residence,
if these health-care facilities are adequately equipped and provided with essential commodities, are adequately staffed with a qualified, competent, skilled and motivated health workforce,
if the highest standards of quality of care are upheld in these facilities with their managers and care providers being held accountable,
and the population is satisfied with the care and effectively demands and utilizes these services in a timely manner,
then institutional maternal and neonatal mortality rates will decline, as will rates of stillbirth.

Conditions that must exist:

Inspired by the thematic goal of Ghana's current Health Sector Medium-Term Development Plan, "*To improve access to quality, efficient and seamless health services that are gender and youth friendly and responsive to the needs of people of all ages in all parts of the country*", SDG 3, "**Ensure healthy lives and promote well-being for all at all ages**" and UNICEF's vision in its Health Strategy 2016-2030, "... *a world where no child dies from a preventable cause, and all children reach their full potential in health and well-being*", the achievement of the outcome will require the following conditions to be met:

- Health facilities are equitably distributed and accessible both geographically and financially;
- The health facilities are staffed with a competent (skilled), equitably distributed and motivated workforce;
- Quality of care standards are applied at all levels and for both preventive and curative care services
- Health-care providers and their managers are accountable for the quality of care provided.
- The population readily demands and utilizes the health-care services available through different delivery platforms (facility-based, outreach, etc.)

Assumptions and risks

It is our assumption that Government of Ghana will continue to prioritize newborn and child health and will have resources to adequately fund newborn and child health interventions. It is also our expectation that improvements in the quality of care, will attract more people to use health services and derive the intended benefits, thus contributing to the achievement of the outcome and ultimately the impact.

Risks and mitigating measures

Risk	Mitigating measures
Low donor investment in the sector in general and on newborn and child health as current trends show gradual but persistent declines in donor funding for the sector and pullouts by others	UNICEF will work with the Ministry of Health and the Ghana Health Service to demonstrate evidence-based and effective models and use the results to engage and influence donors.
Fragmented donor-driven and supported programmes.	UNICEF will work to strengthen partner coordination under government leadership.

The theory of change for the programme component will focus therefore on the conditions and pathways that lead to the achievement of this outcome result to which three identified output-level results will contribute. Contributing to the attainment of these outputs will be activities to address the bottlenecks and barriers identified in the causality analysis.

The theory of change that will lead to the attainment of the outcome follows from how each of the three outputs will be achieved (conditions for this change and the pathways to those conditions).

3.1.1 Output 1: Enabling environment, leadership and Governance: By 2022, Ghana's health system has the necessary management tools to support effective service delivery at national and subnational levels.

As a result of the public health sector's weak capacities, at national and subnational levels, for performance-based planning, budgeting and funding of interventions and operations and in human resources management, the sector's mobilization and allocation of resources and programme implementation are ineffective and inefficient. The sector lacks a system for real-time management of procurement and distribution of supplies to ensure their on-time availability at service delivery points. UNICEF will support the sector to develop and demonstrate: integrated planning and budgeting tools; a performance-based budgeting model; a functional human resources management information system

and a task-shifting policy; tools and procedures for technical, managerial and social accountability; and an in-built system for staff capacity development at all levels. It also envisions support for establishing sustainable financing mechanisms for essential commodities, and a system that provides real-time information on procurement and management of supplies. If these objectives are met, then the Ministry of Health, the Ghana Health Service and other relevant agencies will be better able to effectively plan, budget, fundraise, manage the supply chain and implement, monitor and account for high-impact, gender-responsive interventions for newborns, children, adolescents and women of childbearing age.

The following conditions will have to be in place for this output result to be achieved:

- Political will to embark on relevant performance-based programming.
- UNICEF capacity required to effectively engage the Ministry of Health and the Ghana Health Service at the policy level and support specific and relevant strategic interventions;

UNICEF pathways to be developed:

UNICEF will implement sustained, evidence-based policy dialogue on improving the efficiency and effectiveness of key expenditures in the health sector through:

- Sector budget expenditure analysis;
- Development of integrated planning and budgeting tools and their demonstration in selected districts;
- Support for the establishment of sustainable financing mechanisms for essential commodities;
- Support for establishment of a performance-based management system at national and subnational levels.
- Design and development of a functional human resources management information system (HRMIS) that captures all relevant information on staff for their effective management and deployment.
- Support the implementation of a task-shifting policy with training of staff to take on additional duties for scale-up of high-impact maternal, newborn, child and adolescent health interventions.
- Development of tools and procedures for technical, managerial and social accountability on quality of care and financial management.
- Design, testing and adoption of a computerized (web-based) procurement and supply management system platform covering all health facilities and health-care commodities.
- Development and utilization of tools for supply chain management (forecasting, quantification, planning, procurement and distribution), and ensuring "last mile" availability of essential commodities; and
- Putting in place an emergency preparedness and response framework that takes into account age, gender, location and other vulnerabilities faced by children, adolescents and women.

To improve the enabling environment, UNICEF will build on its comparative advantage as a trusted long-standing partner of the Ministry of Health to network and advocate at the highest levels for the development of the tools needed to strengthen functioning, accessibility, inclusiveness and accountability of the health system. High-level advocacy will be backed up by technical support and capacity-building to support the Government in developing and testing tools and systems to improve integrated planning,

human resources management and financing for, procurement and distribution of essential health-care commodities, all with the aim of strengthening the capacity and accountability of the health system to provide quality and needs-based care for all, with a focus on high-impact interventions to improve health outcomes. Activities will include provision of expertise through qualified consultants and support for training, capacity-building and documentation. UNICEF will collaborate with other key development partners in the sector notably WHO, USAID, JHPIEGO, to support the Ministry of Health and Ghana Health Service, and embark on targeted advocacy with the Ministry of Finance and the parliamentary select committee on health for sector funding allocation and legislative action on relevant regulatory documents as and when necessary.

3.1.2 Output 2. Quality of care: Evidenced-based tools and strategies are in place for delivery of quality care for all.

Ghana has witnessed remarkable trends in access and utilization of antenatal care and institutional delivery by pregnant women. Nonetheless, pregnancy outcomes have remained poor in terms of high institutional maternal and neonatal deaths and high stillbirth rates, all of which point to deficiencies in the quality of the care they receive. Reversing these negative outcomes require that the health care received by pregnant women meets the highest standards of quality.

For this to happen, the following conditions will have to be met:

- Evidence-based standards of quality of care are in place, understood, adopted and applied;
- Political will to invest in improvement of quality of care, including accountability;
- Functional social protection measures are in place to ensure equity in access to quality care for the vulnerable, including adolescent girls during pregnancy and HIV-infected children and pregnant women.
- Intersectoral collaboration on WASH in health-care facilities as an essential component of quality of care
- The NHIA has the resources to pay health-care service providers in a timely manner;
- The NHIA institutionalizes quality of care standards and criteria in contracts with service providers (credentialing)
- The Health Facilities Regulatory Agency implements quality of care standards and criteria in health facility accreditation

UNICEF pathways to be developed:

UNICEF will support the system to strengthen its capacity to deliver maternal and newborn care of optimal quality through:

- Continuous advocacy in favour of institutionalization of quality of care standards
- Setting of standards and criteria for quality of care for maternal, newborn and child care including age and gender-responsiveness of care for specific issues and diseases;
- Development of costed service delivery strategy for hard-to-reach and most deprived populations;
- Development and testing of model for integrated service delivery at the operational level;

- Update of pre-service training curricula, development of teaching aids and training of tutors of health professional training schools/colleges on quality of care standards and related guidelines;
- Demonstration of the integration of PMTCT and paediatric HIV into maternal, newborn and child health services.
- Application by the National Health Insurance Scheme (NHIS) of quality of care standards and criteria in their accreditation of health-care facilities to ensure quality assurance and accountability.
- Strengthening the health system's capacity to market health and nutrition services through child and gender responsive behavior change communication on health and nutrition.

To support the health system in improving quality of care, UNICEF will focus on advocacy and technical support through evidence-generation; provision of expert consultants to support the system develop tools, conduct training, documentation, monitoring and evaluation; networking and participation in working groups and other forums; and targeted service delivery for immunization and other high-impact interventions. An equity lens will be applied in ensuring that districts with the highest disease burden are prioritized and that healthcare provision reflects the age and gender specific needs and interests of the population. UNICEF will also advocate for quality healthcare affordability via an NHIS that reimburses care providers in a timely manner.

Partners will include the UN system, Delivering as one; DFID, JICA, Global Fund, the World Bank, GAVI; training institutions (Ghana College of Physicians and Surgeons and Ghana College of Nurses and Midwives); regulatory bodies (Medical and Dental Council, Nurses and Midwifery Council, Pharmacy Council, etc.).

3.1.3 Output 3: Data, health information, community engagement, and research: Quality disaggregated data from routine monitoring system is available and knowledge is generated on the survival challenges of older children (6-10 years) and adolescents.

Conditions that must exist:

- A real-time data collection system in place that enables health service client tracking and is linked to the district health management information system;
- Health-care staff dispose of capacity and will to collect disaggregated data
- Government is committed to research about the needs of older children and adolescents

UNICEF pathways to be developed:

UNICEF will support the system to strengthen its capacity to collect high-quality, complete and timely disaggregated data through:

- Design, testing and adoption of an electronic system for collection and tracking of health-care client information which is synchronized with the district health management information system;
- Strengthening the capacities of health-care providers and managers for disaggregated data collection and information management;
- Research to fill data gaps on emerging issues - adolescents, especially adolescent girls, children 6-10 years, stigma on HIV and uptake of PMTCT services;
- Various health scorecards will be publicized as part of community engagement and social accountability.

UNICEF support for improved data and research will primarily take the form of technical support and provision of expertise to strengthen information management capacities, including for analysis of data using age and gender lenses, and using the data to continuously improve quality of care. Linkages with social protection will be explored through potential interface between the health system and LEAP and engagement of LEAP beneficiaries, especially pregnant women and children under two years of age. Advocacy will include efforts to publicize health scorecards through community engagement and to increase the social accountability of the health system to its beneficiaries by ensuring representation of diverse voices, especially of the most vulnerable groups. UNICEF partners will include JICA, USAID, World Bank; research institutions, academia, local government, and the Department of Social Welfare.

3.2 Nutrition

The vision of change of the nutrition component is that by 2022, the Government of Ghana, through its relevant ministries, departments, agencies, and working with civil society and the private sector, will ensure that more children (0-59 months), adolescent girls (10-19 years) and women of childbearing age (15-49 years) access and utilize services, nutrient-rich foods and supplements for prevention and treatment of malnutrition.

This vision is in line with the country's Health Sector Medium-Term Development Plan, "improvements in access to quality Maternal and Child Nutrition services", SDG 1, "End hunger, achieve food security and **improved nutrition** and promote sustainable agriculture", the UNICEF nutrition strategy and the World Health Assembly targets on nutrition. UNICEF's work to support government and other stakeholders in achieving the outcome will rely on a number of conditions being met.

Conditions that must exist:

- High-quality, nutrient-rich foods and micronutrient supplements are available and affordable for all socio-economic and cultural strata of the population;
- The food industry is engaged and commits to relevant food fortification;
- Caregivers and the population at large know and apply appropriate infant and young child feeding practices;
- Health-care facilities have skilled and motivated staff who provide quality nutrition services and care;
- A regulatory framework on newborn, infant and child nutrition is in place and enforced;
- Government prioritizes nutrition among its development sectors and sufficiently funds its interventions;
- Earmarked funding is available for the provision of essential nutrition commodities and service delivery;
- UNICEF has the capacity required to effectively engage the health and other relevant sectors at the policy level.

Pathways to achieve this outcome

In order to achieve this outcome, UNICEF will count on the efforts of other nutrition sector and nutrition-sensitive stakeholders while focusing on its areas of comparative advantage. It is critical that the

Government positions nutrition high on its development agenda and sufficiently funds its interventions. The agricultural sector would have to increase the amount of locally grown nutrient-rich foods for the population and the education sector would teach young people about good child feeding practices before they have children. With proper government engagement, the private sector, particularly the food industry, would market affordable nutrient-rich foods and supplements to increase their availability. UNICEF will support the Government to strengthen the nutrition regulatory framework, taking into account the most recent evidence, international frameworks and WHO guidelines and recommendations; build the capacity of health-care workers to educate child caregivers and family members visiting health facilities and via other means, on appropriate infant and young child feeding practices. UNICEF will work with influencers, communities and communication stakeholders to address social norms that are negatively affecting infant and young children feeding. UNICEF will support the establishment and implementation in health-care facilities of standards of quality of nutrition care for infants and young children.

Assumptions and risks

The outcome is based on the assumption that there will not be no major food insecurity crisis, but if one were to occur, UNICEF would work with other partners to address it. It is also assumed that if nutrient-rich foods are made available and affordable, and the populace (caregivers) are educated on appropriate infant and young child feeding practices, they will be willing to adopt these practices.

Risks and mitigating measures

Risk	Mitigating measures
Government might not invest sufficiently on nutrition	UNICEF will work with other partners to advocate strongly using a nutrition investment case, with Government to prioritize and sufficiently fund nutrition sector interventions
Donors not interested in funding nutrition sector interventions	UNICEF will engage donors with the same investment case to advocate for their engagement and funding for the sector
Nutrition services not integrated into maternal, newborn and child health services	UNICEF will support the health sector develop and implement a service integration model that ensures inclusion of health and nutrition into an integrated package
Poor coordination of partners around nutrition	UNICEF will advocate for and work with other partners to set up a functional nutrition sector coordination platform.

Three outputs have been identified as necessary to contribute to the attainment of the outcome.

3.2.1 Output 1: Enabling environment: National Nutrition Policy and frameworks are aligned with international standards and monitored annually.

Addressing the nutrition problem in Ghana requires an interplay between several different sectors with diverse but synergistic contributions in terms of policies and strategies, and their implementation at various levels. Currently, there are numerous gaps in policies, regulations and guidance and some of the available ones are either obsolete or not aligned with most recent international standards and recommendations. UNICEF, working in collaboration with other UN agencies and bilateral partners,

intends to support the nutrition-relevant sectors to develop/update strategic documents and secure funding for essential nutrition commodities, while supporting the Government to engage the private food industry and set up and enforce accountability systems for nutrition service delivery in the health sector. UNICEF will support capacity strengthening for government nutrition sector workers to provide quality high-impact nutrition services for newborns, children, adolescents, especially adolescent girls and women of reproductive age.

Conditions that must exist:

- Government commitment to create an enabling environment for the coordination of nutrition action across sectors in the country
- Structures responsible for coordinating nutrition action across sectors in the country have appropriate technical capacity
- UNICEF has the capacity to provide technical assistance and to rally other major stakeholders around the nutrition problem
- Financing for nutrition programmes, especially essential and life-saving supplies

UNICEF pathways to be developed:

UNICEF will support the Government to strengthen its capacity to enable, lead and regulate the country's nutrition situation through:

- Revision/updating and implementation of nutrition-relevant strategic documents notably regulations on breastfeeding; regulations and standards on food fortification; CMAM guidelines and the IYCF policy, based on identified relevant social norms;
- Adoption by Government of improved maternity protection measures;
- Putting in place of sustainable financing mechanisms for essential nutrition commodities;
- Engagement of the private sector on options for food fortification, including how to address anaemia through a gender-sensitive supplementation programme; using nutrient rich family foods and wheat fortification with more effective forms of iron;
- Working with UNICEF Supply Division on standards of food fortification and qualifying supplies as needed;
- Setting up and rendering effectively functional, accountability framework and structures led by local governments, in partnership with the Ministry of Health and CSOs, with clearly defined roles, responsibilities and performance indicators;

UNICEF will undertake high-level advocacy and provide technical expertise and assistance to update nutrition regulations and standards, engaging WHO, ILO (for maternity protection measures) and partners in the Scaling-Up Nutrition (SUN) movement. UNICEF will also advocate with parliamentarians, policymakers, implementing partners and development partners (WFP, WHO, USAID and other SUN development partners,) about the need for sustainable financing for essential nutrition commodities, coupled with technical assistance in forecasting and costing commodities. UNICEF will advocate and support the development of a strategy for domestic financing of essential nutrition commodities involving the private sector, government food standard authorities and SUN business partners. Support for an accountability framework, with clear roles and responsibilities for all actors, will take the form of capacity-

building (training of partners and key stakeholders), technical assistance and advocacy/convening of partners to review enforcement and performance.

3.2.2 Output 2: Health service providers have improved capacity to deliver quality nutrition services at national and sub-national level

Conditions that must exist:

- High political and administrative levels recognize nutrition as an important development issue
- The nutrition programmes in the country are adequately funded
- UNICEF is able to provide technical assistance for capacity-building of government and civil society stakeholders

UNICEF pathways to be developed:

UNICEF will support the Government to strengthen its capacity to ensure that more mothers, newborns, children and adolescent girls access and utilize high quality nutrient-rich foods, supplements and relevant services through:

- Strengthening the evidence base to inform policies, advocacy, plans, strategies and programmatic adjustments and scale-up, specifically with regard to supplements for women of child-bearing age and adolescents, combined infant nutrition/health/WASH interventions and use of multiple micronutrient powders in malaria-endemic areas;
- Development of a costed implementation strategy for nutrition interventions such as multiple micronutrient supplementation for children, adolescent girls and women of child-bearing age; etc.
- Integration of guidelines on micronutrients, breastfeeding, CMAM, IYCF, etc. into pre-service and in-service training curricula for health service providers, and enforcement of their teaching and examination;
- Revision and integration of quality standards and criteria on implementation guidelines for IYCF and micronutrient supplementation into the quality of care framework;
- Demonstration and documentation of the application of the guidelines in selected districts, backed up by real-time client satisfaction surveys;

UNICEF will support the generation of evidence on interventions to reduce stunting and anaemia among vulnerable groups, complemented by advocacy to scale up effective strategies, requisite capacity-building and resource mobilization. Linkages with LEAP, which is being implemented nationwide, will be explored, particularly to ensure that women and children benefiting from the cash-transfer are also accessing nutrition services including micronutrient supplements. UNICEF will provide technical and financial support for studies and research to strengthen the evidence base, specifically to establish clear age and gender sensitive indicators and baselines and information systems for monitoring progress. Training and other capacity-building activities will be undertaken in three districts, and targeted commodity support (micronutrients and other strategic supplies) will be provided, depending on the availability of resources. UNICEF will engage government and SUN partners during implementation and scale-up to other districts.

3.2.3 Output 3: Stronger capacity among public and private sector and civil society actors to promote nutritional wellbeing of children, adolescents and women.

Conditions that must exist:

- Clear knowledge of social norm determinants of feeding practices for women, newborns, children and adolescent girls;
- Commitment and audacity of Government and civil society organizations to address social norms
- UNICEF is able to provide requisite technical expertise to develop a strategy to address identified social norms that are negatively affecting access to and utilization of nutrient-rich foods.

UNICEF pathways to be developed:

UNICEF will support the Government to address the social cultural factors and norms that are negatively impacting nutrition and child health through:

- Development, on the basis of social research findings, of guidelines and a social and behaviour change communication strategy for changing misconceptions on health and nutrition;
- Implementation of the costed strategy to address the impact of social cultural factors and norms
- Setting up a system for tracking of behaviour change;

The primary strategies will be C4D and social and behaviour change communication, developed through partnerships with local and international institutions with expertise on social norms. UNICEF will provide technical assistance to develop an approach for addressing social-cultural factors and norms around health and nutrition, bringing together stakeholders and influential change agents to develop guidelines and tools, support training for key implementing partners and the development and implementation of a tracking system. Partnerships with development partners will be strengthened to support implementation of social and behaviour change communication strategies.

3.3 Major assumptions, risks and mitigating measures for the nutrition and health outcomes

Important assumptions underlying the proposed programme are that there will be ownership by the new national Government and local authorities, as reflected in the strategic documents under preparation (Ghana Shared Growth and Development Agenda, Medium Term Health and Nutrition Strategic Plans, 2018 -2021); and that the health sector decentralization process will continue as planned. UNICEF will continue to advocate strongly for the system-strengthening approach as key to improving newborn, child, adolescent and maternal health and nutrition outcomes, and will work with sector partners as the decentralization process continues.

Given Ghana's middle-income status and related changes in the donor environment, it is critical that the Government fulfills its commitments to support public health interventions including procurement of vaccines, nutrition supplements and other essential commodities. This is especially important during the period 2017-2021 when GAVI support for the immunization programme will be phased out and during

which other donors such as the Global Fund are instituting a counterpart funding arrangement against their funding support. The accompanying risk is that the Ministry of Health, beyond the payment of salaries, will not have funds for the implementation of the initiatives this programme intends to support, thereby jeopardizing further progress on key programme intervention outcomes and even reversing some of the gains. UNICEF will work with the Government to identify potential funding mechanisms including the Vaccine Independence Initiative revolving fund mechanism. Similarly, the programme approach assumes that the Government will have the capacity to scale up the initiatives proposed via evidence generation and demonstration. UNICEF and partners will work closely with the Government on the development of these initiatives to ensure they are realistic and cost-effective.

Another assumption is that caregivers and medical staff will accept task shifting and be willing to change their behaviour towards health service clients, and that these clients in turn are willing to change their own beliefs and cultures. Specific to nutrition, it is assumed that the NHIS will fulfil its commitment to incorporate breastfeeding criteria in assessing the quality of health care provided in health facilities. There is a risk that rapid urbanization will negatively affect breastfeeding practices, especially exclusive breastfeeding, which is much higher in rural areas. In all instances, stakeholders will be involved in every step from the onset of the change processes, to ensure their buy-in.

It is also assumed that the Government will be able to avail itself of the financial resources and the political will to adopt, apply at scale all the tools developed as well as the accountability mechanisms demonstrated, that revised pre-service curricula will be effectively taught and examined, and the different strategic documents and implementation models will be fully implemented.

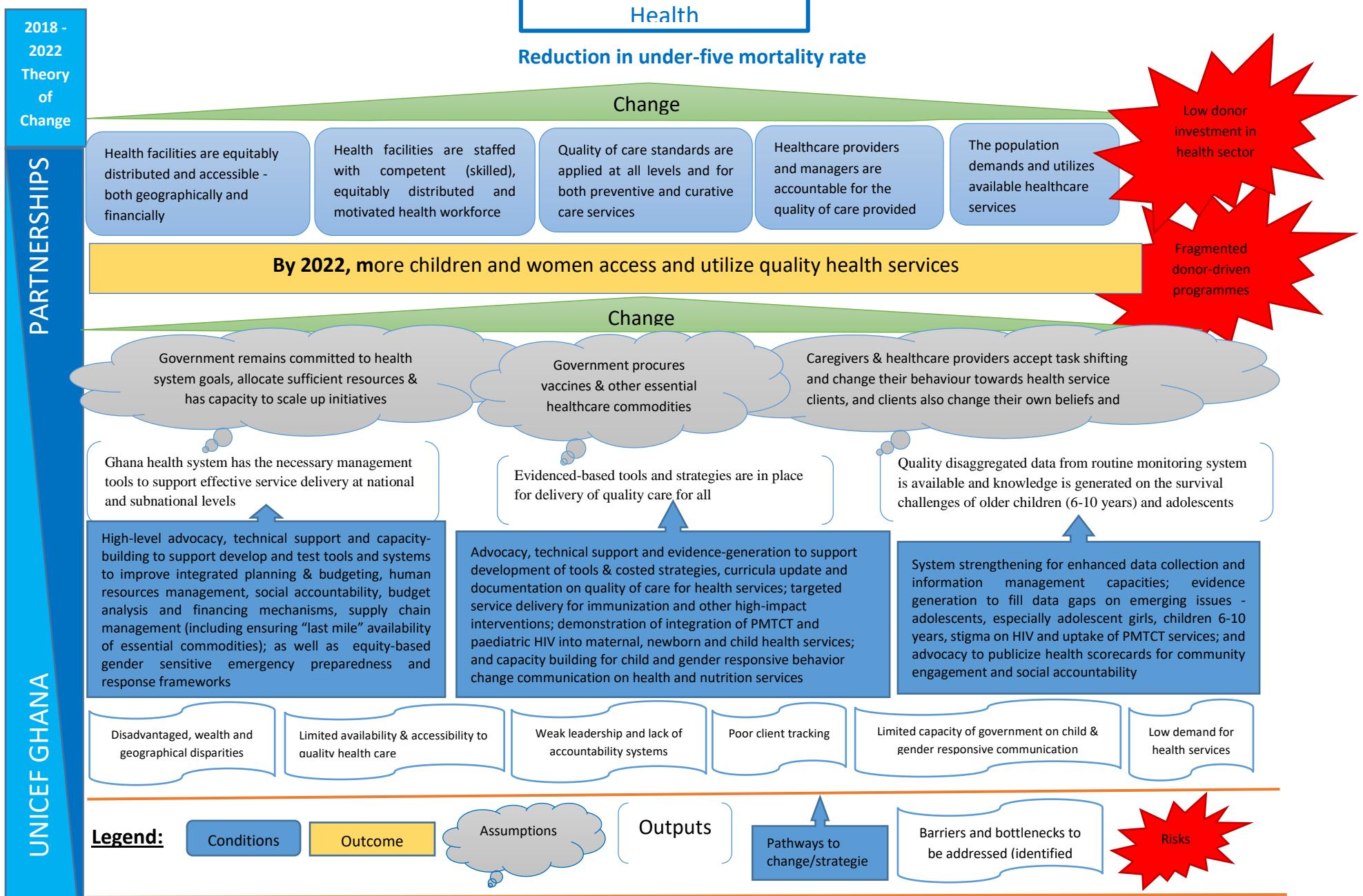
Progress in the health sector could be derailed by major emergencies such as cholera outbreaks or epidemics such as Ebola and Zika virus. UNICEF will advocate with government and other stakeholders for the strengthening of the country's emergency preparedness and response mechanism with set-aside government funding. Meanwhile, and internally, UNICEF will in case of emergency, and in consultation with government, embark on either fund reprogramming or leveraging or both, to meet immediate emergency needs.

4. Results structure and framework

The results structure and framework presents the hierarchy of results to which the health and nutrition programme component aims to contribute. The highest level result is the impact (lasting positive change in the lives of newborns, children, adolescents and women of childbearing age). The programme has identified two outcomes that will contribute to the attainment of this projected impact but which on their own are not enough to cover all the issues that affect the survival, growth and development of these target populations. It is expected that actions of other stakeholders on other causes of under-five morbidity and mortality will complement those of UNICEF to enhance the health and survival of children under five years of age.

Impact: By 2022 Ghana's under-five mortality rate is reduced from 60 in 2014 to 45 (based on Ghana's SDG 3.2 UFMR target).

Annex 1a: Theory of change – Visual

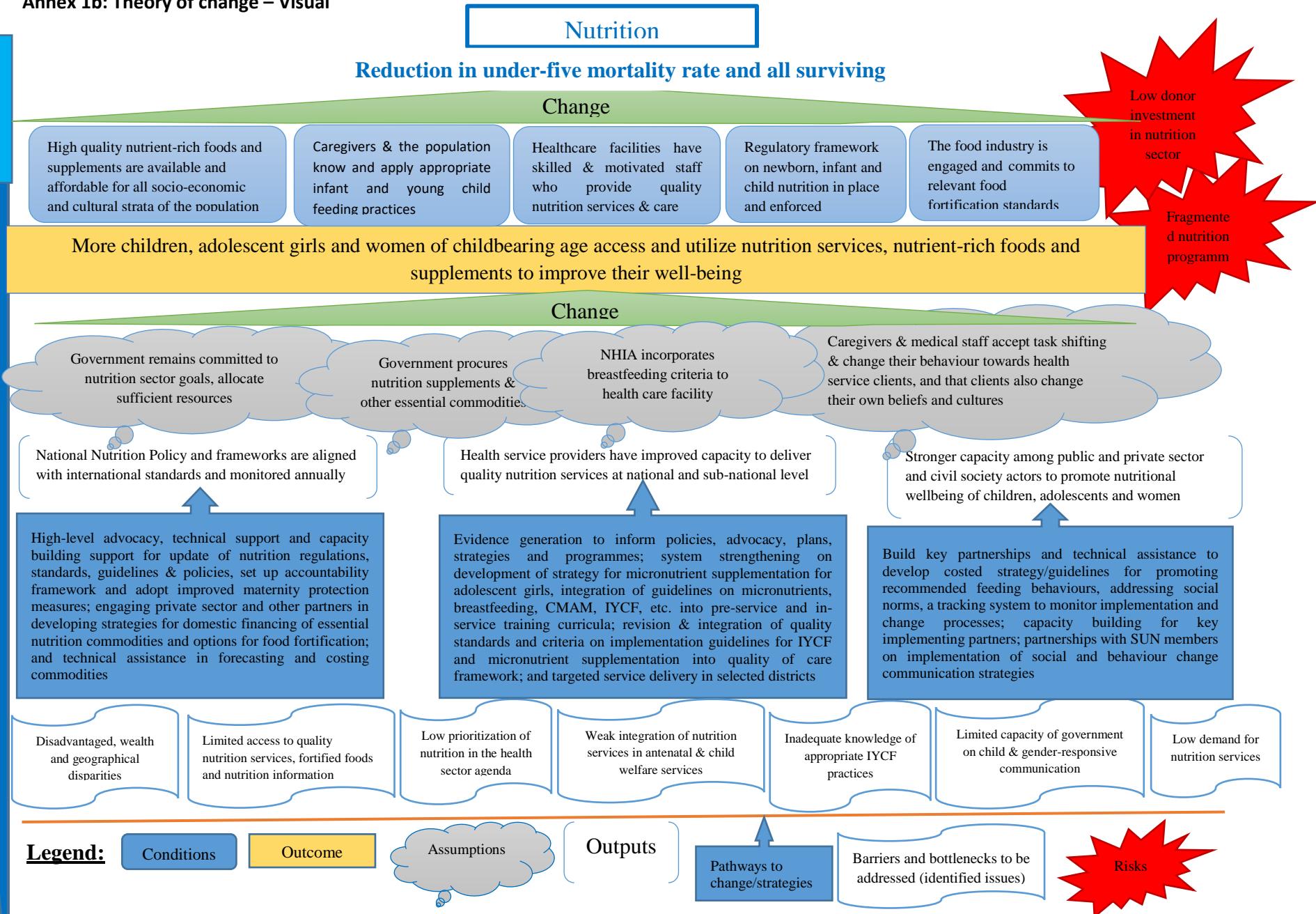


Annex 1b: Theory of change – Visual

2018 -
2022
Theory
of
Change

PARTNERSHIPS

UNICEF GHANA



[REDACTED]

[REDACTED]

Note for the Record

Subject: Environmental Impact Assessment (EIA)

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

