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DRAFT COUNTRY PROGRAMMES

Agenda item 8

For consideration

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DRAFT COUNTRY PROGRAMME GHANA 200247 (2012–2016)

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Ghana is a low-income, food-deficit country, but positive economic developments in recent years are moving it toward lower-middle-income status. The country is largely on track to achieve Millennium Development Goal 1 – Eradicate extreme poverty and hunger – but is lagging on others. Ghana is ranked 130th out of 169 countries in the 2010 human development index, and has slipped into the “low human development” category.

There are large disparities in poverty levels between the north and south of Ghana. Seventy percent of the poor live in the three regions in the north: Northern, Upper East and Upper West. Acute malnutrition rates in these regions are considered “serious” by World Health Organization standards: 13 percent in Northern, 11 percent in Upper East and 14 percent in Upper West. While the stunting rate is 28 percent nationally, in the Northern and Upper East regions it is “serious” at 32 and 36 percent respectively. Recurrent droughts and floods increase communities’ vulnerability to food insecurity and malnutrition. The three northern regions have the highest rates of out-of-school children, varying from 18 to 28 percent. Ghana’s HIV prevalence rate for adults is 3 percent, while food insecurity among people living with HIV in the most vulnerable regions ranges from 25 to 42 percent.

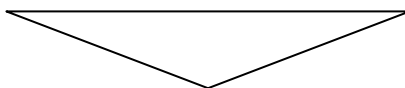
Country programme 200247 targets beneficiaries in the poorest, most food-insecure and HIV-affected regions. It will assist a total of 879,000 people over its five-year period. Based on the Ghana country strategy for 2012–2016, the country programme’s goal is to enhance the capacity of the Government and communities to ensure sustainable food and nutrition security through: i) support for primary and girls’ education; ii) nutrition support for vulnerable groups; and iii) resilience against climatic shocks and support for livelihoods. The Purchase for Progress initiative will promote smallholder farmers’ access to markets.

The programme addresses Millennium Development Goals 1 to 7. It is aligned with WFP’s Strategic Objectives 2, 4 and 5,¹ and the 2012–2016 United Nations Development Assistance Framework.

Country programme 200247 addresses recommendations from the evaluation of the previous country programme by adopting a sharper focus, targeting the most deprived populations and districts, and establishing clear hand-over strategies, including government capacity development for more effective safety nets, governance and policy frameworks.

¹ Strategic Objective 2 – Prevent acute hunger and investment in disaster preparedness and mitigation measures; Strategic Objective 4 – Reduce chronic hunger and undernutrition; and Strategic Objective 5 – Strengthen the capacity of countries to reduce hunger, including through hand-over strategies and local purchases.

DRAFT DECISION*



The Board takes note of draft country programme Ghana 200247 (2012–2016) (WFP/EB.A/2011/8/3), for which the food requirement is 52,317 mt at a total cost to WFP of US\$44.9 million, and authorizes the Secretariat to formulate a country programme, taking into account the observations of the Board.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS

Political, Social and Economic Context

1. Ghana's 2010 census reported a population of 23.5 million people. Its rankings for political rights, civil liberties and freedom of the press are among the highest in Africa.² Successful political and economic reforms facilitated Ghana's peaceful transfer of power in the 2008 elections and are moving the country toward lower-middle-income status.
2. Ghana is largely on track to attain Millennium Development Goal (MDG) 1,³ but is lagging behind on MDGs 4 and 5.⁴ Ghana presents a mixed picture of development, with large rural–urban and inter-regional disparities. In 2010, it ranked 130th out of 169 countries in the human development index, and had slipped from the “medium” into the “low” human development category.
3. Subsistence farming accounts for 39 percent of the gross domestic product and employs 60 percent of the workforce. Twenty-nine percent of the population lives in extreme poverty, and subsistence farming is the predominant livelihood for the poor. Seventy percent of Ghana's poor are concentrated in the north, in Northern, Upper East and Upper West Regions.⁵
4. Over the past decade, adult HIV prevalence has stabilized at 3 percent nationally,⁶ ranging from 2 percent in Northern Region to more than 4 percent in Eastern Region; six regions have prevalence of 3 percent or higher. Increased mortality of people living with HIV (PLHIV) is associated with their poor nutrition status.⁶
5. Twenty-seven percent of primary school-age children do not attend school, owing to poverty, food insecurity and seasonal migration for employment. There are significant gender gaps in school completion rates. Northern Ghana has the highest rates of out-of-school children, ranging from 18 to 28 percent; the gender parity index in Northern Region is 0.85, attesting to a large disparity in school attendance between girls and boys.⁷
6. Food security in northern Ghana remains susceptible to weather-related shocks; climate variables show increasing mean annual air temperatures and increasingly frequent extreme temperature events.⁸ Desertification is increasing by 20,000 ha a year, significantly contributing to drought-related vulnerability. Since the late-1990s, severe floods have been increasingly frequent in northern regions. Floods affected more than 300,000 people in 1999, 630,000 in 2007/08 and 140,000 in 2010, causing deaths, damaging farmlands and destroying livelihoods.

² http://info.worldbank.org/governance/wgi/sc_chart.asp- (accessed January 2011).

³ United Nations Development Programme (UNDP). April 2010. *Ghana MDG Report*. Available at www.undp.org/africa/documents/mdg/ghana_april2010.pdf

⁴ MDG 1 – Eradicate extreme poverty and hunger; MDG 4 – Reduce child mortality rates; and MDG 5 – Improve maternal health.

⁵ Ghana Statistical Service (GSS). Ghana Living Standards Survey 4, 2005–2006. Accra.

⁶ National AIDS/Sexually Transmitted Infections (SDI) Control Programme/Ghana Health Service (GHS). 2010. *2009 HIV Sentinel Survey Report*. Accra.

⁷ Ghana Educational Management Information Systems (a government database).

⁸ Government of Ghana. 2008. *Ghana Climate Change Impacts, Vulnerability and Adaptation Assessments*. Published under the Netherlands Climate Assistance Programme, Accra.

Food Security and Nutrition

7. Currently, 1.2 million people are food-insecure, and 2 million are vulnerable to food insecurity, particularly during the March–September lean season or following shocks such as floods and drought.⁹ Food insecurity is highest in Upper West, Upper East and Northern Regions, at 34, 15 and 10 percent, respectively.
8. The most food-insecure livelihood groups are subsistence farmers and pastoralists, cash crop farmers, small-scale processors of food and unskilled labourers. The underlying factors of food insecurity are high food prices, the impact of the global financial crisis and natural hazards. At the household level, food insecurity is compounded by lack of education, high dependence on small-scale agriculture, limited market access and poverty.⁹
9. Food insecurity is also high among PLHIV, reaching 42 percent in Upper East, 37 percent in Upper West, 36 percent in Ashanti, and 28 percent in Northern Region.¹⁰ PLHIV often face malnutrition in addition to the effects of HIV, hindering both their uptake and the efficacy of anti-retroviral treatment (ART).
10. Among children under 5, the global acute malnutrition rate is 9 percent nationally, but in the three northern regions during the lean season can reach 13.5 percent.¹¹ This is considered “serious” according to World Health Organization (WHO) thresholds. The underweight rate is 14 percent nationally, reaching 27 percent in the Upper East region. The chronic malnutrition/stunting rate is 28 percent nationally, and exceeds WHO’s “serious” threshold of 30 percent in Northern and Upper East regions.
11. Based on body mass index (BMI), 9 percent of women of reproductive age – from 15 to 49 years – are malnourished. Low pre-pregnancy BMI contributes significantly to a maternal mortality rate of 350 deaths per 100,000 live births¹² and high child mortality¹³ of 80 per 1,000 live births.
12. Anaemia affects 78 percent of children aged 6–59 months and 59 percent of women. Iodine deficiency also contributes to adverse pregnancy outcomes.

Government Strategies and Policies

13. In 2008, Ghana became a signatory to the Comprehensive Africa Agriculture Development Programme (CAADP) and committed to allocating 10 percent of its national budget to agriculture, particularly to improve the productivity of smallholder farmers. The second Food and Agriculture Sector Development Policy was based on CAADP, with the goal of promoting sustainable economic growth and social development.
14. Ghana’s Shared Growth Development Agenda for 2010–2013 identifies seven thematic areas where food security and nutrition are considered to be essential cross-cutting issues for addressing human development. It calls for efforts to reduce malnutrition-related disorders, to reduce deaths among infants, young children and women of reproductive age, and to promote the consumption of locally available and nutritionally adequate foods. The Health Sector Medium-Term Plan for 2010–2013 envisages development of a national

⁹ Republic of Ghana/WFP. May 2009. Comprehensive food security and vulnerability analysis. Accra.

¹⁰ WFP/Ghana AIDS Commission/GHS. November 2010. *Draft Report of Food Security Assessment of People Living with HIV/AIDS*. Accra.

¹¹ GSS/GHS/ICF Macro. 2009. *Ghana Demographic and Health Survey*. Accra.

¹² A 44 percent decrease from 630 in 1990; WHO. 2010. *Trends in Maternal Mortality: 1990 to 2008*. Geneva.

¹³ GHS. Multiple-Indicator Cluster Survey 2006. Accra.

nutrition policy as a platform for tackling malnutrition. Preparation for the second Ghana Joint Assistance Strategy (2011–2014) has recently been discussed among development partners; WFP will be fully engaged in this process.

15. The National Strategic Plan for HIV (2011–2015) includes food and nutrition support for vulnerable households as part of the comprehensive HIV/AIDS response. This links to WFP's HIV and AIDS policy and to priority areas of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Outcome Framework, 2009–2011.
16. Other government social protection policies and safety nets include:
 - the National Social Protection Strategy (NSPS), which includes Livelihood Empowerment Against Poverty (LEAP), a cash-based safety net programme for the ultra-poor;
 - the Ghana School Feeding Programme (GSFP) and the Capitation Grant, to increase access to education and boost local food production;
 - the Savannah Accelerated Development Authority (SADA), to address the development gap between northern and southern Ghana, including by developing a flood mitigation strategy and a post-flood rehabilitation programme;
 - Community-based Management of Acute Malnutrition (CMAM) through the Ghana Health Service (GHS), which empowers communities to prevent, identify and respond to malnutrition.

PAST COOPERATION AND LESSONS LEARNED

17. An evaluation of country programme (CP) 104180 (2006–2011) concluded that WFP should continue activities through a subsequent CP, owing to the prevalence of food and nutrition insecurity in the three northern regions.
18. The evaluation found that on-site school meals and take-home rations (THRs) for girls had contributed to increased net enrolment. Gender parity was achieved in two of the three WFP-assisted northern regions, and attendance rates for girls increased in WFP-assisted schools. The evaluation recommended continuation of THRs for girls.
19. Collaboration between WFP and the GSFP had improved; the evaluation recommended that WFP focus on advocacy and policy dialogue with the Government, in partnership with the World Bank, and that it refocus its resources on fewer, needs-based target areas.
20. The evaluation found that supplementary feeding, and health and nutrition education components had contributed to reducing underweight and wasting, but had not adequately addressed stunting. The evaluation recommended that WFP focus supplementary feeding in districts with the highest levels of malnutrition, linking it to income-generating activities (IGAs), community-based management of malnutrition, livelihood programmes, water and sanitation interventions, and improved feeding practices.
21. WFP was advised to facilitate linkages between the women's groups engaged in food fortification/milling and other marketable skills and the community health and nutrition centres (CHNCs). The evaluation emphasized that WFP should improve the monitoring of timeliness and quality control, particularly with government counterparts; quality/efficiency assurance along the supply chain, including storage facilities; and appropriate activity outcomes.

22. The evaluation recommended a narrower geographical focus for the CP. WFP has therefore concentrated its development activities in the poorest districts of the three most vulnerable regions.

STRATEGIC FOCUS OF THE COUNTRY PROGRAMME

23. Country programme 200247 aims to support the country strategy aim of contributing to increased government and community capacity to ensure sustainable food and nutrition security for Ghanaians.
24. The CP's strategic focus is aligned with the Ghana Shared Growth and Development Agenda and its Human Development, Productivity and Employment component; focus areas of the Accelerated Agricultural Modernization and Sustainable Natural Resource Management initiative; MDGs 1 to 7;¹⁴ and United Nations Development Assistance Framework (UNDAF) thematic areas 1, 2 and 3.¹⁵ It addresses WFP Strategic Objectives 2, 4 and 5.
25. The CP has three components:
- support for primary education and girls' education – Strategic Objectives 4 and 5;
 - nutrition support for vulnerable groups – Strategic Objective 4;
 - resilience to climate shocks and support for livelihoods – Strategic Objective 2.
26. Based on geographical distributions of poverty, food insecurity, malnutrition and HIV, and the occurrence of natural disasters, all CP components – apart from some HIV-related activities – will target the three vulnerable northern regions. The CP has gender-sensitive beneficiary targeting, supports gender parity in education, and promotes increased access to IGAs for women. It aims to empower marginal groups to reduce poverty and improve food and nutrition security.
27. Cash transfers and/or vouchers to support the Government's urban poverty-reduction programmes such as LEAP, may be included through a budget revision following a feasibility assessment in the urban areas of Accra, Tamale and Kumasi.
28. To help ensure ownership and gradual hand-over to the Government, a school feeding expert will be seconded to the GSFP Secretariat to support the development of a school feeding policy and the transition to sustainable home-grown school feeding (HGSF) that links school feeding to smallholder farmers, re-targets schools based on needs, and ensures cost-effectiveness and an appropriate school feeding model.
29. Collaboration with United Nations partners will increase through joint programming. WFP, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children's Fund (UNICEF) and WHO will help the Ministry of Health develop a nutrition policy. The REACH partnership aims to reduce child hunger and undernutrition.
30. WFP will support the Ministry of Food and Agriculture's expansion of the Food Security and Nutrition Monitoring System (FSNMS) from three to five regions. Partnerships for climate change adaptation and sustainable livelihoods will be developed

¹⁴ MDG 2 – Achieve universal primary education; MDG 3 – Promote gender equality and empower women; MDG 6 – Combat HIV/AIDS, malaria and other diseases; and MDG 7 – Ensure environmental sustainability.

¹⁵ UNDAF thematic areas 1 – Food security and nutrition; 2 – Human development and productive capacity for improved social services; and 3 – Sustainable environment, energy and human settlement.

with the United Nations Development Programme (UNDP) and FAO. The National Disaster Management Organization will receive capacity development on contingency planning, early warning and emergency assessment. Support to IGAs and community capacity development will sustain the nutrition interventions when they are handed over to communities at the end of the CP.

TABLE 1: BENEFICIARY COVERAGE BY COMPONENT			
	Men/boys	Women/girls	Total
Component 1 – Support for primary education and girls' education	75 000	135 000	210 000
Children receiving school meals	75 000	75 000	150 000
Girls receiving THRs ¹⁶	-	60 000	60 000
Component 2 – Nutrition support for vulnerable groups	255 384	314 616	570 000
Supplementary feeding for malnourished pregnant and lactating women to prevent chronic malnutrition in children under 2	-	60 000	60 000
Targeted supplementary feeding for malnourished children 6–59 months	240 000	240 000	480 000
Nutrition support for ART clients	2 520	3 480	6 000
Household food support for ART clients	12 864	11 136	24 000
Component 3 – Resilience to climate shocks and support for livelihoods	48 607	50 118	98 725
FFW	30 013	33 387	63 400
IGA (FFT)	18 594	16 731	35 325
TOTAL	378 991	499 734	878 725

Component 1: Support for primary education and girls' education

31. The objectives of this component are to increase access to education, improve school attendance and gender parity, reduce micronutrient deficiencies, and improve the capacity of GSNP. Through a complementary P4P initiative, WFP and the Government will increasingly source the food for school feeding from smallholder farmers, thereby increasing farmers' income through access to markets. This component is in line with WFP Strategic Objectives 4 and 5.
32. WFP will deliver school meals to targeted public primary schools and provide THRs for girls in Northern, Upper West and Upper East Regions and the Millennium Village of Bonsaaso. Scholarship awards for needy girls promote education for girls among communities.¹⁷

¹⁶ Of these 30,000 girls are in grades 7 to 9, so are additional to the beneficiaries of school meals.

¹⁷ Awards are financed by the private sector as a one-off payment of US\$400 per girl. To date, 90 girls have received awards, and an additional 100 will be awarded in 2011.

33. A hot and nutritionally balanced meal will be provided on every school day, consisting of cereal, pulses, fortified vegetable oil, iodized salt and micronutrient powder (MNP). THRs will target girls in the seven districts¹⁸ of the Northern Region, where gender disparity remains high. Girls in grades 1 to 3 of junior high school with 80 percent attendance will receive a monthly THR of 11 kg of cereals, vegetable oil and salt, with a market value of approximately US\$15.
34. WFP will continue to provide institutional support and technical inputs to the Government's School Feeding Policy Framework, focusing on WFP/World Bank quality standards for:
- support for development of the national policy on school feeding;
 - demonstration of different nutritionally balanced, cost-effective menus;
 - improved needs-based targeting; and
 - linking school caterers to smallholder farmers.
35. Under a realistic and practical hand-over strategy for the transition to full government management and financing of school meals, WFP will begin by covering 40 percent of requirements and GFSP 60 percent. WFP's share will be progressively reduced during the CP period, with 75 percent of WFP-assisted schools handed over by 2016, while capacity development and technical support, including for local food procurement, are scaled up to assist the Government in meeting the eight quality standards of WFP's school feeding policy.¹⁹ This will involve partnerships with the ministries of education, local government and rural development, food and agriculture, health, and employment and social welfare; the Ghana Education Service; and the World Bank, the Partnership for Child Development; and UNICEF.

Component 2: Nutrition Support for Vulnerable Groups

36. The objectives of this component include prioritizing interventions targeting children and pregnant and lactating women during the critical 1000-day window of opportunity from the womb to two years of age and improving government capacity to manage effective and sustainable nutrition safety nets. The component aims to reduce chronic malnutrition in children under 2 and acute malnutrition in children under 5, and to support improved nutrition among ART clients. Activities will include:
- prevention of chronic malnutrition/stunting among children under 2;
 - treatment of moderate acute malnutrition in children aged 6–59 months;
 - nutrition support to ART clients and their families;
 - support for development of a national nutrition policy, in collaboration with UNICEF, FAO and WHO, and within the REACH partnership.
37. *Prevention of stunting.* To help prevent stunting during gestation, malnourished pregnant women in the five districts of Northern and Upper East Regions with the highest chronic malnutrition rates will receive rations of fortified foods during the lean season, from as early in their pregnancies as possible²⁰ for up to seven months. As part of a larger package to prevent chronic malnutrition, the mother-and-child health and nutrition programme will

¹⁸ Bunkurugu, Gushiegu, Karaga, Sawla-Tuna-Kalba, Yendi, Namumba South and ZabzuguTatale districts.

¹⁹ The Government has endorsed these standards.

²⁰ Nutrition status determined through mid-upper arm circumference of less than 23 cm.

include partners' activities and WFP income-generating and livelihood activities aimed at increasing the availability of micronutrient-rich foods, including fortified cereal meals, iodized salt and fortified blended foods.

38. *Treatment of acute malnutrition.* Targeted supplementary feeding of children aged 6–59 months with moderate acute malnutrition will be provided in the districts with the highest global acute malnutrition levels. In line with national standards, entry and discharge criteria for children under 5 will be based on anthropometric measurements.²¹ During the seven-month lean season, when global acute malnutrition rates exceed 10 percent, a THR of corn-soya blend++ (CSB++) will be provided for children aged 6–23 months, while those aged 24–59 months will receive a hot meal of fortified food at a CHNC, on an average of five days per week.
39. Nutrition activities are fully integrated into government plans for improving nutrition among vulnerable groups, and will be implemented through GHS centres in coordination with other health and nutrition activities. Children's carers will share the cooking of meals at CHNCs. WFP will ensure that the CMAM model integrates supplementary feeding with complementary activities such as IGAs for milling, fortification, food processing, etc. and health/nutrition education. Local management committees will ensure community involvement and ownership. Women's groups engaged in IGAs will contribute 10 to 15 percent of their proceeds to CHNCs to ensure sustainability, and capacity will be enhanced for the gradual hand-over of centres to communities and local authorities. WFP will phase out its assistance as nutrition in the targeted areas improves and as communities acquire the capacity to run centres.
40. *Support for people living with HIV.* WFP's nutrition support for PLHIV began under protracted relief and recovery operation 200046, which ends in December 2011. Poor nutrition among PLHIV can have adverse consequences on disease progression and adherence to treatment, with additional impact on livelihoods and income.²² Malnourished ART clients with BMI below 18.5 will receive food assistance for up to six months, as will their family members, identified through a food security assessment questionnaire. This will be through a monthly nutrition supplement of CSB, pulses, vegetable oil and iodized salt, and a family ration in line with the National HIV Nutrition Protocol. When their BMI exceeds 18.5, clients will be discharged and linked to income-generating/livelihood activities.
41. The Ghana Health Service will provide nutrition and food support for vulnerable groups, while the Ghana AIDS Commission, the National AIDS Control Programme and UNAIDS provide guidance on an HIV policy framework. Collaboration with the Food and Nutrition Technical Assistance Project II will facilitate synergies with the Food by Prescription initiative and CMAM. WFP, FAO, UNICEF and WHO will support the Ministry of Health's development of a national nutrition policy.

Component 3: Resilience to Climate Shocks and Support for Livelihoods

42. The objective of this component is to increase physical and economic resilience to extreme weather events through targeted reconstruction/rehabilitation interventions, diversification of livelihood opportunities and reduction of poverty among communities in the three northern regions. Technical assistance will be provided to strengthen the national FSNMS. This component is in line with WFP Strategic Objective 2.

²¹ Weight-for-height of between 2 and 3 z-scores below the reference.

²² "WFP HIV and AIDS Policy" (WFP/EB.2/2010/4-A).

43. Interventions will include water harvesting, de-silting of small dams for dry-season irrigation, rehabilitation of small irrigation infrastructure, flood mitigation works, tree planting, and seed multiplication for community reforestation. Activities will be supported through food for work (FFW), capacity development and provision of tools, technical assistance and project management. Participants will be selected from vulnerable groups on a project-by-project basis and will receive a family food ration of maize, beans, vegetable oil and iodized salt.
44. Activities will be identified through a participatory approach, and implemented and managed by village development committees, government institutions and other partners such as the German Agency for International Cooperation, the Japan International Cooperation Agency and United Nations agencies; it will use an area-based development approach in a maximum of ten communities in the districts most vulnerable to climate shocks.²³ WFP FFW activities will support initiatives such as the Government's flood mitigation strategy under the SADA programme. Synergies will be created with the other CP components, to maximize impact. Community involvement will ensure the sustainability of assets once WFP food assistance ends.
45. Support for livelihoods will involve skills training for food-insecure groups including households headed by women, and others vulnerable to malnutrition and climate shocks. Activities will include seedling cultivation, reforestation, food processing/fortification, maize meal fortification, and re-bagging of iodized salt. Marketable skills such as baking, dyeing, weaving and embroidery will also be promoted. In addition to increasing incomes for targeted groups, some of these activities will also provide micronutrient-rich foods to complement the other CP components. Participants will receive a family ration of maize and salt for three months.
46. Income-generating activities will be aligned with the Government's NSPS, and will be implemented with community and government institutions, including the Ministry of Social Welfare's Department of Community Development. Local non-governmental organizations (NGOs) will develop training curricula.

²³ Central Gonja, East Gonja, Kpandai and West Mamprusi in Northern Region; Lawra, Wa East and Wa West in Upper West Region; and Talensi-Nabdam, Bawku West and Builsa in Upper East Region.

TABLE 2: DAILY FOOD RATION BY COMPONENT (g/person/day)

	Component 1: Support for primary education		Component 2: Nutrition support for vulnerable groups					Component 3: Resilience to climate shocks and support for livelihoods	
	Children receiving school meals	Girls receiving THRs	Children 6–23 months	Children 24–59 months	Pregnant and lactating women	PLHIV ART clients	HIV-affected households	FFW	FFT
Cereals	120	266	-	65	250	300	300	500	333
Pulses	30	-	-	-	-	20	20	50	-
CSB++	-	-	200	-	-	-	-	-	-
CSB	-	-	-	80	-	250	-	-	-
Vegetable oil	20	66	-	15	30	20	15	30	-
Salt	3	33	-	3	10	5	5	5	5
MNP	0.5*	-	-	-	-	-	-	-	-
Sugar	-	-	-	15	-	-	-	-	-
TOTAL	174	365	200	178	290	595	340	585	338
Total kcal/day	710	1 515	840	747	1 181	2 294	1 250	2 183	1 166
% kcal from protein	8.1	7.0	18.0	10.2	7.2	13.8	10.9	11.0	11.4
% kcal from fat	26.6	45.5	13.5	24.3	26.1	18.5	19.6	20.9	10.3
Feeding days per year (average)	93**	270	210	154	210	180	180	180	90

* 10 g provides the full recommended nutrient intake of micronutrients for 20 children.

** WFP covers some school feeding days; the remainder are met by the Government.

TABLE 3: TOTAL FOOD REQUIREMENTS BY COMPONENT (mt)				
Commodity	Component 1: Support for primary education and girls' education	Component 2: Nutritional and food support for vulnerable groups	Component 3: Resilience to climate shocks and support for livelihoods	Total
Coarse cereals	16 388	8 912	6 766	33 066
Maize meal	-	4 140	-	4 140
Pulses	1 404	540	571	2 515
Vegetable oil	3 609	1 226	342	5 177
CSB	-	6 088	-	6 088
MNP	23	-	-	23
Salt	1 477	344	73	1 894
Sugar	-	416	-	416
TOTAL	22 901	21 666	7 752	52 317
% of total	44	41	15	100

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

47. The country office has developed a results-based monitoring and evaluation (M&E) system developed that will be adapted to the CP and harmonized with UNDAF and government M&E systems. Quarterly joint monitoring visits with the Government and other partners will identify weaknesses and strengths for improving programme quality. Follow-up surveys on nutrition, education and food security will be carried out with government institutions and other partners; studies and reports by cooperating partners will also be used to report on outcomes.
48. The country office will hold quarterly coordination meetings with concerned ministries to review CP implementation. At the sub-office level, coordination meetings will be held with regional authorities.
49. In 2014, a mid-term review of the CP will assess the degree of programme ownership at all levels of Government and in communities, and the Government's political and financial commitment to sustaining the programmes. A plan for gradual phase-out from school meals and nutrition and food support for vulnerable groups will be prepared and included in the CP action plan.
50. WFP has a country office in Accra; warehouses and a sub-office in Tamale, the capital of Northern Region; and two satellite offices/warehouses in Bolgatanga and Wa in Upper East and Upper West regions.
51. The evaluation report of CP 104180 stressed that it was crucial to have adequate staffing to ensure effective implementation and monitoring. The country office has added seven international and a number of national staff to reach a total staff of 60. The P4P unit has a coordinator and support staff at the country office and support staff at sub-offices.
52. Depending on availability and local price competitiveness against regional and international sources, WFP plans to purchase 60 percent of CP food locally, including through P4P.

53. Regular donor consultations and field visits will inform on progress on expected results. WFP has a good relationship with local donors and will continue mobilizing resources for the CP. During national donor consultations on the country strategy, donors indicated their satisfaction with WFP's strategic reorientation and priority interventions, which they recognize as valuable complements to Government and their own programmes.

ANNEX I-A

BUDGET SUMMARY (US\$)				
	Component 1	Component 2	Component 3	Total
Food (<i>mt</i>) ¹	22 900	21 665	7 752	52 317
Food	13 972 811	12 489 694	3 833 135	30 295 640
Total by component	13 972 811	12 489 694	3 833 135	30 295 640
External transport				1 879 837
Other direct operational costs				1 838 719
Total direct operational costs				33 754 403
Direct support costs ²				7 915 120
Indirect support costs (7.0 percent) ³				2 935 052
TOTAL WFP COSTS				44 864 369

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	2 833 320
Local staff – national officers	365 000
Local staff – general service	2 035 000
Local staff – overtime	42 000
International consultants	118 000
Local consultants	59 000
Staff duty travel	739 000
Subtotal	6 191 320
Recurring expenses	
Rental of facility	90 000
Utilities	210 000
Office supplies and other consumables	150 000
Communications services	180 000
Equipment repair and maintenance	150 000
Vehicle running cost and maintenance	300 000
Office set-up and repairs	150 000
United Nations organization services	30 000
Subtotal	1 260 000
Equipment and capital costs	
Vehicle leasing	204 000
Communications equipment	123 000
Local security costs	136 800
Subtotal	463 800
TOTAL DIRECT SUPPORT COSTS	7 915 120

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>UNDAF Outcomes</p> <p>An additional 10% at least of households consume adequate levels of safe, nutritious foods and adopt positive dietary behaviour</p> <p>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>Strengthened and scaled up national multi-sectoral, decentralized AIDS response to achieve ART universal access targets by 2016</p> <p>Socio-economically excluded and disadvantaged groups have increased access to education services and demonstrate increased attainment in literacy, numeracy and life skills</p> <p>National systems and existing institutional arrangements for disaster management as defined in the Hyogo Framework for Action 2005–2015, and for climate change mitigation and adaptation are reinforced at district, regional and national levels</p>	<p>UNDAF outcome indicators</p> <p>Dietary diversity score</p> <p>Prevalence of underweight among children under 5</p> <p>% of food-insecure and malnourished PLHIV/AIDS and affected families with improved access to nutrition support</p> <p>Attendance, enrolment and completion rates for girls and boys</p> <p>Gender parity index at junior high school level</p> <p>Flood early warning is issued regularly by 2015</p>	<p>Risks: Natural disasters; in-country and/or regional political instability</p> <p>Assumptions: Economic growth is pro-poor; good level of resources mobilized; Government commitment</p>
<p>COMPONENT 1: Support for primary education and girls' education</p>		
<p>Strategic Objective 4 – Reduce chronic hunger and undernutrition</p>		
<p>Outcome 1</p> <p>Increased access to primary education and human development</p>	<ul style="list-style-type: none"> ➤ Enrolment: average annual rate of girls and boys enrolled Target 2016 = 55%, baseline 2010 = 40.6% ➤ Rate of girls and boys attendance in assisted primary schools, as % of total school days Target 2016 = 100%; baseline 2010 = 98% ➤ Gender ratio Target 2016 = 0.80; baseline = 0.60 ➤ Pass rate for girls and boys Target 2016 = 60%; baseline = 37.2% ➤ Increased micronutrient intake 	<p>Government commitment to universal school enrolment and partnerships</p> <p>No reduction in official development assistance to Ghana</p>

ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>Output 1.1 Sufficient quantity and quality of food rations distributed</p>	<ul style="list-style-type: none"> ➤ Numbers of targeted pupils receiving food rations, by gender and as % of planned figures Target = 100% ➤ Tonnage of food distributed, by type and as % of planned distribution ➤ Number of girls receiving THRs Target 2016 = 30,000 ➤ Tonnage of food distributed, by type and as % of planned THR distribution 	<p>Adequate and timely funding Adequate partner support</p>
<p>Strategic Objective 5 – Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase</p>		
<p>Outcome 2 Sustainable HGSF hand-over strategy developed and implemented</p>	<ul style="list-style-type: none"> ➤ Hand-over strategy developed and implemented 	<p>Continued government commitment Political stability</p>
<p>Output 2.1 Capacity development of Ministry of Local Government and School Feeding Secretariat carried out through WFP-organized actions/training</p>	<ul style="list-style-type: none"> ➤ Number of Ministry and Secretariat staff members trained on school meals programme design and management Target 2016 = 100 ➤ Number of schools handed over to government HGSF programme Target 2016 = 308 	<p>Adequate partners to support school meals Government commitment to gradual hand-over</p>
<p>Outcome 3 Increased marketing opportunities at national level with cost-effective WFP local purchases</p>	<ul style="list-style-type: none"> ➤ Food purchased locally, as % of food distributed in-country 	<p>Continued Government commitment Political stability</p>



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
COMPONENT 2: Nutrition and food support for vulnerable groups		
Strategic Objective 4 – Reduce chronic hunger and undernutrition		
<p>Outcome 4 Reduced level of malnutrition among pregnant and lactating women and children under 5</p>	<ul style="list-style-type: none"> ➤ Prevalence of stunting among children under 2 in targeted areas Target < 20%; baseline 28.2–39.4% ➤ Prevalence of underweight among targeted children under 5 (weight-for-age) Target < 20%; baseline 30.3–41.6% ➤ Prevalence of acute malnutrition among targeted children under 5 (weight for height) Target < 5%; baseline = 8% ➤ Recovery rate of malnourished children Target >70% ➤ Default rate of malnourished children Target < 5% ➤ Supplementary non-response rate Target < 5% ➤ Death rate Target < 3% ➤ Prevalence of iron-deficiency anaemia among children under 5 Target = 85%; baseline = 92% ➤ Prevalence of iron-deficiency anaemia among pregnant and lactating women Target = 70%; baseline = 85% 	<p>Continued socio-political stability Continued government and donor community commitment No major food production shortfall or disease outbreak</p>



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
<p>Output 4.1 Sufficient quantity and quality of food distributed to children under 5, and women of childbearing age, particularly pregnant and lactating, in targeted areas</p>	<ul style="list-style-type: none"> ➤ Numbers of people receiving food, by category and as % of planned figures ➤ Tonnage of food distributed, by type, as % of planned distribution ➤ Quantity of fortified foods distributed, by type, as % of planned distribution 	
<p>Outcome 5 Increased production capacity for fortified food and special nutrition products</p>	<ul style="list-style-type: none"> ➤ % increase in production of fortified products Target 2016 = 30% 	
<p>Output 5.1 Locally fortified food products distributed in schools</p>	<ul style="list-style-type: none"> ➤ Tonnage of locally produced fortified food, by type ➤ Tonnage purchased from local communities through P4P scheme 	
<p>Outcome 6 Increased survival of adults and children with HIV after 6 and 12 months of ART</p>	<ul style="list-style-type: none"> ➤ ART survival rate 6–12 months after initiation Target to be determined 	<p>Continued government and donor community commitment No major food production shortfall</p>
<p>Output 6.1 Sufficient quantity and quality of food distributed to targeted ART clients and their food-insecure households</p>	<ul style="list-style-type: none"> ➤ Numbers of targeted people receiving food, by category and as % of planned figures ➤ Tonnage of food distributed, by type, as % of planned distribution ➤ Quantity of fortified foods, distributed, by type, as % of planned distribution 	
<p>Outcome 7 Improved nutritional recovery of targeted ART clients in first six months of ART</p>	<ul style="list-style-type: none"> ➤ Prevalence of malnutrition among targeted ART clients Target to be determined 	
<p>Outcome 8 Improved food consumption over assistance period for targeted PLHIV and their families</p>	<ul style="list-style-type: none"> ➤ Household food consumption score Target = > 35 for 80% of affected households 	



ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions
COMPONENT 3: Resilience to climate shocks and support for livelihoods		
Strategic Objective 2 – Prevent acute hunger and invest in disaster preparedness and mitigation measures		
Outcome 9 Early warning system, food security and nutrition monitoring system and contingency plans in place and enhanced with WFP capacity development support	<ul style="list-style-type: none"> ➤ Disaster preparedness index Target = 8	Government implementation of accelerated growth. Continued socio-political stability. Continued government and donor community commitment
Output 9.1 FSNMS expanded into at least three additional regions	<ul style="list-style-type: none"> ➤ Number of government staff trained and equipped to strengthen FSNMS Target = 38 extension staff <ul style="list-style-type: none"> ➤ Monthly FSNMS bulletin produced Target = 12 per year	Ministry of Food and Agriculture capacity to sustain FSNMS as an ongoing activity
Outcome 10 Improved food consumption over assistance period for targeted households at risk of falling into acute hunger	<ul style="list-style-type: none"> ➤ Household food consumption score Target = 10% increase per year; baseline = current FCS <ul style="list-style-type: none"> ➤ % of communities consuming iodized salt 	
Output 10.1 Food distributed in sufficient quantity and quality	<ul style="list-style-type: none"> ➤ Numbers of targeted households receiving food, by category and as % of planned figures ➤ Numbers of FFW/FFT participants, by gender. ➤ Number of women's groups trained for income-generating activities ➤ Tonnage of food distributed, by type, as % of planned distribution ➤ Tonnage of food milling and fortification and iodized salt produced by women's groups ➤ Amount contributed to CHNC by women's groups 	



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
Outcome 11 Hazard risk reduced at community level in targeted communities	➤ Community asset score in targeted areas	
Output 11.1 Disaster mitigation assets built or restored by targeted communities	➤ Risk reduction and disaster mitigation assets created or restored, by type and unit of measure	
Outcome 12 Enhanced and sustained resilience to disasters within communities	➤ Number of assets maintained by communities	



ANNEX III

GHANA COUNTRY PROGRAMME MAP (2012–2016)



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral treatment
BMI	body mass index
CAADP	Comprehensive Africa Agriculture Development Programme
CHNC	community health and nutrition centre
CMAM	Community-based Management of Acute Malnutrition
CP	country programme
CSB	corn-soya blend
FAO	Food and Agriculture Organization of the United Nations
FFT	food for training
FFW	food for work
FSNMS	Food Security and Nutrition Monitoring System
GHS	Ghana Health Service
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
HGSF	home-grown school feeding
IGA	income-generating activity
LEAP	Livelihood Empowerment Against Poverty
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MNP	micronutrient powder
MUAC	mid-upper arm circumference
NGO	non-governmental organization
NSPS	National Social Protection Strategy
P4P	Purchase for Progress
PLHIV	people living with HIV
REACH	[a partnership for ending child hunger]
SADA	Savannah Accelerated Development Authority
THR	take-home ration
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization