



UNITED NATIONS  
GHANA







# Report of joint response to COVID-19 pandemic in Ghana



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## List of acronyms

CFSVA	Conducting a Food and Security Vulnerability Assessment
COVID-19	Coronavirus Disease identified in 2019
CPRP	Country Preparedness and Response Plan
DOVVSU	Domestic Violence and Victim Support Unit
DV	Domestic Violence
ECG	Electrocardiogram
FAO	Food and Agriculture Organization
FMP	Facility Management Plan
GHS	Ghana Health Service
GIDC	Ghana Infectious Disease Center
GoG	Government of Ghana
GSS	Ghana Statistical Service
IFRC	International Federation of Red Cross and Red Crescent Societies
IPC	Infection Prevention and Control
MDAs	Ministries, Departments and Agencies
MHMP	Menstrual Hygiene Management Plan
MOFA	Ministry of Food and Agriculture
MOGCSP	Ministry of Gender, Children and Social Protection
NDPC	National Development Planning Commission
PEF	Pandemic Emergency Facility
PPE	Personal Protective Equipment
PWD	Person with Disability
SC	Steering Committee
SGBV	Sexual and Gender-Based Violence
SMS	Short Message Service
SOP	Standard Operating Procedure
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



UNRCO	United Nations Resident Coordinator's Office
WASH	Water and Sanitation Hygiene
WFP	World Food Program
WHO	World Health Organization
WSP	Water Safety Plan
YoLe	Youth Leadership



# FOREWORD

On behalf of the UN Country Team and the International Federation of Red Cross and Red Crescent (IFRC), I am pleased to present to you the final Report of the Joint COVID-19 Programme implemented under the World Bank Pandemic Emergency Financing Facility (PEF) in Ghana. This report documents activities, emerging results and lessons from the joint programme in response to COVID-19 pandemic in alignment with national priorities and the Sustainable Development Goals (SDGs).

Countries are facing an unprecedented crisis in the raging COVID-19 pandemic. Economies have been devastated, health systems overwhelmed, impacting the most vulnerable communities around the world who were already facing enormous challenges. COVID-19 has exposed and exacerbated deep inequalities, with the impacts of lockdowns and suspensions of social and economic activities disproportionately felt by the most vulnerable countries and within them, the most vulnerable segments of the population. Ghana has not been spared. The pandemic put the country's achievement of several SDGs at risk of stagnation or even regression.

The UN System and IFRC's joined-up response has supported the government's wider framework – focusing on both the immediate as well as the long-term health and socio-economic needs to help ease the impact for vulnerable groups including critical ill patients (some from COVID-19), persons with disability (PWDs), head porters (Kayayei) in the markets, persons with autism and their care-givers, the elderly, as well as support Ghana build back. The Joint Programme has contributed to a coordinated, effective, and multi-sectoral response to COVID-19 while protecting development gains

and the continued delivery of and access to basic services.

There is opportunity now to permanently disrupt business as usual and retain the spirit of partnership that came to the fore during the pandemic. We remain committed to working with the government, our donor partners and all relevant stakeholders to synchronize our response plans and ensure proper planning that will lead to an effective post COVID recovery.

I would like to take this opportunity to thank the Government of Ghana (GoG) for its commitment towards the SDGs and the alignment of the national development efforts with Agenda 2030 and the African Union's Agenda 2063. We are grateful to the World Bank PEF Secretariat for making available funding to implement these critical interventions. And to all implementing partners, I say Ayekoo!

I hope this report contributes to our collective push to achieve sustainable development.



Charles Abani  
UN Resident Coordinator, Ghana



# Introduction

COVID-19 was first reported in China in the latter months of 2019. By March 2020, WHO had declared it a pandemic. A year after this, COVID-19 continues to dominate headlines across the world and though vaccination programs are slowly ramping up in places, countries continue to experience second and third waves. The pandemic has abruptly disrupted implementation towards many of the SDGs and, in some cases, turned back years of progress.

The pandemic has affected the world's poorest and most vulnerable people the most. It has exposed harsh and profound inequalities in society and further exacerbated existing disparities within and among countries. In developing countries, the most vulnerable - including older persons, persons with disability, indigenous people, children, migrants and refugees—have been hit hardest. Women and children are bearing the brunt of the crisis. Many women are facing increased economic insecurity. The crisis is creating circumstances that have already contributed to a surge in reported cases of violence against women and girls.

Disrupted health care and limited access to food and nutrition services resulted in hundreds of thousands of additional under-5 deaths and tens of thousands of additional maternal deaths in 2020.

## Country context and trends

Ghana recorded its first two cases of COVID-19 in March 2020. Since then, the number of cases have increased to 91,709<sup>1</sup> with 771 deaths as at April 15, 2021. In order to reduce the burden of infections and consequent socio-economic effects, the government deployed a multi-sectoral response under the strategy of “test, trace and treat”. Measures such as partial lockdowns, closure of borders, ban on social gatherings, social distancing, wearing of face masks in public places, hand hygiene, etc. were instituted to slow down transmission and enhance contact tracing. Facilities were quickly identified to isolate mild confirmed cases whilst moderate, severe and critical cases were promptly linked to treatment centers for appropriate care.

Table 1: Confirmed cases of COVID-19 and treatment outcomes as at Apr. 15, 2021

Category	Number of cases	Recovered / discharged	Severe	Critical	Dead	Active
Routine surveillance	31,871	88,250	30	9	771	1,334
Enhanced contact tracing	58,418					
International travelers (KIA)	1,420					
<b>Total</b>	<b>91,709</b>	<b>89,604</b>	<b>30</b>	<b>9</b>	<b>771</b>	<b>1,334</b>

Table 2: Positivity rate by surveillance type for samples tested in Ghana March 2020 – April 2021

Surveillance type	Total number tested	Total number positive	Positivity rate
Routine surveillance	312,782	31,871	10.2
Enhanced contact tracing	508,195	58,418	11.5
International travelers (Kotoka Int. Airport)	226,071	1,420	0.6
<b>Total</b>	<b>1,047,048</b>	<b>91,709</b>	<b>8.8</b>

Ghana, like other countries, experienced negative effects of the pandemic on every facet of life. The health sector was heavily impacted; there were insufficient resources for COVID-19 testing, quarantining and treatment in the beginning. Health workers did not have adequate training or personal protective equipment (PPEs) to manage cases of COVID-19. While other services such as antenatal, immunization and surgeries were continually provided in various hospitals, health workers performed their duties in fear and at the risk of contracting COVID-19. Patients on the other hand were afraid to seek treatment in health facilities.

Various businesses were also affected. Research reveals that COVID-19 forced businesses in Ghana to reduce wages of over 770,000 workers (25.7% of the total workforce), and caused about 42,000 layoffs<sup>2</sup>. The pandemic brought to the fore the

urgent need to establish water and sanitation hygiene (WASH) facilities throughout the country, especially in health facilities and public spaces including schools and lorry parks. Other needs that the pandemic brought to the fore include the following:

- Improved contact tracing of infected persons;
- Special attention for the disabled, those with chronic ailments and those incarcerated in prison;
- Establishment of online education and meeting facilities;
- Interventions against sexual and gender-based violence;
- Care for street persons;
- Attention to food security throughout the country;
- Improvement in revenues and savings of informal workers who make up the majority of workers in the country;





- Access to emergency care, psychological and counseling services;
- Management of stigma.

To address these gaps, the Government of Ghana (GoG) mobilized resources through the World Bank Pandemic Emergency Financing Facility to support the implementation of critical interventions that aligned with national COVID-19 plans of the various ministries.

## The Pandemic Emergency Financing (PEF) facility

The Pandemic Emergency Financing Facility (PEF) is an innovative, insurance-based financing mechanism developed by the World Bank in consultation with the World Health Organization (WHO) and other development partners and the private sector. The purpose of the PEF is to provide surge financing to countries affected by a large-scale outbreak for response efforts, with the intention that the outbreak would be controlled and prevented from reaching pandemic proportions.

The PEF also aims to help encourage and strengthen ongoing efforts toward better country preparedness, which contribute to build strong and resilient health systems and accelerate the achievement of universal health coverage. The PEF was set up for an initial period of three years, from July 2017 to June 2020, however, the Secretariat's mandate was extended by one year due to the COVID-19 pandemic.

Ghana, through the Ministry of Finance, applied for and received a total of US\$3.28 million from the World Bank Pandemic Emergency Facility

Insurance Funding Window. Six accredited and eligible agencies in Ghana, namely WHO, UNFPA, UNICEF, FAO and WFP and the International Federation of Red Cross and Red Crescent Societies (IFRC) received direct funding to implement critical interventions.

The goal of the joint project was to support the Government of Ghana to close critical gaps in the COVID-19 response. The project components have been reinforced and configured in a way to maximize impact.

### Objectives of the PEF:

To make available essential surge financing to key responders, including governments, multilateral agencies and civil society organizations, to respond to an outbreak with pandemic potential and to minimize its health and economic consequences;

To catalyze the creation of a global market for pandemic insurance instruments by drawing on resources from insurance, bonds and/or other private sector financial instruments.

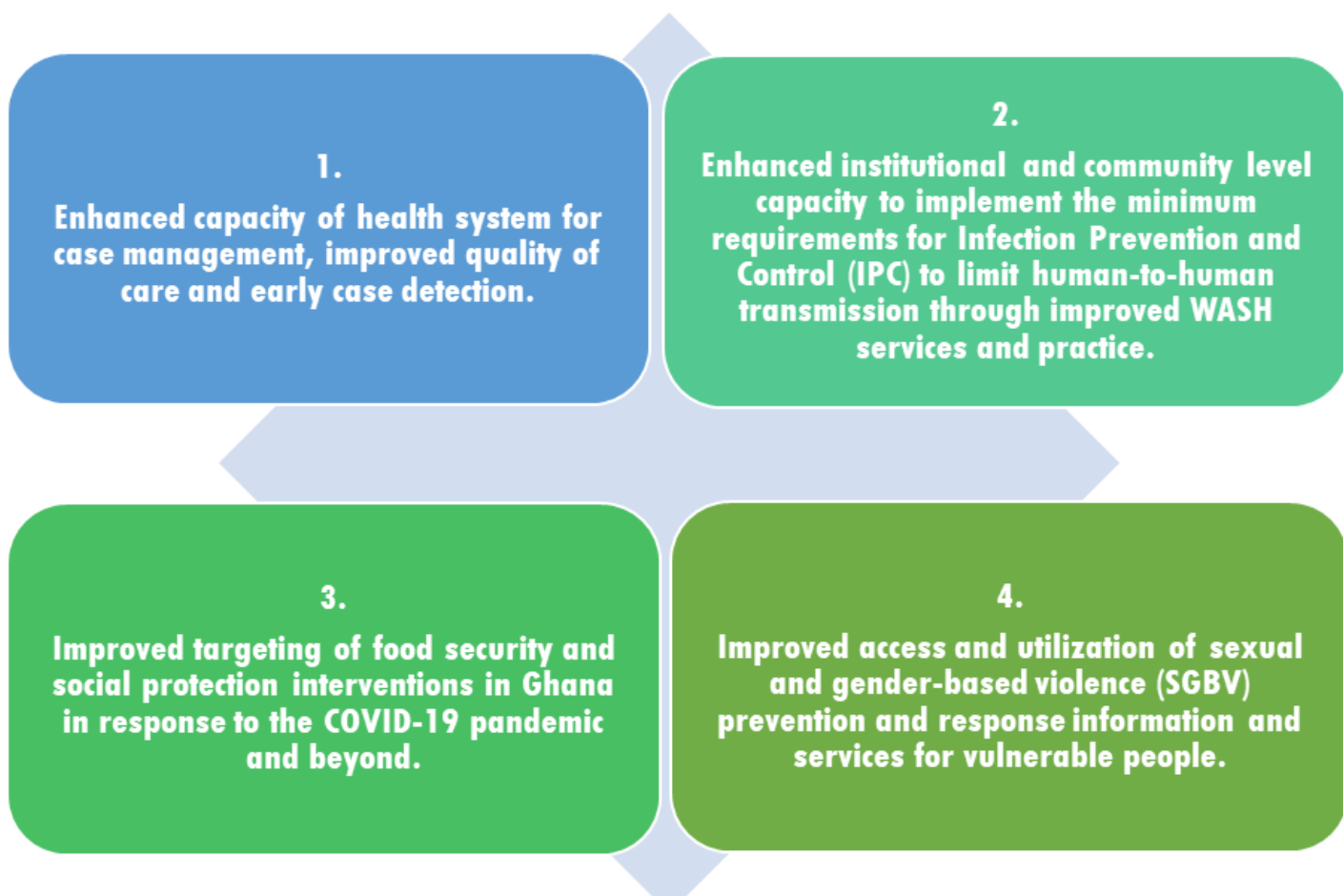


Fig. 1: The four components of the World Bank PEF-funded interventions in Ghana

## Approach to interventions

First of all, interventions were aligned to the priorities of the Government of Ghana. The national COVID-19 strategic response plan served as the guiding document. Secondly, all interventions were aligned to and supported by the Ministries responsible for the specific sectors and aligned to the Ministries' COVID-19 mitigation plans. Thirdly, interventions were multi-sectoral and well-coordinated. Ministries, departments and agencies concerned collaborated with each other.

The interventions were critical to the country's effective response to the pandemic, to help the country recover and build back stronger from the

pandemic. They sought to fill the gaps in the country's own fight against the pandemic, led by the Government at all levels. For this reason, grassroots engagement and participation was most important for identifying the most vulnerable within the population, and targeting them with interventions.

Activities were divided among the partner agencies as follows:

Component 1	WHO
Component 2	IFRC and UNICEF
Component 3:	WFP and FAO
Component 4	UNFPA



The Ministry of Health, Ministry of Education, Ministry of Food and Agriculture, Ministry of Gender, Children and Social Protection, Ghana Statistical Service, Ghana Health Service, Ghana Police Service, DOVVSU, NADMO as well as District Assemblies, community social leaders and the media were all active partners in the interventions. All activities were coordinated by the UN Resident Coordinator's Office (UN RCO).

### Target population of PEF intervention

Direct project beneficiaries of the joint programme were vulnerable people in the hotspot regions of the country particularly Greater Accra, Ashanti,

Western, Volta, Central and Northern Regions. Together, these regions have a population of 15,800,213 with COVID-19 infection rates ranging from 37 per 100,000 in the Central Region to 190 per 100,000 in the Greater Accra Region.

Upstream interventions, i.e. policy and advocacy, were expected to have a nationwide impact while downstream interventions were made up of direct service provision. Health workers, school children, *Kayayie* (head porters), older persons, persons with disability, indigenous people, critical ill patients (some from COVID-19), migrants and refugees were direct project beneficiaries.

**“The goal of the joint project was to support the Government of Ghana to close critical gaps in the COVID-19 response.”**





**NOTICE**  
KEEP DOOR  
CLOSED AT  
ALL TIMES

**Air Wide**



# COMPONENT ONE: Enhanced Health System for case management, improved quality of care and early detection.



**\$1,000,000**

**Total Expenditure**



**5,055,765 +**

**People Reached**

COVID-19 was recognized as a new disease whose management, in early days of the pandemic, was not well understood. Neither was there enough equipment or technical capacity to handle the disease. It was therefore vital for health workers to be trained and equipped to manage patients in the isolation centers and other health facilities.

WHO provided technical advice in the development of the National COVID-19 Response Plan and the UN Country Preparedness and Response Plan (CPRP). In line with these plans, and under the technical leadership of WHO,

- the joint project better equipped the healthcare system to manage and monitor patients with COVID-19 and other ailments requiring intensive care through the supply of:
  - \* 55 oxygen concentrators and kit spare parts,
  - \* 77 patient monitors,
  - \* 2,200 Nasal oxygen cannula (adult and pediatric),
  - \* 470 portable handheld and fingertip pulse oximeters (adult and pediatric)
  - \* 550 Venturi masks (adult and pediatric),
  - \* Arterial blood gas analyzers, and
  - \* 5 electrocardiogram (ECG) machines.

The provision of essential biomedical equipment for the supply of oxygen and monitoring of COVID-19 patients contributed to increased survival rates evidenced in Ghana's low death rates as compared to global death rates.

The project achieved the following:

## Contributing UN Partner:



**World Health Organization**

## Contributing Government Partners:

- **Ministry of Health**
- **Ghana Health Service**
- **National Ambulance Service**

## Expected outputs:

- COVID treatment centers in high burden regions provided with equipment for adequate monitoring of severely / critically ill patients.
- PPE supplied to targeted treatment and isolation centers in high burden regions.
- Availability of trained health force including critical care staff at the treatment/isolation centers for improved quality of care and contact tracing in the heavily affected districts.

## Case Identification and Contact Tracing

- Trained 360 health workers to provide critical care and improve clinical outcomes of COVID-19 cases. The knowledge of these multidisciplinary health staff in case management improved by 85% as a result of the trainings conducted.
- 225 frontline workers from 15 Districts were successfully trained in the Contact Tracing to effectively identify and follow-up contacts of confirmed cases and hence reduce community transmission. The trainees form a local resource of trainers within the district to train and orient other staff on contact tracing and provide on-site support for front liners involved in contact tracing.
- Contact Tracing coverage across the 15 project districts increased from 76% to 90% representing a 18.4% increase. This improved contact tracing coverage ensured the early identification of cases and prompt containment of possible outbreaks if these cases had been missed.
- The average time from the identification of a symptomatic case to the confirmation of results declined from 6 days to 3 days in the 15 implementing districts. This represents a 50% improvement in the case identification rate amongst contacts. This shows an improved ability of the contact tracing system to promptly identify cases.
- The significant improvement in contact tracing coverage within the 15 implementing districts led to a scale up of the project in the remaining 14 non – implementing districts with support from other health partners.
- The risk of health workers within isolation and treatment centers contracting COVID-19 infections was significantly reduced through the supply of: 15,000 KN95 masks, 27,400 face shields, 12,000 isolation gowns, 326,000 medical masks, 2,420 goggles, over 1,000 boxes of examination gloves, 3,780 200ml hand sanitizers, 1,950 coveralls, 270 gumboots, and 330 shoe covers.
- 6,000 COVID-19 patients receiving care in isolation and treatment centers across Ghana were supplied with basic needs such as toothpaste, bathing towels, sanitary towels and toothbrush.
- Supported the National Ambulance Service (NAS) with funds and PPEs to facilitate the timely transportation of positive cases to treatment centers. A total of 1,914 cases (1,118 males and 796 females), comprising 1,842 confirmed and 72 suspected cases were responded to during the project implementation. NAS was able to respond quickly to distress calls from, especially from the Kotoka International Airport, where most of the cases were being transported from to the treatment centres. period. *The breakdown per each region is attached as appendix 'A' for reference.*
- The PPE donated to the Service by WHO also supported the National Ambulance Service, and this contributed to the smaller number of personnel, who were infected with the SARS-Cov 2. Only seven (7) personnel were tested positive within the project implementation period as compared to twenty-one (21) prior to the implementation of this project.
- The supply of masks, respirators and other critical PPEs to health workers enhanced their confidence to effectively respond to the pandemic and lowered mortality rate among the health workforce.
- WHO's technical and financial support to build the capacity of the health workforce for effective case management and improved survival. The knowledge and skills acquired would help in the management of future pandemics.





*Training session for critical care staff in Volta Region*





World Food Programme

SAVING LIVES  
CHANGING LIVES



World Food Programme

SAVING LIVES  
CHANGING LIVES



## COMPONENT TWO: Improved WASH services and practice.



**310 volunteers  
and teachers  
trained in IPC**



**1 million  
People Reached  
with messaging**



**20 boreholes  
drilled and  
installed**

A key means of preventing the spread of the corona virus is regular handwashing. This made water and sanitation hygiene (WASH) a very important intervention of the UN joint project. WASH activities were led by UNICEF and IFRC (through Ghana Red Cross Society) as part of their mandates. The project supported the Government of Ghana to raise awareness about WASH and infection prevention and control (IPC), and to provide safe running water and appropriate sanitation facilities in schools and health institutions. Beyond awareness raising, some communities and public spaces were supported with boreholes and handwashing stations

Emerging results are categorized under three themes—awareness creation and training, provision of WASH facilities and strengthening of policies, plans and procedures.

### Awareness creation and training

- 200 volunteers were trained in COVID-19 risk communication and awareness. The volunteers reached over 400,000 community members with information and education.
- 36 interactive talk show sessions on COVID-19 were held on various radio stations over the last six (6) months as part of WASH awareness raising. At least **one million people** were reached and the platform provided the opportunity for beneficiaries to receive answers to their questions.
- 110 teachers drawn from public and private primary schools were trained on IPC measures, risk communication, water and sanitation facility management.

### Contributing Partners:



### Contributing Government Partners:

- **Ministry of Education**
- **Ministry of Sanitation & Water Resources**
- **Ghana Education Service**
- **Ghana Health Service**

### Expected outputs:

- National Water Safety Plans for health centers and schools developed and disseminated; and school WASH cost recovery approach modelled for evidence generation for national scale-up.
- Basic schools and health centers including COVID-19 Isolation centers equipped with improved water, sanitation and hygiene services for sustainable service delivery.
- High-risk urban communities and targeted public places have improved access to water, sanitation and hygiene services and risk communication implemented to enhance awareness on WASH related IPC measures.

## Provision of WASH facilities and PPEs

- A total of 220 schools and health facilities received WASH supplies and personal protective equipment. The breakdown is as follows:

Item given	Number of schools receiving	Number of health facilities receiving
Water supply systems	10	12
Sanitation facilities	10	12
Handwashing facilities	160	60

- 200 handwashing stations made up of running water and soap were provided in 80 bus terminals and markets. These provided over half a million people with WASH facilities to prevent COVID-19 infection.
- 1,286 hand-wash stations were distributed to 180 schools, benefitting a total of almost 40,000 children and teachers.
- An estimated 20,000 people in 20 communities benefited from safe water from 20 new boreholes installed with submersible pumps and water storage facilities.
- 2000 school children including those with disability benefited from access to safe water and adequate toilet facilities.
- Water storage facilities, gender-separate and disability friendly toilets were constructed for 10 health facilities to effectively provide preventative and curative services. This is estimated to benefit 1,000 outpatients daily. Additionally the capacity of staff from these facilities were enhanced through the provision of sustainable WASH infrastructure.
- Children in kindergarten in 90 schools were

also screened to detect visual and hearing impairment.

- 140 frontline Environmental Health Officers from four regions received PPEs to strengthen their capacity. They were provided 450 sets of PPEs to facilitate their work.

## Strengthening of policies, plans and procedures

- To strengthen the operation and maintenance of WASH facilities in schools the joint project rolled out the School WASH Facility Management Plans (FMPs), Water Safety Plans (WSPs) and Menstrual Hygiene Management Plans (MHMPs) in 90 schools, benefitting estimated 18,000 children (8,500 girls and 9,500 boys).
- Two national WASH plans were developed and endorsed by the Ministry of Health for use in health centers and a hygiene inspection checklist was also developed for use in schools and health facilities. The school sanitation checklists were reviewed to take account of WASH facilities to prevent COVID-19 and other infections.
- A school-based WASH cost recovery approach was piloted in four schools (two each in Greater Accra and Northern Regions) to strengthen the financing of school WASH operation and maintenance. Field testing and documentation will continue beyond this project with UNICEF and GoG School Health Education Programme support; and the learning will be disseminated.
- School closure due to COVID-19 had significant impact on the overall progress of the project. The school level planning for infrastructure development, WASH IPC, and school facility management plans could only be started after school re-opening in mid-January 2021. This resulted in limited time for technical survey, design and bill of quantity development for water and sanitation infrastructure.





## COMPONENT THREE: Improving Food Security and Social Protection



**50 national  
level staff trained**



**883  
Field enumerators  
trained**



**65,309  
Households  
participated**

In the wake of the COVID-19 crisis, the Ministry of Food and Agriculture, together with the Ghana Statistical Service (GSS) identified the need to conduct a food security and vulnerability assessment (CFSVA) as a critical intervention in their COVID response plans. This is to enable GoG to better understand the impact of COVID-19 on household food security and inform the Government's medium-term response. The previous nation-wide household food security and vulnerability assessment in Ghana dated back to 2009.

There had been increasing demands from both the GoG and other stakeholders for updated nationwide information on Household Food and Nutrition Security, especially at the district level. These were highlighted and recommended in government reports such as the SDG Indicator Baseline Report (2018), the Ghana Zero Hunger Strategic Review Report (2018), and the Food and Nutrition Security Strategy for the Medium-term Plan by the National Development Planning Commission (NDPC). Funding for the assessment was funded by WFP's programme budget and supported through this joint project.

The 2020 CFSVA is the fourth in the series to be conducted in Ghana. It is expected to contribute to the effective assessment of the implementation development frameworks that aim to achieve the Sustainable Development Goals (SDG). Under the leadership of the GSS, a Steering Committee (SC) and a Technical Working Group (TWG) made up of 20 representatives of various institutions was set up to oversee the implementation of the assessment.

### Contributing UN Partners:



**World Food  
Programme**



**Food and Agriculture  
Organization of the  
United Nations**

### Contributing Government Partners:

- **Ministry of Food & Agriculture**
- **Ghana Statistical Service**
- **National Development  
Planning Commission (NDPC)**
- **NADMO**

### Expected outputs:

- Capacity of government institutions strengthened in food security monitoring and analysis
- Food insecurity and vulnerability situation mapped out in all districts across all regions of Ghana
- Updated information on food insecurity and vulnerability made available to key stakeholders and users

The joint program supported the Ministry of Food and Agriculture (MOFA) to develop, review and validate the questionnaires that were used for the assessment. The capacities of 50 national level staff were built; 883 field enumerators drawn from MOFA and Ghana Statistical Service (GSS) in all districts in the country were also trained in data collection using the Computer Assisted Personal Interview (CAPI) software.

The 2020 survey covered all 260 administrative districts in the 16 regions in Ghana. The survey was designed to interview 67,140 households, however, 65,309 participated yielding a response rate of 97.3 percent. Response rate was higher among rural households (98.3%) than among their urban counterparts (96.0%).

### Preliminary findings:

- The survey results showed that 3.6 million people were food insecure in Ghana. Out of these, 24.1% live in rural areas and 13.5% live in urban areas.
- Upper East Region came out as the region with the highest food insecurity rate of 48.7% and Greater Accra the lowest of 3.5%. The national average is 11.7%
- Nine (9) regions host households with food insecurity scores higher than the national average.
- Households predominantly in agricultural related, unskilled labor and remittances livelihood groups are more food insecure.
- Less than 20% of Ghanaian children of age 6–23 months (16.9%) had a sufficient diverse diet, or met the minimum dietary diversity, or consumed meals from at least four different food groups a day prior to being interviewed.
- Households (73.7%) with salaried work as their main income source were the most affected by COVID-19. Skilled labor households (73.2%) were also affected.

### Objective of the CFSVA

The survey was conducted to:

- assess household food security in the 260 administrative districts with focus on who are the poor and vulnerable food insecure people, where they live, why they are food insecure and/or vulnerable, how and what type of external assistance play a role in improving the food insecurity situation;
- identify household livelihoods and their contribution to household food security;
- analyze household's capacity to withstand future shocks and problems;
- determine household/community dependence on markets and the impact of increasing food prices on their livelihoods;
- define the relationship between food insecurity and malnutrition by determining whether the underlying reasons for prevailing child malnutrition are consumption or health-related;
- determine which populations or regions of the country are most vulnerable to poor health outcomes;
- identify key indicators to be captured in the already operational Food Security Monitoring System to detect changes and trends in food security and vulnerability situation over time;
- provide up to date information on Ghana's food security status and situation; and update the previous CFSVAs conducted in 2009 and 2012.



- Households in livestock and crop production were affected but not as much as the salaried and skilled manual laborers.
- By food security status, food secure households (65.7%) were more affected by COVID-19 restrictions than food insecure households.
- The Western Region had the highest proportion of households (76.1%) that indicated they experienced the COVID-19 shock, followed by Greater Accra (73.8%) and Ashanti (70.5%).
- Findings from the CFSVA would provide government adequate data to back their interventions and policies. This would accelerate progress towards the achievement of the SDGs.



Listing of households by Enumerator before interview

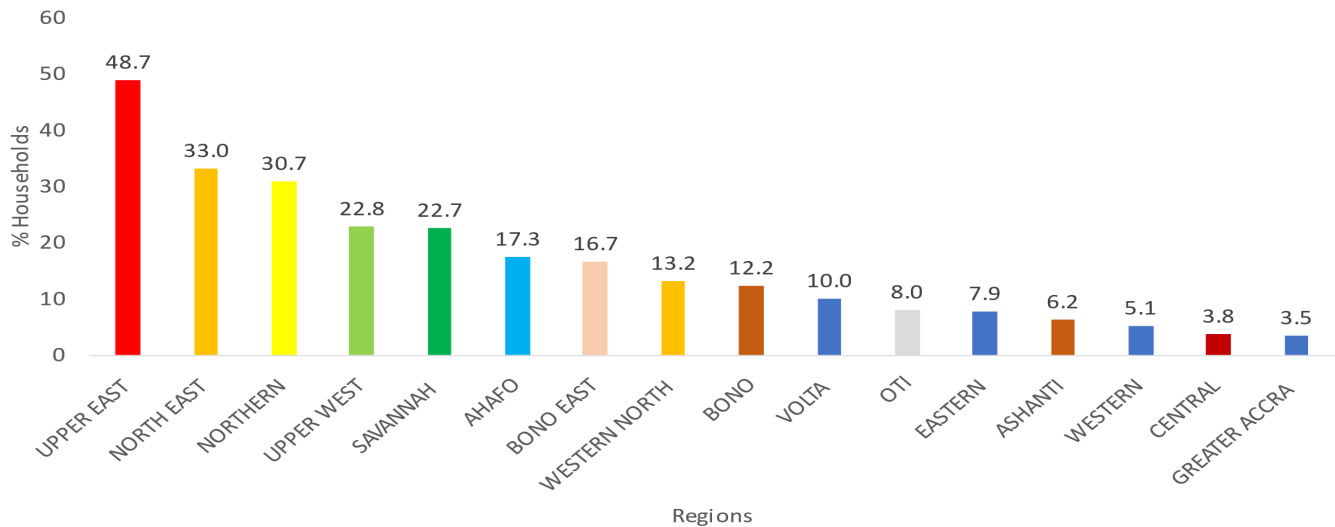


Training of enumerators

Fig. 2: Regional distribution of households that are food insecure

## Percentage Households Food Insecure

% Households Food Insecure Rankings



*“The COVID-19 pandemic has generated extreme vulnerability in the agricultural and food security sector in Ghana and assessing the prevailing condition and understanding how the pandemic has impacted on our people, especially the vulnerable, was critical to effective national response”.*

**Professor Samuel Kobina Annim, Government Statistician,  
Ghana Statistical Service**





#iMarchFor Marginalized  
Girls

#ENDSGBV

A horizontal banner at the bottom of the orange t-shirt features several logos. From left to right: the United Nations emblem, the UNFPA logo, the ICPD25 logo, the UNICEF logo, and the PAYDP Canada logo with the tagline "Changing Lives. Changing Communities".



## COMPONENT FOUR: SGBV prevention and response services for vulnerable people



225 national

level staff trained



7 million

People reached through campaigns



3500

Dignity kits distributed

### Contributing UN Partner



### Contributing Government Partners:

- **Ministry of Gender Children & Social Protection**
- **Domestic Violence and Victim Support Unit (DOVVSU) of Police Service**

### Expected outputs:

- Strengthened capacity of national and subnational institutions to address SGBV in all settings including in humanitarian crisis
- Strengthened capacity of community-level structures and institutions to prevent and respond to SGBV and other harmful practices especially in humanitarian crisis.
- Increased availability of lifesaving, multisector services for survivors of gender-based violence and the most at-risk women and girls.

A [recent study](#) conducted by UN Women indicates that across every sphere, from health to the economy, security to social protection impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impact. UNFPA recognized the likelihood of sexual and gender-based violence (SGBV) occurring on the wings of restricted movement during the initial weeks of COVID-19 infection in Ghana. In this light, UNFPA partnered with Ghana Police Service's Domestic Violence and Victims' Support Unit (DOVVSU) to activate a dedicated hotline for reporting domestic violence. People who needed to report cases of abuse or who needed information about SGBV and domestic violence were able to access the hotline.

With the PEF funds, UNFPA Ghana strengthened the capacity of National Institutions, community level structures and institutions and right holders to prevent and respond to SGBV/DV and harmful practices in humanitarian institutions. This included the provision of SGBV services.

In collaboration with the Ministry of Gender, Children and Social Protection, The capacities of 25 case management staff were strengthened to address needs of SGBV survivors, especially in emergencies and increased knowledge among 150 stakeholders on best practices to end domestic violence and SGBV issues in Ghana. This led to the adoption of new and emerging trends of addressing SGBV adopted among partners.



- SGBV issues were reflected in the national emergency response plan as a result of the capacity strengthening of the DV secretariat.
- 2 Standard Operating Procedures (SOPs) and governance structures were developed for two shelters – one state- owned and one owned by a CSO - where survivors of SGBV are received and supported. This enhanced the efficient identification and assessment of SGBV.
- 2 SGBV coordination platforms were strengthened and made functional.
- The DV Secretariat was supported with office equipment and 5,000 copies of the simplified Domestic Violence Act to distribute to the public to enable Ghanaians identify, prevent and report cases of domestic violence and SGBV.
- Addressed identified gaps in the SGBV response assessment report per the assessment done.
- Six advocacy initiatives were supported:
  - ◆ Seven thousand (7,000) persons received 1,350 Information, Education Communication (IEC) materials related to SGBV. One million people were reached with SGBV messages through SMS push messages using four telecommunications companies.
  - ◆ 6 million people were reached through radio, TV, public service announcements and social media campaigns on SGBV and COVID-19.
  - ◆ Capacities of 2,000 duty bearers and rights holders have been enhanced on gender, SGBV, DV, human rights, child rights, laws on marriage, divorce and inheritance to enable them to contribute to prevention of SGBV and harmful practices.
  - ◆ Held sensitization programmes on SGBV/DV and COVID-19, conducted street campaigns on COVID-19, women’s rights and Domestic violence.
- ◆ Orange Talk Show- Round table dialogue via zoom held to sensitize the populace.
- Six community paralegal structures and SGBV response centers established in marginalized communities. The project also revamped two existing structures in Madina and Agboglobshie. These paralegal structures serve as safe spaces for women and girls to learn about their rights and enable them to identify, prevent, report and respond to issues of SGBV/ DV and harmful practices in the community settings.
- Capacities of 50 community volunteers were enhanced as paralegals to serve as first respondents on cases of Domestic violence and SGBV.



As we come together to feed the vulnerable and shelter the homeless during this pandemic, let us not forget the women and children who are living with their abusers during this lockdown. Let us come together to Stop Domestic Violence Now! Do not hesitate! Call the DOVVSU hotline 0551000900 to report a case!

**John Dumelo**

#ForTheGoodOfGhana



In the wake of COVID-19 and its related Lock-down measures, Policy makers must not ignore the vulnerable in society, especially female teenagers who could be sexually exposed. The fight against teenage pregnancy shall be won by a collective effort from all with Essential Service Providers looking out for any signs of sexual assault while discharging their duties. Call DOVVSU Hotline on 0551000900 if you experience any form of sexual abuse.

**-Dr Vanessa Mensah-Kabu**

#ForTheGoodOfGhana



Self-quarantining is necessary to stop the spread of COVID-19. However, don't 'quarantine' any form of abuse you are going through.

**-Claudia Lumor**

#ForTheGoodOfGhana



France has recorded a 30% jump in domestic violence cases during COVID-19 with emergency response activities. Let us avoid domestic violence during this lock down period in Ghana.

**-Ameyaw Debrah**

#ForTheGoodOfGhana



Women do three-times as much unpaid care work as men and bear most of the responsibility for raising children. With the lockdown, many women will be responsible to care for their children at home. Let's encourage them!!! No abuse whatsoever. Call DOVVSU hotline 0551000900 if you witness any abuse.

**-Nana Ama Poku**

#ForTheGoodOfGhana



A rise in domestic violence is one of the possible impacts of COVID-19. Let us put an end to it, and work to ensure that the lockdown does not reduce the ability of service providers to respond to sexual and gender-based violence.

**-Kafu Danku**

#ForTheGoodOfGhana

Some social influencers who made statements about SGBV within the COVID-19 pandemic



Above: A PWLD with her adapted dignity kits and essential items

- Three initiatives were supported (Orange support Centre, BoAME app and community safe spaces). This included the establishment of Orange Support Centre to provide, legal, psychosocial and medical support to SGBV survivors. The center also serves as a safe space for survivors of SGBV and other harmful practices. Users of the Orange Support Center received and continue to receive medical, legal and psychosocial support from a range of professionals virtually and physically.
  - An interactive mobile application called BoAME was established to respond to SGBV issues and provide appropriate support that leverages technology and artificial intelligence. A team of BoAME volunteers were trained to respond to reports and questions on the app. 230 SGBV cases were reported on the app by April 2021.
  - To contribute to addressing the hygiene needs of women and girls (as well as boys), 3,500 dignity kits and essential items were distributed. These benefited 300 people in the COVID-19 Isolation and treatment Centers, 1, 200 persons with disability and their caregivers, 800 elderly women and adolescent girls in the project communities,
- 700 adapted Dignity Kits to the Ghana Federation of Disability Organizations and 500 persons in correctional homes and their wardens.
- The joint project organized outreach activities to communities to raise awareness on COVID-19, SGBV, sexual and reproductive health rights and family planning. Through UNFPA, the project identified vulnerable populations (adolescent mothers, head porters, PWDs people living in the slums and hard to reach areas who were receiving less attention during the pandemic. Thus, the project reached out to persons with disability (PWDs), persons with autism and their caregivers, the elderly, head porters in the markets and prisoners in the Greater Accra Region.
  - Dignity Kits, composed of essential sanitary items, face masks and hand sanitizer, were distributed to these populations. The project implementing partners visited the target persons in their homes, in the market and on the streets. Not only were they given Dignity Kits; they were also educated on COVID-19 and its social effects including domestic violence.



The Orange Support Centre (OSC), first of its kind in Ghana, has improved the overall SGBV response. This is an effort to establish a more comprehensive and coordinated approach to address the needs of survivors of SGBV. The OSC serves as a safe place where survivors of SGBV receive timely, coordinated and reliable support, be it psychosocial, legal services, referral to emergency shelters, or SGBV and SRHR information. The OSC can be accessed using the toll-free number 055 1000 900, or using the BoAME App or simply by walking in.



*“We were encouraging people that if you see something, say something. With these funds, we were able to prevent the occurrence of domestic violence and sexual and gender-based violence.”*

**Niyi Ojuolape, UNFPA Resident Representative in Ghana**

**BOAME**  
Report On. Save Lives

Version 0.0.1

The United Nations Population Fund (UNFPA) is one of the leading UN Agencies in advancing the reproductive health needs of young people, women and girls. The Agency is much determined to create a paradigm shift in issues regarding sexual and gender-based violence and as such offers a sterling opportunity for professionals in the Clinical Health and Psychology Industry to assist in this regard with its current Flagship initiative, the BOAME PROJECT



Report a Case

Get Informed

Send us a feedback



*Dignity Kits presented to Hope for Future Generation for distribution to persons living with HIV by UNFPA'S Deputy Rep.*



*A UNFPA fellow handing a community member a face mask*



*A health worker in full protective gear being engaged by a UNFPA personnel*





## Closeout Meeting

The joint project organized a project closeout event on **Wednesday, 26 May 2021 at Labadi Beach Hotel** to climax the implementation of critical interventions in response to the COVID-19 Pandemic under the World Bank Pandemic Emergency Financing Facility (PEF). Bringing together 80 participants from several ministries, institutions and national stakeholders, the event was aimed at providing the platform for multi-sectoral dialogue on emerging results and lessons learnt from the implementation of critical interventions undertaken with these funds in response to COVID-19 and enable greater influence, synergy, collaboration and partnership with the UN system and other stakeholders towards the achievement of the SDGs in Ghana.

Partners attending the project closeout meeting in Accra placed emphasis on the power of partnership and multiculturalism as an enabler for fighting crisis such as the COVID-19 pandemic. “We must demonstrate our united front and commitment to rebuilding our communities” says the Minister of Finance, Hon. Ken Ofori-Atta. He added that “With a joint determination, we can make a valuable contribution towards funding Ghana’s structural transformation”.

The UN Resident Coordinator, Mr. Charles Abani commended the government, especially the role of the Ministry of Finance and Ministry of Health for their efforts contributing to the positive strides achieved during the implementation of the project. He assured the government and other stakeholders of the UN’s continuous support especially in its ambition of achieving a Ghana Beyond Aid, adding that “the UN is here to help, and we shall continue

to provide the needed support till the pandemic ends. We are all in this together”.

For her part, the World Bank Operations Manager for Ghana Liberia and Sierra Leone, Ms. Agatha Pawlowska, assured the Government of the Bank’s commitment “to continue working together especially in addressing the inequalities in accessing vaccines and controlling the spread of the pandemic”. She also called on the Government to avoid “slippages but continue with the prudent policies and activities towards addressing the pandemic while addressing emerging issues of transparency, value for money and accountability to the people of Ghana”.

In attendance were heads of UN Agencies, heads of government institutions, development partners, project beneficiaries and the media.











## Building towards the 2030 agenda - Challenges, mitigation and lessons learnt

Ghana has demonstrated resilience by achieving significant progress in mitigating the negative impact of the pandemic. The country became the first to receive the COVID vaccine through the COVAX program. On Tuesday, March 2, the country kicked off its mass COVID-19 vaccination exercise in 42 selected districts in the Greater Accra, Kumasi and Central Regions. Despite the progress made, a lot more needs to be done to ensure the larger population is covered with the vaccine.

The pandemic has exposed the consequences of deepening systemic inequality and prioritization of growth. However, amid this devastating crisis, space was created for creativity and bold decisions. The project unearthed some key lessons worth considering for future interventions. By redirecting efforts along proven development pathways, future development could be enhanced. The new trajectory would be more resilient than the pre-pandemic one.

The COVID-19 pandemic brought out the creativity and humanness of various organizations and individuals. Several lessons were learned during this period which are presented below:

### Working within the national framework brings success and sustainability.

All project activities were planned and executed with the concerned governmental ministries, departments and agencies (MDAs). Activities were all planned within the remit of national COVID-19 intervention plans, and implemented with and through the MDAs. The interventions were therefore government-led. Plans, policies, guidelines and



systems are therefore likely to be sustained by the Government for the COVID-19 period and beyond.

### Not all planned activities could be undertaken.

There was an initial intention to make structural modifications to the isolation center in the Ashanti Region. Due to shifting priorities, this was not done. Rather, the funds were repurposed to support other activities in management of COVID-19. Secondly, infrastructure improvement that was planned to take place in 22 schools was delayed when schools were closed and staff were unavailable. The work therefore started in January 2021 and could not be completed on schedule. Work will continue until it is completed.



## Delays were inevitable.

Delivery of PPEs and some biomedical equipment were delayed as a result of high worldwide demand and the closure of some airports as part of COVID-19 restrictions. The COVID-19 supply chain was explored to procure some vital equipment. Others that were available within Ghana were sourced locally. Under Component 1 Output 3, monitoring and evaluation of treatment centers was delayed due to the increased number of COVID-19 infections. This was made up for in April 2021 when the number of cases decreased.

Facilitating delivery of donated equipment enhances availability of equipment for immediate use instead of waiting to use normal delivery channels which may contribute to delays

## Positive behavior change needs to be sustained.

Newly adopted behavior patterns and activities such as regular handwashing, use of alcohol-based hand sanitizer, recognition and reporting of domestic violence and SGBV need to be sustained and reinforced. The UN agencies and programs need to factor these into their regular activities, plan and budget for them for the years ahead.

## Hidden populations must be remembered during a pandemic.

The elderly, the disabled, those with special needs including persons with autism and cerebral palsy, incarcerated persons and those who live on the streets including *kayayei* could be forgotten during a pandemic. Even when they are remembered, it may be difficult to reach them. These groups of persons should be on the forefront of lists of target partners in every emergency situation since their vulnerabilities are very high. Other persons that should be considered are the homeless and

the mentally ill.

## Partnership is important in making an impact.

Partnership was a critical aspect of the joint project to catalyze impact. This is exemplified in the effective partnership with government agencies, civil society, IFRC and the Red Cross to deliver. It was learned that routine monitoring, evaluation and reporting of results while leveraging existing partnerships and continued outreach may positively impact resource mobilization and ensuring delivery of results. UNCT's efforts towards joint programming should be supplemented with a renewed sense of accountability to deliver more results in 2021 and beyond.

## Data is vital to planning and decision-making.

It was noted that good quality data that is timely and easily accessible needs to be developed and applied in planning and policy making. To accelerate the achievement of the SDGs and ensure that no one is left behind, there should be a new, stronger focus on building coherent data repositories and banks. Expanding accessibility would be even more important.

## Moving with technology makes work more efficient.

The pandemic has expounded the need to utilize modern technology systemically. Digital payments, e-health and telecommuting became vital in the heat of the COVID-19 pandemic. Meetings, conferences and educational activities had to be done online; this continues as part of the "new normal". Investing in technology is therefore a prime need which Government and various agencies must do into the future.

## **Delivery as One is feasible.**

The pandemic presented an opportunity for the UNCT to be more cohesive and efficient in delivering as One UN. This is exemplified through coordinated efforts of the UNCT to respond to COVID-19, particularly in terms of the support provided to the Government's response. The UNCT and its coordination structures were able to coherently mobilize and harness UN Agencies' comparative advantages to respond to the humanitarian, health, and socio-economic ramifications of the pandemic. Continuing the synergy among the members of the UNCT would be critical, not only to the implementation of development programs in 2021, but also to ensuring that the structures and partnerships built during the pandemic are resilient and dynamic to adapt to any potential shocks due to health, WASH, food insecurity or other crises that the country is vulnerable to.

## **Prioritizing the most vulnerable and hard-to-reach areas is critical.**

There is the need to ensure vaccines and other health interventions reach the most vulnerable populations in the country. Prioritizing those in hard to reach areas is critical to ensure that no-one is left behind. Focus must not be on only the urban setting but cover all pandemic hotspots beyond just the capital towns. Special attention needs to be paid to the extreme poor, the disabled, the aged, those with chronic ailments, children and other very vulnerable persons and groups during times like these.

## **Adopting a flexible funding approach can yield needed results**

In a novel and evolving pandemic like COVID-19, adopting a flexible funding approach can yield

needed results. Although, there were planned activities, the flexibility of the funds allowed for the provision of more essential biomedical equipment and PPEs which were much needed during the second wave experienced by the country.

## **Capacity building of Health Personnel remains vital**

Building capacity for COVID-19 case management at designated regional/district treatment facilities strengthened the health system capacity for management of patients with other health conditions needing critical care. In the periods of low COVID caseloads, the procured equipment and training were leveraged for care and monitoring of patients in the emergency rooms and post-operative recovery wards.

## **Recommendations**

From experiences and lessons learned in implementing this project, the following is recommended:

- Facilitate delivery of donated equipment to designated facilities to fast-track access and timely use of equipment.
- Support national case management team to decentralize critical care training to regional level teams. Cascading training to district hospital treatment centers remains critical.

## **Communication Materials**

The programme developed some communication materials. The video and press releases can be retrieved via this link: [website](#) and [YouTube](#).





## Financial Overview

Ghana's proposed budget was US\$3.28 million. Each agency was to receive its allocation separately, even though the joint proposal indicates the interconnection of the various agencies and the complementarity of the programs. The budget allocations were as follows:

Fig. 4: Distribution of funds among UN agencies

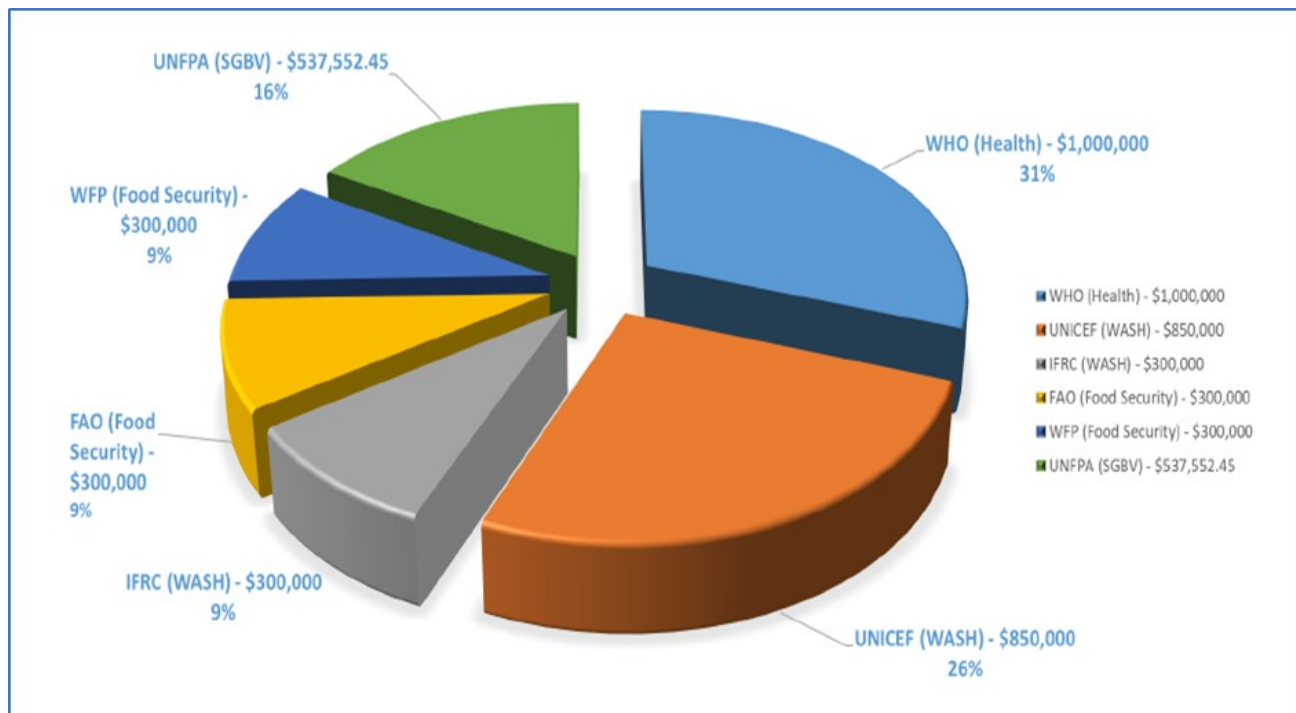


Fig. 5. Expenditure and outstanding balances

Agency	Amount received	Amount expended	Outstanding balance
WHO	\$1,000,000	\$1,000,000	\$0.00
UNICEF	\$850,000	\$850,000	\$0.00
IFRC / Red Cross	\$300,000	\$300,000	\$0.00
WFP	\$300,000	\$299,999	\$1.00
FAO	\$300,000	\$300,000	\$0.00
UNFPA	\$537,552.45	\$537,482.68	\$69.00
<b>Total</b>	<b>\$3,287,552.45</b>	<b>3,287,551.45</b>	<b>\$70.00</b>





## Appendix

**Table 1: Cases Translocated during the period of the Project by the National Ambulance Service**

S/N	REGION	CASE STATUS		TOTAL	GENDER		TOTAL
		CONFIRMED	SUSPECTED		MALE	FEMALE	
1	Greater Accra	1240	29	1269	771	498	1269
2	Ashanti	321	10	331	179	152	331
3	Eastern	8	10	18	10	8	18
4	Central	21	1	22	12	10	22
5	Western	38	0	38	27	11	38
6	Bono East	16	2	18	8	10	18
7	Bono	4	3	7	5	2	7
8	Ahafo	2	6	8	3	5	8
9	Volta	138	1	139	61	78	139
10	Oti	1	1	2	2	0	2
11	Western North	0	1	1	1	0	1
12	Savanna	10	3	13	5	8	13
13	Upper West	16	2	18	13	5	18
14	Upper East	8	1	9	5	4	9
15	Northern	19	2	21	16	5	21
16	North East	0	0	0	0	0	0
	<b>Total</b>	<b>1842</b>	<b>72</b>	<b>1914</b>	<b>1118</b>	<b>796</b>	<b>1,914</b>

**Table 2: Case Status and Gender**

S/N	REGION	OCT	NOV	DEC	JAN	FEB	MARCH	TOTAL
1	Greater Accra	118	218	424	223	178	108	1269
2	Ashanti	17	10	11	89	131	73	331
3	Eastern	1	5	2	2	8	0	18
4	Central	4	2	0	3	13	0	22
5	Western	0	1	7	13	10	7	38
6	Bono East	0	1	0	4	11	2	18
7	Bono	2	0	1	0	4	0	7
8	Ahafo	0	2	0	2	4	0	8
9	Volta	3	2	4	27	74	29	139
10	Oti	0	1	0	0	0	1	2
11	Western North	1	0	0	0	0	0	1
12	Savanna	0	0	0	3	10	0	13
13	Upper West	0	0	0	5	10	3	18
14	Upper East	2	0	0	7	0	0	9
15	Northern	7	0	0	1	13	0	21
16	North East	0	0	0	0	0	0	0
	<b>Total</b>	<b>155</b>	<b>242</b>	<b>449</b>	<b>379</b>	<b>466</b>	<b>223</b>	<b>1,914</b>



