PROJECT DOCUMENT
[Ghana]

Project Title: Strengthening community health system to support the continuity of essential services for the vulnerable during and post pandemic of COVID-19

Project Number: TBD

Implementing Partner: UNDP

Start Date: March 2021   **End Date: March 2022**   **PAC Meeting date:**

Brief Description
COVID-19 was declared a global pandemic by the World Health Organization (WHO) in March 2020. Since then, COVID-19 has affected practically all countries with very few exceptions. As at 13 January 2021, there were over 90 million cases and over 1,900,000 deaths globally. The first confirmed COVID-19 case in Ghana was reported in March 2020 and as at 13 January 2021, 56,421 cases had been reported. In Ghana, COVID-19 has disrupted all aspects of life including the delivery of routine health services.
Planned interventions for critical health interventions such as disease control programmes have had to be shelved, budgets have been reallocated, and some healthcare workers have been repurposed. Data from the Ghana Health Service (GHS) shows that vaccination rates, antenatal clinic attendance and HIV testing fell during the COVID-19 pandemic in 2020. Routine health services for non-communicable diseases (NCDs), childhood illnesses and other conditions also saw a decline during the same period.
Disruption of health services affects all persons but especially the most vulnerable including women and children. COVID-19 has exposed, and in some instances magnified already existing vulnerabilities. Persons living with HIV and persons living with NCDs have also faced service disruptions. Although COVID-19 remains a massive threat to all Ghanaians, supporting the continuity of essential health services to tackle malaria, (which was the number one cause of deaths in 2017), AIDS, tuberculosis, and neglected tropical diseases (NTDs), will be critical if Ghana is to attain the SDG3 goals of ending these epidemics by 2030. Furthermore, COVID-19 has also highlighted the need to strengthen national capacities to respond effectively to pandemics. Utilizing a dual approach to address the demand and supply for health services, this project will strengthen the capacities of communities and vulnerable groups such as women, children, persons living with HIV, persons living with NCDs and slum dwellers for the uptake of health services during and post COVID-19 era whilst strengthening capacities of health facilities to provide these services and in country capacities for managing COVID-19 and future pandemics.

Contributing Outcome (UNDAF/CPD):		

Contributing Outcome (UNDAF/CPD):

Outcome 4 (UNSDP): Marginalized and vulnerable populations demand and utilize social services

Indicative Output(s) with gender marker*:

Output 1: Strengthened capacity of five selected urban CHPS/healthcare facilities to ensure continued health services during and post COVID-19 pandemic (GEN1)

Output 2: Strengthened capacity of communities and vulnerable persons to access relevant health services during and post COVID-19 pandemic (GEN2)

Output 3: Strengthened national and local capacity to address public health emergency (GEN1)

Total resources required:		USD 1,832,736
Total resources allocated:		
	Japan:	USD 1,832,736
Unfunded:		0

* The Gender Marker measures how much a project invests in gender equality and women's empowerment. Select one for each output: GEN3 (Gender equality as a principle objective); GEN2 (Gender equality as a significant objective); GEN1 (Limited contribution to

Agreed by (signatures)[1]:

Government	UNDP
Ministry of Finance	Resident Representative
Print Name:	Print Name:
Date:	Date:

I. DEVELOPMENT CHALLENGE

COVID-19 was declared a global pandemic by the World Health Organization (WHO) in March 2020. Since then, COVID-19 has affected practically all countries with very few exceptions. As at 13 January 2021, there were over 90 million cases and over 1,900,000 deaths globally[2]. The first confirmed COVID-19 case in Ghana was reported in March 2020, and as at 13 January 2021, 56,421 cases had been reported[3]. COVID-19 has affected almost all aspects of life including, livelihoods, economies, public health system among others. A recent WHO survey revealed that COVID-19 has partially or completely disrupted health services in many countries.[4]

In Ghana, COVID-19 has also disrupted all aspects of lives including the delivery of routine services in many ways. According to Ghana Statistical Service (GSS), 52% of Ghanaians reduced food consumption due to reduced income during the pandemic.[5] Planned interventions for critical health interventions such as disease control programmes have had to be shelved, budgets have been reallocated, and some healthcare workers have been repurposed. Data from the Ghana Health Service (GHS) shows that vaccination rates, antenatal clinic attendance and HIV testing fell sharply during the first quarter of 2020. Community health outreach, which constitutes about 45% of Ghana's immunization strategy, was also disrupted as a result of the pandemic. [6]

Data from DHIMS and EPI reports shows that immunisation programmes for polio and measles have suffered immensely due to the pandemic. Ghana Health Service routine data also revealed that, antenatal clinic attendance decreased from 74.9% in February to 66.4% in March 2020. HIV testing for pregnant women fell from 219,851 in Jan-Mar 2019 to 204,681 in Jan-March 2020, available data for the 3rd quarter of 2020, also showed a slight decline from 209,724 in 2019 to 208,183 in 2020.[7] Routine health services for non-communicable diseases (NCDs), and HIV also saw a decline during the same period. As an example, 3,254 persons were diagnosed and initiated on ARVs during the 3rd quarter of 2020 as compared to 9,098 persons put on ARVs during the same period in 2019. In Ashanti Region for example, visits to health facilities due to NCDs such as asthma and diabetes decreased by 21.0% and 40.0%, respectively and April 2020 registered lower numbers of HIV tests compared to a similar period in 2019.

Disruption of health services affects all persons but especially the most vulnerable including women and children. The fear of COVID-19 also prevents vulnerable persons from seeking treatment from healthcare facilities. COVID-19 has exposed, and in some instances magnified already existing vulnerabilities. As an example, some vulnerable persons such as persons living with HIV (PLHIV) who already face stigma and discrimination, and traditionally relied on peer to peer and community support to strengthen emotional, physical, social wellbeing and reduce internal stigma have been left without their support system due to social distancing and other measures put in place to address the COVID-19 pandemic, potentially exacerbating already existing psychosocial health issues. COVID-19 has also highlighted the fact that stigma and discrimination which has been persistent for PLHIV and key populations hamper effective delivery of healthcare services.

Persons living with NCDs have also been shown to be more vulnerable to becoming severely ill or dying from COVID-19, however in Ghana as in most countries there have been disruptions to NCD services as highlighted in a recent WHO survey.[8] Urban slum dwellers have also been shown to be particularly vulnerable during this COVID-19 pandemic. This is because many of them have pre-existing medical conditions, reside in close living quarters and lack access to health care, putting them at high risk of dying from other preventable ailments or developing

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[2]   WHO Coronavirus Disease (COVID-19) Dashboard

[3]   https://ghanahealthservice.org/covid19/

[4]   https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases

[5] Daily Graphic August 6, 2020

[6] Ghana's community nurses deliver child health care amid COVID-19 | WHO | Regional Office for Africa

[7] DHIMS

[8] https://www.who.int/teams/noncommunicable-diseases/covid-19&publication=ncds-covid-rapid-assessment

serious complications if they do get sick with COVID-19.[9] A study conducted in an urban slum in Ghana indicated that about 71% of residents had not been to a health facility in the past 5 years, highlighting the crucial need to equip slum dwellers with the necessary knowledge and tools to improve health seeking behavior[10] whilst strengthening the health facilities within these slums to enhance service provision.

The global COVID-19 pandemic has also revealed the need to strengthen national and local capacities to respond effectively to health emergencies. The pandemic spread rapidly across borders emphasising the critical need to ensure detection and management of suspected cases at points of entry (PoEs).[11] There are currently 57 approved points of entry in Ghana including one (1) international airport, two (2) seaports and several ground crossings. However less than half of these points of entry have Port Health staff and the requisite infrastructure to ensure adequate screening, detection and management of suspected COVID-19 cases. It is thus crucial to strengthen the testing infrastructure and build further capacities at these points of entry to ensure early detection and timely linkage to care.[12]

Although COVID-19 remains a massive threat to all Ghanaians, ensuring the continuity of essential health services to tackle diseases such as malaria, (which was the number one cause of deaths in 2017),[13] AIDS, tuberculosis, and neglected tropical diseases (NTDs), will be critical if Ghana is to attain SDG3 - ending these epidemics by 2030. A recent WHO and UNAIDS modelling revealed that if efforts are not made to ensure continuity of essential health services for the most vulnerable during the COVID-19 pandemic, there could be increased HIV and TB deaths,[14] highlighting the need for urgent interventions to avert preventable deaths.

The proposed project would complement already existing efforts by WHO and other partners to strengthen the continuity of essential maternal and child health care during and post COVID-19 pandemic and build on existing interventions by UNAIDS aimed at supporting vulnerable persons including young persons living HIV with the necessary tools and knowledge to demand access to HIV services and reduce self-stigma.

II. STRATEGY

The objective of this project is to strengthen national and community systems for continuity of essential health services and effective management of health emergencies such as COVID-19 pandemic and thereby to directly support the implementation of **Ghana's COVID-19 response plan**.[15]

This project is premised on the **Theory of Change** that

Continued access to health services for the most vulnerable during the COVID-19 pandemic and pandemic preparedness can be improved by simultaneously strengthening community health provision and technical capacities at points of entry whilst systematically equipping vulnerable persons with the necessary knowledge, skills and tools to access these essential health services.

The project aims to strengthen the capacity of community health providers to be more effective in the provision of quality services, whilst empowering vulnerable groups to take up these services, thereby contributing to Outcome 4 of the Ghana UN Sustainable Development Partnership (UNSDP). It ultimately is going to contribute to SDG goal 3 (specifically, target 3.3 of ending AIDS, target 3.4 of reducing premature mortality through NCDs,

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[9] Urban slums are uniquely vulnerable to COVID-19. Here's how to help | Berkeley News

[10] Access to health in city slum dwellers: The case of Sodom and Gomorrah in Accra, Ghana, African Journal of Primary Health Care & Family Medicine | Vol 8, No 1 | a822 |

[11] https://www.who.int/publications/i/item/10665-331512

[12] Draft National Strategic COVID-19 Response Plan (Ministry of Health)

[13] http://www.healthdata.org/ghana

[14] https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv

[15] Draft National Strategic COVID-19 Response Plan (Ministry of Health)

target 3.7 of supporting the attainment of universal health coverage and access to essential health services) and SDG17 of strengthening partnership for the implementation of SDGs.

The project will use a dual approach to address both the demand and supply of health services .Using this approach the project would address the demand for health services by equipping the vulnerable including women, persons living with HIV, persons with NCDs and urban slum dwellers with the necessary information and tools to access available health services whilst also ensuring that the health centres within slum areas, health workers and points of entry are well equipped to provide health services and manage COVID-19 and other future pandemic.

The project would utilize community engagements to create demand for health services. Community engagements for urban slums has been identified as a key building block to ensuring appropriate care seeking behaviours[16] especially during pandemics. Thus, through these community engagements clear information on the available healthcare services, infection prevention measures and the importance of continuing to seek care for non-COVID-19 related conditions will be provided. Efforts will also be made to identify female champions within these communities to lead these engagements and support in creating demand for the uptake of available health services. Digital tools will also be developed and utilized to complement these community engagements. Digital tools have proven to be particularly useful during this pandemic and based on the most recent experiences the project will conceptualise and implement similar tools that can be used to share information, support peer to peer communication and monitor service delivery. The project will partner with Ghana AIDS Commission (GAC), National Association of Persons living with HIV (NAPLUS), Ghana Health Service (GHS) and UNDP's Accelerator Lab (AccLab)[17], and work closely with target communities to cocreate organically a digital tool/app for the maintenance of essential health services for the vulnerable during and post COVID-19 pandemic. Cocreating these tools would ensure buy-in and improve uptake of these tools.

NCDs would also receive special focus in this project due to the inherent vulnerabilities these disease conditions pose. WHO studies have revealed that persons living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19, whilst a recent WHO survey has also revealed major disruptions to services for the prevention and treatment of NCDs as a result of the global COVID-19 pandemic.[18] Hence the prevention and management of NCDs is critical in reducing the impact of COVID-19 on society. Recognizing the importance of the life course approach[19] and the need for the establishment of sustainable architecture in addressing the double burden of communicable and non-communicable diseases, an NCD platform made up of community members including women leaders and relevant institutions such as MOH and GHS will be set up to promote and spear head NCD reduction within the selected communities.

To strengthen the supply of health services, 5 health centres and Urban CHPS within the selected slum areas will be resourced and community health workers trained to provide much needed services to target communities. In this same vein, the project would strengthen national capacity for health emergency management by capacitating points of entry (PoEs) to effectively detect and manage suspected COVID-19 cases in Ghana. Ghana's draft National Strategic COVID-19 Response Plan clearly identifies limiting of importation of COVID-19 cases as a key objective necessary for the effective management of COVID-19 and other future health emergencies.[20] In line with this, UNDP will collaborate with Ghana Health Service (GHS), Port Health and the Noguchi Memorial Institute for Medical Research (NMIMR) to capacitate four points of entry (PoEs) to facilitate case identification.

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[16] Maintaining essential health services: operational guidance for the COVID-19 context interim guidance (who.int)

[17] https://acceleratorlabs.undp.org/

[18] https://www.who.int/teams/noncommunicable-diseases/covid-19&publication=ncds-covid-rapid-assessment

[19] https://www.moh.gov.gh/moh-ghs-jica-launches-chps-for-life-project/

[20] Draft National Strategic COVID-19 Response Plan (Ministry of Health)

The project is in line with the Government of Japan's ODA priorities such as the Africa Health and Wellbeing Initiative, which was highlighted at TICAD VII in 2019[21] and signed by Ghana.[22] The project will build synergies with already existing Government of Japan/ Japan International Cooperation Agency (JICA) supported initiatives such as the health system strengthening through life-course approach and infectious disease surveillance system strengthening. The project uses the **human security approach** which calls for "people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people[23]." For instance, it will seek to address key issues at multiple levels by strengthening capacities and seeking local solutions at both the national and community level. It also aims to promote and explore partnerships among various stakeholders by bringing together the expertise from the UN system, Governments, Japanese private sector, civil society and local communities. In addition, the project focuses on strengthening local capacities to build resilience and promotes solutions that enhance social cohesion and advance respect for human rights and dignity. This project would also seek to complement already existing activities of Government of Japan funded Access and Delivery Partnership (ADP)[24] aimed at improving access to new health technologies for those who need them most.

The project will be implemented in urban slums in Accra metropolitan area and Ga Central, specifically in Asiedu Keteke, Okaikoi South, Ablekuma South, and Chantan sub-metros, and four points of entry in Greater Accra, Western, Volta and Upper East regions.

Source: https://www.ghanamissionun.org/map-regions-in-ghana/ modified by the authors.

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[21] https://www.mofa.go.jp/files/000521256.pdf

[22] https://www.moh.gov.gh/ministry-of-health-ghana-and-the-ministry-of-health-labour-and-welfare-japan-signed-a-memorandum-of-cooperation-moc-on-africa-health-and-wellbeing-initiative/, https://www.kantei.go.jp/jp/singi/kenkouiryou/pdf/20190820_ghana_hc.pdf

[23] https://www.un.org/humansecurity/what-is-human-security/

[24] https://adphealth.org/

III. RESULTS AND PARTNERSHIPS

Expected Results

The key objective of this project is to strengthen national and community systems for continuity of essential health services in selected urban slum areas and effective management of health emergencies such as COVID-19 pandemic with a specific focus on screening and containment of infection at borders and points of entry locations. In line with the Theory of Change outlined above, local capacities would be strengthened, and vulnerable groups supported to ensure continued access to and uptake of health services during and post COVID-19 era. The key results of the project will contribute to the UNSDP Outcome 4 of ensuring that the marginalized and vulnerable demand and utilize social services, and are in line with UNDP Strategic plan 2018-2022, of addressing specific deficits faced by the marginalized and the vulnerable.

The key results for this project are:

Strengthened capacity of health facilities and Urban Community Based Health Planning and Services (CHPS) in Asiedu Keteke, Okaikoi South, Ablekuma South and Chantan sub metros to provide health services during and post COVID-19 pandemic:

Special focus will be given to health facilities in slums and urban Community - Based Health Planning and Services (CHPS), which is a national strategy designed to deliver essential community-based health services in deprived and underserved communities.[25] Through partnership with JICA, CHPS and health facilities in urban slums will be assessed to understand the impact of COVID-19 on the uptake of services by these vulnerable communities. Based on the findings, mitigation plans will be developed, and identified/selected CHPS compounds/health facilities resourced and equipped to enhance service provision. The pandemic disrupted the community health outreach by community health workers.[26] Thus, through collaboration with Ghana Health Service (GHS) and JICA, 100 community health workers who remain a critical backbone for the provision of health services for the vulnerable and underserved, will receive refresher trainings and trainings on CHPS database using JICA developed training package to enhance their service provision during and post COVID-19 era. The training will include women Community Health Officers (CHOs), Community Health Management Committee members (CHMCs), and Community Health Volunteers (CHVs).

Strengthened capacity of local communities and vulnerable persons to access relevant health services during and post COVID-19 pandemic:

Community engagements will be utilized to provide relevant information and create demand for health services. In addition, an NCD platform made up of community members including women leaders and relevant institutions such as MOH and GHS will be set up to promote and spear head NCD reduction within the selected communities. Partnering with the Ghana AIDS Commission (GAC), National Association of Persons living with HIV (NAPLUS) and UNDP's Accelerator Lab (AccLab)[27] and target communities, two digital tools will be co-created and rolled out to enhance peer-to-peer support and psychosocial well-being of PLHIV and encourage NCD prevention during and post COVID-19. These digital tools would complement community engagements with targeted communities and through co creation community buy-in and uptake would be enhanced. In addition, a comprehensive plan to address health related stigma will be developed in collaboration with Ghana Health Service. Training workshops would also be conducted with key community players including the traditional authorities, women and youth organizations, CSOs and the media to strengthen stigma reduction and emphasize the need for continuous uptake of essential health services and create demand for these available services. In partnership with Ghana Health Service (GHS), the project will support community outreach interventions to reduce NCDs and HIV within selected communities in line with Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030'.

Strengthened national capacity to address public health emergency:

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[25] About CHPS - Ghana Health Service

[26] Ghana's community nurses deliver child health care amid COVID-19 | WHO | Regional Office for Africa

[27] https://acceleratorlabs.undp.org/

UNDP will collaborate with Ghana Health Service (GHS), Port Health and the Noguchi Memorial Institute for Medical Research (NMIMR) to procure and equip four mobile laboratories for four points of entry (PoEs) identified by GHS in the Greater Accra, Western, Volta and Northern regions to facilitate case identification at these sites. Key personnel from the points of entry will be trained for the effective management of these mobile labs to ensure lasting impact.

Resources Required to Achieve the Expected Results

The project will be implemented by UNDP staff in country with support from UNDP regional and HQ staff as required. Noguchi Memorial Institute for Medical Research (NMIMR) will also provide technical expertise for capacity strengthening at the points of entry.

Partnerships

The project will strengthen already existing partnerships with government partners, civil society organizations and UN agencies. Key partners for the project will be GHS/MOH, Government of Japan, JICA and NMIMR. Partnership with JICA will be critical in implementing interventions for CHPS given their considerable experience in working with CHPS. Joint monitoring, advocacy and communication activities will be implemented where appropriate. NMIMR will provide capacity building to enhance effective health emergencies management at the points of entry. Possible partnership with identified Japanese organizations such as National Center for Global Health and Medicine (NCGM) will be explored to support medical equipment provision in CHPS compounds/health facilities and collaboration with JOICEP, a Japanese NGO will be explored for demand creation in communities.[28] The project will also explore the partnership with Japanese companies such as SYSMEX, TERUMO, ZIPLINE, TOYOTA and NISSAN in equipping the points of entry and other activities where possible.

Risks and Assumptions

Risks:

Utilizing innovative solutions such as digital tools/apps to deal with development challenges takes time and requires buy-in from wide range of stakeholders. Some within the target group might not have mobile phones and this might impede their ability to benefit from the mobile apps. Diverse partners might have varied interests and expectations. A rise in COVID-19 infections could shift priorities of community health workers and delay or slow down implementation.

Effective continuous engagement with all diverse partners and stakeholders throughout the life cycle of the project would be critical in ensuring that there is buy-in and that varied interests and expectations are managed to achieve the desired results. In addition to the NCD digital app, a non-digital NCD platform made up of target groups and health providers will be set up to provide context specific NCD information. This arrangement would ensure that those within the target population who might not have access to mobile phones still have access to information and services.

Assumptions:

- Equipment for the points of entry will be procured and installed in a timely manner.
- Key stakeholders who will be involved in the project will be committed to the achievement of project results.
- The COVID-19 situation in the country will remain same or improve for the smooth running of the project.

Stakeholder Engagement

The project will ensure that effective stakeholder engagements are conducted throughout implementation for buy-in and effective implementation.

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[28] https://www.joicfp.or.jp/eng/where_we_work/ghana/

Target Groups: These include vulnerable women and children, persons living with HIV, persons living with NCDs and slum dwellers. Persons living with HIV and persons with NCDs will be engaged through the Ghana AIDS Commission (GAC), National Association of Persons living with HIV (NAPLUS) and the NCD Control Program for the design, development, review and validation of appropriate digital tools to strengthen uptake of essential health services. In addition, there will be quarterly project implementation update meeting to share key project updates with key stakeholders for relevant feedback.

South-South and Triangular Cooperation (SSC/TrC)

This project will explore partnerships with Japanese NGOs to strengthen community engagements as relevant. Furthermore, the project would explore south-south collaboration with other UNDP country offices in Africa implementing similar JSB intervention on COVID-19 such as Burkina Faso, Mali, Kenya, Mauritius, Ethiopia, South Africa, Nigeria, Rwanda, Mauritius, and Namibia.

Knowledge

Knowledge products generated through project implementation will be widely disseminated amongst partners and stakeholders. Lessons learnt would also be shared with partners and other relevant stakeholders to inform future programming for the vulnerable. Working with key stakeholders, the project will also document the processes for the development of the digital tools and identify ways to share this knowledge widely among partners and stakeholders.

Sustainability and Scaling Up

The key responsible partner for this project is GHS. This arrangement ensures that the skills enhanced, partnerships developed, and the results achieved during the project are owned by the national entity for continuity. Furthermore, the project seeks to support already identified country priorities, such as continuity of essential services during and post COVID-19 and strengthening of surveillance at the various points of entry. Other partners who are part of the project such as GAC, NAPLUS, NCD control program are also national institutions. Thus, because this project focuses on national priorities, utilizes national partners and systems as well as strengthens capacities of national entities to deliver on their core mandates, sustainability beyond the project's lifetime is guaranteed.

IV.   PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

By leveraging partnerships and utilizing already existing tools such as the JICA developed materials and databases for some trainings, capacity building activities will be conducted in the most cost-efficient way. Also, the project will explore joint monitoring (when feasible) with partners to save cost. For the envisaged procurement the value for money approach will be used.

Project Management

The project is directly implemented by UNDP in accordance with its policies and procedures with Ghana Health Service functioning as the main responsible party. As and when appropriate however, the project would engage other responsible partners for implementation in line with the workplan. It is not envisaged that there will be other physical project offices. The project will be subjected to a one-off financial audit after the completion of the project. The project will be managed as part of UNDP Ghana Country Office HIV, Health and development portfolio and be managed by a Japanese Project Manager.

Reporting

The project will submit a final narrative and a final financial report with the final narrative report to be written in line with the results framework.

Monitoring

Monitoring including joint monitoring with partners where applicable will be conducted according to the framework detailed in the monitoring plan.

Visibility and communication

Project brochures and newspaper feature articles will be developed in English and Japanese. Photo story and short videos to document key achievements of the project will be developed and disseminated on both traditional and social media platforms to maximise the visibility with prior approval by the Embassy of Japan in Ghana. Communications strategies will also be developed and implemented in collaboration with the designated UNDP Communications officer closely working with the designated Communications Officer at the Embassy of Japan to ensure visibility of project outputs and results. The Social media handles of JICA and the Japanese Embassy will be tagged. Joint communications and advocacy activities in collaboration with JICA and other relevant stakeholders would also be explored. Furthermore, a joint project launch by UNDP and Embassy of Japan would be organized at the start of implementation to inform the general public and key stakeholders about the project.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNDAF/Country Programme Results and Resource Framework:
Transparent, accountable institutions at all levels protect the rights of all people

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:
Indicator: The level of compliance to Human Rights Conventions' Reporting Mechanisms and recommendations pertaining to discriminated groups and refugees.
Baseline: Low (2016) Target: Medium (2022)

Applicable Output(s) from the UNDP Strategic Plan:
1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services.
3.3.1 Evidence-based assessment and planning tools and mechanisms applied to enable implementation of gender-sensitive and risk-informed prevention and preparedness to limit the impact of natural hazards and pandemics and promote peaceful, just and inclusive societies.

Project title and Atlas Project Number: TBD

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE 2021 March	TARGET 2022 March
Output 1: Strengthened capacity of five selected urban CHPS/healthcare facilities to ensure continued health services during and post COVID-19 pandemic (GEN1)	*1.1. % increase in uptake of health promotion services at 5 Urban CHPS/health care facilities in urban slums*	*MOH & GHS reports*	*Zero percent (0%)*	*Five percent (5%)*
	1.2 Number of people reached by newly trained health care workers through health facilities and community outreach	*MOH & GHS reports*	*Zero (0)*	*A thousand (1,000) (600F/400M)*
Output 2: Strengthened capacity of communities and vulnerable persons to access relevant health services during and post COVID-19 pandemic (GEN2)	*2.1 Number of people using the PLHIV digital tool*	*GAC, NAPLUS reports*	*Zero (0)*	*Five hundred (500) (300F,200M)*
	2.2 Number of community members utilising the NCD digital tool/app	*MOH & GHS reports*	*Zero (o)*	*Five Hundred (500) (300F,200M)*
	2.3 Number of community leaders trained to promote uptake of health services	*MOH & GHS reports*	*Zero (0)*	*Three Hundred (300) (200F,100M)*

	2.4 A comprehensive plan to address health-related stigma available for implementation	*MOH & GHS reports*	*Zero (0)*	*A comprehensive plan to address health-related stigma developed and initiated.*
	2.5 Number of vulnerable persons reached with HIV and NCD services through community outreach in line with Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030 implemented	*MOH & GHS reports*	*Zero (0)*	*A thousand (1,000) (600F,400M)*
Output 3: Strengthened national and local capacity to address public health emergency (GEN1)	*3.1 Number of PoEs equipped with mobile labs to facilitate early detection*	*MOH, GHS, NMIMR reports*	*Zero (0)*	*Four (4)*
	3.2 Number of PoE personnel equipped with relevant knowledge and skills to enhance early detection and management of suspected cases	*MOH, GHS, NMIMR reports*	*Zero (0)*	*Forty (40)*

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost in USD
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly	Slower than expected progress will be addressed by project management.	GHS/UNDP	16,000
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.		8,000
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Continuously	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	Continuously	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period. UNDP CO will submit final reports (Final Report June 2022 and Final Financial Report March 2023) to the government of Japan. Prior to the official submission to the GoJ the internal clearance of report is required by RBA TICAD Unit.	At the end of the project (final report)		GHS/UNDP	4,000
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Quarterly	Any quality concerns or slower than expected progress will be discussed by the project board and management actions agreed to address the issues identified.		

VII. MULTI-YEAR WORK PLAN [29] [30]

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Quarter				RESPONSIBLE PARTY	PLANNED BUDGET		
		2021 Q2	2021 Q3	2021 Q4	2022 Q1		Funding Source	Budget Description	Amount (USD)
Output 1: Strengthened capacity of urban CHPS/health facilities to ensure continued health services during and post COVID-19 pandemic *Gender marker:* GEN1	1.1 Conduct pre-intervention and post intervention assessment of impact of COVID-19 on uptake of health services in selected CHPS/health facilities.	9,000			9,000	MOH, GHS	Japan	• Pre- and post-intervention assessments and reports (consultancy fees- 18,000)	18,000.00
	1.2 Equip 5 under-resourced CHPS/health facilities in urban slums/areas with essential medical equipment identified using the JICA developed database, and train 100 CHOs, CHMCs, and CHVs to support service provision for the vulnerable using the training packages JICA developed, including on the use of CHPS database.	100,400	200,800	200,800		MOH, GHS	Japan	• Medical equipment (450,000) • Photovoltaic system (20,000) • Conference package (20,000) • DSA & transportation (12,000)	502,000.00
	Sub-Total for Output 1								**520,000.00**
Output 2: Strengthened capacity of community and vulnerable persons to access relevant health	2.1 Conduct 5 workshops with CSOs, traditional authorities, women and youth organisations and media.	5,000	20,000	20,000	5,000	GHS/HPD, GAC	Japan	• Consultancy fees (10,000) • Conference package (30,000) • DSA & transportation (10,000)	50,000.00

[29] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[30] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

services during and post COVID-19 pandemic *Gender marker:* GEN2	2.2 Establish NCD platform and digital tool to connect community members and relevant institutions such as MOH, GHS, and CSOs.	14,000	8,000	23,000	5,000	GHS, CSOs	Japan	• Consultancy fees (10,000) • Conference package (20,000) • DSA & transportation (10,000) • Roll out (10,000)	50,000.00
	2.3 Develop digital tools/apps for PLHIV to provide services such as psychosocial support, treatment adherence	4,000	8,000	23,000	5,000	GAC	Japan	• Consultancy fees (10,000) • Conference package (15,000) • DSA & transportation (5,000) • Rollout (10,000)	40,000.00
	2.4 Support MOH and GHS to develop and implement a comprehensive plan to deal with health-related stigma and, train media and community leaders/influencers.	8,000	4,000	4,000	4,000	MOH, GHS/HPD, GAC	Japan	• Consultancy fees (8,000) • Conference package (8,000) • Transportation (4,000)	20,000.00
	2.5 Support community outreach on HIV and NCD in line with Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030		15,000		15,000	MOH, GHS	Japan	• Community engagements (20,000) • DSA & transportation (10,000)	30,000.00
Sub-Total for Output 2									**190,000.00**
Output 3: Strengthened national and local capacity to address public health emergency *Gender marker:* GEN1	3.1 Enhance national and local capacity to address health emergencies by strengthening the current surveillance system and equipping four PoEs with mobile labs working with NMIMR and identified Japanese expert(s).			73,0000	30,000	MOH, GHS, NMIMR	Japan	• Procurement of mobile labs (700,000) • Conference package (40,000) • DSA (10,000) • Transportation (10,000)	760,000.00
Sub-Total for Output 3									**760,000.00**

Direct Project Cost									
Direct Project Cost Project Management	M&E and quality assurance	4,000	4,000	4,000	8,000	UNDP	Japan		20,000.00
	Financial audit, spot check and reporting				8,000	UNDP	Japan		8,000.00
	Japanese Project Manager	23,100	23,100	23,100	23,100	UNDP	Japan		92,400.00
	Advocacy/ Public relations/ Communications/ Knowledge Management	4,000	6,500	6,500	4,000	UNDP	Japan	• Joint communications and advocacy activities in collaboration with JICA and other relevant stakeholders (5,000) • Development and implementation of communications strategies to visualise the impact of the project in ensuring human security, procurement of photojournalist, production, translation, and dissemination of communication pieces/materials (16,000)	21,000.00
	Global Monitoring, Advocacy, and Reporting	5040.53	5040.53	5040.53	5040.53	UNDP	Japan	Global monitoring	20,162.11
	UNDP incurred costs to support project implementation by Operations unit	12153.5	12153.5	12153.5	12153.5	UNDP	Japan	Technical or implementation services e.g. finance, procurement, human resources, security, assets, general services and information and communications technology	48,613.91
	Sub-Total for Direct Project Cost								**210,176.02**

Programme Net Budget		1,680,176.02
General Management Support (GMS)		134,414.08
Total Programme Budget		1,814,590.10
Coordination Levy		18,145.90
TOTAL (Donor Pre-approved Budget)		1,832,736.00