United Nations Development Programme

Country: Ghana

Initiation Plan

Project Title:	COVID-19 RESPONSE
Expected UNSDP Outcomes:	6. Urban and rural communities have access to affordable services, knowledge and tools to increase their resilience. 7. Transparent, accountable institutions at all levels protect the rights of all people.
Expected CPD Outputs:	2.2: Key state and non-state actors (private sector, academia and CSOs) have improved capacities to form innovative and effective partnerships on climate action and environmental management. 3.3: Civil Society, including youth and women's groups, empowered to demand transparency, accountability, and responsiveness from public institutions. 3.4: Justice and human rights institutions have strengthened technical and operational capacity to provide equitable access to quality services. 3.6: National planning institutions, development authorities and statistical agencies effectively produce SDG-informed policies, plans and reports.
Initiation Plan Start/End Dates:	April-December 2020
Implementing Partner:	UNDP

Brief Description

Ghana confirmed the first case of COVID-19 on 12 March 2020. Since then, the case incidence has risen sharply. UNDP is working in close coordination with the UN Country Team to support the Government in finalizing and implementing its response plan. In line with the three pillars of *COVID-19 UNDP's Integrated Response*, this Initiation Plan aims to:

1. promote safe and effective health care waste management (HCWM).
2. support inclusive risk communication, safeguard human rights and protect vulnerable groups.
3. protect jobs and safeguard SDG progress amidst COVID 19 and prepare for future potential pandemics.

Programme Period:	2018-2022	Total resources required	2,720,000
		Total allocated resources:	900,000
Atlas Project Number:	00127252	• Regular	900,000
Atlas Output ID:	00121159/60/61	• Other:	
		o Donor	_____
Gender Marker:	GEN2	o Donor	_____
		o Government	_____
		Unfunded budget:	1,820,000
		In-kind Contributions	_____

Agreed by UNDP:

I. PURPOSE AND EXPECTED OUTPUT

Ghana confirmed the first case of COVID-19 on 12 March 2020. Since then, the case incidence has risen sharply. As of 21 April 2020, a total of 1042 cases have been recorded, with 8 deaths (for updates: https://ghanahealthservice.org/covid19/) The Government of Ghana has taken a series of measures to contain the outbreak, including closure of schools; suspension of public gatherings; travel restrictions; closure of borders; and partial 3 week lockdown of hotspots (Accra and Kumasi – which however has been lifted as of 20 April 2020). Testing as well as contact tracing have been significantly increased. In its response government is also looking at the socioeconomic impact and putting significant resources towards support of the most vulnerable. Notable immediate response initiatives are the payment of water bills for all Ghanaian by Government and electricity bills for the poorest households also for the next three months. In addition, a soft loan scheme will be rolled-out to SMEs and a National COVID 19 Trust Fund has been set up. Government is working closely with the local manufacturers to increase local production on much needed medical and esp. PPE. The WB has committed $100m support to the government which will partially be used to procure equipment.

The UNCT has from day one been very closely coordinating under the leadership of the RC and a small Crisis Core Group, of which the UNDP RR a.i, is a member in addition to the WHO Representative, the Security Advisor and the UN Doctor. Several Crisis Response working groups are addressing the different aspects from contingency planning to programmatic responses and UNDP is participating in all except for the medical sub-working group. Through the sub-working group on Programme the joint UN Country Preparedness and Response Plan (CPRP) has been developed outlining the interventions of all UN partners on the ground building synergies and avoiding duplications. UNDP leads the socio economic and recovery aspect of the response. In partnership with UNICEF and the RCO the working group is coming up with data and evidence based analysis which will greatly complement what is already available, showing the interlinkages among all the different aspects and the SDGs, and will offer support and policy options, not just for the present time, when the main focus has to be containing the spread and saving lives, but also for the recovery period. The details of this work are captured in the Socioeconomic Impact Plan (SEIP). The plans are being presented to Government on April 23rd 2020. Meetings with Development Partners, WB, IMF, ADB and ECA will continue and there is coordination on the response amongst the different stakeholders.

In addition, a joint light programme criticality exercise was conducted for all four result areas of the UN Sustainable Development Partnership (UNSDP) clearly underlining the spirit of coordinated efforts of the entire system and allowing for all agencies to re-programme and refocus their activities during this time.

The CO has been coordinating and discussing with national partners on the response and the options for internal UNDP re-programming and the need for additional resource mobilization for key interventions in the short and medium term in support of the Response Plan that the Government of Ghana is currently finalizing. It is through these close interactions and the partnership with government that UNDP is focusing on the following challenges:

1. In a normal business situation, about 85% of the waste produced by health-care providers is comparable to domestic waste and usually called "non-hazardous" or "general health-care waste". Only about 25% is considered as hazardous that requires special treatment processes to reduce risks of infection to patients, hospital staff and nearby communities, as well as pollution of the environment. This scenario has changed in the context of the COVID-19 pandemic, as according to WHO, general waste contaminated with the COVID-19 virus or waste from an infected patient is considered as infectious waste, therefore requiring that safety measures for infectious waste are applied. Experiences from China and other countries show that the pandemic and its treatment processes has led to an increase in volumes of healthcare waste as well as elevated risk to workers. This therefore requires improved systems in healthcare waste management (especially infectious waste) and its associated subjects such as WASH and IPC.

In Ghana, UNDP in partnership with the Ministry of Health has been implementing a project since 2016 to promote the use of best environmental practices and best available techniques for effective Health Care Waste Management (HCWM), including the adoption of non-incineration waste treatment technologies.

➔ Accordingly, UNDP will work with its partners to: provide technical support to the COVID team in mainstreaming HCWM in the planning and investment to be made during this response period; build capacity of frontline health personnel to use proper HCWM practices building on the training modules already developed in collaboration with the School of Hygiene; support the Health Facilities Regulatory Authority (HEFRA) to increase its monitoring activities to enhance infection prevention and increased quality in healthcare delivery; procure consumables/PPES and support health care facilities to locally produce hand sanitisers to reduce risk of infections among patients and health personnel.

2. Risk communication is the exchange of real-time information and credible advice between experts and people facing threats to their health, economic or social well-being. Timely and regular risk communication is essential to flatten the curve by informing those at risk to change behaviors. Currently, risk communication in Ghana has been concentrated in the 3 identified epicenters which represents about 35% of the population leaving behind 65% of Ghanaians especially those living in the rural areas. Of particular concern are the hard to reach places and the vulnerable women and men who not receiving timely and regular communication of information from credible sources. Additionally, the primary language that has been used to communicate is English with a few of the audio-visual materials in 3 of the 9 government sponsored languages. Also, there has been a plethora of rumors and misinformation circulating in both mainstream and social media. Finally, there has been very limited effort to reach the over 3 million persons with disability with information in formats accessible by them. Thus overall, there remains a significant proportion of Ghanaians who are currently not receiving regular credible information to protect themselves and others against COVID-19.

➔ Accordingly, UNDP is seeking to support the Government of Ghana and WHO to provide inclusive risk communication for prevention, response and social cohesion to safeguard human rights and protect vulnerable groups in the national response to the COVID-19. The goal is to inform of the seriousness of the crisis and empower those at risk to make informed decisions and change behaviors to protect themselves and others. For the immediate, medium, and longer-term, we will support communication and engagement mechanisms, digital tools to disseminate accurate information to hard-to reach areas and vulnerable groups through various mediums as well as to identify and manage rumors and misinformation; conduct an advocacy campaign and promote education to reduce stigma; support human rights advocacy and provide human rights and community engagement training materials for security services; conduct an analysis on the gendered impact of COVID-19 in Ghana; develop trainings for corrections officials on health emergency preparedness and support enhancement of the institutional capacity to manage COVID-19 hotlines.

3. The socioeconomic impact of containment measures – including border closures, partial local down in hot spots (Accra and Kumasi) – threaten to reverse SDGs progress in Ghana and has put questions on regional efforts such as the African Continental Free Trade Area. The COVID-19 has also changed the way business is done. For example, online learning, teleworking, and mobile money usage have had a sharp rise straining capacities and creating urgency for digital transformation. Local manufacturing and use of locally produced goods and services is inevitable and this has created sharp increases in demand. It will also likely change the way SDGs are financing as giving may become the main stay for a long time to come. This means we cannot look at the socioeconomic impact of COVID-19 without consolidating these effects and institutionalized as we go along.

➔ Accordingly, UNDP will work with national partners to explore these issues, devise and in partnership deliver mechanisms to address them. Specifically, UNDP will work with partners on 5 issues. First, UNDP and partners will initiate structures to mobilize and consolidate efforts to protect jobs and safeguard SDG progress for Ghana that are linked from the district to the national. Second, UNDP and partners will identify, measure and track the social and economic impacts of COVID-19 on individuals and families, small and large businesses, and local and national economies. Third, UNDP and partners will re-imagine SDG financing architecture leveraging integrated national financing frameworks. Fourth, UNDP and partners

will support youth efforts. And lastly, UNDP and partners will identify policy solutions to deliver digital transformation to enable continuity as schools and business move online.

This Initiation Plan is in line with the three pillars of [COVID-19 UNDP's Integrated Response](#) as further detailed below.

Pillar One: Health Systems Support

Output 1.1.: **Health facilities and other high-risk areas are equipped with knowledge and tools to ensure effective health care waste management to prevent the rapid spread of COVID-19 infections**

Short-term interventions:
1. Provide technical support to National COVID 19 Team to integrate HCWM into national response to COVID-19.
2. Provide training to health care practitioners and other high-risk areas (e.g. quarantine facilities) on best HCWM practices to ensure safe handling of infected health care waste.
3. Support Health Facilities Regulatory Authority (HEFRA) to conduct monitoring of health care facilities.
4. Support preparation of self-made hand disinfection in health care facilities in accordance with WHO guidelines.
5. Procure consumables and Personal Protective Equipment for safe handling of HCMW and reduction of infection risks.

Medium-term interventions:
1. Procure and install autoclave treatment system and related equipment for safe disposal of hazardous health care waste.

Pillar Two: Inclusive and integrated Crisis Management and Responses

Output 2.1.: **Government of Ghana is better equipped with technical advice, tools and data to better plan, coordinate and monitor response structures and mechanisms in all relevant sectors in order to facilitate a well-targeted, effective and efficient response.**

Short-term interventions
1. Identify, measure and track social and economic impact of the COVID-19 on individuals and families, small and large businesses, and local and national economies
2. Conduct an analysis on the gendered impact of COVID-19 in Ghana to feed into the comprehensive socio-economic impact analysis
3. Develop and disseminate trainings for Corrections Officials on health emergency preparedness and support to contingency planning and management, in accordance with human rights-based approach to COVID-19. (GHS & WHO content)

Output 2.2: **Accurate and Gender sensitive information on COVID-19 spread and prevention by stakeholders are shared using appropriate innovative and traditional approaches**

Short-term interventions
1. Produce a TV and radio documentary on hygiene and infection prevention and control targeting PWD and other vulnerable groups.
2. Provide human rights and community engagement training materials for security services to promote social cohesion.

3. Support dissemination of timely, accurate and gender sensitive information on prevention and response to hard-to reach areas and groups through various mediums including billboards and SMS.
4. Conduct an advocacy campaign and promote education for public and health care workers to reduce stigma.

Medium and long-term interventions

1. Support Human Rights advocacy to strengthen human rights-based approaches to COVID-19 response.
2. Support communication and engagement mechanisms and digital tools to provide accurate information to vulnerable people (Ghana Health Service COVID-19 information)
3. Support enhancement of institutional capacities to manage COVID-19 hotlines

Output 2.3*: Enhanced capacity of the Government of Ghana to efficiently maintain key operations and to procure and pre-position supplies and equipment for COVID response

Short-term intervention

1. Support teleworking for key government Ministries, Departments and Agencies at all relevant levels.

Pillar Three: Addressing the Socio-economic Impact

Output 3.1: Jobs are protected, and SDG progress is safeguarded amidst the COVID 19 pandemic and in view of potential future pandemics

Short-term intervention

1. Initiate a COVID-19 Socio-economic Mitigation and Recovery structure to mobilize and consolidate efforts to protect jobs and safeguard SDG progress for Ghana.
2. Identify, measure and track the social and economic impacts of COVID-19 on individuals and families, small and large businesses, and local and national economies.
3. Re-imagine SDG financing architecture to protect jobs and safeguard SDG progress amidst COVID-19 and preparing for future pandemics, leveraging integrated national financing frameworks.
4. Support youth efforts in fighting COVID-19, protecting jobs and safeguarding SDG progress.

Identify policy solutions to deliver digital transformation amidst COVID-19 and enable continuity as schools and business move online.

II. MANAGEMENT ARRANGEMENTS

UNDP is working with government entities at different levels as responsible parties for the different activities under the three outputs. Letters of Agreements are signed clearly outlining the activities and responsibilities. All partners have either been micro-assessed or the funding amount falls under the HACT threshold. For most partners cash advances will be issued who will be reconciled on a regular basis but at least twice within the 6 months implementation period of the short-term initiatives. The CO has assigned Specialists at Team Leader level to the oversight of the fund management supported by programme associates and a PMSU function. For those initiatives implemented by UNDP, the DRR is holding the oversight function.

III. MONITORING

Activities	Aims	Frequency	Expected action	Responsible Parties
Monitoring activity implementation	To analyze the progress of activities and assess progress in achieving project outputs.	Weekly	If the progress is slower than expected, the UNDP COs will take measures to accelerate the progress.	UNDP Ghana
Monitoring for risk	To identify specific risks, including financial risks, that may affect the achievement of expected outputs and monitor the implementation of risk management measures.	When needed	The Country Office will identify the risks and act to manage the risks. identified risks and measures taken will be tracked	UNDP Ghana
Final review and progress report	At the end of Initiation period, the final assessment will be carried out, summarizing the project's experience and lessons learned.	End of Initiation Plan Period	For identified issues such as delayed schedules, the management group should develop solutions in a timely manner, determine the implementation plan, and effectively solve problems.	UNDP Ghana

IV.   WORK PLAN

Period: April-December 2020

EXPECTED OUTPUTS and indicators including targets	PLANNED ACTIVITIES	TIMEFRAME			RESPONSIBLE PARTY	PLANNED BUDGET		
		Q2	Q3	Q4		Source of Funds	Budget Description	Amount
OUTPUT 1.1: Vulnerable groups, health facilities and other high-risk areas are equipped with consumables and infection control supplies to prevent the rapid spread of COVID-19 infections INDICATORS: 1.1.1: HCWM is adequately mainstreamed in national response documentation. 1.1.2. Number of health care facilities whose frontline staff have been trained on HCWM 1.1.3 Number of health care facilities receiving consumables, PPEs and support for preparation of self-hand disinfection BASELINE 1.1.1: No 1.1.2: 8 1.1.3: 0 TARGET 1.1.1: Yes 1.1.2: At least additional 3 1.1.3: At least 3	Provide training to health care practitioners on best HCWM practices to ensure safe handling of infected health care waste.	X	X		MoH	Core Resources/un-funded	Travel Printing	25,000
	Support Health Facilities Regulatory Authority (HEFRA) to conduct monitoring of health care facilities.	X	X		HEFRA	Core Resources/un-funded	Travel Printing	125,000
	Support preparation of self-made hand disinfection in health care facilities in accordance with WHO guidelines.	X	X		Korle-Bu Teaching Hospital	CIF/un-funded	Supplies Travel Printing	100,000
	Procure consumables and Personal Protective Equipment for safe handling of HCMW and reduction of infection risks.	X	X		UNDP and MoH	Core Resources/un-funded	Supplies Travel	250,000
	Procure and install autoclave treatment system and related equipment for safe disposal of hazardous health care waste		X	X	UNDP and MoH	un-funded	Supplies	470,000
	Provide technical support to National COVID 19 Team to integrate HCWM into national response to COVID-19.	X	X		UNDP	GEF Regional Project/ un-funded	Salaries Travel Printing	30,000
							Subtotal Pillar 1	**1,000,000**
							Funded	**180,000**
							Unfunded	**820,000**

Output	Activity	Q1	Q2	Q3	Responsible	Funding	Description	Amount
Output 2.1.: **Government of Ghana is better equipped with technical advice, tools and data to better plan, coordinate and monitor response structures and mechanisms in all relevant sectors in order to facilitate a well-targeted, effective and efficient response.** INDICATORS: 2.1.1: % of GoG response based on evidence and data from Analysis/assessment BASELINE: 2.1.1: tbd TARGET: 2.1.1: tbd	Conduct an analysis on the gendered impact of COVID-19 in Ghana to feed into the comprehensive socio-economic impact analysis	X	X		UNDP	Core Resources/un-funded	Consultant	20,000
	Develop and disseminate trainings for Corrections Officials on health emergency preparedness and support to contingency planning and management, in accordance with human rights-based approach to COVID-19. (GHS & WHO content)		X		UNDP/GHS	unfunded		50,000
Output 2.2: **Accurate and Gender sensitive information on COVID-19 spread and prevention by stakeholders are shared using appropriate innovative and traditional approaches** INDICATORS: 2.2.1: Number of Metropolitan, Municipal and districts receiving risk communication 2.2.2.: Number of vulnerable people reached with risk communication (women and men disaggregated) BASELINE: Indicator 2.2.1: 0 Indicator 2.2.2: 0 women, 0 men TARGET Indicator 2.2.1: 254 Metropolitan, Municipal and Districts (no less than 10 districts per region)	Produce a TV and radio documentary on hygiene and infection prevention and control targeting PWD and other vulnerable groups.	X	X		UNDP/GHS/WHO	Core resources/un-funded		75,000
	Provide human rights and community engagement training materials for security services to promote social cohesion.	X	X		UNDP	unfunded		50,000
	Support dissemination of timely, accurate and gender sensitive information on prevention and response to hard-to reach areas and groups through various mediums including billboards and sms	X	X	X	UNDP, GHS, WHO	Core resources/un-funded	Materials, Communication, copy editing, printing, publishing, broadcasting, dissemination.	255,000
	Conduct an advocacy campaign and promote education for public and health care workers to reduce stigma.	X	X		UNDP, GHS, WHO	Core resources/un-funded		100,000
	Support Human Rights advocacy to strengthen human rights-based approaches to COVID-19 response.	X	X	X	UNDP, CHRAJ WHO	Core resources/un-funded		100,000
	Support communication and engagement mechanisms and digital tools to provide accurate information to vulnerable people (Ghana Health Service COVID-19 information)	X	X	X	UNDP	Core resources/un-funded		200,000

Indicator 2.2.2: 1,500,000 vulnerable women and 1,000,000 vulnerable men	Support enhancement of institutional capacities to manage COVID-19 hotlines	X	X	X	GHS	Core resources/un-funded		100,000
Output 2.3*: Enhanced capacity of the Government of Ghana to efficiently maintain key operations for COVID response INDICATORS: 2.3.1 Number of partner entities who are connecting remotely for discussions and meetings using the newly provided technology BASELINE: 2.3.1: 0 TARGET: 2.3.1: 30	Provide teleworking licenses (Zoom) for key government Ministries, Departments and Agencies at all relevant levels	X	X	X	UNDP	Core resources/un-funded	IT Software/Licenses	10,000
						Subtotal Pillar 2	**960,000**
						Funded	**270,000**
						Unfunded	**690,000**
OUTPUT 3.1: Jobs are protected, and SDG progress is safeguarded amidst the COVID 19 pandemic and in view of potential future pandemics INDICATORS 3.1.1: Number of recovery, financing structures established at national and district level	Initiate a COVID-19 Socio-economic Mitigation and Recovery structure to mobilize and consolidate efforts to protect jobs and safeguard SDG progress for Ghana.	X	X	X	UNDP, MOF, NDPC	Core resources/un-funded	Contractual services, equipment and supplies	150,000
	Identify, measure and track the social and economic impacts of COVID-19 on individuals and families, small and large businesses, and local and national economies.	X	X	X	GSS, ISSER, NDPC, UNDP, MOP	Core resources/un-funded	Travel, contractual services, supplies.	295,000
3.1.2: Number of analytical reports/ briefing notes /presentations /webinars on impact and digital transformation	Re-imagine SDG financing architecture to protect jobs and safeguard SDG progress amidst COVID-19 and preparing for future pandemics, leveraging integrated national financing frameworks.	X	X	X	UNDP, MoF,MoP, OOP	Core resources/un-funded	Contractual services, equipment and supplies	100,000
3.1.3: Number of youth supported/recognized for their efforts	Support youth efforts in fighting COVID-19, protecting jobs and safeguarding SDG progress.	X	X	X	NYA	Core resources/un-funded	Contractual services, equipment and supplies	100,000

	Identify policy solutions to deliver digital transformation amidst COVID-19 and enable continuity as schools and business move online.	X	X	X	OOP, Tecos	Core resources/un-funded	Contractual services, equipment and supplies	105,000
BASELINE: 3.1.1: 0 3.1.2: 0 3.1.3: 0 TARGET: 3.1.1: 10 3.1.2: 6 3.1.3: 2000								
							Subtotal Pillar 3	**750,000**
							Funded	**450,000**
							Unfunded	**300,000**
Monitoring	*Monitor, track results progress, and manage risk*	x	x	x	UNDP, GHS			10,000
							Total	**2,720,000**
							Funded	**900,000**
							Unfunded	**1,820,000**