



Students wear masks to prevent the spread of COVID-19 at a UNICEF-supported junior high school in Nyankpala, Northern Region. They are preparing to take the Basic Education Certificate Exam.

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for every child

Humanitarian Action for Children

Ghana

HIGHLIGHTS

- Ghana has confirmed the second highest number of COVID-19 cases in the West and Central Africa region, after Nigeria, and the fifth highest number of cases in the World Health Organization (WHO) Africa region.¹ As the strain of the pandemic adds to existing risks, such as disease outbreaks, floods, earthquakes and spillover of armed violence from the Central Sahel, there is an urgent need to reinforce coordination mechanisms and community structures for preparedness and response.
- UNICEF's strategy in Ghana involves protecting children and their families from exposure to COVID-19, minimizing mortality and supporting the continuity of services while ensuring preparedness for potential humanitarian crises.²
- UNICEF is requesting US\$26.9 million to respond to the COVID-19 crisis and support emergency preparedness in Ghana in 2021.

IN NEED

6.8 million
people³

3.5 million
children⁴

TO BE REACHED

2.4 million
people⁵

1.4 million
children⁶

KEY PLANNED TARGETS



16,424

children admitted for
treatment for severe acute
malnutrition



120,000

women and children
accessing gender-based
violence risk
mitigation/prevention/response



1.4 million

children accessing
educational services



256,500

households reached with
cash transfers where
UNICEF provided technical
assistance

FUNDING REQUIREMENTS

US\$ 26.9
million

HUMANITARIAN SITUATION AND NEEDS

Ghana has confirmed the second highest number of COVID-19 cases in the West and Central Africa region, after Nigeria, and the fifth highest number of cases in the WHO Africa region.⁸ The Greater Accra and Ashanti regions have been most severely affected.⁹

The suspension of learning in more than 42,000 schools across the country due to the pandemic has adversely affected some 9.2 million basic education students, 500,000 tertiary education students, 450,000 teachers and 1,500 teacher educators directly employed by the Government.¹⁰ School closures have also impacted 61 schools for children with disabilities, impacting over 7,600 vulnerable learners.¹¹

Across the country, limited access to water, sanitation and hygiene (WASH) facilities is undermining effective infection prevention and control. More than half of the population of Ghana has not adopted effective handwashing with soap on a regular basis.¹² Three basic schools in five lack a safe water supply, and two in five lack sanitation facilities.¹³ Health sector data show that about 25 per cent of health centres lack adequate water and sanitation facilities.¹⁴ The COVID-19 crisis led to a reduction in social service coverage and impacted nutrition treatment and prevention services delivered through health and school platforms.⁷

Rapid assessments conducted by UNICEF and partners indicate that violence and abuse at home may be on the rise in the context of the COVID-19 pandemic. Thirty-two per cent of adolescents and young people reported having observed increased abusive behaviour within their families during the past two months, including financial abuse (34 per cent), emotional abuse (32 per cent), physical abuse (17 per cent), sexual abuse (10 per cent) and mental/psychological abuse (7 per cent). In addition, 32 per cent of respondents felt that caregivers treated them more harshly than before. Evidence also shows that there is a strong increase in child abuse cases and a decline in violence prevention programming (77 per cent decline) in the Greater Accra and Ashanti regions.¹⁵

Beyond the health impacts of the pandemic, the socio-economic impacts of COVID-19 are expected to be wide-ranging in Ghana, and will pose a serious threat to poverty reduction and progress towards the Sustainable Development Goals. In 2019, 6.8 million Ghanaians were living in poverty, including 2.4 million Ghanaians who were extremely poor.¹⁶ Nearly three quarters of children in Ghana are deprived in three or more poverty dimensions; for children under 5 years, this proportion is even higher at nearly 83 per cent.¹⁶

SECTOR NEEDS



Nutrition

538,000 children under 5 years need nutrition services¹⁷



Health

500,000 children and women need health care¹⁸



Child protection, GBViE and PSEA

150,000 children need psychosocial support^{19,20}



Education

1.4 million children are out of school²¹

STORY FROM THE FIELD



Fuseini uses a pedal-operated handwashing station provided by UNICEF in the Taha Community in Tamale, Northern Region.

HUMANITARIAN STRATEGY

UNICEF and partners will support the Government's response to the COVID-19 pandemic, protect children and families from exposure to the virus, minimize mortality and ensure service continuity. These interventions will align with key global and national frameworks designed to identify gaps and target the most vulnerable groups, especially in high-risk areas.

Building on ongoing initiatives within the United Nations system and with other partners,²³ UNICEF will strengthen service delivery systems, considering the needs of women, girls and people with disabilities, and consolidating the gains made in early childhood development. UNICEF's humanitarian strategy in Ghana is aligned with its sector accountabilities and comparative advantages.

Key elements in UNICEF's response will include: facilitating risk communication and community engagement; supporting infection prevention and control; conducting disease surveillance; promoting the continuity of health services; promoting optimal nutrition practices; providing treatment for children with severe acute malnutrition (SAM); providing supplies and logistical support; and developing learning tools for remote/distance learning. Drawing on lessons from the 2019 cash response, in 2020, UNICEF will provide technical and financial support to the Government to temporarily scale up cash transfers provided through the national social protection programme to reach additional households.²⁴ UNICEF will also support national and sub-national planning and coordination for WASH, nutrition, health, education and child protection.

Noting that the COVID-19 outbreak has severely stretched emergency response capacities in Ghana, UNICEF will also strengthen preparedness, coordination mechanisms and community structures to confront other humanitarian risks. This work will draw on the linkages between UNICEF humanitarian action and development programming. The UNICEF communication for development programme will also work with partners to improve preparedness through risk communication and community engagement strategies.

UNICEF will strengthen the capacities of key district-level actors on child protection and gender-based violence case management and family tracing and reunification services. Counterparts will be equipped to provide psychosocial support and prevention services focused on sexual and gender-based violence and violence against children, and build individual and community resilience. UNICEF will support education preparedness and strengthen sector resilience, targeting the most vulnerable. Key WASH supplies will be pre-positioned to address the immediate needs of the most vulnerable people. UNICEF will also address gaps in skills and knowledge at the front-line and coordination levels. Laboratory services will be strengthened to improve diagnosis and the capacities of front-line health workers will be strengthened on infection prevention and control, cold chain management²² and essential health service delivery.

2021 PROGRAMME TARGETS



Nutrition

- **16,424** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **80,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **340,000** adolescent girls receiving iron and folic acid or multiple micronutrient supplements



Health

- **500,000** children and women accessing primary health care in UNICEF-supported facilities
- **30,000** people who received diagnostic and treatment services for COVID-19



Water, sanitation and hygiene

- **30,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene²⁵
- **40,000** children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces
- **50,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services
- **340,000** people reached with key hygiene messages, services and/or supplies, including handwashing with soap



Child protection, GBViE and PSEA

- **120,000** children and caregivers accessing mental health and psychosocial support
- **120,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **3,500** people with access to safe channels to report sexual exploitation and abuse
- **3,500** unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services



Education

- **1,383,576** children accessing formal or non-formal education, including early learning
- **1,383,576** children receiving individual learning materials
- **10,545** schools implementing safe school protocols (infection prevention and control)



Social protection and cash transfers

- **256,500** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding

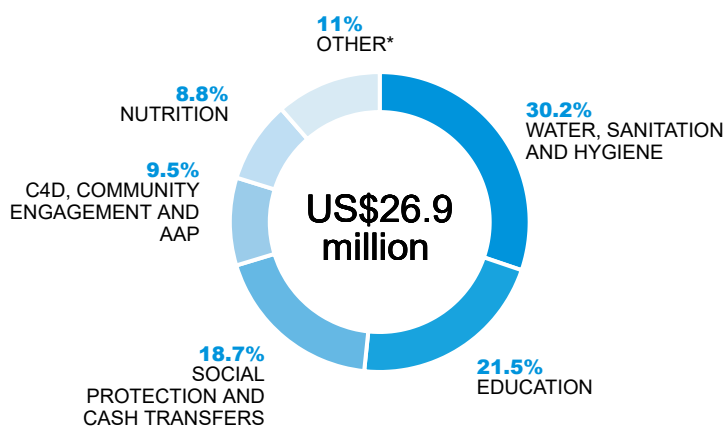


C4D, community engagement and AAP

- **1,000,000** people participating in engagement actions for social and behavioural change
- **6,000,000** people reached through messaging on key health behaviours, available social services and response to COVID-19²⁶
- **200,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US\$26.9 million to reach 2.4 million people (including 1.4 million children) in need of humanitarian assistance in the context of the COVID-19 pandemic, and strengthen multi-hazard preparedness, focusing on women and adolescents. This funding will enable UNICEF to support the return to school; prevent malnutrition; facilitate access to essential services; support risk communication and community engagement; and provide SAM treatment, mental health and psychosocial support, WASH services and materials and cash transfers. These funds will also facilitate enhanced preparedness for epidemics, floods, earthquakes and the spillover of the Central Sahel crisis and other situations requiring a humanitarian response. UNICEF's humanitarian response in Ghana will be key to addressing the needs of the 2.4 million people living in extreme poverty who will be most affected by the COVID-19 pandemic. Without adequate funding for humanitarian response, the situation of these people – especially children, adolescents and women – could be further aggravated by other humanitarian risks.



Sector	2021 requirements (US\$)
Nutrition	2,372,597
Health	1,900,000
Water, sanitation and hygiene	8,140,000 ²⁷
Child protection, GBViE and PSEA	1,175,000 ²⁸
Education	5,780,805
Social protection and cash transfers	5,030,000
C4D, community engagement and AAP	2,550,000
Total	26,948,402

*This includes costs from other sectors/interventions : Health (7.1%), Child protection, GBViE and PSEA (4.4%).

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ENDNOTES

1. Johns Hopkins Coronavirus Resource Center, 2020.
2. Ghana Inter-Agency Multi Hazard Contingency Plan 2017-2018.
3. In the absence of an inter-agency needs assessment, UNICEF Ghana has decided to use the most recent Ghana Living Standards Survey (June 2019) and use the population living below poverty line (i.e., 6.8 million) as the number of people in need of support.
4. Ibid.
5. Out of the 2.4 million people in need, 2.4 million are reportedly suffering from extreme poverty. UNICEF Ghana has therefore decided to target the extremely poor for its response in 2021. The figures may change once the inter-agency assessments and response plans are released. The overall number of people to be reached (i.e., 2.4 million) includes 1.4 million children (targeted for education and SAM treatment) and 1 million adults to be reached directly by interactive inter-personal engagement actions under communication for development. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. The total number of children to be reached is 1.4 million, including 1,383,576 children targeted for education and 16,424 children targeted for SAM treatment.
7. This is based on an analysis of routine health data by the Ghana Health Service, August 2020.
8. Johns Hopkins Coronavirus Resource Center, 2020.
9. Estimated based on WHO and Ghana Health Service data, 2020.
10. Ministry of Education, 'COVID-19 Coordinated Education Response Plan for Ghana', 2020.
11. Ibid.
12. Ghana Bureau of Statistical Service, Ghana Multiple Indicator Cluster Survey 2017-2018, 2019.
13. Ministry of Education Education Information System, 2019.
14. Ghana Health Service, Assessment of WASH in Healthcare Facilities in Tatale-Sangule and Kpandai Districts, 2016-2017.
15. United Nations Children's Fund, 'Rapid Assessment on Violence and Abuse at Home in Ghana', 2020; United Nations Children's Fund and Local Government Service - Ghana, 'Stocktaking on the Impact of COVID-19 on Social Service Delivery at 260 MMDAs', 2 June 2020.
16. Ghana Living Standards Survey 7.
17. This is an estimate based on UNICEF and World Food Programme (WFP) data, April 2020.
18. This is a UNICEF estimate based on discussions with the Ghana Health Services.
19. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
20. Ministry of Local Government and Rural Development, Child Protection Toolkit; and 'Rapid Assessment on Violence and Abuse at Home in Ghana'.
21. Ghana Living Standards Survey 7.
22. The polio outbreak in Ghana has led the country to mount an emergency response (accentuated due to COVID-19). The response includes large-scale campaigns, which need added technical support, supervision and resources, including cold chain equipment.
23. The United Nations has developed a COVID-19 Socio-Economic Response Plan to which UNICEF actively contributes. It is comprised of five pillars: (1) protecting health services and systems during the crisis; (2) protecting people; (3) economic response and recovery; (4) the macroeconomic response and multilateral collaboration; and (5) social cohesion and community resilience.
24. In 2019, UNICEF supported the national Livelihood Empowerment against Poverty cash transfer programme to deliver extraordinary payments to existing beneficiaries, reaching approximately 1.5 of the 2.4 million people living in extreme poverty. Monitoring indicated the emergency payments were an important lifeline to already very poor families and children.
25. This targets vulnerable/hard-to-reach communities.
26. This intervention is interactive through the Agoos IVR platform, SHE+ calls, community radio station discussions and social media platforms. People can ask questions, provide feedback and share concerns. The targeted population is larger than the total number of people/children to be reached because the target also includes mass media outreach.
27. The high unit cost is driven primarily by capital intensive service provision/ rehabilitation of health facilities, and more critically, the provision of services to hard-to-serve communities (most deprived and vulnerable populations). While these interventions do not typically reach large numbers, they do generate high impact in terms of infection prevention and control and secondary health impacts. The more extensive WASH behaviour change communication and outreach interventions are covered under communication for development work to avoid double counting.
28. This includes US\$400,000 for gender-based violence interventions and US\$775,000 for child protection interventions.