



**The UN COVID-19 Response and Recovery Multi-Partner Trust Fund**

**(UN COVID-19 MPTF)**

**Proposal Template**

**Proposal Title: Addressing gaps in Ghana's Pandemic Response for the most vulnerable populations**

**Amount: \$ 1 million**

**I. Immediate Socio-Economic Response to COVID-19**

*Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]*

The Government of Ghana (GoG) has set out five key objectives to combat the pandemic in Ghana: (1) Limit and stop the importation of the virus; (2) Contain its spread (3) Provide adequate care for the sick (4) Limit the impact on social and economic life and; (5) Inspire the expansion of its domestic capability and deepen its self-reliance.

The GoG responded decisively and early by shutting borders, imposing a lockdown in key metropolitan areas, and initiating mass testing and public communications. The first two COVID-19 cases were reported in Ghana on 12 March 2020 and have since escalated to 5,127 (regionally distributed as Greater Accra 3,981; Ashanti 662, Eastern 99, Northern 16, Oti 24, Volta 33, Central 154, Upper West 21, Upper East 26, North East 2 and Bono East 1), with 22 deaths and 494 recoveries as at 12 of May 2020. This works to a recovery rate of about 9.6% and mortality rate of about 0.4%.

In immediate response to the socio-economic repercussions of the pandemic, the GoG has for the next three months until June 2020, waived a) fees for all mobile money transfers of GH¢100 and below b) all fees for low-income consumers of electricity (as well as offered a 50% fee reduction to all other users), and c) water bills. Additionally, it has issued a three-month tax break for all Ghanaians as well as a 50% basic salary top-up for all front-line health staff and providing many of them with free public transport. It is however worthy to note that most of the measures adopted did not take into consideration existing gender inequalities and the differential impacts of COVID 19 on the various segments of the population, including women and girls who often face specific vulnerabilities and who shoulder more unpaid care responsibilities, which make them more affected by the effects of the pandemic.

They are also not age-responsive and do not pay sufficient attention to the most vulnerable and marginalized sections of the population<sup>1</sup>. Furthermore, the crisis has brought a disruption to economic activities, especially affecting the self-employed who have been forced to temporarily shut down in some cases. The interruption of sources of income has placed both financial and psychological burden on breadwinners, who are mostly men. This tension on household financing and interruption of income sources, coupled with panic and anxiety surrounding transmission of the virus, as well as social norms surrounding the ability of men to provide for and be responsible for their families is translating to heightened tensions and increasing the vulnerability of household members, particularly women and girls to SGBV and other negative coping mechanisms by men.

In addition, these measures are exacting a heavy toll on the formal economy, including on the hospitality industry, where a large number of women are employed in a variety of roles, decline in trading volumes and values due to disruption in the supply chain, contraction in Foreign Direct Investment (FDI) flows to Ghana due to uncertainties, disruption of international and domestic agriculture value chains. All of this, as well as reduction in tax collection, is resulting in a significant net loss of government revenue. In response, the GoG reached out to donors and IFI's for support, resulting in a 1 billion USD credit from the IMF and a 100 million USD credit from the World Bank, with other donors still expected to contribute.

Despite the capacity of health systems to maintain routine service delivery in addition to managing COVID-19 cases, a significant increase in caseloads and/or reduction in the health workforce due to infection of health staff and redeployment require strategic shifts to ensure that increasingly limited resources provide maximum benefit for the population. The immediate concern is for the rapidly increasing burden of caseload and testing requirements generated by the COVID-19 outbreak. As the system becomes overwhelmed, the threat of both direct mortality from the outbreak as well as indirect mortality from vaccine-preventable and other treatable conditions will increase dramatically<sup>2</sup> affecting disproportionately the most vulnerable population.

Many routine and elective services, including immunization and access to life-saving reproductive health services, may be postponed or suspended. The public perception that it may be risky to go to a health facility out of fear of being infected, or the very inability to go because of transport and economic restriction means that people are less likely to practice health-seeking behavior and receive preventative or early care. This is particularly critical among women, who because of gender inequalities in terms of decision-making power, socio-economic status and socio-cultural factors, face greater barriers in accessing healthcare during the pandemic. In addition, disadvantaged groups have limited access due to socioeconomic, geographic and cultural reasons.

As the number of COVID-19 cases increase in Ghana, the importance of improved safe hygiene practices and WASH services heightens. Enhancing water supply and access to basic sanitation is fundamental to protect the wellbeing of the most vulnerable people, especially women and girls who are disproportionately affected by a lack of access to clean water and adequate sanitation.

The use of double payments for the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme is an important measure in the short term to ensure purchasing power of the poorest in the time of initial lockdown. If the crisis is expected to expand, however, expediting payments or covering the same "poorest" target group will be inadequate. There are extensive segments of the

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<sup>1</sup><https://newsghana.com.gh/covid-19-frontline-health-workers-to-receive-top-up-of-half-basic-salary/>;  
<https://citinewsroom.com/2020/04/akufo-addo-announces-free-water-for-ghanaians-as-government-intensifies-covid-19-fight/>;

<sup>2</sup> WHO COVID-19: Operational guidance for maintaining essential health services during an outbreak 25 March 2020:  
<https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

population that are newly vulnerable because of the pandemic and that are not covered, many of them being women working in vulnerable employment in the informal sector. The cost of living is also increasing rapidly. In March, basic commodities went up ranging from 4-8% prices<sup>3</sup> and although there exists the hope that the suspension of the lockdown will cause reductions in prices, the disruption of supply chains, as well as the possible need for future lockdowns, may result in further increases, which will disproportionately affect the poor and vulnerable.

The negative socioeconomic implications on the most vulnerable populations have become evident with demonstrated significant risks in basic essential service areas receiving less attention other than the health sector. In spite of some mitigation measures introduced by the government attention is needed to address issues of sexual and gender-based violence (SGBV), child protection, stigma and discrimination.

Emerging reports<sup>4</sup> shows that violence against women, girls and boys has intensified since the COVID-19 outbreak. The pandemic has led to a significant upsurge in violence against women and children due to increased tensions in the household<sup>5</sup>. This can be attributed to increased financial constraints coupled with panic and anxiety surrounding the transmission of the virus. Additionally, an increasing number of COVID-19 health staff and persons who have recovered and their families have reported suffering stigma and discrimination. Health workers<sup>6</sup>, recovered COVID patients<sup>7</sup>, and hawkers<sup>8</sup> mostly women in outbreak areas are stigmatized by communities denying them services such as refusing to sell to or buy from them, denying them access to commercial vehicles and shunning their company. The President of the Republic has stated that he has noticed the increase in stigmatization with great concern<sup>9</sup>.

This proposal seeks to empower the Ghana UNCT to provide the GoG with support on a cross-sectoral response addressing the above themes, with focus on vulnerable low-income and high-density urban areas within the epicenter of the pandemic in Greater Accra. The project will also ensure that the overall COVID-19 response is gender and age-sensitive by assessing the differential impact of the COVID-19 crisis on women girls, boys and men and ensuring that their different concerns, experiences and needs are fully factored into the design, implementation and monitoring and evaluation of the project. In addition, whenever necessary, targeted, women-specific interventions will be implemented.

## II. Solutions proposed

*Please provide a summary of the proposal. [1,000 word limit]*

The UNCT seeks to support GoG to address gaps under three main pillars:

**Pillar 1: Continuity of essential health (including TB, HIV treatment, immunization, child and maternal health), nutrition services and access to safe water and hygiene infrastructure (such**

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<sup>3</sup> <https://esoko.com/food-prices-in-ghana-march-2020/>

<sup>4</sup> [Domestic abuse cases could escalate during coronavirus crisis: experts](#)  
[Coronavirus: I'm in lockdown with my abuser](#)

<sup>5</sup> [COVID-19 lockdown: Govt to decide on the fate of over 200 pregnant kayayei](#)

<sup>6</sup> [Merck Foundation in partnership Ghana First Lady support casual and daily workers affected by Coronavirus lockdown](#)

<sup>7</sup> [Stigmatization against health workers](#)

<sup>8</sup> [Father laments stigma despite COVID-19 recovery](#)

<sup>9</sup> [Coronavirus: Stigmatization killing our businesses](#)

<sup>9</sup> [The President's Address to The Nation- 19-04-2020](#)

**as provision of running water and handwashing facilities) for at-risk populations are ensured and gender responsive.**

With the spread of COVID-19 infection across the world, the health system must ensure continued access to quality health and nutrition services such as antenatal care, postnatal, immunization, growth monitoring, and promotion. Maintaining these services is critical to protect children and women particularly those living in the congested urban settings, informal settlements and slums. Additionally, to prevent, mitigate and respond to the negative impact of COVID-19, safe water, sanitation and good hygienic practices are essential to protect personal and public health. Ensuring WASH and waste management practices in communities, marketplaces, and health care facilities will help prevent the transmission of the COVID-19 virus.

The supporting activities will be as follows:

1. Develop guidelines and protocols to guide the continuity of delivery of Reproductive Maternal, Newborn, Child Health and Nutrition (RMNCHN) as well as TB, HIV and non-communicable diseases related services in the context of COVID-19 at the facility level and orient service providers to provide gender responsive services.
2. Develop technical guidance and provision of supplies for early detection and management of malnutrition and support infant and young child feeding programs.
3. Build capacity of service providers on infection prevention and required equipment in affected areas during routine service provision and deliver key messages on MNCHN and appropriately care for malnourished children in the context of COVID-19.
4. Support supervisory visits of health facilities to ensure service continuity and guide/orient health staff with focus on services for vulnerable groups.
5. Design and disseminate messaging targeting vulnerable groups on the need to continue access to essential health services (including RMNCHN and immunization) to avert avoidable morbidity and mortality. This will include information to empower women to make decisions concerning their health and that of their children.
6. Distribute critical WASH supplies and protective equipment for health centers and, environmental staff and among high-risk population groups
7. Promoting handwashing and hygiene inspections in public places and health facilities to disseminate preventive WASH practices among at-risk group
8. Provide health facilities and public space access to safe water and HWW infrastructure by improving pipe connections, providing water storage capacity, distributing veronica buckets and/or HWW stands.

**Pillar 2: Government has increased capacity in designing and implementing Covid-19 related Social Protection measures including basic services, mainstreaming the needs of specific vulnerable groups, including girls and women.**

Whilst the GoG has a primary responsibility for delivering social protection measures including cash transfers using its own resources, and is currently looking at options to use them in response and recovery for COVID-19, technical work and high-level advocacy is necessary to ensure inclusion of the most vulnerable group - especially girls and women that are particularly vulnerable to the effects of the pandemic. The UN plays a fundamental role in supporting the design, strengthening and monitoring of social protection interventions and ensuring no one is left behind during this critical period.

Technical assistance and high-level advocacy are critical to put the GoG in a position to respond with cash transfers benefiting the most vulnerable. UN agencies provide continuous support by analyzing and sharing evidence of the evolving impact of the crisis on the most vulnerable and marginalized populations and providing concrete recommendations for how the government can respond in favour of those groups. As Social Protection measures are implemented, ensuring that these interventions reach the most vulnerable persons effectively requires a solid communication and monitoring and evaluation strategy.

The primary activities will include:

1. Develop a costed rationale for expansion of SP in technical dialogue with the LEAP<sup>10</sup> Unit, MoGCSP and other Social Protection actors, specifically in addressing the needs of vulnerable groups including girls and women;
2. Deliver specific technical analysis, recommendations and compelling arguments to the MoF, MoGCSP and donors to engage significant financial commitments to scale up social protection responses;
3. Support the government in identifying specific target groups for Social Protection expansion by highlighting the conclusions arising from joint UN vulnerability assessments and specific avenues for targeting these groups, including girls and women;
4. Support communications campaigns to accompany the intervention to ensure that recipients and the public at large understand how to apply if they are eligible and how to give feedback if they are facing bottlenecks in access. Communications will also include behavior-change components to support the reduction of the spread of transmission and address stigma- and other issues related to the vulnerabilities of girls and women.
5. Support SP coordination bodies by ensuring regular reflections on achievements versus objectives, changing circumstances, best practices and bottlenecks.

### **Pillar 3: Enhanced access to SGBV and anti-stigma information and essential services for vulnerable groups for effective prevention, mitigation, and response to COVID 19 impacts.**

Though the government implemented swift measures to contain the spread of COVID-19, socio-economic consequences have begun to show. This is due to insufficient focus on addressing other related impacts such as SGBV, stigma and discrimination affecting women, men, children and adolescents particularly in the slums and poor communities within COVID hotspots. The UN will support the GoG to fill gaps in providing essential assistance to mitigate SGBV, stigma and discrimination for populations not reached or newly vulnerable urban populations. For instance, the UN has supported the Domestic Violence and Victims Support Unit (DOVVSU) to reactivate an emergency hotline to enhance SGBV reporting and response. However, without additional support, DOVVSU may not be able to keep up with the demand creating further harm. Thus, the focus will be to empower potential victims with the relevant knowledge to access and utilize basic essential services. The fund will support the following initiatives:

1. Conduct rapid assessments and surveys to generate data on the impact of COVID-19 on vulnerable populations (Kayayei<sup>11</sup> and potential victims of stigma and discrimination) to ensure gender and human rights responsive interventions.

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<sup>10</sup> The Livelihood Empowerment Against Poverty (LEAP) is a cash transfer programme introduced by the Government of Ghana (GOG) in 2008, for extremely poor and vulnerable households

<sup>11</sup> Migrant female head porters are popularly known as Kayayei in Ghana

2. Facilitate community engagements to ensure that potential victims know how to avoid SGBV and stigma and report when it happens; as well as providing psychosocial support to help potential perpetrators find alternatives to negative behavior.
3. Strengthen existing systems and capacity of critical staff to prevent and respond to SGBV and stigma related cases
4. Provide basic essential services (dignity packs, health, shelter and psychosocial support services) to guarantee the dignity of potential victims and survivors of SGBV.
5. Provide social workers and staff members of DOVVSU with personal protection and hygiene material, for effective prevention and response to cases of violence against children and women.

### III. What is the specific need/problem the intervention seeks to address?

*Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500-word limit]*

#### **HEALTH**

- Due to COVID-19, key health interventions provided in facilities or outreach are not reaching the intended populations. This has resulted in lower coverage of services which will ultimately lead to increased morbidity and mortality from preventable and treatable conditions in vulnerable groups like women, children and adolescents. According to GHS April 2019 DHIMS, Antenatal Clinic attendance decreased from 74.9 in Feb to 66.44 in March 2020. Similarly, Penta3 coverage under 1 dropped from 95.4% to 81.1%. Inadequate PPEs for healthcare providers and clients as needed e.g. for Antenatal Care (ANC), Labor and Delivery, Postnatal Care (PNC) and Child Welfare Clinic (CWC) is affecting service delivery. Outreach services and home visits have been put on hold. Most of these services are utilized by women. There is a need to empower them to demand for and utilize these services even during the pandemic. Lack of access would compromise their health and that of their families. There are challenges with ensuring good patient flow to avoid overcrowding at the facilities and Infection Prevention and Control facilities/equipment for healthcare providers and clients are inadequate. Similarly, there is possible aversion of service uptake by those affected for fear of infection.
- Outreach vaccination sessions are interrupted. This will result in a considerable number of children not getting the needed vaccines/protection and eventually lead to build up of susceptible children with possible epidemics of vaccine preventable diseases.
- There is also a risk of poor utilization of Family Planning/contraception services. This will increase the likelihood of unintended pregnancies and unsafe abortions putting women, including adolescents at risk; heightening the gender inequalities reflected in some women's lack of influence in decision-making over their sexual and reproductive lives during this period.
- Movement of essential medication and testing logistics are likely to be hindered for diseases with longer term treatment like TB, HIV and NCDs such as diabetes. As people with diabetes mellitus and Hypertension are prone to infection and higher severity by COVID-19, there is a need for even better infection prevention measures during service provision.
- Some clients are reticent about visiting health facilities because of fear of contracting COVID-19. This has led to poor health seeking behaviors. Communication on delivery of routine services has not been widely disseminated.

## **NUTRITION**

- The COVID-19 pandemic is a major threat to the health and nutritional status of children and women against the backdrop of already high child stunting rates (19%), high maternal mortality (308 per 100,000 live births) and stagnant neonatal mortality (27 per 1000). In addition, 57 % of children under 6 months are not exclusively breastfed, while 87.6 % of children aged 6-23 months do not meet WHO standards for food frequency and diversity. Furthermore, 12.6% of children under-5 are underweight and about 350,000 suffer from acute malnutrition. Disruption of food markets, decrease in agricultural production, reduced access to food, and overstretched health system, may worsen the nutrition situation in Ghana.
- Additionally, with the fear that COVID-19 may be transmitted through breast milk - breastfeeding practices if not safeguarded - are likely to be disrupted thereby compromising the immunity of women and young children with negative consequences for the productivity of the mothers. Therefore, ensuring the continuity of breastfeeding and other infant practices in the context of COVID-19 will empower women as mothers, giving them the means to nourish their infants for proper growth and development and protect them from illness.

## **WASH**

- Only 21% of Ghanaians have access to basic sanitation facilities. Most families living in densely populated poor urban areas in the Greater Accra region live in poor sanitary conditions with over 80% using public toilets and 10% still practicing open defecation. Only one in every three households have access to soap and water for handwashing, and such provision and practices are expected to be much lower in poor-urban areas. The market areas in the poor-urban settings occupied mostly by women are overcrowded and filled with both solid and liquid wastes, and toilets lack running water and soap for hygiene.
- The community-level health facilities suffer from lack of reliable running water, poorly maintained sanitation facilities, inadequate handwashing facilities and limited or no regular supply of toiletries. In this condition, local health facilities risk becoming a critical point of infection. In addition, at household level, the increased demand for water will place a burden on women and girls as they will have to collect the extra water, exposing them to COVID infection and increasing the burden of unpaid care work.
- Environmental sanitation and health staff working in these areas have limited protective equipment and lack appropriate IEC materials for disseminating messages to the general public and patients to encourage them to practice measures to prevent. Such conditions pose a much higher risk of COVID-19 spread at institution and community levels. With Greater Accra bearing the brunt of 85% of 1,279 confirmed in Ghana and local transmission of COVID-19 established, there is an urgent need to address the critical WASH needs to reduce the spread of the virus among high risk populations.

## **SOCIAL PROTECTION**

- Ghana has a robust social protection system comprising 5 flagship programmes, including social cash transfers (LEAP), a public works programme (LIPW), school feeding, premium-exempt health insurance under the NHIS and primary school fee waivers. This gives Ghana excellent options to build upon to respond to the crisis, though significant adjustments will be required. While the current cash transfer programmes use strict extreme-poverty targeting mechanisms to determine its recipients, under COVID-19 there are entirely new categories of persons at risk

or in need. Current programmes require urgent expansion of coverage and broadening of eligibility criteria to include those that are classified as the “working poor” - persons who usually have some form of income that excludes them from typical poverty-targeted social assistance transfers but who nonetheless live hand to mouth. This includes many people in the informal sector, that are not protected by contracts, such as day traders, market women, taxi drivers, hawkers, seasonal and migratory workers and those working for small and medium businesses. Even those with some savings are likely to soon run into debt whilst their income generation is reduced or wiped out, and food prices are increasing. This is anticipated to be more severe on women, who already have difficulty in accessing credit for their micro businesses. These risks are reversing overnight the impressive progress that Ghana has made on halving poverty over the past two decades.

- Furthermore, there are specific categories of “socially vulnerable”, either because of their aggravated health risks for the pregnant, newborn, malnourished, elderly, disabled and chronically sick, or because of problematic domestic situations related to SGBV. It is extremely challenging from a political and administrative stance to determine categories and options for expansion of social protection programmes under the severe fiscal constraints that Ghana faces. There is a high chance to go for existing approaches that may not be adequate given this entirely new range of vulnerable populations.

## **SGBV**

- In terms of Basic Services, disease outbreaks affect women and men differently, and **pandemics exacerbate existing gendered inequalities for women and girls**. Evidence shows that crises pose a serious threat to women’s safety, protection, and livelihoods and they can increase gaps in sexual and reproductive health. In Ghana about 32% of women and girls, aged 15-24, think that wife beating can be justified due to socio-cultural norms and stereotypes (2014 DHS), whilst approximately 38.2% of adolescent girls aged 15-19 have reported an experience of at least one act of sexual violence (Domestic Violence Survey, 2016). With research supporting the fact that women and girls are likely to experience up to 3.7 times more domestic violence in crisis situations than at other times, critical attention needs to be focused on addressing SGBV within the COVID-19 response. About 200 calls have already been received within two weeks of the re-activation of the DOVVSU UN supported Emergency Hotline, compared to a monthly average of about 170 reported cases in the DOVVSU data management system. In a country where there is a high reluctance to report acts of SGBV due to socio-cultural norms, this is a worrying indicator. As children are both victims and witnesses of domestic violence and abuse, their increased vulnerability from the denial and lack of provision of SGBV services is life threatening and critical. It is extremely important that multi-sectoral services for victims of SGBV are made more accessible and responsive. Enhancing access to, and use of gender and culturally relevant information and basic essential services within the COVID-19 context will be highly valuable in reducing the vulnerability of women and girls to violence, abuse and connect them to rights-based and SGBV related information and response services.

## **STIGMA AND DISCRIMINATION**

- In Ghana, fear, anxiety, uncertainty, rumors and misinformation about the pandemic is leading to stigma and discrimination toward health staff<sup>12</sup>, infected people, survivors, and their families<sup>13</sup>. This is undermining social cohesion, prompting social isolation and contributing negatively to response efforts. Stigmatized and discriminated victims of the pandemic have had their livelihoods<sup>14</sup> and home tenancy threatened<sup>15</sup> and are being shunned by community members<sup>16</sup>. A victim of COVID-related stigma, lamented that his family can no longer go to the market or the grocery store without coming home in tears or being denied the item they wished to purchase<sup>17</sup>. From all the recorded stories so far, women and girls are the most affected by stigma and discrimination impacting on their livelihoods and their community relationships, which are needed for the survival of their families<sup>18</sup>. These reported cases compelled the President to caution that “stigmatization of recovered persons must stop because if the virus did not end their lives and livelihoods, the stigma from members of their communities should not.” To contribute to efforts in addressing this situation adequately, it is important to identify newly vulnerable and excluded populations who are disproportionately impacted by COVID-related stigma and discrimination to ensure critical responses are provided to those affected and at risk. For instance, Government’s current mechanism for tracking HIV/AIDS related stigma will be expanded to include incidences of COVID-related stigma and discrimination to strengthen an effective and targeted response.

#### **IV. How does this collaborative programme solve the challenge? Please describe your theory of change.**

*Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#) and how is it based on the principle of “build back better”. [1,500 word limit]*

The fundamental change we seek is for Ghana to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the most vulnerable groups living in low-income, congested urban settings and informal settlements, and people who are at risk of being left behind many of whom are women and adolescent girls due to already existing gendered norms and inequalities.

It is essential to protect the right to health, non-discrimination, information, and basic services including water and sanitation, livelihood among others in the face of the pandemic. The key assumption is that ensuring the most vulnerable populace is resilient and cushioned from negative effects of COVID-19 response is possible with additional resources. It is anticipated that if communities are empowered with the right tools and information, knowledge and health-seeking behaviors, they will access these opportunities, be supportive of each other to build resilience to safeguard their lives especially during pandemics such as COVID-19 and build back better and

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<sup>12</sup> [COVID-19: Stigmatization against health workers](#)

<sup>13</sup> [Father laments stigma despite COVID-19 recovery](#)

<sup>14</sup> [Coronavirus: Stigmatization killing our businesses](#)

<sup>15</sup> [Let’s avoid stigma against COVID-19 victims](#)

<sup>16</sup> [Stigma now major challenge in COVID-19 fight](#)

<sup>17</sup> [Social distancing endangering discrimination and stigmatization of COVID Survivors](#)

<sup>18</sup> <https://www.myjoyonline.com/features/pregnant-woman-who-recovered-from-covid-19-battles-stigma-in-bolgatanga/>

stronger in order to reduce existing gender inequalities, in most of the hotspots of COVID-19 in Ghana.

These results will be achieved if three changes are realized<sup>19</sup>:

1. Continuity of essential health (including TB, HIV treatment, immunization, maternal and child health) and nutrition services, including access to safe water and hygiene infrastructure for at-risk population are ensured and gender responsive;
2. Technical preparations to permit the inclusion of new vulnerable groups into a Government social protection response are completed;
3. Access to SGBV and anti-stigma information and essential services for vulnerable groups for effective prevention, mitigation and response to COVID 19 impacts are enhanced.

**Pillar 1. Continuity of essential health (including TB, immunization, child and maternal health and HIV treatment) and nutrition services and access to safe water and hygiene infrastructure (such as provision of running water and handwashing facilities) for at-risk populations are enhanced and gender responsive.**

In order to reach the most vulnerable, interventions under this pillar will seek to: improve the capacity of health institutions to continue providing essential health services; and ensure continued access to health facilities and coverage of key lifesaving interventions by vulnerable groups. This will also include the development of guidelines and protocols to support the delivery of RMNCAH, TB, HIV and NCDs services, in the context of COVID-19 at the facility level, and will orient service providers to provide gender-responsive services. Supportive supervisory visits for health facilities in selected areas will be organized to ensure service continuity and guide health staff with focus on services for vulnerable groups identified under this proposal. By building the capacity of service providers in affected areas on infection prevention during routine service provision and availing required equipment, caregivers will be motivated to adapt to change, have better health seeking behaviors and demand their right to quality health care during COVID-19 outbreak. Capacity of service providers will also be built to deliver key messages on Reproductive, Maternal, Child Health and Nutrition (RMCHN) in the context of COVID-19, to detect malnutrition early and provide appropriate care for malnourished children. Nutritional supplies such as Ready-to-use therapeutic foods will be procured to treat children with severe acute malnutrition. Indeed, this pillar will also include the design and dissemination of messages targeting vulnerable groups on the need to continue using health services per existing arrangements to avert avoidable morbidity and mortality, with a special focus on information that will empower women to make decisions concerning their health and that of their children. For example, interventions such as support to infant and young child feeding programs or to design and disseminate technical and operational guidance on RMCHN and protective measures at community level, will contribute to empowering pregnant women, caregivers and men to be more aware of their roles in ensuring maternal and child survival. Women will be also better positioned to make the right decisions on breastfeeding and infant feeding with accurate information, free from fear, pressure and discrimination.

Through community engagement, communication on the changes in the mode of service delivery can be adequately disseminated to the general public to boost their confidence in the health system and maintain good health seeking behaviors.

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<sup>19</sup> See annex for diagram depicting the full theory of change for the interventions proposed under the three workstreams.

While focusing on the Health system, there will be significant attention on WASH. Water is essential to combating COVID-19 by ensuring personal hygiene. However, access is limited, especially in low income congested urban settings and informal settlements. At the same time, there are pronounced gender inequalities in accessing improved WASH services and basic sanitation facilities. In Ghana, for example, market areas in the poor-urban settings occupied mostly by women are overcrowded and filled with both solid and liquid wastes, and toilets lack running water and soap for hygiene.

WASH interventions under pillar 1, will therefore include capacity building and provision of critical WASH supplies and equipment to staff and facilitators working in health centers, markets and among high-risk population groups in identified vulnerable areas with poor access to water. These initiatives will be supported by handwashing promotion and hygiene inspections in public places. Dissemination of preventive WASH practices among at-risk groups and provision of handwashing infrastructure (including provision of running water) in public places and health facilities targeting at-risk populations are also key interventions in respect of continuity of basic services. As communities adopt frequent handwashing behaviors, they will be able to minimize the rate of infections.

**Pillar 2: Government has increased capacity in designing and implementing Covid-19 related Social Protection measures including basic services, mainstreaming the needs of specific vulnerable groups, including girls and women.**

The government is currently facing the decision of whether and how to drastically scale up social protection interventions, providing basic services, identifying who to target and whether to build upon existing systems and programmes. The government's current targeting for social assistance leaves many groups that are particularly vulnerable in this pandemic outside of its scope for intervention (esp. working poor, with women and girls particularly vulnerable). Despite the requested resources under this pillar being relatively limited, the UN via this action, will be able to contribute more effectively both to the high-level and technical dialogue, as well as to lobby for the specific inclusion of the vulnerable groups outlined in the proposal, effectively granting it the ability to provide rapid and niche technical support.

**Pillar 3: Enhanced access to SGBV and anti-stigma information and essential services for vulnerable groups for effective prevention, mitigation, and response to COVID-19 impacts.**

It is becoming increasingly clear that many of the measures deemed necessary to control the spread of the COVID-19 are not only escalating violence against women, girls and boys, but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support. In addition, it is evident from previous epidemics that during health crises, women typically take on additional physical, psychological and time burdens as caregivers. Further, stigma and discrimination in Ghana during the pandemic has heightened with many being labelled as potential disease carriers and shunned raising concern about its negative consequences for the effective response and recovery. As such, it is critical that all actors involved in efforts to respond to COVID-19 – across all sectors – take SGBV and stigma into account within their programme planning and implementation. Indeed, evidence available so far indicates a disproportionate impact of COVID on women and men,

By addressing SGBV, stigma and discrimination, an increased number of vulnerable women, men, girls and boys are empowered to seek help, report abuse and access enhanced protection measures and essential services. This will be achieved by employing the following methods and approaches: 1) Conducting rapid assessments and surveys to determine the impact of COVID-19 on vulnerable people including Kayayei. These impact assessments and surveys will produce the needed data

(disaggregated by sex, age and locality) to prioritize the risks and levels of vulnerabilities especially as heightened by the pandemic. 2) Community Engagement aimed at creating awareness about the availability of and access to essential services (SGBV and SRH information and services); as well as sensitization on the negative effects of stigma to encourage responsible behavior. Gender sensitive community engagement approaches would be adopted in raising awareness in communities on SGBV, stigma and discrimination; this will address barriers to women's access to information and services to ensure that women in targeted communities benefit equally from proposed interventions. This will break the silence and myths surrounding SGBV and stigma by enhancing the knowledge and understanding of potential victims and perpetrators. 3) Capacity strengthening for delivery and utilization of quality services (dignity packs, shelter, legal and psychosocial services) will support mitigation and recovery efforts to reduce vulnerability and protect human rights. In line with social distancing protocols, we will also employ appropriate offline digital solutions such as simple apps to facilitate SGBV reporting by vulnerable groups.

## V. Documentation

*Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]*

**UN Country Preparedness and Response Plan:** The UN Country Team (UNCT) in Ghana has - from the beginning of the crisis - collectively supported the GoG COVID-19 response by prioritizing support in addressing the immediate public health emergency, while at the same time starting to address the wide-ranging socio-economic impact of the pandemic. The UNCT is planning consultations with CSOs on the socio-economic impact of COVID-19, to be organized in the coming days.

- As a result, the UN has developed a draft Country Preparedness and Response Plan (CPRP) that presents a consolidated plan to support the GoG's response in eight key pillars:
  - Country-level coordination, planning, and monitoring
  - Gender-sensitive risk communication and community engagement
  - Surveillance, rapid response teams, and case investigation
  - Points of Entry
  - National laboratories
  - Infection prevention and control
  - Case management; and
  - Operational support and logistics
  - A UN framework for the immediate socio-economic response to COVID-19 (Shared responsibility, global solidarity and urgent action for people in need) has been developed. The National Plan for Combating COVID-19 has not been posted on the WHO Partner portal, though responsible officers have been assigned and granted access awaiting the finalization of the Plan.
- The National WASH COVID-19 Response Plan (NWCPR) developed by WASH in Emergency Technical Working Group (WETWG) led by the Ministry of Sanitation and Water Resources.
- The UN Country Team Subgroup on Social Protection is finalising [a detailed Pandemic-Responsive Social Protection Policy Brief for Ghana which can be accessed here](#), the content of

which has already actively been used in advocacy. It makes the case for using social protection as an integral part of COVID-response and recovery in Ghana, explains the overall context and makes specific recommendations as to technical and policy decisions that need to be made. It provides a much more detailed overview of the area in which pillar two of this proposal seeks to intervene.<sup>20</sup>

- The UNCT has started the elaboration of a COVID-specific CCA and has engaged the ECA, the IFIs (WB, IMF and AfDB) on this initiative.
- The UNCT subgroup on Gender developed
  - Key messages for the consideration of Gender and Human Rights in COVID-19 Response in Ghana (to be published)
  - A technical brief on the Socio-Economic Impact of COVID-19 on Sexual and Gender Based Violence in Ghana. (To Be Approved)

## V. Target population

*Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]*

The Joint Programme is characterized by upstream and downstream interventions. Whilst the upstream policy and advocacy will have a nationwide impact, the geographic focus for direct service provision is limited to the Greater Accra area, which is the epicenter of the pandemic with 85% of the national caseload. This area is home to the largest number of people living in high density, low income areas, in poor living arrangements, where respecting social distancing is difficult especially in crowded markets where majority of women operate from in search of a living. Sanitary conditions are very limited and are combined with low level of hygiene practices and very limited access to piped water.

As discussed in section 1, the purposeful action of the GoG to limit the spread of COVID-19, is having a clear adverse economic impact for millions of families. This is particularly dire for several specific groups of people that are being left behind. According to the UN's own analysis the target populations identified for this proposal will include the following groups:

**Pillar 1:** on health and nutrition, interventions will target women and children facing health and nutrition challenges including ones focusing on reproductive health, communicable and other vaccine preventable diseases and malnutrition; people with underlying health conditions making them more vulnerable (biologically and socially) to COVID mainly those with HIV, tuberculosis non communicable diseases in Greater Accra. Wash interventions will benefit health centers and communities characterized by very limited access to safe water and basic sanitation, limited access to health facilities and services.

**Pillar 2:** the interventions on social protection will target women and men who are economically vulnerable, including: The current "poor" - approximately 5.5 million people under the poverty line are not currently on LEAP, particularly if they are living in certain low-income and high-density urban settings. This also includes the "working poor" – not considered poor as they have jobs, but with very low income and job security, and at high risk of losing this during a crisis such as this one. They are

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<sup>20</sup> Link to the [Ghana Social Protection Pandemic-Response draft Policy Brief](#) (forthcoming - not for dissemination):

likely to be required to dig into savings and sell off assets. This can potentially include many millions of people that are traditionally not considered for social assistance

Secondly the intervention will target those whose economic vulnerability is compounded by social vulnerability, such as those who need health care assistance (including pregnant and lactating women, newborn and those with underlying health complications or vulnerabilities including those with chronic illness, Persons Living With HIV (PLWHIV) and persons with disabilities). Those of older age are more vulnerable for fatally contracting COVID-19, and consequently they are under additional pressure to stay isolated. Women, girls and boys, adolescent girls, marginalized migrant girls, adolescent mothers that are victims of domestic violence and abuse and may need to leave their homes or have the aggressors (often the breadwinner).

**Pillar 3:** will target at risk population, especially women, girls and boys in densely populated areas, slums and poor neighborhoods in COVID hotspots such as Madina, Tema-Station, Agbogloshie, Old Fadama, Nima, and Mamobi. As COVID-hotspots, people living in these areas are likely to suffer stigma and discrimination such as rejection, isolation, exclusion, loss of livelihoods, and all forms of violence, as has already been reported<sup>21</sup>. Responding to reported cases of COVID-related stigma in Ghana, the Chief Executive of the Mental Health Authority warned that stigma puts affected persons under stress and this could worsen their plight and make it difficult to improve from the COVID-19 and if they improve, could deter them from taking active part in enjoying their lives, from engaging in their daily business, and could worsen any underlying medical or mental health condition<sup>22</sup>.

Women, children and adolescents (girls), particularly those living in extreme poverty or facing insecure and informal work and incomes are among the most at-risk populations identified as experiencing the highest degree of socio-economic vulnerability to COVID-19. As communities are disrupted, children already at risk of violence, exploitation and abuse will find themselves even more vulnerable. Social and economic turmoil will heighten girls' risk of early marriage, pregnancy and gender-based violence. With isolation, children facing violence in the home will be farther from help. And the stress and stigma of illness and financial strain will exacerbate volatile family and community situations.

Vulnerable migrant populations (such as the female head porters popularly referred to as Kayayei) constitute one of the key marginalized groups that need considerable attention in addressing their vulnerability to the pandemic in Ghana. With a population of more than 30,000 girls and women located mostly in market centers in the Southern part of Ghana (and few markets in the northern zone), these Kayayei are exposed to very unhygienic and unsanitary conditions in the markets where they live and work. Their meagre incomes, which have worsened since the onset of the crises, makes it virtually impossible for them to acquire essential items for infection prevention. It is thus critical to facilitate access to gender-sensitive information and the availability of essential items to protect the Kayayei from infections, maintain their dignity, reduce their dependence on men for such items, and subsequently reduce their vulnerability to SGBV, harmful practices and other gendered inequalities which tend to increase during periods of crises.

## VI. Who will deliver this solution?

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<sup>21</sup> [Stigma now major challenge in Covid-19 fight – GHS](#)

<sup>22</sup> [Let's avoid stigma against COVID-19 victims](#)

*List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]*

The UN System in Ghana aims to jointly implement this as one to deepen our collaborative approach to tackling emergencies and pandemics such as COVID-19. This action will be delivered through an inter-sectoral team composed of technical specialists of the four participating agencies - UNDP, UNFPA, WHO and UNICEF. Although the budget in this proposal is broken down and will be financially managed by individual agencies, each pillar has its own budget allocation to be implemented in close collaboration.

Overall monitoring of progress as well as joint reporting will be done by all agencies guided by the Results Framework as supervised by the UN Country Team that also receives inputs from non-participating agencies, under overall supervision of the UN Resident Coordinator.

Pillar 1 is implemented by the WHO and UNICEF. There are multiple specialists available from each department with high capacity and strong relations with government service providers. Interventions comprise both policy and programmatic level, and the service delivery to specific vulnerable populations at sub-national level with a focus on the Greater Accra area. This is all to be done in close coordination with GHS, Ministry of Health, Ministry of Sanitation and Water Resources, as well as the broader Ghana Health and WASH Sector Working Group, relevant Metropolitan, Municipal and District Assemblies (MMDAs) and CSOs.

On pillar 2, UNICEF will take the lead via its Social Protection team, which currently has two international experts and two national specialists, and has been closely involved in designing, implementing, strengthening and monitoring and evaluating social protection in Ghana for several years. It has a full range of in-house capacity that it can deploy - including on shock-responsive social protection - to provide advocacy and technical support, as well as provide precise and effective oversight of a range of consultants and external service providers that will be required to carry out the work foreseen under this grant. Many of the actions to be taken under pillar one depends largely on the decision taken in the SP working group chaired by the Ministry of Gender, Children and Social Protection. Other stakeholders include the Ministry of Finance, the LEAP programme, the NHIS and CSOs engaged in social protection as well as the UNICEF M&E and communications teams which have several powerful modalities for mass communication and population outreach.

On Pillar 3, UNFPA, UNDP and UNICEF with their extensive knowledge, experience and proven capabilities in coordinating multi-sectoral approaches in addressing SGBV, Human Rights and child protection issues will provide multi-sectoral support to ensure these issues and a strong overall gender lens are integrated in the overall COVID-19 response. The national partners to be engaged will include Ministry of Gender, Children and Social Protection (MoGCSP), DOVVSU, Police, Dept of Social Welfare, Judicial Service, Commission on Human Rights and Administrative Justice, Media, Traditional and Religious Authorities, relevant Metropolitan, Municipal and District Assemblies (MMDAs) and CSOs.

## Cover Page

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<p><b>Description</b></p>	<p><i>[400 characters limit]</i></p> <p>The negative socioeconomic implications on the most vulnerable populations have become evident with demonstrated significant risks in health, Social Protection and provision of basic essential service areas with the spread of COVID-19 infection across the world. The UN System in Ghana must ensure continued access to quality health and nutrition services that are gender-responsive such as antenatal care, postnatal, immunization, growth monitoring, and promotion, Social Protection and basic services. Despite some mitigation measures introduced by the government to provide relief and alleviate the plight of vulnerable citizens to COVID-19 containment measures outlined, urgent attention is needed to address these issues.</p> <p>The UNCT seeks to support GoG to address gaps under three main pillars:</p> <p><b>Pillar 1:</b> Continuity of essential health (including TB, HIV treatment, immunization, child and maternal health) and nutrition services and access to safe water and hygiene infrastructure (such as provision of running water and handwashing facilities) for at-risk populations are ensured and gender responsive.</p> <p><b>Pillar 2:</b> Government has increased capacity in designing and implementing Covid-19 related Social Protection measures including basic services, mainstreaming the needs of specific vulnerable groups, including girls and women.</p> <p><b>Pillar 3:</b> Enhanced access to SGBV and anti-stigma information, and essential services for vulnerable groups for effective prevention, mitigation, and response to COVID-19 impacts.</p> <p>The anticipated change is to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the most vulnerable groups living in low-income, congested urban settings and informal settlements, and people who risk being left behind. The geographical area is the COVID-19 hotspot in Greater Accra, Ghana.</p>

<b>Universal Markers</b>	<p><u>Gender Marker:</u> <i>(bold the selected; pls select one only)</i></p> <p>a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective.</p> <p><b>b) Make a significant contribution to gender equality and/or the empowerment of women and girls;</b></p> <p>c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.</p>			
<b>Fund Specific Markers</b>	<p>Human Rights Based Approach to COVID19 Response <i>(bold the selected):</i></p> <p>Yes/No</p>			
	<p>Fund Windows <i>(bold the selected; pls select one only)</i></p> <p><b>Window 1: Enable Governments and Communities to Tackle the Emergency</b></p> <p><b>Window 2: Reduce Social Impact and Promote Economic Response</b></p>			
<b>Geographical Scope</b>	<p><b>Regions:</b> Greater Accra Region</p> <p><b>Country:</b> Ghana</p>			
<b>Recipient UN Organizations</b>	<ol style="list-style-type: none"> <li>1. World Health Organization (WHO)</li> <li>2. United Nations Development Programme (UNDP)</li> <li>3. United Nations Population Fund (UNFPA)</li> <li>4. United Nations Children's Fund (UNICEF)</li> </ol>			
<b>Implementing Partners</b>	<p>Ministry of Health , Ministry of Gender, Children and Social Protection, Ghana Health Service, Domestic Violence and Victim Support Unit (DOVVSU), Police, Dept. of Social welfare, Judicial Service, Commission on Human Rights and Administrative Justice, Media, Traditional and Religious Authorities, relevant MMDAs, Development Partners and CSO</p>			
<b>Programme and Project Cost</b>	<b>Budget</b>	<b>Agency</b>	<b>Amount</b>	<b>Comments</b>
	<b>Budget Requested</b>	UNDP	\$165,294	MPTF budget
		WHO	\$160,661	
		UNFPA	\$242,193	
		UNICEF	\$431,852	
	<b>In-kind Contributions</b>	UNDP	\$33,000	Senior Management, Programme and operations staff cost, Communication and visibility costs. Oversight, programme and operational support and
		WHO	\$24,099.15	
		UNFPA	\$57,657	
UNICEF		\$95,000		

				ongoing provision of information/services
<b>Comments</b>				
<b>Programme Duration</b>	<b>Start Date: May, 2020</b>			
	<b>Duration (In months): 7 Months</b>			
	<b>End Date: December, 2020</b>			

## Results Framework

**INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.**

Window 1					
<b>Proposal Outcome (Pillar 1)</b>	Continuity of essential health (including TB, HIV treatment, immunization, child and maternal health), nutrition services, access to safe water and hygiene infrastructure (such as provision of running water and handwashing facilities) for at-risk populations are ensured and gender responsive.				<b>Outcome Total Budget: USD 413,609</b>
<b>Outcome Indicator (Pillar 1)</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
	1.1 Maternal deaths per 1,000 institutional live births	142 (2019)	140 (2020)	GHS/DHIMS	WHO/UNICEF
	1.2 percentage of household in target area with Handwashing facilities where water and soap are present	49.7 (2017)	52 (2020)	Census/MICS /Sample Survey	WHO/UNICEF
<b>Proposal Outputs (Pillar 1)</b>	1.1 Vulnerable groups have improved access to improved health facility				
	1.2 Health institutions have improved capacity to provide essential health services				
	1.3 Health workers have improved capacity to offer RMNCHN services.				
	1.4 Mothers/ caregivers have increased knowledge on optimal IYCF practices.				
	1.5 Malnourished children have access to appropriate nutritional care.				
	1.6 Mothers/ Caregivers have access to immunization services				
	1.7 Local institutions have enhanced capacity to provide awareness and access to improved services to high-risk population and communities in preventative and protective WASH practices				
<b>Proposal Output Indicators</b>					

(Pillar 1)	1.1.1a No communities reached with enhanced HWWS promotion for COVID-19 prevention	0,00	30 public spaces and 10 public toilets in 2 MMAA	Partners and UNICEF staff field monitoring reports, UNICEF Project report	UNICEF/WHO
(Pillar 1)	1.1.1b No of unserved public places in high risk areas with functional handwashing facilities available	0,00	10 health facilities in 2MMAA	Partners and UNICEF staff field monitoring reports, UNICEF Project report	UNICEF/WHO
(Pillar 1)	1.1.1c No of institutions/ facilities provided with protective equipment for front-line staff to support WASH activities	0,00	20 EOHS in 2 MMAA	Partners and UNICEF staff field monitoring reports, UNICEF Project report	UNICEF/WHO
(Pillar 1)	1.2.1 ANC coverage (pregnant women making four ANC visits during the period of pregnancy) disaggregated by age	54.3% (March 2020)	60% (Dec 2020)	Ghana Health Service- GHS (District Health Information Management System - DHIMS)	UNICEF/WHO
(Pillar 1)	1.2.2 Number of health facilities oriented on and supported to implement the guidelines and protocols to guide delivery of essential health services in the context of COVID-19	0 (March 2020)	30 (Dec 2020)	WHO staff and Partners field monitoring reports, Project report	WHO

(Pillar 1)	1.2.3 Penta3 coverage under 1 (Proportion of children fully immunized (using Penta3 as proxy) by age 1	56.7% (March 2020)	80% (Dec 2020)	GHS/DHIMS	WHO/UNICEF
(Pillar 1)	1.2.4a Number of CWC female attendance (0-59 months )	4,591 (April 2020)	12,000 (Dec. 2020)	GHS/DHIMS	UNICEF/WHO
(Pillar 1)	1.2.4 b Number of CWC male attendance (0-59 months )	4618 (April 2020)	10,000 (Dec. 2020)	GHS/DHIMS	UNICEF/WHO
(Pillar 1)	1.3.1a Early initiation of breastfeeding rate	75.4% (2019)	80% (2020)	GHS/DHIMS	UNICEF/WHO
(Pillar 1)	1.3.1b Number of children 6-59 months admitted for treatment of severe acute malnutrition	666 (2019)	800 (2020)	GHS/DHIMS	UNICEF/WHO

**Window 2**

<b>Proposal outcome (Pillar 2)</b>	<b>Government has increased capacity in designing and implementing COVID related Social Protection measures including basic services, mainstreaming the needs of specific vulnerable groups, including girls and women.</b>				<b>Outcome Total Budget: USD 111,708</b>
<b>Outcome Indicators</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>

<b>(Pillar 2)</b>	2.1. Percentage of most vulnerable people disaggregated by sex, age and locality covered by social protection programmes	0%	50%	Report from the Ministry of Gender, Children and Social Protection	UNICEF
<b>Proposal Outputs (Pillar 2)</b>	2.1 Government has multiple technical options and support to implement gender-sensitive social protection interventions for pandemic response and recovery.				
<b>Proposal Output Indicators (Pillar 2)</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
(Pillar 2)	2.1.1 Government has a range of gender-sensitive options for scaling up cash transfers using existing SP systems and programmes in Ghana to most vulnerable persons	No technical option for targeting and reaching recipient	Technical options for targeting and reaching recipients provided	Final report and annexes	UNICEF
(Pillar 2)	2.1.2 Communications campaign is set up to accompany emergency Social Protection interventions for the most vulnerable, emphasising the needs of girls and women	No current pandemic-response social protection communication strategy	Communication strategy designed and developed for SP COVID response to reach recipients of grants done with specific focus on gender dimensions	Final report and annexes	UNICEF
(Pillar 2)	2.1.3 Implementation of SP interventions are monitored and fed into sector coordination throughout intervention to check	M&E strategy for double LEAP payments currently in progress	M&E strategy for double LEAP payments finalized and implemented to face COVID-	Final report and annexes	UNICEF

	whether they address needs of the most vulnerable		responsive SP. Disaggregation of data by gender.		
<b>Proposal outcome (Pillar 3)</b>	<b>Enhanced access to SGBV and anti-stigma information and essential services for vulnerable groups for effective prevention, mitigation, and response to COVID-19 impacts.</b>				<b>Outcome Total Budget: USD 474,683</b>
<b>Outcome Indicators</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
Pillar 3	3.1. Percentage of affected population with increased knowledge and utilization of SGBV and anti-stigma services disaggregated by sex, age and locality	0%	50%	End of year Report from DOVVSU/MoGCSP/CSOs	UNFPA
<b>Proposal Outputs</b>	3.1a Vulnerable women and girls have improved access to SGBV information, essential services and crisis support				
Pillar 3	3.1b Sustained and enhanced delivery of child protection services by national authorities during COVID-19				
	3.2 Communities and relevant institutions have enhanced awareness and capacity to prevent, mitigate and respond to COVID-19 related stigma and discrimination				
<b>Proposal Output Indicators</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
Pillar 3					
Pillar 3	3.1.1 (a & b)  Number of women girls and boys reached with essential services	250 (April, 2020)	750 (Dec, 2020)	Statistics from Service Providers	UNFPA, UNICEF
Pillar 3	3.1.2 Number of community initiatives implemented on	0 (April, 2020)	20 (Dec, 2020)	Partners Reports	UNFPA

	COVID 19, SGBV and SRHR including FP				
Pillar 3	3.1.3 Number of women and adolescent girls provided with dignity kits	1000 (2019)	2000 (2020)	Reports and Distribution lists	UNFPA
Pillar 3	3.1.4 Number of traditional and religious leaders engaged as change agents on SGBV prevention and reporting	0 (April, 2020)	30 (Dec, 2020)	Implementation Reports	UNFPA
Pillar 3	3.2.1 Number of community engagements to reduce stigma and discrimination implemented in each of the 5 COVID hotspots targeted	0 (April, 2020)	10 (Dec, 2020)	Reports on Community Engagements	UNDP
Pillar 3	3.2.2 Number of rapid assessments on stigma and discrimination conducted	0(April, 2020)	2 (Dec, 2020)	Assessment Reports	UNDP
Pillar 3	3.2.3 Functional mechanism to receive and address COVID-19 related stigma and discrimination in place	None in place	At least 1 in Place	Case Management Reports by CHRAJ	UNDP
Pillar 3	3.2.4 At least 3 of the 5 COVID hotspots targeted has a safe space for victims of stigma and discrimination	0 Community safe spaces	3 Community safe spaces	Report on the # of reported cases to community safe spaces	UNDP

## SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

*(selections may be bolded)*

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	<b>SDG 1 (No poverty)</b>	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input type="checkbox"/>	<b>SDG 3 (Good health &amp; well-being)</b>	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	<b>SDG 5 (Gender equality)</b>	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
<b>[Depending on the selected SDG please indicate the relevant target and indicators.]</b>			
Target	Indicator # and Description	Estimated % Budget allocated	
Target 3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	<b>12.65</b>	
Target 1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	<b>11.17</b>	

Target 3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	<b>28.71</b>
Target 5.1	5.1 End all forms of discrimination against all women and girls everywhere	<b>18.53</b>
Target 5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	<b>30.94</b>

## Risk

**What risks and challenges will complicate this solution, and how they will be managed and overcome?**

*(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.*

Event	Categories	Level	Likelihood	Impact	Mitigating Measures	Risk Owner	
	Financial Operational Organizational Political (regulatory and/or strategic)	3 – Very High 2 – Medium High 1 - Low	6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	(List the specific mitigation measures)		
Risk1 Description	<i>Operational</i>	2	2	3	Advocacy and support for Strengthened data management	WHO	
Poorly recorded data	<i>Operational</i>	<i>Low</i>	2	2			
Risk 2	Political and Financial	<i>Medium High</i>	3	4	High level advocacy via multiple partners and channels.	UNICEF	
Low political commitment of Government (possibly for							

<p>financial reasons) to scale up Social Protection to adequate target groups. This may also be due to the presents of other donors and funding sources pushing interventions into a different direction</p>					<p>Development of high quality technical documents, scenarios and recommendations that anticipate the Government's concerns</p> <p>Flexibility to adapt targeting and delivery mechanisms based on needs</p>		
<p>Risk 3 Disruptions in essential services supply and diversion of resources from SGBV and Anti-stigma to flatten the curve should the COVID infection rates begin climbing to its peak.</p>	<p>Operational</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>Advocacy for continuous government commitment to prioritize the issue</p> <p>Reprogramming to facilitate and support provision of critical services and protection of rights</p>	<p>UNFPA &amp; UNDP</p>	

## VI. Budget by UNDG Categories

**\*Up to Four Agencies**

Budget Lines	Fiscal Year	Description [OPTIONAL]	UNDP	WHO	UNFPA	UNICEF	Total USD
1. Staff and other personnel	2020		\$10,000	\$20,000	\$15,000	\$39,000	\$84,000
2. Supplies, Commodities, Materials	2020		\$50,000	\$25,000	\$78,349	\$128,000	\$281,349
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020		\$0	\$0	\$0	\$0	\$0
4. Contractual services	2020		\$20,000	\$25,000	\$50,000	\$30,000	\$125,000
5. Travel	2020		\$5,000	\$24,150	\$8,000	\$13,000	\$50,150
6. Transfers and Grants to Counterparts	2020		\$60,000	\$56,000	\$60,000	\$145,000	\$321,000
7. General Operating and other Direct Costs	2020		\$9,480	\$0	\$15,000	\$48,600	\$73,080
<b>Sub Total Programme Costs</b>			<b>\$154,480</b>	<b>\$150,150</b>	<b>\$226,349</b>	<b>\$403,600</b>	<b>\$934,579</b>
8. Indirect Support Costs * 7%			\$10,814	\$10,511	\$15,844	\$28,252	\$65,421
<b>Total</b>			<b>\$165,294</b>	<b>\$160,661</b>	<b>\$242,193</b>	<b>\$431,852</b>	<b>\$1,000,000</b>

*\* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.*

## ANNEX

Annex: Table 1: GHS Utilization and Service uptake at facility level- April 2020

Indicator	March 2019	January 2020	February 2020	March 2020
ANC Coverage	72.4	85.8	74.9	66.4
Percentage skilled deliveries	61.4	49.6	50.9	55
Institutional Maternal Mortality Ratio	129	100.6	137	123
Percent of total student enrolled in school health services that are examined	23.3	18.1	25.1	10.7
Penta3 coverage under 1	95.7	91.6	95.4	81.1
Measles-Rubella2 (MR-2) coverage (18-59months)	82	78.9	82.6	66

GHS; DHIMS April 2020.

**Annex Table 2:**

**Names and email addresses of Recipient UN Organizations to be notified of Fund Transfer**

<b>Organization</b>	<b>Name and email address</b>
<b>WHO</b>	Phillip Kennedy Yaro Country Office Operations Officer <a href="mailto:yarop@who.int">yarop@who.int</a>
<b>UNICEF</b>	Fiachra McAsey UNICEF Deputy Representative, Ghana <a href="mailto:fmcasey@unicef.org">fmcasey@unicef.org</a>
<b>UNFPA</b>	Agnes Ntibanyurwa Kayitankore Deputy Representative <a href="mailto:ntibanyurwa@unfpa.org">ntibanyurwa@unfpa.org</a>
<b>UNDP</b>	Silke Hollander Deputy Resident Representative Email: <a href="mailto:silke.hollander@undp.org">silke.hollander@undp.org</a>
<b>RCO</b>	Myra Togobo DCO (Data Management & Results Monitoring/Reporting), RCO Team Lead ai Email: <a href="mailto:myra.togobo@one.un.org">myra.togobo@one.un.org</a>

## Annex: SDG List

Target	Description
<b>TARGET_1.1</b>	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
<b>TARGET_1.3</b>	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
TARGET_1.4	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
TARGET_1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
<b>TARGET_1.a</b>	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
TARGET_1.b	1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
<b>TARGET_2.1</b>	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
TARGET_2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age,

	and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
TARGET_2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
TARGET_2.4	2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
TARGET_2.5	2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
TARGET_2.a	2.a Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
TARGET_2.b	2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
TARGET_2.c	2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
<b>TARGET_3.3</b>	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET_3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

TARGET_3.5	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET_3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
TARGET_3.a	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
TARGET_3.b	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
TARGET_3.c	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
TARGET_3.d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
TARGET_4.1	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
TARGET_4.2	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
TARGET_4.3	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
TARGET_4.4	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

TARGET_4.5	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
TARGET_4.6	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
TARGET_4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
TARGET_4.a	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
TARGET_4.b	4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
TARGET_4.c	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET_5.3	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
TARGET_5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
<b>TARGET_5.5</b>	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

TARGET_5.a	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
TARGET_5.b	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
TARGET_5.c	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
TARGET_6.1	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
TARGET_6.2	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
TARGET_6.3	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
TARGET_6.4	6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
TARGET_6.5	6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
TARGET_6.6	6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
TARGET_6.a	6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
TARGET_6.b	6.b Support and strengthen the participation of local communities in improving water and sanitation management
TARGET_7.1	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services
TARGET_7.2	7.2 By 2030, increase substantially the share of renewable energy in the global energy mix
TARGET_7.3	7.3 By 2030, double the global rate of improvement in energy efficiency
TARGET_7.a	7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced

	and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
TARGET_7.b	7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective programmes of support
<b>TARGET_8.1</b>	8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
TARGET_8.10	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
<b>TARGET_8.2</b>	8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
TARGET_8.3	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
TARGET_8.4	8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-Year Framework of Programmes on Sustainable Consumption and Production, with developed countries taking the lead
<b>TARGET_8.5</b>	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
TARGET_8.6	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
TARGET_8.7	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
TARGET_8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
TARGET_8.9	8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products

TARGET_8.a	8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-related Technical Assistance to Least Developed Countries
TARGET_8.b	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization
<b>TARGET_9.1</b>	9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
TARGET_9.2	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
TARGET_9.3	9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
TARGET_9.4	9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
TARGET_9.5	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
TARGET_9.a	9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
<b>TARGET_9.b</b>	9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
TARGET_9.c	9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
TARGET_10.1	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average

TARGET_10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
TARGET_10.3	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
TARGET_10.4	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
TARGET_10.5	10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
TARGET_10.6	10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
TARGET_10.7	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
TARGET_10.a	10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
TARGET_10.b	10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
TARGET_10.c	10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent
TARGET_11.1	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
TARGET_11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
TARGET_11.3	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
TARGET_11.4	11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage

TARGET_11.5	11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
TARGET_11.6	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
TARGET_11.7	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
TARGET_11.a	11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
TARGET_11.b	11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
TARGET_11.c	11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials
TARGET_12.1	12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
TARGET_12.2	12.2 By 2030, achieve the sustainable management and efficient use of natural resources
TARGET_12.3	12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
TARGET_12.4	12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
TARGET_12.5	12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
TARGET_12.6	12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle
TARGET_12.7	12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities
TARGET_12.8	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature

TARGET_12.a	12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
TARGET_12.b	12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
TARGET_12.c	12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
TARGET_13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET_13.2	13.2 Integrate climate change measures into national policies, strategies and planning
TARGET_13.3	13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
TARGET_13.a	13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
TARGET_13.b	13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
TARGET_14.1	14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
TARGET_14.2	14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
TARGET_14.3	14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
TARGET_14.4	14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics

TARGET_14.5	14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
TARGET_14.6	14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation <sup>3</sup>
TARGET_14.7	14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
TARGET_14.a	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
TARGET_14.b	14.b Provide access for small-scale artisanal fishers to marine resources and markets
TARGET_14.c	14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”
TARGET_15.1	15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
TARGET_15.2	15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
TARGET_15.3	15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
TARGET_15.4	15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
TARGET_15.5	15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species

TARGET_15.6	15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
TARGET_15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
TARGET_15.8	15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
TARGET_15.9	15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
TARGET_15.a	15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
TARGET_15.b	15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
TARGET_15.c	15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities
TARGET_16.1	16.1 Significantly reduce all forms of violence and related death rates everywhere
TARGET_16.10	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
TARGET_16.2	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
TARGET_16.3	16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all
TARGET_16.4	16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
TARGET_16.5	16.5 Substantially reduce corruption and bribery in all their forms
TARGET_16.6	16.6 Develop effective, accountable and transparent institutions at all levels
TARGET_16.7	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
TARGET_16.8	16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance

TARGET_16.9	16.9 By 2030, provide legal identity for all, including birth registration
TARGET_16.a	16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
TARGET_16.b	16.b Promote and enforce non-discriminatory laws and policies for sustainable development
TARGET_17.1	17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
TARGET_17.10	17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
TARGET_17.11	17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
TARGET_17.12	17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
TARGET_17.13	17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence
TARGET_17.14	17.14 Enhance policy coherence for sustainable development
TARGET_17.15	17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development
TARGET_17.16	17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries
TARGET_17.17	17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
TARGET_17.18	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

TARGET_17.19	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries
TARGET_17.2	17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
TARGET_17.3	17.3 Mobilize additional financial resources for developing countries from multiple sources
TARGET_17.4	17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
TARGET_17.5	17.5 Adopt and implement investment promotion regimes for least developed countries
TARGET_17.6	17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge-sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
TARGET_17.7	17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
TARGET_17.8	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
TARGET_17.9	17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation