

Document of
The World Bank

FOR OFFICIAL USE ONLY

Report No: PAD4146

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF
US\$130.0 MILLION

TO THE

REPUBLIC OF GHANA

FOR THE

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

October 28, 2020

Health, Nutrition and Population Global Practice
Western and Central Africa Region

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

CURRENCY EQUIVALENTS

(Exchange Rate Effective September 30, 2020)

Currency Unit = Ghanaian cedi (GHs)

GHs 5.8 = US\$1

FISCAL YEAR

January 1 - December 31

Regional Vice President: Ousmane Diagana

Country Director: Pierre Frank Laporte

Regional Director: Dena Ringold

Practice Manager: Gaston Sorgho

Task Team Leader: Anthony Theophilus Seddoh

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
ANC	Antenatal Care
BFP	World Bank Facilitated Procurement
BSL	Biosafety Level
CAGD	Controller and Accountant General's Department
CAP	Coronavirus Alleviation Program
CDC	Centers for Disease Control
CERC	Contingent Emergency Response Component
CHO	Community Health Officer
CHPS	Community Health Planning and Services
COVID-19	Coronavirus Disease
CPF	Country Partnership Framework
DA	Designated Account
DHIMS	District Health Information Management System
DPT	Diphtheria, Pertussis, and Tetanus
DSS	Disease Surveillance Site
ECOWAS	Economic Community of West African States
EI	Executive Instrument
EOC	Emergency Operations Center
EPRP	Emergency Preparedness and Response Plan
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESRS	Environmental and Social Review Summary
EVD	Ebola Virus Disease
FA	Financing Agreement
FGM	Female Genital Mutilation
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
FY	Fiscal Year
GALOP	Ghana Accountability for Learning Outcomes
GAPA	Ghana Association of Persons with Albinism
GARID	Greater Accra Resilient and Integrated Development Project
GAS	Ghana Audit Service
GBU	Ghana Blind Union
GBV	Gender-based Violence
GDP	Gross Domestic Product
GFD	Ghana Federation of the Disabled
GHs	Ghanaian cedi
GHS	Ghana Health Service
GNAD	Ghana National Association of the Deaf
GoG	Government of Ghana
GPSNP	Ghana Productive Safety Net Project
GRM	Grievance Redress Mechanism

GRS	Grievance Redress Service
GSPD	Ghana Society of the Physically Disabled
HCI	Human Capital Index
HCU	High Care Unit
HEIS	Hands-on Enhanced Implementation Support
HMO	Health Management Organization
HNP	Health Nutrition and Population
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IFC	International Finance Cooperation
IFMIS	Integrated Financial Management Information System
IFR	Interim Financial Report
IMCC	Inter-ministerial Coordination Committee
IMF	International Monetary Fund
IPC	Infection Prevention and Control
IPF	Investment Project Financing
IPV	Intimate Partner Violence
ISR	Implementation Status Results Report
JEE	Joint External Evaluation
LMIC	Lower-middle-income Country
M&E	Monitoring and evaluation
MCHNP	Maternal and Child Health and Nutrition Project
MEHSOG	Mental Health Society of Ghana
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
MSME	Micro, Small and Medium Enterprise
NCD	Non-communicable Disease
NHIS	National Health Insurance Scheme
NTCC	National Technical Coordinating Committee
OHS	Occupational Health and Safety
OPD	Out-patient Department
PAD	Project Appraisal Document
PBC	Performance-based Conditions
PCR	Polymerase Chain Reaction
PEF	Pandemic Emergency Financing Facility
PDO	Project Development Objective
PFM	Public Financial Management
PHC	Primary Health Care
PHEMC	Public Health Emergency Management Committee
PIM	Project Implementation Manual
PIU	Project Implementation Unit
POE	Point of Entry
PPE	Personal Protection Equipment

PPME	Policy Planning, Monitoring and Evaluation
PPSD	Project Procurement Strategy for Development
RCCE	Risk Communication and Community Engagement
RF	Results Framework
RfQ	Request for Quotation
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SME	Small and Medium Enterprise
SORT	Systematic Operations Risk-Rating Tool
SPRP	Strategic Preparedness and Response Plan
STEP	Systematic Tracking of Exchanges in Procurement
TOC	Theory of Change
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

Ghana

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING

TABLE OF CONTENTS

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING	8
II. DESCRIPTION OF ADDITIONAL FINANCING	21
III. KEY RISKS	29
IV. APPRAISAL SUMMARY	31
V. WORLD BANK GRIEVANCE REDRESS	43
VI SUMMARY TABLE OF CHANGES.....	44
VII DETAILED CHANGE(S).....	44
VIII. RESULTS FRAMEWORK AND MONITORING	48
Annex 1: Project Activities and Budget	63
Annex 2: Revisions to the Results Framework.....	68

BASIC INFORMATION – PARENT (Ghana COVID-19 Emergency Preparedness and Response Project - P173788)

Country	Product Line	Team Leader(s)		
Ghana	IBRD/IDA	Anthony Theophilus Seddoh		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173788	Investment Project Financing	HAWH3 (9542)	AWCW1 (6547)	Health, Nutrition & Population

Implementing Agency: Ghana Health Services, Ministry of Health

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
02-Apr-2020	30-Jun-2022		Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input checked="" type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)



Development Objective(s)

MPA Program Development Objective (PrDO)

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Project Development Objectives (Phase 083)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana

Ratings (from Parent ISR)

	Implementation
	17-Aug-2020
Progress towards achievement of PDO	S
Overall Implementation Progress (IP)	MS
Overall ESS Performance	MS
Overall Risk	S
Financial Management	MS
Project Management	MS
Procurement	MS
Monitoring and Evaluation	MS

BASIC INFORMATION – ADDITIONAL FINANCING (GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING - P174839)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P174839	GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING	Cost Overrun/Financing Gap, Restructuring, Scale Up	Yes
Financing instrument	Product line	Approval Date	



Investment Project Financing	IBRD/IDA	10-Nov-2020	
Projected Date of Full Disbursement 30-Oct-2022	Bank/IFC Collaboration No		
Is this a regionally tagged project? No			

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Series of Projects (SOP)
<input type="checkbox"/> Fragile State(s)	<input type="checkbox"/> Performance-Based Conditions (PBCs)
<input type="checkbox"/> Small State(s)	<input type="checkbox"/> Financial Intermediaries (FI)
<input type="checkbox"/> Fragile within a Non-fragile Country	<input type="checkbox"/> Project-Based Guarantee
<input type="checkbox"/> Conflict	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input type="checkbox"/> Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed	
IBRD				<div></div>	%
IDA	35.00	33.86	1.90	<div></div>	95 %
Grants				<div></div>	%

MPA Financing Data (US\$, Millions)

MPA Program Financing Envelope	16,278,105,721.00
--------------------------------	-------------------

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	16,278,105,721.00
--	-------------------

**The World Bank**GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING
(P174839)

MPA Program Financing Envelope:	16,278,105,721.00
of which Bank Financing (IBRD):	8,163,600,000.00
of which Bank Financing (IDA):	8,114,505,721.00
of which other financing sources:	0.00

PROJECT FINANCING DATA – ADDITIONAL FINANCING (GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING - P174839)**FINANCING DATA (US\$, Millions)****SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	35.00	130.00	165.00
Total Financing	35.00	130.00	165.00
of which IBRD/IDA	35.00	130.00	165.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing**World Bank Group Financing**

International Development Association (IDA)	130.00
IDA Credit	130.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Ghana	130.00	0.00	0.00	130.00
National PBA	130.00	0.00	0.00	130.00
Total	130.00	0.00	0.00	130.00



COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

☐ Yes ☒ No

Does the project require any other Policy waiver(s)?

☐ Yes ☒ No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population



Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Anthony Theophilus Seddoh	Team Leader (ADM Responsible)	Senior Health Specialist/Economist	HAWH3
Charles John Aryee Ashong	Procurement Specialist (ADM Responsible)	Senior Procurement Specialist	EAWRU
Robert Wallace DeGraft-Hanson	Financial Management Specialist (ADM Responsible)	Sr Financial Management Specialist	EAWG2
Justice Odoiquaye Odoi	Environmental Specialist (ADM Responsible)	Environmental Specialist	SAWE4
Sarah Antwi Boasiako	Social Specialist (ADM Responsible)	Social Development Specialist	SAWS1
Antonino Giuffrida	Team Member	Program Leader	HAWDR
Christabel Ewuradjoa Dadzie	Team Member	Social Protection Specialist	HAWS3
Enoch Oti Agyekum	Team Member	ET Consultant	HAWH3
Esinam Julia Nduom	Team Member	Financial Management Specialist	EAWG2
Eunice Yaa Brimfah Ackwerh	Team Member	Senior Education Specialist	Hawe3
Fernando Lavadenz	Team Member	Senior Health Specialist	HAWH3
Fisseha Tessema Abissa	Environmental Specialist	Senior Environmental Specialist	SAWE4
Harjot Kaur	Social Specialist	Senior Social Development Specialist	SSAS2
Ines Melissa Emma Attoua Etty	Team Member	Finance Officer	WFACS
Kazumi Inden	Team Member	Health Specialist	HHNGE
Lydia Sam	Procurement Team	Procurement Assistant	AWCW1
Maiada Mahmoud Abdel	Team Member	Finance Officer	WFACS



Fattah Kassem			
Maria E. Gracheva	Team Member	Senior Operations Officer	HAWDR
Nightingale Rukuba-Ngaiza	Counsel	Senior Counsel	LEGAM
Sariette Jene M. C. Jippe	Team Member	Program Assistant	HAWH3
Stephen Kwaku Tettevi	Team Member	Program Assistant	AWCW1
Victoria Ewura Ekua Wood	Team Member	Associate Counsel	LEGAM
Extended Team			
Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

1. This Project Paper seeks the approval of the World Bank's Board of Executive Directors for an Additional Financing (AF) of US\$130 million to support the restructuring and associated costs of expanding activities of the Ghana COVID-19 Emergency Preparedness and Response Project (P173788) under the Coronavirus Disease (COVID-19) Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA).
2. The AF is proposed at a critical moment of disease progression. Further support to Ghana's comprehensive strategy to address COVID-19 is needed so that the country can reopen its economy as safely as possible. While significant resources have already been committed by the Government of Ghana (GoG), the World Bank and other partners, additional resources are urgently needed given the unprecedented impacts of the COVID-19 pandemic upon the health sector. The total World Bank support to the Ghana COVID-19 health sector response to date is US\$105.8 million equivalent. This includes four financing sources: (i) US\$2.5 million mobilized from the Maternal and Child Health and Nutrition Project (MCHNP, P145792); (ii) US\$65 million from the Contingent Emergency Response Component (CERC) triggered from the Greater Accra Resilient and Integrated Development Project (GARID, P164330) through cross-sectoral allocation; (iii) US\$35 million of the COVID-19 Emergency Preparedness and Response Project Investment Project Financing (IPF-MPA:P173788) prepared under the MPA Fast Track COVID-19 Facility (FTCF approved by the Board of Directors on April 2, 2020); and (iv) US\$3.3 million provided under the Pandemic Emergency Financing Facility (PEF) which was triggered and allocated to United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF) and World Health Organization (WHO) to enhance country capacity for implementation and response to the pandemic.
3. As of October 28, 2020, 98 percent of the total funding available to Ghana for the COVID-19 health sector response has been disbursed. Specifically, 100 percent of funds from the MCHNP, the GARID CERC, and PEF have been disbursed, and 95 percent of the COVID-19 IPF-MPA has been disbursed, leaving only US\$1.9 million or 5 percent undisbursed. The needs for additional resources are significant and continued World Bank engagement is critical to the country's overall effort in the fight against this pandemic. The World Bank team is leading the donor coordination effort in close consultation with the GoG and has provided over 80 percent of the total funding for the COVID-19 health sector response.
4. In a letter dated October 12, 2020, the GoG requested an allocation of up to US\$150 million from its IDA19 resources as AF for the Ghana COVID-19 Emergency Preparedness and Response Project. It was subsequently agreed with Government to set aside US\$20 million towards vaccine purchases when these become available while at the same time exploring other sources of financing. The AF will not finance the purchase of COVID-19 vaccines but will provide support for preparatory activities including technical assistance to assess the policy environment, immunization systems capacity and infrastructure for any future vaccine delivery.
5. The overall progress towards achieving the Project Development Objective (PDO) since the project became effective on April 3, 2020 is rated as Satisfactory. The proposed AF and restructuring will finance the scale up of project activities, as well as new activities focusing on achieving the PDO.¹ The component

¹ There was a slight discrepancy in the PDO wording between the Financing Agreement and the PAD for the original project. This is being corrected as part of the Additional Financing/restructuring as stated herein: "to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana."

structure and costs as well as the Results Framework (RF) would be modified to reflect the expanded scope under the AF. The implementation arrangements would remain the same and the Closing Date would remain as June 30, 2022. Specifically, the AF will:

- a. Expand the scope of Sub-component 1.1 by scaling up and adding new activities for case detection, diagnostic capacity, case reporting and case management; support epidemiological investigations and risk assessments; decentralize and increase training at the district and community level for health workers and volunteers to support case detection and contact tracing in hard to reach and island communities;
- b. Expand the scope of Sub-component 1.2 for case management through refurbishing existing facilities and increasing capacity for treatment and availability of intensive care units (ICU) beds and related equipment. Also, new activities would be added to provide new COVID-19 medications; furnish selected rural and peri-urban government health facilities with off-grid solar electricity, portable water and waste and sanitation services to mitigate impact on climate and environment; and acquire basic essential diagnostic and medical equipment; a two-way communication equipment, computers and vehicles to support lower-level case management. In addition, new activities are added to undertake continuing disinfection of health facilities and schools; specific support to school health and COVID-19 prevention and case management; and distribute personal protection equipment (PPE) and communication support materials for schools and health facilities;
- c. Restructure Sub-component 1.3, dropping the provision of social safety net support (to be covered by a separate Ghana Productive Safety Net Project, P164603) and adding the provision of medical and social support to the vulnerable, including gender-based violence (GBV), in particular intimate partner violence (IPV) survivors and persons with disabilities and with comorbidities;
- d. Expand Sub-component 1.4 to include securing continuity of essential routine primary health services and medicines including care for persons with chronic conditions known to have high risk of death to COVID-19 patient. Also, new activities would be added to support teleconsultations for chronic conditions and conduct training of health workers at the district hospitals; and outsource teleconsultation services to the private sector;
- e. Add a new Sub-component 1.5 for planning and health systems strengthening activities for deployment, security, pharmacovigilance and its systems enhancement for future COVID-19 vaccines; This will also increase awareness for prevention of COVID-19 and foster “vaccine literacy” for new vaccines and services essential to curb the disease, secure health outcomes and save lives;
- f. Under Component 2, add support for institutional strengthening and capacity building for institutions engaged in points of entry;
- g. Under Component 4, add support for institutional strengthening and capacity building for institutions engaged in disease control management;
- h. Revise the project’s Results Framework to reflect the expanded project scope as well as drop and add indicators to better align the Results Framework with the new project design (see details in Annex 2);
- i. Revise the expenditure categories to reflect the changes in the project scope;
- j. Revise the disbursement arrangement to add a separate Designated Account (DA) for Ghana Health Service (GHS); and

- k. Adapt the existing environmental, social, and fiduciary aspects of the parent project in response to the above changes under AF.
6. The AF is being processed using expedited procedures, per Paragraph 12 of Section III of the World Bank IPF Policy as there is an urgent need for the GoG to have additional resources to avoid any disruption of lifesaving health services during the COVID-19 pandemic.

A. COUNTRY AND SECTOR CONTEXT

Country Context

7. **Ghana faces multiple development challenges.** The Republic of Ghana is a lower-middle-income country (LMIC) located in West Africa, bordered by Burkina Faso, Togo, Cote d'Ivoire and the Atlantic Ocean. Ghana is divided into 16 administrative regions, six of which were created in 2019. It is a multiparty parliamentary democracy with national elections held every four years. The average life expectancy at birth is 62.7 years. The population growth rate is 2.2 percent reaching an estimated 30 million at end- of 2018. The population density is about 133 per square kilometer. Approximately 86 percent of the population have access to improved drinking water of which 92 percent is urban and 80 percent is rural. Access to sanitation facilities remain a challenge at 14 percent of the population: 18.8 percent in urban areas and 7.7 percent for rural. Ghana's Human Capital Index² (HCI) is 44. This means a child born in Ghana today can be expected to be 44 percent as productive when s/he grows up as s/he could have been if s/he had had complete education and full health. The HCI measures the amount of human capital that a child born today can expect to attain by age 18. While there are still improvements to be made on the health indicators, they are better than the Sub-Saharan African average, with 95 out of 100 children born in Ghana surviving to age 5, and 19 out of 100 children stunted. Seventy-six percent of 15-year-olds can be expected to survive until age 60. However, out of the average years of schooling in Ghana (11.6), the number of quality-adjusted learning years is just 5.7 – meaning that children are in school but are not actually learning.
8. **Status of the COVID-19 Pandemic in Ghana.** Ghana had seen a steady increase in COVID-19 cases following detection of the first two COVID-19 cases on March 12, 2020. As of October 21, 2020, Ghana had 803 active cases among 47,690 cumulative confirmed cases and 316 cumulative deaths (death rate of 0.5 percent). Ghana continues to be considered a high-risk country and classified among 13 priority-1 countries in the Africa region for being at risk, based on flight and passenger volumes. As the country plans to reopen the economy, schools and other socioeconomic activities, there is a risk of a second wave of cases. Since the borders opened in September 2020, the country recorded 186 imported cases at its main international airport. The daily cross-border land traffic is five times that of the airports but there is no formal testing program in place at the country's over 40 land borders and two seaports. This is a reflection of weaknesses in the national Port Health system in place.³
9. **The COVID-19 crisis is exacerbating poverty, disparities and social conditions, hitting the poor and vulnerable disproportionately.** COVID-19 is a dual crisis, affecting both the economy and impacting health outcomes in an unprecedented way. Before the crisis, the incidence of poverty in the country is estimated

² World Bank. 2018. <http://www.worldbank.org/en/publication/human-capital>.

³ A rapid assessment of the Port Health system shows that 14 points of entry (POE) have a community nurse albeit with no training, equipment or dedicated office to support COVID-19. The other POEs have nothing.

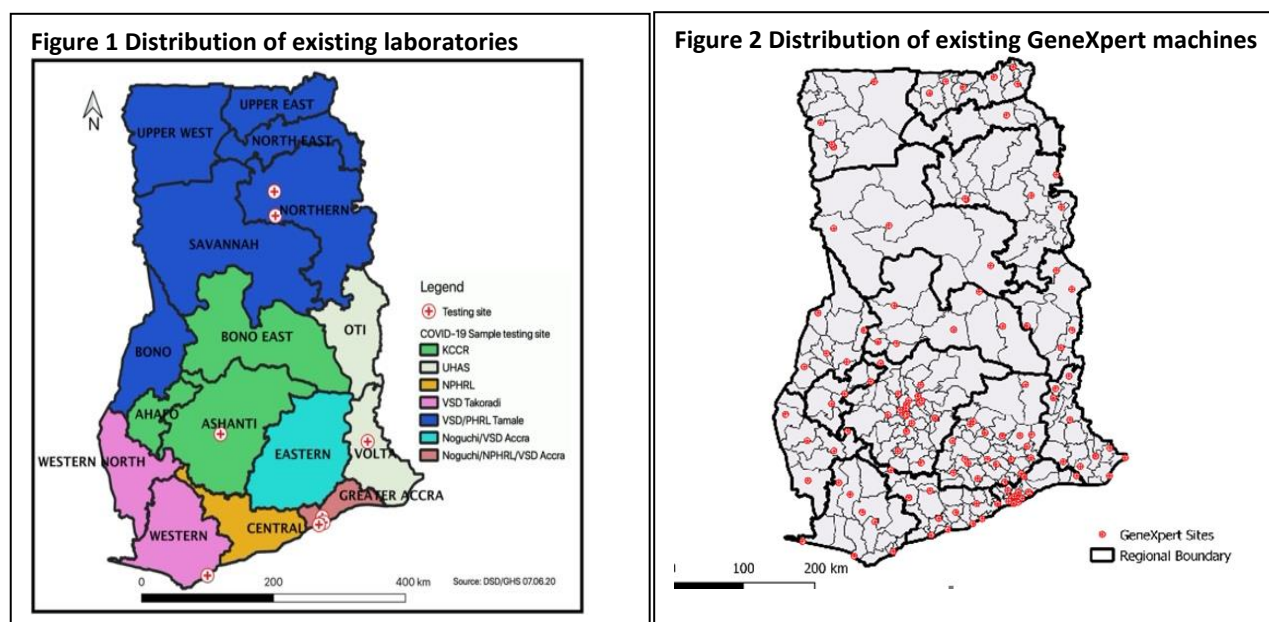
to have inched up from 13.3 percent in 2016 to 13.4 percent in 2019 growing by 1.4 percent a year. This was driven by rising poverty in the poorest, pre-dominantly agricultural regions with low access to electricity, roads, and markets. Large regional disparities in levels of poverty and inequality persist. The COVID-19 crisis is worsening these inequalities, with substantial loss of incomes, particularly for the poor, who are also less insured and less likely to seek medical care for a variety of reasons, including cost considerations. Ghana has developed a plan which would secure the continuity of routine health services, especially for vulnerable groups while also responding to COVID-19 and improving equity in access.

10. **The economic impact of the COVID-19 pandemic on Ghana has been severe.** Growth is expected to slow from 6.5 percent in 2019 to 1.1 percent in 2020 as a result of a decline in external demand, changes in Terms of Trade, and lower inflows from foreign direct investment (FDI) and tourism. Adverse poverty and social impacts are expected, reversing the gains made in poverty reduction over the last decade. The fiscal deficit and gross financing needs could increase substantially with the fiscal deficit expected to be 11.4 percent of Gross Domestic Product (GDP) for 2020. The financing needs are met by both foreign and domestic sources, including through an International Monetary Fund (IMF) Rapid Credit Facility (RCF) operation, US\$1 billion approved on April 13, 2020 (1.5 percent of GDP); and budget support to be provided by the African Development Bank (0.1 percent of GDP). While the medium-term (2021-2022) recovery is uncertain, the rebound will likely be modest as trade, investment, and tourism activities may not pick-up immediately to pre-crisis levels. Reflecting these factors, growth is expected to progressively recover to 1.8 percent by 2022 but could be lower as it faces the risk of a protracted global COVID-19 crisis.
11. **The Government has acted swiftly to mitigate the health and economic impact of the crisis, especially for the most vulnerable groups and through financial support to micro, small and medium enterprises (MSMEs).** In addition to a range of measures to support social distancing, and limit community spread of the virus, the Government approved its US\$100 million COVID-19 *Emergency Preparedness and Response Plan (EPRP)* on March 16, 2020. The Government further announced a *Coronavirus Alleviation Program (CAP)* on March 30, 2020 to support affected households and companies. The CAP is funded with GHs 1 billion (about 0.2 percent of GDP), intended for two streams of support: a poverty and social program (GHs 400 million) that distributes in-kind support, including food, to the 400,000 most vulnerable households; and a business support program worth GHs 600 million (about 0.1 percent of GDP) for the promotion of selected industries (e.g., pharmaceutical sector supplying COVID-19 drugs and equipment) and the support of MSMEs and employment through direct financing and the creation of guarantees and first-loss instruments.

Sector context

12. **Ghana's health service delivery system is relatively strong.** Before COVID-19, Out-patient Department (OPD) service use increased by 7.14 percent from a per capita visit of 0.98 to 1.05 in 2018. This has since dropped significantly following the outbreak. COVID-19 has shown that the traditional service delivery approaches requiring physical attendance presents its own risks for service uptake. Basic equipment and medicines are not available in over 50 percent of primary-level facilities. The procurement of commodities used in primary health facilities is fragmented across several entities. There is weak sharing of data and coordination between supply chain industry players. Tracer drug availability in 2019 was 47 percent. Framework contracting is being piloted as one of the possible solutions to shortages in basic medicines.

13. **COVID-19 also exposed the inadequacy in the country's reliance on a few laboratories to the detriment of a balanced development of a network of laboratories.** Eleven of the sixteen regions have no reference laboratories and beneficiaries must travel several kilometers for their samples to be tested or validated as is shown in Figure 1 below. One emerging and cost-effective technology for COVID-19 testing is the use of GeneXpert machines. This has proved effective in several countries. These machines cost a fraction of the cost of Polymerase Chain Reaction (PCR) equipment and are safe to use. However, they require back-up validation. Ghana has a good spread of GeneXpert across the country as in Figure 2 below. Investing in these machines and consumables would rapidly scale up testing. There is however a need to fill the void of reference-type laboratories in the regions without them.



14. **Health expenditures have been fluctuating over the last years.** The percentage GDP allocation to health rose from 4.5 percent in 2010 to 15.8 percent in 2012, a steep rise immediately following the oil windfall. It then dropped to 6.7 percent based on provisional estimates for 2018. Funding for Ghana's health sector is mainly from domestic sources (91 percent) based on 2018 figures increasing slightly over 2016 (89 percent). External sources account for 9 percent. Government funds constitute 49 percent of health expenditure, households pay out of pocket (32 percent) and other sources constitute an additional 17 percent. The government expenditure includes personnel emoluments, capital expenditure and the National Health Insurance Scheme (NHIS), and NHIS reimbursements to health facilities (Ministry of Health MOH, 2019). Direct service delivery expenditure mainly comes from the NHIS which constitutes 57 percent of all payment of health facilities services and covers only 34 percent of the population. Seventy-nine (79) percent is spent on secondary and tertiary care. Primary health care (PHC) only constitutes 21 percent of the insurance scheme's expenditure.
15. **New medicines have been developed for treatment of COVID-19 in the past six months.** These medicines are expected to significantly shorten patients' recovery time, with some clinical studies finding that certain

COVID-19 therapeutics can increase the odds of clinical improvement by 30 percent. The Government has expressed interest in preparing to introduce these medications based on scientific evidence. The costs however are relatively higher than anticipated in the parent project and will require additional resources.

16. **There is a real risk that as the pandemic prolongs with the swings in the number of new cases in Ghana, restrictions on movement and social gatherings are being flouted.** People's perceptions of COVID-19 as a major problem and the risks of catching it are lower in Ghana than the average of the surveyed African countries.⁴ The adherence to personal measures such as hand washing, avoiding physical contact and wearing of face masks is decreasing. According to a survey conducted in Greater Accra by the Local Governance Research Institute (LGRI), about 18 percent of the populace admit that they do not wear the mask at all. It is worth noting that 61 percent of people are skeptical about COVID-19 vaccines.⁵ With the uncertainties of future epidemiology, continuous risk communication is critical to prevent people from infection and help informed decisions. Without constant reminders and intensive public education campaigns the scourge of the disease could be devastating for the population.
17. **An intense focus on expanding immunization capacity will be required to ensure that the health systems can effectively implement a comprehensive COVID-19 vaccine deployment strategy.** This includes a critical assessment and actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine storage, handling, and stock management; rigorous cold-chain control; robust service and coverage tracking systems; well trained, motivated and supervised vaccinators, tailored large-scale communication and outreach campaigns at household, community and national levels; people-centered service delivery models that reach different target populations effectively; and effective political leadership. Ghana may also need to consider and enhance any relevant institutional frameworks for the safe and effective deployment of vaccines, including around ensuring voluntary vaccination practices; regulatory standards for vaccine quality; guidelines for acceptable minimum standards for vaccine management including cold chain infrastructure; and policies to ensure robust governance, accountability, and citizen engagement mechanisms.
18. **The disruption of routine health services has been very significant and may lead to the loss of gains made over the past decades.** For example, hospital visits in Ghana have dropped by 56 percentage points in mid-year 2020 compared to June 2019. The most significant drops were in child immunizations (80 percentage), maternal and child health services (57 percentage) and outreach services for PHC (67 percentage). As a result of these disruptions, it is expected that the maternal and child mortality in Ghana could increase by 21 percent. These disruptions could leave 1,049,300 children without Diphtheria, Pertussis, and Tetanus (DPT) vaccinations and 171,500 women without access to facility-based delivery. Contraceptive Prevalence Rate (CPR) is also expected to decline from 33 percent to 2 percent if the disruptions continue⁶. Tracer drug availability is down to below 40 percent for the first time in over two decades. The lockdowns and travel ban significantly affected operations and maintenance of equipment at health facilities and laboratories, including cold chains. The AF will be used in part to support Health

⁴ Partnerships for Evidence Based Response to COVID-19 (PERC). October 6, 2020. Responding to COVID-19 in Africa: Using data to find a balance (Part II). Retrieved from <https://africacdc.org/download/responding-to-covid-19-in-africa-using-data-to-find-a-balance-part-ii/> on October 11, 2020.

⁵ PERC. September 9, 2020. Finding the balance: Public health and social measures in Ghana. Retrieved from on October 11, 2020. <https://africacdc.org/download/finding-the-balance-public-health-and-social-measures-in-ghana/>

⁶ Global Finance Facility (GFF) (2020) Preserve Essential Health Service During Covid-19 Pandemic. Washington D.C

system strengthening with increasing targeted interventions for those at high risk of COVID-19 co-morbidities, reflecting the country's increased prevalence of non-communicable diseases (NCDs).

19. **Recent global estimates suggest that COVID-19-driven school closures translated into a loss of 5 percent of the human capital of the current school-age cohort.** This loss could reverse the average global improvement in Human Capital in the past decade.⁷ Crisis-related school closures in Ghana have led to 2.9 million children being out of school feeding programs due to school closure, imposing direct nutritional and financing strains on poor households. The Ghana Accountability for Learning Outcomes Project (GALOP-P165557) and its AF (P173282) project provided for the financing of distance learning through television and internet learning. The GALOP project has articulated safe school re-opening and re-entry as a key action to be undertaken. The project is a US\$40 million IPF with Performance-based Conditions (PBC). Eligible inputs include facemasks, social distancing, isolation wards and water, sanitation and hygiene (WASH). The Government has so far committed over US\$70 million towards the purchase of the COVID-19-related inputs for schools alone. There is a need for AF to support prevention measures, provide safe isolation and holding areas for suspected cases and to reopen schools safely. The project will work with the GALOP project to ensure full complementarity and eliminate any risk of double funding.
20. **The COVID-19 pandemic has had a devastating impact on people around the world, but it especially affects women and girls.**⁸ While the current sex-disaggregated data for COVID-19 does not show differences in the number of cases between men and women, there is differential vulnerability to infection, exposure to pathogens, and treatment received. About 64 percent of the total health workforce of Ghana are women. The needs of women for isolation and quarantine are also different from those of men, which requires sensitivity to their physical, cultural, security and sanitary needs. As primary caregivers of children and the elders in households and, given school closures already imposed in the country, women are more likely to have work limitations and psycho-social pressures affecting their economic and mental health. Policies such as lockdowns, quarantines, stay-at-home orders, and travel restrictions adopted in response to COVID-19 also seem to have increased the risk of GBV, in particular IPV. The Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board have all observed an increase in domestic violence and child abuse during the period of lockdowns and social restrictions. It is critically important to provide support to these institutions to enable them to deal with the situation across the country.
21. **In addition, migrant workers and persons with disabilities have been especially affected during COVID-19.** Ghana hosts an estimated 466,780 migrants, the majority of whom are from the Economic Community of West African States (ECOWAS) region. There are also more than six million internal migrants, including female porters known as Kayayei and child migrants.⁹ Many of these are prone to layoff and do not have fixed accommodation or places to sleep. Also, persons living with disabilities have been adversely impacted by COVID-19. They already deal with increased health challenges, exacerbated threats to their security, and societal marginalization that negatively impacts nearly every facet of their lives. There is a level of disproportionate stigmatization coming from misconceptions that disability is somehow

⁷ World Bank (2020). The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19, Washington D.C.

⁸ UNFPA, with contributions from Avenir Health, John Hopkins University (USA) and Victoria University (Australia). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*. Interim Technical Note (April 27, 2020).

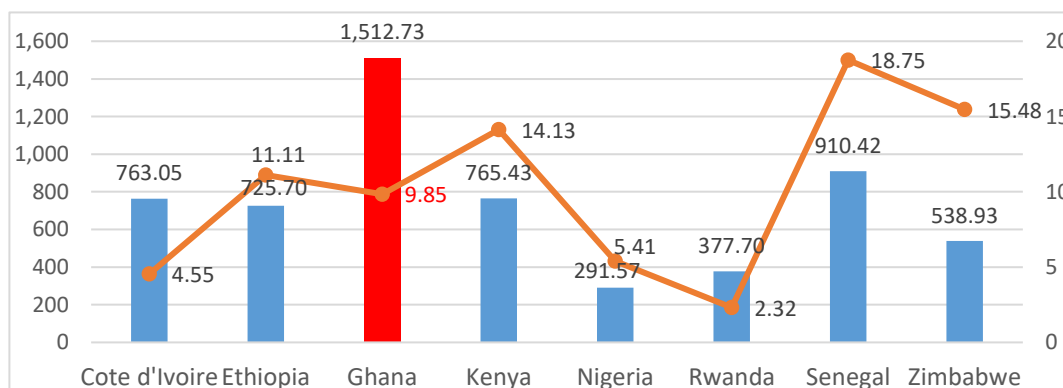
⁹ IOM. June 2020. COVID-19: The socio-economic impact of COVID-19 on migrants in Ghana. Briefing note #6.

contagious and may have a direct aggravated risk for COVID-19 associating with persons with disability. This creates a greater risk of being pushed even further to the periphery of their communities, potentially negating any progress that had been made.

Parent Project Performance (COVID-19 Emergency Preparedness and Response Project, P173788)

22. Since its approval on April 2, 2020, the parent project has been successful in supporting implementation of the country's emergency response and preparedness plan (EPRP) for COVID-19 response with unprecedented scale and speed.
23. The parent project includes four main components: (i) Emergency COVID-19 Response; (ii) Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach; (iii) Community Engagement and Risk Communication; and (iv) Implementation Management, Monitoring and Evaluation (M&E) and Project Management. Implementation progress by component is described below.
24. **Component 1:** The project supported an aggressive roll-out of contact tracing and testing as well as a quarantine program. Coupled with the border control, partial lockdown, and restrictions to movements, the case detection capacity has been significantly strengthened through expanded surveillance with 1,340 trained surveillance officers and contact tracers. These contact tracers linked suspected cases to laboratories and isolation or treatment facilities. The project also introduced a pooled testing approach¹⁰ to accelerate case diagnostics in the early stages of the outbreak. As of October 21, 2020, 519,785 tests have been performed. Ghana has the second highest total number of confirmed cases per million people in Africa after South Africa (see Figure 3 below). The number of positive cases is 47,690 bringing the positivity rate to 9.2. The case fatality rate is 0.66 (316 persons) with 46,887 recovered. Notably, the project also supported the mandatory 14-day quarantine for 32,250 individuals which included the leasing of facilities.

Figure 3: Total number of confirmed cases and deaths per million people (cross-country comparison)



Source: Our World in Data. Retrieved from <https://ourworldindata.org/coronavirus#coronavirus-country-profiles> on October 11, 2020.¹¹

¹⁰ A pooled testing involves combining samples from multiple persons and testing them. The negative batches were eliminated and positive ones having the reserve samples in the batch tested individually.

¹¹ The data for South Africa have been excluded to show effective comparison among the listed countries in the Figure 3.

25. Within the course of the first three months of project implementation, the country successfully expanded the laboratory capacity from two to ten laboratories by equipping eight laboratories to absorb the rapidly increased cases across the regions as well as to minimize the time lags between case detection, testing and reporting. This expanded geographic coverage in diagnostic capacity to ten of the sixteen regions. Three more laboratories are already in the Government's plan. In addition, the project procured reagents, GeneXpert equipment and other supplies and logistics to all the ten PCR laboratories in order to continue expanding the testing capacity in preparation for possible repeat surges and spike waves. It also provided training to key laboratory personnel.
26. As the number of tested positive cases was growing rapidly, case management became an urgent need. Twenty-one treatment centers in 10 out of 16 regions received various inputs. The project provided equipment including patient monitors; ventilators; mobile X-rays; oxygen concentrators, beds and mattresses; tents among others to increase ICU beds from 44 to 129 ICU beds in 10 regions. Four facilities are being refurbished to provide isolation, treatment and ICU. These are about 60 percent complete, while 4,471 health workers were trained in case management and infection prevention and control (IPC) and a health and life insurance package were provided to health workers to secure necessary workforce in combatting this crisis. During the period 2,065 health workers were confirmed positive, of which the families of five health workers who died received compensation.
27. To contain the spread, the project financed offshore procurement of critical goods, demonstrating the strength of Ghana as a regional hub for logistics. In order to protect health workers from infection, the project procured and distributed the following items to public and private health facilities: 3.6 million imported reusable face masks, 4,500 infra-red thermometers, 50,000 medical scrubs, 190,000 hospital gowns, 190,000 head covers; and 60,000 gumboots.
28. In the wake of severe global supply shortages, a private sector initiative was launched. Local pharmaceutical companies, producers of alcoholic beverages and clothing manufacturers and dress makers have converted their production lines to produce hand sanitizers and protective gears, joining the Government's fight against COVID-19. To date, the project procured 10,000,000 face masks which were produced domestically to complement the limited imported goods at the peak of the global pandemic. Moreover, 800,000 liters of liquid soap, 4,000 mounted buckets with taps, 260,000 rolls of tissue paper, over 1.2 million liters of locally manufactured hand-sanitizers and alcohol rubs were purchased locally and distributed to health facilities.
29. **Component 2.** The project's support for the high-level inter-ministerial coordination committee (IMCC) enabled policymakers to develop necessary policies and legislative instruments, including the Imposition of Restrictions Act 2020 (Act 1012) and Executive Instruments (EI 61) and (EI 64) on the wearing of face masks and border closures to protect the populations from the spread of the virus. The inter-agency National Technical Coordinating Committee (NTCC) and the regional and district Public Health Emergency Management Committees (PHEMCs) have been supported to take adequate public health and social measures nationwide.
30. **Component 3.** Resources were provided to multiple institutions to support mass communication, community engagement and outreach and public education on COVID-19, targeting the whole population. Special emphasis was placed on effective management of misinformation and fake news; and prevention of stigma against suspected and/or infected persons. Resource persons and facilitators were supported to hold awareness discussions in local languages daily on over 200 radio stations. A call center was

established which received and responded to 82,124 calls and complaints. Mobile information vans were purchased and used for outreach to rural communities with information on the disease and its preventive measures. Information, education and communication (IEC) materials were widely disseminated, and some were translated into braille for the visually impaired to leave no one behind.

31. The component also financed an awareness assessment which demonstrated a high awareness of 97 percent of COVID-19 among the population. The awareness survey showed that 70 percent of people could cite the symptoms of COVID-19 and 83 percent reported that they received enough information about COVID-19, especially on protective measures from the virus. Their perceptions of the Government response to COVID-19 were very positive with 89 percent of respondents satisfied, of whom 48 percent were “very satisfied.”
32. **Component 4.** Building on the existing M&E systems in the country, the Project Implementation Unit (PIU) has been effectively monitoring the progress of the key results indicators. The PIU regularly submits reports on financial, procurement and implementation of the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and the Environmental and Social Commitment Plan (ESCP) in compliance with the World Bank’s requirements. The draft Project Implementation Manual (PIM) is completed. Despite an unprecedented number of transactions in procurement and financial management (FM), the PIU staff successfully managed the project and have obtained experience in dealing with emergency operations with extensive support from the World Bank team. A designated ESMF focal person has been appointed to ensure that the project meets the environment and social standards.

B. KEY LESSONS LEARNED

33. **Rapid and flexible response by the World Bank under the SPRP MPA is significantly enhancing the impact and performance of countries in their COVID-19 response.** Based on lessons learned from previous World Bank responses to global health crises and outbreaks, the SPRP MPA is supporting clients with and helping establish the appropriate balance between immediate actions needed to address the pandemic in the short term, and with a longer-term development agenda given systemic shortcomings with respect to core public health functions and preparedness. In addition, the SPRP MPA: (i) facilitates a high degree of agility and flexibility to support project preparation and implementation, which will continue to be critical going forward; (ii) has anticipated procurement challenges upfront and established an innovative arrangement when needed relying on extensive hands-on support in identifying suppliers and negotiating prices and other conditions through World Bank Facilitated Procurement (BFP); and (iii) enhances the exchange of effective, cross-sectoral, technical-level coordination, both internally and externally, through putting in place a World Bank-wide, dedicated COVID-19 Task Force and the Health Nutrition and Population (HNP) Global Practice Emergency Operations Center (EOC), overseen by a World Bank-wide Steering Committee.
34. **Strong country leadership and functional multi-sectoral coordinating mechanisms are essential in an emergency response.** The high-level coordination mechanisms through IMCC in Ghana, presided by the President, have been effective in addressing the crisis in its most acute phase. Maintaining this level of leadership and coordination is critical for the future effective implementation of the COVID-19 Project. This will also require: (a) technical expertise to support country coordination mechanisms to better engage the NTCC in project oversight, planning and implementation; and (b) effective cross-sectoral, technical-level coordination, both internally and externally, through putting in place strong points of entry and disease control frameworks, M&E mechanisms. These interventions will help Ghana to reduce the

current fragmentation in the system with too many institutions dealing with disease control and pandemic response to contain various infectious diseases, including meningitis, cholera, Ebola Virus Disease (EVD) in the past and now COVID-19.

35. **Critical importance of countries developing a strategic medicines and equipment stocking system to increase their resilience to pandemics.** The global supply shortages have negatively impacted the world's COVID-19 response, especially in low- and middle-income countries. No one anticipated the rapid evolving nature of the disease which also caused unprecedented price fluctuations across key commodities, including the price of essential equipment and protective gear for diagnostics and case management. This caused significant cost overruns. This experience urges the Government to develop strategic stocks, the contracting framework with the private sector partners, and closer monitoring and forecasts of logistics needs and pricing, which were significantly underestimated under the fast-evolving epidemic situations of COVID-19. The situation was aggravated with the absence of a functioning central medical store. The decision to lease a long-term permanent complex facility from the private sector to operate both as at treatment/isolation center and a medical store proved to be a useful short- to medium-term solution.
36. **COVID-19 revealed the critical importance of continuing to strengthen equitable access to routine primary healthcare services.** During COVID-19, there was a significant disruption in the availability and use of essential child, maternal and adolescent health. Health personnel were reallocated to the fight, and several facilities were shut down because of health professionals being infected with the disease. Patients also avoided health facilities as a precautionary measure and continued to do so following the lockdown. The impact of COVID-19 was greater in remote and deprived areas such as island communities, with poor infrastructure and insufficient human and financial resources. The uneven distribution of ICU and treatment beds, qualified professionals and laboratories significantly affected a coordinated response as well as delivery of routine health services.

C. RATIONALE FOR ADDITIONAL FINANCING

37. Given the World Bank's central role in supporting Ghana, together with other partners, it is critical that the World Bank continue its engagement. In the context of the critical needs for the COVID-19 response described above, the proposed AF will scale up and build on the existing successful activities, finance critical new activities, including preparedness for the deployment of the vaccines.
38. There are several critical needs, including: (i) strengthening the capabilities to test safely and effectively; (ii) ensuring access to more sophisticated, effective therapeutics; (iii) putting in place needed strategies and policies for the country to take advantage of options to secure vaccines while starting the immediate work of enhancing health systems to prepare for the unprecedented deployment of vaccines; (iv) ensuring the provision of routine health and nutrition services which have been significantly disrupted; (v) expanding communication and awareness campaigns to reduce infection risks; (vi) providing extra protection measures, specialized care, equipment and psychosocial support for the persons living with disabilities and other vulnerable groups who have been particularly adversely impacted by COVID-19; and, (vii) implementing measures to reduce GBV which was already high even before the pandemic. These areas require intensive social mobilization and behavior change efforts to be effective.
39. Ghana already has significant budgetary gaps and COVID-19 adds burdens on the already strained fiscal space. The fiscal deficit is expected to increase from 6.4 percent in 2019 to 14.5 percent of GDP (including finance and energy sector costs) in 2020. With such large gaps in revenue generation and budgetary

deficits, increasing costs and emerging new challenges with sustaining health services provision, the current project is unlikely to meet its development objectives without the proposed AF. The increased allocation to the health sector is critical to fight the pandemic and save lives. The proposed AF is considered the best instrument to respond to emerging needs and to ensure the achievement of the PDO.

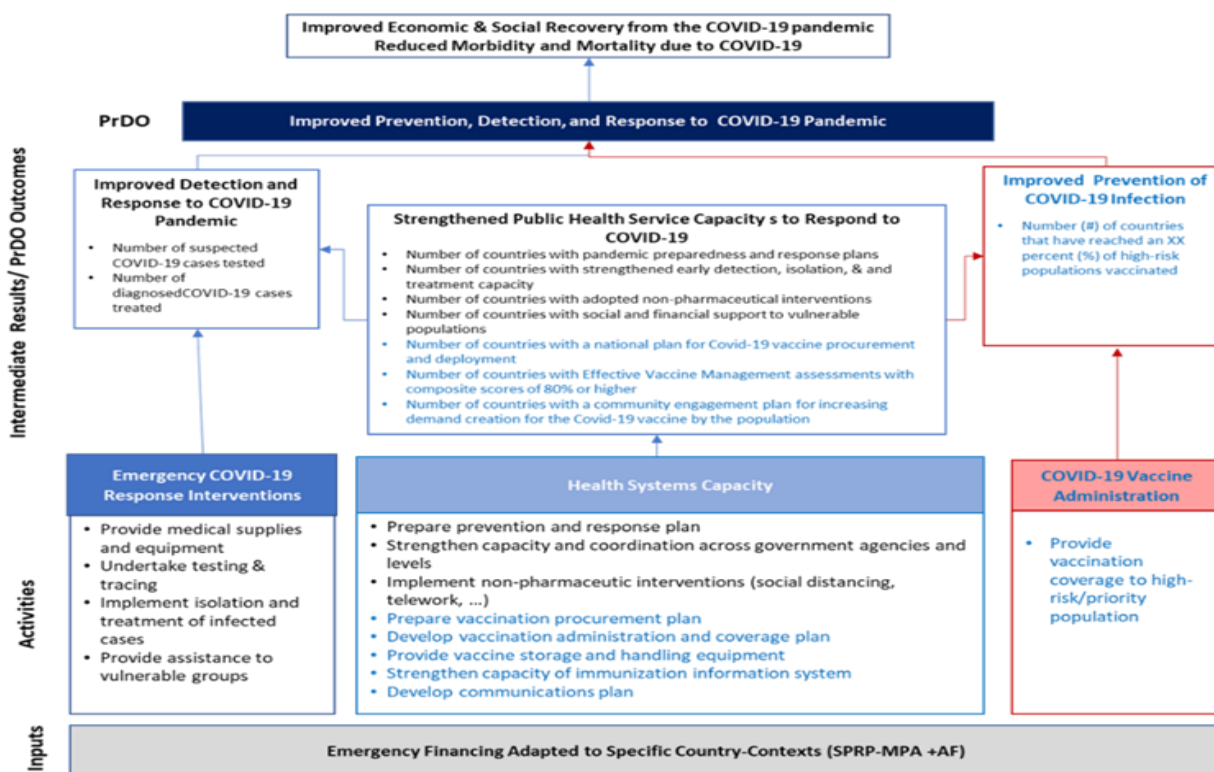
D. RELEVANCE TO HIGHER LEVEL OBJECTIVES

40. **The request for AF is aligned with the World Bank strategic priorities**, and with the World Bank mission to end extreme poverty and boost shared prosperity. The World Bank Group (WBG) COVID-19 response is anchored in the WHO's COVID-19 global SPRP. The AF, which is focused on response and preparedness, is also critical to achieving Universal Health Coverage (UHC) which the GoG is strongly committed to as its overarching strategy for developing the health sector. In fact, the Government has developed a UHC Roadmap with the overarching goal to "Increase access to quality essential health care and population-based services for all by 2030." The roadmap objectives emphasize access to essential PHC, maternal and child health management; domestic finance mobilization; and public health emergency preparedness and response.
41. **A National Action Plan for Health Security (NAPHS-2020-2025) has also been developed to address health emergencies under the One - Health framework.** The COVID-19 EPRP 2020 has also been updated. These policies and strategies align with various global initiatives such as the WBG COVID-19 Response Approach Paper and the WHO's COVID-19 Global SPRP, Sustainable Development Goal Declaration, principles of the African Union Agenda 2063, the Global Action Plan for Healthy Lives and Well Being (GAP), Astana Declaration on PHC (2018), UHC 2030 Compact, and the UHC Political Declaration adopted at the UN High Level Meeting in September 2019. These initiatives are linked with the protection of human rights, and ensuring equity, gender and people-centered approaches.
42. **The AF complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, and citizen engagement.** The WBG is working closely with other partners to support the COVID-19 response in Ghana. As of end-July 2020, the COVID-19 donor mapping tool indicates total health donor partners' contribution of US\$135 million, of which 78 percent is provided by the World Bank. Other organizations are providing support through technical assistance, among other things. The United Nations (UN) is also an implementing agency for the US\$3.3 million from the PEF. The World Bank is coordinating support to the macroeconomic area closely with the IMF, which provided US\$1 billion in support from the RCF in in April 2020.
43. **The proposed AF is highly relevant to the new FY21-26 Country Partnership Framework (CPF) for Ghana which is under preparation (to be approved in late FY21).** This will emphasize supporting Government in addressing the short- and medium-term impacts of COVID-19. Adjustments have been also made to align the current WBG program to emerging priorities and needs as a result of the COVID-19 outbreak. These adjustments are in line with the WBG's COVID-19 Response Framework Approach Paper, June 2020, and of its emphasis on relief, recovery and building resilience particularly to support the poor and vulnerable, accelerated support for small and medium enterprises (SMEs) and businesses, and to enhance long-term economic recovery and resilience. To provide immediate relief to the poor and vulnerable, the Ghana Productive Safety Nets Project (P164603) is being restructured to: (a) accelerate payments of the national cash transfer program to the poor; (b) adjust payments to beneficiaries of the Labor-Intensive Public Works (LIPW) program; and (c) provide benefits to new already-identified needy groups, among other activities.

In order to support human capital in the recovery and resilience phase the US\$200 million Jobs and Skills Project (P120798), approved in June 2020, will contribute to skills development and job creation; improve the enabling business environment, and provide indirect support for entrepreneurship and micro and small enterprise growth. Projects in the education sector, including the GALOP (P165557) have been adjusted to add activities for continued learning, recovery and resilience in basic education; an AF to GALOP was approved in July 2020 for a total of US\$30 million to expand the scope of activities to support out-of-school children.

44. **The pipeline for FY21 has been redefined to support the short- to long-term COVID-19 response.** The Greater Accra Metropolitan Area (GAMA) Sanitation and Water Additional Finance (P171620), approved in September 2020, will address efforts to save lives and support the poor and vulnerable through providing support for enhanced hygiene facilities and practices in vulnerable urban areas. The Development Finance Project (P169742) scheduled for Board approval on October 29, 2020, will support economic recovery through a line of credit (approximately US\$175 million) and partial credit guarantee (approximately US\$50 million) targeting SME development. The International Finance Cooperation (IFC) has put in place an emergency liquidity facility for existing banking clients, for trade finance and working capital.
45. **Theory of Change (TOC)** in Figure 4 below is based on the global World Bank Strategic Preparedness and Response Program (SPRP, P173789). It is expanded to incorporate the focus on the expected vaccine purchase and deployment to the population although the proposed AF will not finance vaccine purchase. The TOC illustrates the expected contribution of the AF to the SPRP program development objective and the long-term outcome of reduced morbidity and mortality.

Figure 4: Theory of Change for COVID-19 SPRP with AF (COVID-19 Vaccination)



II. DESCRIPTION OF ADDITIONAL FINANCING

Project Development Objective

46. **PDO Statement:** The PDO remains the same as in the Project Appraisal Document (PAD) of the parent project, i.e. “to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.” This PDO was/remains aligned with the World Bank financed COVID-19 Strategic Preparedness and Response Program (SPRP). However, because of a discrepancy in the PDO between the PAD and the FA of the parent project, under this AF, the PDO in the FA is revised to be aligned with the PAD.
47. **PDO Level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
 - a. Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage, disaggregated by % female);
 - b. Designated acute healthcare facilities with isolation capacity (Number);
 - c. Confirmed COVID-19 cases that conducted contact tracing (Percentage); and
 - d. Infected health workers to COVID-19 treated (Percentage, disaggregated by % female)
48. The components described below will ensure the completion of the parent project activities and will scale up successful activities to strengthen and build a resilient emergency response system. The proposed AF will also finance new activities related to strengthening the immunization system and developing vaccination plans to ensure preparedness for the future vaccine purchase and deployment.

Component 1: Emergency COVID-19 Response (total US\$136.86, of which AF US\$115.36 million)

Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (total US\$9.00 million, of which AF US\$4.50 million)

49. **This sub-component would be scaled up.** Parent project activities to support the strengthening of disease surveillance systems and public health laboratory capacity will be scaled up. Over the past few months, the COVID-19 testing with the use of GeneXpert machines has proven cost-effective and safe. Building on the existing distribution of GeneXpert machines across the country, the AF intends to take advantage of this technological development to accelerate scaling up of testing capacity. Investing in GeneXpert machines requires consumables and other equipment for back-up validation.
50. The sub-component will focus its resources on support for improving case detection and reporting capacity to guide decision-making and timely response. Support will be provided to roll out the electronic data collection system in all 16 regions by expanding its coverage to the newly installed laboratories. To make all the designated laboratories functional, the AF will procure PCR and GeneXpert equipment, reagents, pipette and pipette tips, thermo-mixers/heating blocks, 2X96 well – 20 degrees Celsius blocks, computers and back up UPS, superscript kit, nucleic acid extraction kits, SARS-COV-2 RT PCR assay, bleach, ethanol (molecular grade), Tris, RT PCR microwell plates and tubes, tubes, cryovials and other inputs for laboratory equipment. Furthermore, the AF will support the operation of laboratories, in both the private and public sectors particularly at the regional level, with Viral Transport Medium (VTM) and help build systems to contain the outbreak. The funds will also be used to support research into anti-body testing, including genome mapping and serological surveys. Also, training will be provided for health workers and volunteers at district and community levels to strengthen community-based disease surveillance.

51. Parent project activities to support epidemiological investigation capacity building will be continued. The selected institutions will be supported to undertake epidemiological studies and surveillance programs to validate intervention effectiveness and impact. Furthermore, all the regions will continue to benefit from the provision of minibuses and pick-up vehicles to speed up staff deployment and response to cases. Support research into anti-bodies testing, including genome mapping, serological surveys and surveillance of imported animal and food products to detect likely importation of cases through non-human means.

Sub-component 1.2: Containment, Isolation and Treatment (total US\$87.20 million, of which AF US\$74.50 million)

52. **This sub-component would be scaled up and restructured to include new activities.** Parent project activities to support case management will be scaled up. The restructured sub-component will focus on improving equitable access to case management facilities. The AF will support refurbishment, renovation and equipping of treatment centers with ICU and high care unit (HCU) beds in Zebila, Sewuah, Korle Bu, Cape Coast, Pantang, Asawinso, Keta, Aflao, Toasi, Kumasi South, Sunyani and Gaoso. Additional health workers will be deployed to all the district hospitals and health centers for case management of mild cases. Additional training will be conducted for health workers. The project will scale up support to strengthen IPC in health facilities to prevent intra-hospital infection and to provide health services, especially outpatient services in a safe environment. This support will include erecting physical barriers such as glass or plastic screens at registration desks and reception areas to limit direct contact between registration desk personnel and potentially infected patients. Medical masks, face shields, coveralls and paper tissues, hand hygiene stations with soap and water or alcohol-based hand sanitizers will be provided to registration and triage desks. Visual alerts on preventive measures in signs and posters will be placed at entrances and in strategic places at health facilities. In case patients visit health facilities without masks, two-ply tissue papers will be provided to cover their noses when speaking to health professionals and while in waiting areas. Durable plastic chairs and canopies will be provided to increase social distancing in health facilities.
53. Furthermore, the AF will finance the purchase of new medications, which are being developed as treatment of COVID-19 in the past six months. These medicines are expected to significantly shorten patients' recovery time and increase odds of clinical improvement. Moreover, the selected rural and peri-urban government health facilities will be furnished with off-grid solar electricity, portable water and sanitation facilities to increase their safety and functionality. The project support will be also extended to the Ghana Ambulance Service to strengthen referral systems through the provision of a two-way shortwave communication equipment and vehicles.
54. New activities will be included to prepare for safe reopening of socio-economic activities. The project funds will be used for fumigation of health facilities and schools. Hazard waste management systems will be further strengthened. Hand hygiene stations with soap and water or alcohol-based hand sanitizers will be provided to wards. Beds, mattresses and soft furnishings and television screens will be provided for school infirmaries to make them COVID-19 holding rooms for student suspected cases. Visual alerts will be provided to all schools (signs/posters at entrances and in strategic places with instructions on hand hygiene, respiratory hygiene, cough etiquette, and maintaining physical distance of at least one meter.
55. The AF will also fulfill financial gaps, incurred due to cost overruns and price variation during the project implementation. The project will continue to support refurbishment of isolation facilities and staff accommodations in Pantang, Dodowa and Adaklu. Primary and secondary level facilities without

functional basic medical and diagnostic equipment, beddings and consumables will be re-equipped with manometers, patient trolleys, wheelchairs, hoists, bedsheets, mackintosh, and thermometers. Additional essential equipment for specialist-level facilities including mobile X-Ray, respirators, defibrillators, ventilators, oximeters, oxygen concentrators, ICU patient monitors, CT Scans, Ccart-based ultrasounds with wireless transducers, and theatre sets, among others, will also be financed.

Sub-component 1.3: Social Support to Vulnerable Groups (total US\$6.56 million, of which US\$5.86 million)

56. **This sub-component is proposed to be restructured.** Parent project activities to support cash transfers, food-baskets to patients, to their families and to those in isolation and quarantine centers, as well as the development of a Compensation Benefit Framework will be integrated into the existing social protection program, led by the Ministry of Gender, Children and Social Projection, which is implementing the World Bank-supported GPSNP (P164603). After the COVID-19 EPRP project became effective, the GPSNP has been restructured, as detailed above in the section on project relevance. As a result, the COVID-19 EPRP will no longer support its parent project social safety net activities, and the associated expenditure category (2) in the FA (Credit Number 6602-GH) will be dropped. The name of the sub-component is also revised to exclude financial support.
57. The restructured sub-component will focus its resources on support for the protection of the poor and vulnerable, including those at risk from climate change. Specifically, this sub-component will provide psycho-social counseling support for patients and their families and other vulnerable people, including those affected by GBV, and by climate-related drought or flooding leading to food and economic stress, as mental health challenges emerge as the pandemic prolongs. The AF will support the Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board to assist and protect GBV, and in particular IPV survivors with the provision of temporary shelter. Special attention will be focused on the needs of persons with disabilities and support the Ghana Society of the Physically Disabled (GSPD), the Ghana Federation of the Disabled (GFD), the Ghana Blind Union (GBU), the Ghana National Association of the Deaf (GNAD), and Ghana Association of Persons with Albinism (GAPA), and the Mental Health Society of Ghana (MEHSOG). The AF will provide the GSPD and the GFD with PPEs, hand sanitizers, mattresses, wheelchairs to prevent COVID-19 infection as well as to mitigate negative impacts associated with the pandemic. The support under this sub-component will also include fee-waivers to access necessary medical care and prosthetic equipment to improve their mobility and well-being. The project will also increase capacity through training of front-line health workers to recognize and manage early signs of GBV, and particularly IPV. This capacity building will also include when and where to refer cases and guarantees privacy and safety.

Sub-component 1.4: Securing primary care essential services provision (total US\$25.60 million, of which AF US\$22.0 million)

58. **This sub-component is proposed to be scaled up and restructured.** parent project activities to support Health systems strengthening will be expanded to provide essential primary healthcare and nutrition service delivery. In the past six months, acute shocks of the pandemic severely disrupted utilization of routine essential maternal, child and adolescent health services at the PHC level in Ghana. This sub-component will focus its resources on activities to make up for missed immunization and maternal

services. Expanding these services will also help improve health access to climate vulnerable groups such as women and children.

59. Support for teleconsultation will be introduced to continue to provide primary care for the chronically ill such as diabetes, hypertension and similar conditions; as well as groups which are vulnerable to climate change which include those with NCDs as well as women, children and the elderly and those at risk of water- and vector-borne diseases. This will include training of dedicated staff in all the district hospitals in telemedicine communication or outsourcing teleconsultation services to the private sector for management of inquiries and calls from patients. The potential partners include faith-based or private sector health facilities, Non-government Organizations (NGOs) facilities, Health Management Organizations (HMOs) or pharmacies. PHC services are also at risk from climate-related shocks, in particular from flooding which impacts access to healthcare facilities by disrupting roads and bridges.
60. In addition, the AF is designed to improve tracer drug availability. Additional COVID-19 and co-morbidities medications will be funded by the project. Health facilities will be encouraged to increase the dosage dispensed to patients with chronic conditions. This measure is expected to reduce the frequency of their visits to pharmacies, clinics or hospitals, thus, to reduce risks of infection at health facilities among such high-risk groups to COVID-19 associated morbidity and mortality. These medicines will be drawn from the country's essential medicines list and will be generic branded, based on lessons learned from the Anti-Malaria Initiative in distributing its "green leaf products" to ensure that they are not for sale.

Sub-component 1.5: Strengthening Preparedness for Vaccine Deployment (new sub-component: total US\$8.50 million)

61. This sub-component will focus on actions related to strengthening health systems to be able to effectively deliver vaccines, including the COVID-19 vaccine, once it becomes available. Given that the vaccines likely to be approved for use in Ghana will not need special cold chain requirements unique to those vaccines, the first phase of vaccine deployment will necessarily build on existing systems and service delivery modalities. As such, there will likely be enhancement needed across the existing cold chain facilities, vehicles, and other logistics infrastructure; training of front-line delivery workers and ensuring reach and effectiveness of current service delivery modalities. In this context, the AF will finance technical assistance and investments in health systems to: (i) develop a COVID-19 vaccine Deployment Plan that aligns to the principles of the WHO Fair Allocation Framework or other similar guidelines.¹² This plan would outline strategies for supplying and distribution of the vaccine, for community engagement and advocacy, logistics management, points of delivery, vaccine safety surveillance and waste management; (ii) develop a COVID-19 Vaccine Purchase and Procurement Plan; and (iii) undertake vaccine readiness assessments that will help identify gaps as a basis for systems strengthening measures. This will include the assessment of vaccine awareness, planning and management by reviewing existing policies and health service delivery models, as well as systems and infrastructure for vaccine deployment, including data quality. This will include information on the ability of systems to effectively monitor adverse effects of vaccines as well as to ensure effective traceability of the vaccine down to the user level; (iv) support to ensure end to end

¹² The WHO Fair Allocation Framework defines as priority population i) frontline workers in health and social care settings; ii) the elderly; iii) and people who have underlying conditions that put them at a higher risk of death. For most countries, an allocation equal to 20 percent of the population would be enough to cover most of the population comprising initially prioritized target groups. By initially prioritizing these groups, a vaccination program may achieve an enormous impact in reducing the consequences of the pandemic even in conditions of supply constraint. Country level vaccine procurement and deployment plans should take these principles into account as they develop tailored plans based on context and needs.

enhancements for effective COVID-19 vaccine deployment within the country system; and (iii) enhance design of existing health service delivery models to ensure they reach target populations. This sub-component will also support the enhancement or development of a robust COVID-19 vaccine purchase and procurement plan that assesses current available financing modalities against overall context and vaccines needs, including the COVAX Facility¹³ and direct purchasing options.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (total US\$9.40 million, of which AF US\$6.00 million)

Sub-component 2.1: Multi-agency support to enhance response (total US\$4.85 million, of which AF US\$2.50 million)

62. **This sub-component is proposed to be scaled up.** As the COVID-19 prolongs, its impact is getting more severe and spreading across multiple sectors. Thus, the original scope of support for multi-agencies will be expanded to cover the Ministry of Agriculture, the Ministry of Water and Sanitation, the Ministry for Inner-City and Zongo Development, the Ghana AIDS Commission, The National Ambulance Services, the National Blood Bank, and mental health facilities.
63. Original activities to support the Inter-Ministerial Coordinating Committee (IMCC) and the NTCC remain the same. The AF will continue supporting their coordination, policymaking and field monitoring activities, including support on climate change impacts, particularly those which exacerbate emergence and transmission of zoonotic diseases.

Sub-component 2.2: Strengthening policy and institutional capacity for disease control (total US\$4.55 million, of which AF US\$3.50 million)

64. **This sub-component is proposed to be restructured.** As disease surveillance at POEs is crucial in preventing imported cases of COVID-19, strengthening of Port Health is essential. Thus, new activities will be introduced to support operations, institutional development and capacity building of a Port Health of GHS. This will include the hiring of consultants, the development of operational manuals, rentals, supply of equipment and transport, refurbishing and furnishing of office accommodation in each designated POE, training and reorientation of all existing and newly appointed officers, further technical capacity building for staff; cross country and international learnings and knowledge exchange. This training and capacity building of officers will include information on climate change and national disease control. The resources will also be used to support consultancies and interim salaries. It will support the development of a revised human resource manual, the institutional framework, administrative and technical protocols and procedures to ensure an effective operation of Port Health.
65. The AF will finance up-front technical assistance to support Government to assess and enhance policies and institutional frameworks around safe and effective deployment of vaccines. These will include: (i) policies related to ensuring that there is no forced vaccination; (ii) acceptable approved policy for

¹³ The COVAX Facility, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, pools demand and resources to support availability of, and equitable access to, COVID-19 vaccines. All economies have been invited to participate. HICs and MICs are expected to fully self-finance their participation in the COVAX Facility (Self-Financing Countries). LICs and LMICs will be able to access the COVAX AMC to fund their participation in the Facility, under which Ghana is eligible. The Facility will build an actively managed portfolio of 10–15 vaccine candidates based upon diverse technologies and geographies to maximize the chance of a successful outcome and accelerate access with up to 2 billion doses by the end of 2021.

prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level; (iv) appropriate minimum standards for vaccine management including cold chain infrastructure; and (v) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will also follow principles established in the WHO Fair Allocation Framework, including targeting an initial coverage of 20 percent of a country's population; focusing first on workers in health and social care settings; and then focusing on the elderly and people with co-morbidities which places them at higher risk.

Component 3: Community Engagement and Risk Communication (total US\$10.80 million, of which AF US\$3.40 million)

66. **This component is proposed to be scaled up and restructured.** Original activities to support RCCE will be intensified, especially to increase public acceptance of a COVID-19 vaccine. A network of community health officers (CHO) and community volunteers will be institutionalized for more systematic community outreach with a conscious inclusion of women health officers. Community engagement will be further strengthened to pay special attention to the vulnerable groups. Community outreach services and sensitization would be designed to be understood by all, including women and girls who are illiterate to counter misconceptions about the disease, vaccines introduction and negative perceptions. The restructured sub-component will expand support for outreach and wellness clinics in deprived neighborhoods through the country's well-established Community Health Planning and Services (CHPS) program, which was extensively supported by MCHNP (P145792). These communication activities will also have a major focus on climate-related diseases to ensure greater awareness of these risks among key population groups thereby building resilience against infectious diseases. The topics will for example cover critical prevention measures such as hand washing, mask wearing, which protect against pathogens such as rotavirus in addition to COVID-19.
67. To foster confidence in a new vaccine, effective communication and outreach will be imperative to increase awareness and "vaccine literacy," build trust, and reduce stigma around any COVID-19 vaccine for a larger target population. Building confidence in a new vaccine will boost overall confidence in vaccinations thereby leading to greater utilization of other vaccines and medicines known to be linked to climate induced diseases. In this regard, financing will include activities such as reviewing existing and undertaking in-depth beneficiary research on perceptions, and obstacles to vaccine uptake which will be used as a basis for developing mass media campaigns that are tailored to Ghana's context, generating information in local languages and adapted to varied contexts within Ghana, distributing information across high-penetration platforms, and fostering support and endorsement through trusted community and national leaders.

Component 4: Implementation Management, Monitoring and Evaluation and Project Management (total US\$7.94 million, of which AF US\$5.24 million)

Sub-component 4.1: Implementation, management and oversight (total US\$3.4 million, of which AF US\$1.70 million)

68. **This component will remain the same.** The AF will continue supporting the primary implementation agency for this project: MOH for project management, oversight, M&E and compliance with the fiduciary requirements. Emphasis will be placed on enhancing the monitoring and prospective evaluation framework for operations at the country and subnational levels in correspondence to the epidemiological shift of COVID-19 in Ghana. The M&E will be further strengthened with timely recording and reporting of

the performance benchmarks and results. The activities for M&E capacity building include: (i) collection of data from line ministries and other implementation agencies; (ii) compilation of data into progress reports; (iii) carrying out of surveys; (iv) carrying out of annual expenditure reviews; and (v) impact evaluation on quantitative and qualitative aspects of the project interventions.

Sub-component 4.2: Strong institutions for managing Ghana Centers for Disease Control (CDC) (total US\$4.54 million, of which AF US\$3.54 million)

69. Original activities to support national disease control will remain under the AF. Building on the support provided under the MCHNP (P145793) for refurbishment of offices, the AF will support Ghana CDC with: (i) the development of the legislation and institutional manuals for establishing governance and operating policies and plans; (ii) operational costs of field stations and designated allied units across the country; and (iii) short, medium- and long-term training and capacity building of selected officers.
70. The table below provides the total project cost summary by components, including the Parent Project (P173788) and the proposed AF (P174839).

Table 1: Project Costing

Component	Parent Project US\$ (P173788)	Proposed AF US\$ (P174839)	Total Project Costs – US\$
1. Emergency COVID-19 Response	US\$21.50 million	US\$115.36 million	US\$136.86 million
2. Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach	US\$3.40 million	US\$6.00 million	US\$9.40 million
3. Community Engagement and Risk Communication	US\$7.40 million	US\$3.40 million	US\$10.80 million
4. Implementation Management, M&E and Project Management	US\$2.70 million	US\$5.24 million	US\$7.94 million
Total	US\$35.00 million	US\$130.00 million	US\$165.00 million

Implementation arrangements

71. Under the proposed AF, parent implementation arrangements would remain the same. The IMCC made up of the Ministries of Finance, Health, Local Government, Gender, Children and Social Protection, Information, Transport, Interior and Defense and Office of the President is chaired by His Excellency the President of the Republic of Ghana or a person assigned by him, and will serve as the steering committee of the project. The Director General of GHS and the Presidential Coordinator for COVID-19 Response serve as advisers to the IMCC to provide technical direction.
72. The MOH and the GHS are the primary implementation agencies for this project. The Chief Director, supported by the Director, Policy Planning, Monitoring and Evaluation (PPME-MOH) under the Office of the Minister of Health; and the Director of Public Health and Director, Institutional Care of the GHS under the Director General of the GHS are responsible for overall project management. Responsibilities of project management include, but are not limited to: (i) collecting and compiling all data relating to their specific suite of indicators; (ii) evaluating results; (iii) providing relevant performance information; and (iv) reporting results, financial, procurement statements and implementation of environmental and social standards as outlined in the ESMF, the SEP, the ESCP and other documents as per the Environmental and

Social Framework (ESF) of the World Bank immediately prior to each semiannual supervision mission. The Director PPME of MOH and the Director of Public Health of GHS will perform its functions in accordance with the methodology prescribed in its respective PIM. This project will retain the Ghana COVID-19 Response PIM of the existing parent project and the PIU has updated the manual.

73. The GHS will be directly responsible for implementing Sub-components 1.4, 1.5, 2.2 (with respect to the Port Health) and Component 3 in collaboration with the MOH. GHS is responsible for collating and integrating all country data into the Integrated Disease Surveillance and Response (IDSR), reporting against the results framework, data analysis and dissemination. The GHS will also be responsible for producing all technical reports and submit same to the MOH through the Director General. Joint External Evaluations (JEEs) have been used to inform the project's Results Framework indicators. The reports will be submitted to the World Bank by the MOH.
74. During the project's lifetime, the MOH's self-assessed results will be reviewed by various stakeholders semi-annually to verify the findings of the self-assessments. The Chief Director will work in close collaboration and with key agencies involved in the preparedness and response agenda to implement the project. MOH and GHS have been involved in the implementation of the MCHNP in the past five years and benefitted immensely from the capacity building efforts under the MCHNP, including fiduciary tasks of procurement and FM. Additional staff will be assigned for overall administration, procurement, FM and social and environment standards under this Project to supplement the existing staff in the emergency operations. Specific technical staff, including Social and Community Communications Specialist and Environment and Hospitals Waste Management Specialist, will be hired to implement the social and environment standards.
75. The NTCC is chaired by the Minister of Health or the Chief Director in collaboration with the Director General of the GHS. The NTCC will coordinate all technical implementing agencies and partners to develop and determine strategies and implement them. Members of the NTCC, including development partners, will be engaged to form sub-teams to support the activities under in the following areas: (i) coordination of logistics and operations; (ii) case Management and Rapid Response Teams (including Isolation, Referral); (iii) POE (including cross border surveillance); (iv) epidemiology/surveillance (data collection, analysis and reporting); (v) risk communication and social mobilization); (vi) laboratories, treatment centers, logistics and medicines; and, (vii) infection prevention and waste management. The purpose of the sub-teams is to drive forward work, set, and implement policies within the work-strand.
76. The MOH will establish the Ghana CDC, also known as the Ghana-CDC to be responsible for (a) providing evidence-based technical advice on new technologies and interventions for emergency preparedness and response and to increase national security; (b) coordinating action for detecting and tracking diseases and advice on the most effective ways to prevent it; and (c) contributing to detecting and responding to global epidemics and pandemics.
77. Ensuring quality of staff in project implementation. All existing Environmental and Social Specialists, Procurement Specialists and FM Specialists working on the project shall be maintained throughout the project. Any change of personnel shall only occur on notification of the World Bank and effected on the approval of the World Bank.
78. The project will develop a monitoring and prospective evaluation workplan for the project at the country level. The approach will include benchmarking and rapid learning to inform tactical adaptations across the country. The M&E framework will focus on: (i) strategic relevance to the near-term support for disease

outbreak detection and response; and (ii) client responsiveness. The indicators will include those for: measuring elements of emergency COVID-19 preparedness and response; strengthening mission-critical national institutions for policy development and coordination of prevention and preparedness, using the “One Health” approach in ways that have clear pathways from interventions to results; enabling national, and sub-national estimates and projections of equipment and supplies for disease prevention, detection, response and recovery requirements; building national capacity for biomedical, clinical, and public health research and technical resource networks; and building systems to perform disease surveillance at the community level.

III. KEY RISKS

79. **The overall project risk rating is Moderate.** The proposed AF will enhance the project design and significantly expand the resources available to the Government to achieve the PDO. While there are considerable inherent risks associated with the parent project and the proposed AF, including responding to the highly complex COVID-19 context and involvement of a wide range of stakeholders across the country, the Government has effectively mitigated most of the risks to a manageable level during implementation to date. As a result, the proposed risk of the overall project including the AF is decreased from Substantial to Moderate. Still, residual risks remain, and the AF introduces some additional risks related to newly added activities. Substantial risks are identified through the Systematic Operations Risk-Rating Tool (SORT) in the categories of: (a) political and governance; (b) fiduciary; and (c) environmental and social risks. Risk ratings for institutional capacity for implementation and sustainability and fiduciary have been lowered from substantial to moderate and from high to substantial, respectively, due in large part to the enhanced capacity of the PIU at both MOH and GHS in the fields of coordination, M&E, financial and procurement management in emergency operations. Mitigation measures are identified and integrated into project design, learning particularly from the past six month of emergency operations in Ghana, as described for key risk categories below.
80. **Political and governance risks remain substantial.** Strong and constant high-level political commitments have been made to the COVID-19 response: the President of Ghana chairs the IMCC to take bold and evidence-based decisions, and the Regional and District Councils demonstrate strong leadership in coordinating response under the PHEMCs. However, there are risks of a waning of leadership and changes in political priorities in conjunction with the Presidential and Parliamentary Elections, which are scheduled in December 2020. To mitigate the risk of changes in political leadership and priorities, the AF will continue to provide technical and financial assistance to strengthen support for the inter-agency NTCC and the Ghana CDC as a permanent institution to systematically engage and coordinate multiple agencies for the country’s epidemic preparedness and response. The AF will continue engaging communities and civil society to hold the government accountable for results and citizen engagement to ensure anti-discrimination operations. All expenditures will be subject to the Work Bank’s anti-corruption guidelines, including the right to audit books and records of bidders and to sanction companies engaged in misconduct.
81. **Macroeconomic risks are lowered to moderate as project specific risks.** COVID-19 severely hit Ghana’s economy and further strains its fiscal space. Bringing COVID-19 health response interventions to national scale, requires significant commitment of public resources that Ghana has limited capacity to provide. The proposed AF specifically seeks to mitigate this risk by making earmarked funding available for COVID-19

response, resulting in a moderate residual macroeconomic risk to the project achieving its development objective.

82. **Technical design risks are moderate.** The design of the parent project has led to successful implementation to date and has followed established global technical good practices for COVID-19 response. The proposed AF will scale up these aspects of project design. The AF also supports the Government in strengthening its immunization system and preparing for the future purchase and deployment of vaccines, which involve uncertainty and risks. The proposed activities under the AF focus on technical assistance to develop vaccination strategies, rather than any direct vaccine purchase and deployment; that assistance will help mitigate future development risks when Ghana does initiate its vaccine purchase and deployment plans.
83. **Fiduciary risks are lowered from high to substantial.** The massive scale of travel restrictions and the global supply shortage makes procurement of medical equipment, protective gear, and construction materials unprecedentedly difficult. Resultant higher prices have caused cost overruns as the actual contracted prices that have been in excess of planned budget. To mitigate these risks, the AF will : (i) strengthen the World Bank's project monitoring of the expedited approval processes in this emergency operation; (ii) closely monitor the changes in price of global supplies to avoid cost overrun at the planning stage; and, (iii) assign PIU staff with particular responsibilities for managing each contract at high volumes.

Environmental and social risks are substantial.

84. **Environmental Risks.** Healthcare facilities play a vital role in public health and are a key part of an integrated COVID-19 management. However, environmentally poor design and management of these facilities can adversely affect healthcare staff, patients and community health countering the very benefits they are intended to deliver. Environmentally sound design and management of health facilities requires attention to issues of medical waste management, water supply and sanitation, and the environmental dimensions of construction, among others. It also requires overall good practice—and particularly of good biosafety design and practice to safeguard patients, staff, visitors and community from heightened risks of infection.
85. The main residual environmental risks associated with the expanded project scope are: (i) occupational health and safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) biological, chemical waste, and other hazardous medical waste generation and management and community health and safety issues related to the handling, transportation and disposal of healthcare waste.
86. The AF will mitigate these risks by: (i) developing OHS standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and Africa CDC, with a focus on isolation and quarantine centers, screening posts, and laboratories; and, (ii) ensuring the additional support for laboratories, isolation and quarantine centers within their premises to minimize environmental footprint. The project will not include vaccine purchase and deployment / distribution but will support Ghana's preparedness for the vaccine deployment. Since vaccines are potentially polluting, as part of the preparedness, the project will support the development of environmentally sound management procedures of vaccines which will include safe storage, collection, transport, and end use or disposal of unused or waste to protect public health and the environment. Importantly, Ghana has a medical waste management system, and each existing laboratory has complied with the safety protocol. The project will

ensure compliance to the WHO laboratory Biosafety Manual for guidance on laboratory design and operations.

87. **Social Risks.** The main inherent social risks are: (i) marginalized and vulnerable social groups, including women and persons with disabilities having barriers to access to COVID-19 health services and information; (ii) discrimination or sexual exploitation or abuse resulting from people being kept in quarantine; (iii) OHS related risks to health and laboratory workers; (iv) elite capture of interventions to support vulnerable groups and exclusion of the needs of vulnerable people in the COVID-19 vaccine deployment strategy and other project benefits; and (v) if there is labor influx for the civil works at the selected rural and peri-urban health facilities across the country, there could be related risks of sexual exploitation and abuse (SEA) and sexual harassment (SH) and use of child labor from the neighboring communities. With lessons learned from the past six-month emergency operations, the AF will pay special attention to the vulnerable, especially GBV/IPV survivors and persons with disabilities with the provision of social and psychosocial support. A vaccine allocation framework identifying priority population groups and distributional equity considerations will be supported by the World Bank in advance of any future vaccine purchases outside the scope of this AF. The RCCE will be further strengthened to prevent stigma and discrimination against the suspected and COVID-19 survivors as well as socio-economically marginalized groups with substantial consideration of gender.
88. The project will mitigate the risks by: (i) strengthening capacity of the implementation agencies; (ii) developing a procurement plan with appropriate cost estimates, quantities, and selection methods; and (iii) fielding of additional qualified environmental and social safeguards officers with experience in public works and closely monitoring implementation of the ESCP.

IV. APPRAISAL SUMMARY

A. Economic and Financial Analysis

89. **Technical analysis.** The choice of interventions supported by the project and their technical design features are consistent with the strategies recommended globally to slow down the transmission of COVID-19 and prevent associated illness and death. Although the global community is still learning about this virus, significant evidence has been already accumulated about how COVID-19 spreads, the severity of disease it causes, how to treat it, and how to stop it. This evidence and associated lessons¹⁴ are reflected in the project design: (i) coordination of the national and subnational response; (ii) engagement and mobilization of affected and at-risk communities; (iii) implementation of context-appropriate public health measures to slow transmission and control sporadic cases; (iv) preparation of the health system to reduce COVID-19-associated mortality, maintain essential health services, and protect health workers; and (v) contingency planning to ensure continuity of essential public functions and services. Project design also reflects emerging lessons about the need for countries to plan for future vaccine purchases and invest early in allocation planning and deployment capacity.
90. One key lesson is that the faster all cases are found, tested and isolated, the harder it is for the virus to spread. This principle has informed the design of the proposed AF with the objective of saving lives and mitigating the economic impact of the pandemic. The comprehensive set of interventions proposed in this AF has been calibrated to the Ghanaian context and the evolving epidemiology of the disease. It is

¹⁴ WHO (2020) COVID-19 Strategy Update.

apparent that the situation is far from stabilized. The likelihood of a second wave cannot be ruled out gauging from the evidence of resurgence in some European countries.

91. **Economic analysis.** The economic effects of COVID-19 derive from the increased sickness and death among humans, the direct health care costs, and the impact on economic activities. Although Ghana has recorded relatively few deaths directly attributed to COVID-19, the tally of deaths is likely to be higher due to the lag in reporting and tabulation. However, how much may be due to underreporting (e.g., missed COVID-19 diagnoses among deaths attributed to pneumonia) or overreporting (e.g., presumed COVID-19 diagnosis in a patient who died of influenza) are matters of speculation.¹⁵ In addition, information on long-term effects and chronicity related to the diseases is still developing.
92. In addition to mortality and morbidity directly attributed to COVID-19, the pandemic poses a significant risk of indirect morbidity and mortality from other preventable and treatable diseases if the provision of essential health services is disrupted. Early impact of the pandemic in Ghana has been felt on routine service delivery as coverage of key essential health service has seen declines. Mathematical models indicate that large service disruptions in Ghana have the potential to leave 541,300 children without oral antibiotics for pneumonia, 1,049,300 children without DPT vaccinations, 171,500 women without access to facility-based deliveries, and 491,900 fewer women receiving family planning services. As a result of disruptions in all essential services, both maternal and child mortality in Ghana could increase by 21 percent over the next year.¹⁶
93. The most direct economic impact of COVID-19 is through increased health care costs, particularly hospital stay costs. COVID-19 health care costs comprise both public spending and private (out-of-pocket) expenditure. It should be clear that in countries without UHC like Ghana, the financial impact of COVID-19 on the population, particularly low-income groups, could be significant, increasing the of impoverishment for vulnerable population groups without financial health protection, who may incur in high out-of-pocket payments to obtain needed medical care.
94. COVID-19 impacts economic activities through different transmission channels. On the demand side, individuals might forgo consumption and purchases of certain goods and services because of social distancing measures. On the supply side, the loss of labor and production have significantly disrupted production of tradable and non-tradable goods across the country. As a result, Ghana GDP projection for 2020 have been revisited downward from 6.4 percentage increase estimated at the beginning of the year to only 1.1 percentage increase.
95. Given the wide range of expected short- and long-term health and economic benefits of preventing the spread of COVID-19, calculating a specific cost-benefit ratio for the proposed investment project in Ghana would be speculative. However, it is already evident that the expected benefits of large-scale interventions aimed at social distancing, testing and contact tracing, and vaccination are dramatically larger than the expected costs. Although the evidence around the specific effectiveness of interventions to control the epidemic is still evolving, cost-benefit analysis based on epidemiological population-based model show that social-distancing measures, when implemented concurrently with an effective system of testing and contact tracing, can reduce economic losses and deaths.¹⁷ The results have been consistent

¹⁵ Fineberg, H.V., 2020. The toll of covid-19. *JAMA*.

¹⁶ Global Financial Facility (2020). Preserve Essential Health Services During COVID-19 Pandemic – Ghana. The World Bank, Washington D.C.

¹⁷ Acemoglu, D., Chernozhukov, V., Werning, I. and Whinston, M.D., 2020. Optimal targeted lockdowns in a multi-group SIR model.

across countries, including Ghana.¹⁸ Similarly, global experience with immunization against diseases shows that vaccines are one of the best buys in public health.

96. Cost-effectiveness analysis of specific pandemic control measures further strengthens the economic rationale of the proposed interventions. Higher-quality randomized studies have shown the cost-effectiveness of hand washing and face masks. Lower-quality studies, such as observational studies, and modelling studies indicate that interventions such as swift contact tracing and case isolation, surveillance networks, protective equipment for healthcare workers, and early vaccination (when available) can be highly cost-effective. Home quarantines and social distancing measures like workplace and school closures are more costly intervention, but still effective options. Finally, the existing evidence suggests that combinations of interventions are more cost-effective than single interventions.¹⁹ Project support for immunization systems strengthening and vaccine deployment strategies will lay the groundwork for future vaccination benefits.
97. The proposed project will also generate important distributional benefits by increasing equitable access to COVID-19 and routine health services in Ghana. Communities in more remote northern regions and hard-to-reach island communities have experienced a greater impact of COVID-19 given their poor infrastructure and insufficient human and financial resources. The project will invest in a more even distribution of ICU and treatment beds, qualified professionals, and laboratories, helping achieve more socially equitable access to critical health services in Ghana.
98. There is a strong justification for public financing to help achieve these benefits, and particular value added by World Bank support for the project. There are clear externalities to the prevention of COVID-19 in terms of avoiding spread to others and enabling an increase in routine health service delivery and economic activity. Public sector provision of COVID-19 health response and vaccination in Ghana will help achieve these externalities and the distributional benefits of supporting underserved regions and communities. The World Bank will bring its experiences and lessons learnt from implementing the COVID-19 parent project and previous World Bank-supported projects to enhance the design of the project. The World Bank's involvement will yield added value through the synergies to be created from related World Bank supported projects in the education, social protection, and water and sanitation sectors. Involvement of the World Bank opens the Government to a greater need for transparency and accountability in the use of project funds. The project will benefit from the large pool of expertise from the World Bank, increasing the potential of the project to yield the desired results.

B. Financial Management

99. In line with the guidelines as stated in the Financial Management Practices Manual issued by the Financial Management Sector Board on March 1, 2010, a FM assessment –was conducted at the two lead implementing agencies namely (i) **MOH** and (ii) **GHS**. As stated in the project paper, there will be no significant changes in the FM arrangements for the AF implementation other than opening an additional

NBER Working Paper, 27102. Rowthorn, R. and Maciejowski, J., 2020. A cost-benefit analysis of the COVID-19 disease. Oxford Review of Economic Policy, 36(Supplement_1), pp. S38-S55.

¹⁸ A rapid Cost Benefit Analysis of moderate social distancing in response to COVID-19 pandemic in Ghana, Ghana Priorities project, Copenhagen Consensus.

¹⁹ Juneau, C.E., Pueyo, T., Bell, M., Gee, G. and Potvin, L., 2020. Evidence-based, cost-effective interventions to suppress the COVID-19 pandemic: a rapid systematic review. Medrxiv.

dedicated DA for the GHS. It must be emphasized that the GHS is one of the key implementing agencies under the ongoing parent project -P173788.

100. In line with the World Bank's default position of using those aspects of the county system deemed reliable, the project's FM systems for the two implementing agencies will be mainstreamed as part of the existing GoG arrangements as per the Public Financial Management Act, 2016 (Act 921). The FM arrangement of this project will draw experience from the arrangements under the MCHNP Project and the ongoing COVID-19 Emergency Response Project.
101. At the MOH, the Financial Controller of the Ministry who is a staff of the Controller and Accountant General's Department (CAGD) will have overall fiduciary responsibility for all FM aspects of the project, but the routine daily transactional processing and reporting will be assigned to a fully dedicated Deputy Financial Controller working with a team of accounts officers. In same vein, within the GHS, the Director of Accounts, will be responsible for all aspects of FM. Both agencies have a full complement of accounts officers who have been involved with other IDA funded projects and have a good understanding of IDA's FM and disbursement arrangements.
102. The Financial Controller of MOH and the Director of Finance of GHS working with their respective account teams and in collaboration with their respective Project Coordinators are to ensure that throughout implementation there are adequate FM systems in place which can report adequately on the use of Project funds.
103. Although the FM staffing strength at MOH is strong there will be a need to assign additional staff due to the high implementation intensity of this project. Specifically, and in terms of systems for accounting and financial reporting, the AF will use the existing GoG accounting and reporting processes and guidelines as provided by the Ministry of Finance (MoF), CAGD and the Ghana Audit Service (GAS). Currently the GoG is implementing and rolling out the Integrated Financial Management Information System (IFMIS). The Ghana IFMIS will be the primary system for transaction recording to enable the timely preparation of monthly/quarterly financial reports related to the overall Project expenditures.
104. With regards to annual audits, the project may either engage a private external audit firm shall appoint the GAS, to audit the project funds and issue acceptable audit reports to the IDA not later than six months after the previous year end.

Compliance with Financial Covenants

105. The parent project FA (IDA 66020) was signed and declared effective on April 3, 2020 and the Client requested the initial advance and value date of May 5, 2020. Thus, in terms of compliance with the financial covenants of submitting acceptable financial reports the first full quarter report was due for the period ending September 2020 and this was duly submitted to the World Bank by October 10, 2020. This report has been reviewed and considered acceptable in terms of content, format and relevance of information. With regards to the submission of audit reports, the project is yet to submit its first audit report for the year 2020 and this report is not due until June 2021. Presently there are no outstanding audits or any overdue Interim Financial Report (IFRs) due under the parent project.
106. In summary, an assessment of the project's FM arrangements as assessed at both the MOH and the GHS concludes that as fully functioning Government agencies, their fiduciary systems satisfy the World Bank's minimum requirements as per *World Bank Policy for IPF*. Even though the agencies have adequate systems, the overall FM residual risk is assessed and rated as **Substantial**.

107. The reasons for the substantial rating include, *inter alia*; (i) challenges in coordinating amongst multiple sub national implementing, beneficiary agencies and other allied health facilities at the regional and district levels who will receive funding to implement project activities; (ii) weak internal audit and financial monitoring capacity at the sub national levels where most of the project activities will occur, thus requiring strengthened oversight, accountability and reporting arrangements; and (iii) possible administrative delays and bureaucratic challenges in reporting on the use of funds at the sub national levels at the different implementing agencies who may not have similar fiduciary capabilities.
108. To mitigate these risks and ensure adequate fiduciary compliance, the project will: adopt a centralized disbursement and payment processing at the Head Offices of the MOH and GHS; all transfers to sub agencies and other allied health facilities will be channeled through the existing financial management (PFM)/GoG procedure; Internal audit departments to be empowered to undertake regular financial monitoring of sub implementing agencies; and World Bank FM Specialist to undertake more periodic on-site supervision and support missions. It is also proposed that the Terms of Reference for the audit will be expanded to include additional in-depth fiduciary reviews. Additionally, based on the finding of supervision missions, the World Bank may consider the possibility of using independent third-party agencies to complement financial monitoring on the use of the funds.

Supervision

109. Based on the risk rating of the project and the current FM arrangement it is expected that in the first year of implementation there will be four quarterly onsite visits to ascertain adequacy of systems and supplemented by desk reviews of IFR and audit reports. The FM supervision mission's objectives will include ensuring that strong FM systems are maintained for the project throughout project tenure. In adopting a risk-based approach to FM supervision, the key risk areas of focus will include assessing the accuracy and reasonableness of budgets, their predictability and budget execution, compliance with payment and fund disbursement arrangements and the ability of the systems to generate reliable financial reports.

Disbursement Arrangements

Ministry of Health

110. The proposed arrangement is to have a single US Dollar DA located at the Bank of Ghana (or at a commercial bank acceptable to the World Bank) to support implementation. The DA will be the existing DA under the original funding. Within the MOH, the DA shall be under the direct responsibility of the Chief Director of the Ministry and but managed and operated by the Financial Controller in collaboration with the Project Coordinator and the Project Accountant.
111. In addition to the single US Dollar Pooled DA, the MOH may open local currency (GHs) "Project Accounts" to facilitate local currency payments and transfer to the key beneficiary agencies involved in the Project as may be considered appropriate to facilitate the implementation. For procurements through third party systems such as the UN Agencies, the project shall adopt the use of direct payments and transfers shall be done directly from the IDA allocations based on established MoU and Procurements documentation as cleared by the World Bank.

Ghana Health Services

112. The proposed arrangement is to have a single US Dollar DA located at the Bank of Ghana (or at a commercial bank acceptable to the World Bank) to support implementation. The DA shall be under the

direct responsibility of the Director General of the GHS but managed and operated by the Director Finance, GHS in collaboration with the Project Coordinator.

113. The daily transactional processing and reporting on the DA shall be done by the dedicated Project Accountant who is a staff of the GHS and reports functionally to the Project Coordinator (PC) and under the authority of the Director General. The Project Accountant shall be supervised technically by the Director of Finance and will be the focal person on all fiduciary matters concerning the DA.
114. In addition to the single US Dollar DA, the GHS may open local currency (GHS) "Project Accounts" to facilitate local currency payments and transfers to the key beneficiary agencies involved in the Project as that may be considered appropriate to facilitate the implementation. The operations including transfers and reconciliation of these subsidiary accounts will follow the GoG approval and authorization hierarchy and further detailed in the PIM.
115. In summary, there will be Two (2) Segregated DAs: the existing DA managed by MOH for parent project fund into which the AF Funds will be deposited managed by MOH and One Segregated DA for AF Funds managed by GHS.

Retroactive Financing

116. No withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed with respect to: (a) Category 2 (up to US\$40,000,000) by the MOH and Category 3 (up to US\$12,000,000) by GHS, an amount to US\$52,000,000 under the Credit may be made for payments made prior to this date but on or after April 3, 2020 for Eligible Expenditures.

Mandatory Direct Payment Pilot

117. Given that the processing of this operation is under situations of urgent need of assistance or capacity constraints, disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open, or limited competition, or Direct Selection, as set out in the procurement plan, must be made only through Direct Payment and/or Special Commitment disbursement methods. Given that the processing of this operation is under situations of urgent need of assistance or capacity constraints, disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open, or limited competition, or Direct Selection, as set out in the procurement plan, must be made only through Direct Payment and/or Special Commitment disbursement methods.

UN Agency Payment

118. Payments to UN Agencies (if any) may be made through UN Advances (with or without a UN Commitment) disbursement mechanism. In case of a contract with a UN Agency requiring a UN Commitment, an application for issuance of UN Commitment is to be submitted by the Recipient. Subsequent payments and documentation of expenditures under the contract must be made in accordance with the Commitment letter to be issued by the Association and the contract between the Recipient and the UN agency. In case of a UN Advance (without UN Commitment), documentation of expenditure should be made once the final invoice is issued and based on the UN Financial Report.



C. Procurement

119. Procurement for the project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.
120. The major planned procurement includes medical supplies, drugs, and equipment, capacity building and training, community outreach, establishing quarantine centers and call centers, and support to the project implementation and monitoring. Approval of the updated project procurement strategy for development (PPSD) has been deferred to implementation. An 18 months procurement plan has been prepared.
121. The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services. While procurement methods that include National Approach, Open International Approach, request for quotation (RfQ) and Direct Contracting can be used, key measures to fast track procurement include the use of methods that will ensure expedited delivery. These include direct contracting of UN Agencies, direct contracting of firms as appropriate, RfQ with no threshold limit for this method as appropriate. The National Approach can be used for up to US\$3 million in goods and US\$35 million in works.
122. Bid Securing Declaration may be used instead of the bid security. Performance Security may not be required for small contracts. Advance payment may be increased to 40 percent while secured with the advance payment guarantee. The time for submission of bids/proposal can be shortened to 15 days in competitive national and international procedures, and to 3-5 days for the RfQs depending on the value and complexity of the requested scope of bid.
123. Procurement implementation will be undertaken by MOH and GHS: MOH and GHS's Finance, Procurement and Supply Directorates are responsible for procurement processes. The GHS and the MOH Health Infrastructure Directorate provides technical input and support for all diagnostic, laboratory and medical inputs and equipment. The MOH Infrastructure Directorate and GHS Clinical Engineering Department will provide technical inputs for equipment and works procurements and manages contract implementation.
124. The MOH and/or GHS may request the World Bank's supporting the procurement of the initial needs of the medical equipment and supplies through Hands-on Enhanced Implementation Support (HEIS). Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Borrower have been agreed.
125. The major risks to procurement are: (a) slow procurement processing and decision making with potential implementation delays; (b) poor contract management system with potential time and cost overrun and poor-quality deliverable; and (c) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (a) maintaining accountability for following the expedited approval processes for emergency; and (b) assigning staff with responsibility of managing each contract.
126. These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of supplies and necessary services. This may result in increased prices and cost. The Team will monitor and

support implementation to agree with implementing agencies on reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs.

127. Various industries are feeling the impact of COVID-19, especially the construction industry that subsequently impacts the procurement process and implementation of the contracts. To deal with potential procurement delays because of the spreading of COVID-19, the World Bank will support the implementing agencies in applying any procedural flexibilities (e.g. bids submitted by an authorized third party, exertion bid submission dates, advising the Borrower on the applicability of force majeure, etc.).
128. The procurement risk is **Substantial**. The World Bank's oversight of procurement will be done through increased implementation support, and increased procurement post review based on a 20 percent sample while the World Bank's prior review will not apply.

D. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

E. Environmental and Social

129. The project will have positive impacts as it will improve capacity for surveillance, monitoring and containment of COVID-19. However, it could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities. Facilities treating patients may also generate biological, chemical waste, and other hazardous by-products that could be injurious to human health. These risks can be mitigated with OHS standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and CDC. Effective administrative and infectious-controlling and engineering controls would be put in place to minimize these risks.
130. In line with WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", and other guidelines, the parent project developed a Hospitals Waste Management Plan and prepared an ESMF for the project by adding to it WHO standards on COVID-19 response. The plan includes training of staff to be aware of all hazards they might encounter. This provides for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety.
131. Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of OHS risks, proper management of hazardous waste and sharps, use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. In line with WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g., sequencing) could be undertaken in Biosafety level 2 (BSL-2) labs with appropriate care. Any virus propagative work

(e.g., virus culture, isolation or neutralization assays) will need to be undertaken in a containment laboratory with inward directional airflow (BSL-3 level). The BSL labs will be sited in existing well managed medical research institutions to ensure personnel and environmental protection.

132. ESS 5-Land Acquisition, Restrictions on Land Use and Involuntary Resettlement is considered not relevant as all construction and refurbishment works are expected to be undertaken within already existing government health facilities which are encumbrance free. However, screening should be conducted at these facilities using the environment and social screening tool in the ESMF to ensure that the proposed facilities do not have encumbrances. In the event of any need of private land purchase; restrictions on land use and involuntary resettlement during implementation, a Resettlement Framework and Resettlement Action Plans or Abbreviated Resettlement Action Plans would be prepared in accordance with the ESF requirements and implemented as required prior to commencement of civil works.
133. One obvious social risk is that of marginalized and vulnerable social groups including women and disabled population having barriers to access to COVID-19 services and information. Other potential social risk includes elite capture of interventions to support vulnerable groups and exclusion of the needs of vulnerable people in the COVID-19 vaccine deployment strategy and other project benefits. In addition, safeguarding the legitimate, appropriate and proportionate use and processing of the potential large volumes of personal data, personal identifiable information and sensitive data likely to be collected and used in connection with the management of the COVID-19 outbreak and subsequent vaccination programs is considered a key social risk. To mitigate this risk, MOH, in the ESCP, has committed to adhere to the requirements of the Ghana Data Protection Act 2012 (Act 843) and the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases and according to the ESMF.
134. The Borrower will implement the activities set out in the ESCP. The ESRS, ESCP, and SEP of the parent project have been updated and disclosed on October 23, 2020 on the World Bank and in-country websites. The draft ESMF will be finalized and approved by the World Bank and subsequently disclosed prior to the declaration of project effectiveness. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination. This will help: (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices including social inclusion and prevention of SEA and SH.
135. Ghana has a strong legal framework in place to prevent, apprehend and prosecute culprits of domestic and GBV and child abuse. These include the 1992 Constitution of the Republic of Ghana, the Police Service Act, the Criminal and other Offences Act, Act 29 of 1960, the Children's Act, Act, 560 of 1998, the Juvenile Justice Act, Act 653 of 2003, Ghana Domestic Violence Act (Act 732) of 2007. The framework provides support and protection for victims of abuse through a nexus of supporting institutions including the Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board. There is constant interaction between District Health Management Teams and these institutions on various issues including GBV and child abuse.
136. The Health Professions Regulatory Bodies Act, 2013 (Act 857) provides for the functions of the Allied Health Professions Council, the Medical and Dental Council, the Nursing and Midwifery Council, Pharmacy

Council, the Psychology Council. It clearly regulates the ethical conduct and practices of all health professionals including professional, collegial and patient relationships including non-exploitative and moral practice.

137. **Citizens' engagement.** The parent project SEP has been updated and publicly disclosed on October 20, 2020 to ensure early, continuous, and inclusive stakeholder engagement. The SEP and RCCE includes surveys to receive feedback on the COVID-19 response and to incorporate feedback to improve project implementation, this should also cover SEA/SH. Citizen's survey will be conducted once a year in which selected number of participants will be chosen for follow up to assess satisfaction of the project activities. There will be a fair representation of gender to ensure that any gender concerns regarding SEA/SH are addressed through the most appropriate methods, and to provide an opportunity to gather additional feedback to strengthen SEA/SH measures. The project GRM will also facilitate citizen feedback.
138. **Disability inclusion.** Persons with disabilities constitute one of the largest vulnerable groups at risk of COVID-19 infections and exclusion in the response process. Without consideration for disability-related needs and support, the project may exacerbate this inequality and limit Persons with Disabilities access to COVID-19 information and services. The project will ensure that health facilities to be refurbished by the project are accessible to persons with disabilities. Support to ensure safe school reopening will also target special schools for persons with disabilities. The project will also leverage ongoing government and partner-led interventions on disability inclusion in COVID-19 response, as may be necessary.
139. **Grievance redress mechanism (GRM).** The project incorporates a comprehensive project wide GRM which will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call centers. The project supports the COVID-19 Call Centers with toll-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM will be equipped to handle cases of SEA/SH, as rapid guidance on how to respond to these cases will be developed and shared with operators. This will follow a survivor-centered approach The GRM will continue to be publicized by the MOH and GHS and other relevant agencies.

F. Climate Co-benefits

140. **Climate change risks and vulnerabilities.** Ghana is exposed to extreme temperature and precipitation events resulting in both flood events as well as periods of severe drought leading to declines in crop production and threats to livestock herds, each of which result in food shortages.²⁰ Agriculture and livestock are important sectors for the economy; with agriculture predominantly rainfed and therefore highly climate sensitive. The cocoa sector will experience a climate shock as land becomes increasingly unsuitable for production, with a land suitability drop from 85 percentage to 15 percentage in large sections of the country by 2050.²¹ Ghana is also endemic for a number of vector and waterborne diseases many of which are climate sensitive.
141. Severe food shortages from drought lead to numerous adverse nutrition impacts with women and children the most vulnerable. The elderly and those with pre-existing long-term medical conditions are

²⁰ Ghana's First National Communication to the United Nations Framework Convention on Climate Change.

²¹ Läderach, P., et al. (2013) "Predicting the Future Climatic Suitability for Cocoa Farming of the World's Leading Producer Countries, Ghana and Côte d'Ivoire." *Clim. Change* 119: 841–54.

the most susceptible to effects of extreme heat due to chronic diseases such as diabetes, cardiovascular, respiratory diseases along with other NCDs. Extreme weather events inflict a heavy toll on human life with acute impacts including physical injuries and drowning, followed by increases in risks of vector and waterborne disease. In the longer-term more profound adverse health impacts are mediated through damage to health infrastructure as well as the mental health effects of traumatic experiences and the economic hardships these events precipitate. Each of these climate related health threats are expected to hit poorest households and communities hardest, with income and health shocks driving them deeper into poverty. Overall, the effects of climate change are predicted to increase the share of Ghanaians living below the poverty line, between 2 percentage to 6 percentage points by 2030.²² In the absence of appropriate measures being put in place to enhance system resilience and adaptation to climate, ever increasing numbers of people are at risk from the changing climate through increasing poverty as well as rapid urbanization, growth of informal settlements, poor urban governance, and declining ecosystem and land conditions.²³

142. In response to this, the GoG approved its first comprehensive national climate change policy in 2013. This policy focused on low-carbon growth, adaptation and social development. In 2015, Ghana's Nationally Determined Contribution (NDC) presented a comprehensive mitigation and adaptation plan to address key sectors and areas including: energy, transport, waste, forestry, agriculture, water and of course the health sector.²⁴ This AF will add to this and further enhance adaptation to climate change as well as mitigating Ghana's contribution to global emissions through the measures outlined in the following paragraphs.
143. The AF seeks to address climate vulnerability and enhance resilience and **adaptation** through the following activities. Under Component 1: Emergency COVID response (US\$115.36 million) in Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$4.50 million) strengthening the national disease surveillance system will enhance the ability of the health system to detect future outbreaks of climate-related diseases. In Sub-component 1.2: Containment, Isolation and Treatment (US\$74.50 million) the containment and isolation measures (in particular fumigation activities and provision of water and sanitation) will strengthen the adaptive capacity of the health system to climate-related challenges by reducing the risk from waterborne and vector borne diseases. This sub-component will also deliver improvements to the management of medical waste again strengthening the adaptive capacity of the health system by reducing risks from waterborne diseases as well as reducing risks from exposure to medical waste following extreme weather events, in particular from flooding. Sub-component 1.3 (US\$5.86 million) will focus resources on support for the protection of the poor and vulnerable providing psychosocial counseling for those at risk of climate-related stress. Sub-component 1.4: Securing primary care essential services provision (US\$22 million) will fund activities to make up for missed immunization and maternal services. This will include coverage of vaccination for climate-sensitive diseases thereby strengthening climate resilience of women and children to the impacts of these diseases. Expanding these services will also help improve health access to climate vulnerable groups such as women and children. The introduction of teleconsultation services for the elderly and for those with long-term underlying health conditions will reduce the vulnerability of these groups to the

²² World Bank (2016) "Shockwaves: Managing the impacts of climate change on poverty." Climate Change and Development Series. Washington, DC.

²³ World Bank's Climate Change Knowledge Portal.

²⁴ Government of Ghana (2015) Intended Nationally Determined Contribution.

impacts of climate change in particular from extreme heat and poor nutrition. Since, PHC services are also at risk from climate related shocks, in particular from flooding providing tele impacts access to healthcare facilities by disrupting roads and bridges. Sub-component 1.5 (US\$8.5 million) will support strengthening systems as part of vaccine preparedness. With respect to COVID vaccination the enhancement actions across cold chain facilities, vehicles, and other logistics infrastructure will integrate climate risk considerations in a vaccine logistics plan reducing climate vulnerability. The training of front-line delivery workers, including in disaster risk management/response will ensure patients' access to vaccines in cases of extreme weather events or other climate-induced disruptions to vaccine delivery. Support would also be provided to undertake a vaccine readiness assessment to ensure the evaluation of Ghana's cold chain exposure to various climate change-induced weather events, particularly those which exacerbate emergence and transmission of zoonotic diseases. Under Sub-component 2.2 (US\$3.50 million), the project would support technical capacity building for staff; cross country and international learnings and knowledge exchanges will include information on climate change and national disease control. Under Component 3 (US\$3.40 million), there would be a major focus on communication activities to ensure greater awareness among the key population groups about building resilience against infectious diseases, including about critical prevention measures such as hand washing, mask wearing, etc. This sub-component would also build confidence in a new vaccine which will also boost overall confidence and lead to greater utilization of other vaccines and medicines known to be linked to climate induced diseases. This will lead to overall greater resilience against climate change impacts in the short and long term.

144. Specific project activities which will support **climate change mitigation** include under Component 1: Emergency COVID-19 Response (US\$115.36 million) in Sub-component 1.2: Containment, Isolation and Treatment (US\$74.50 million) the provision of off-grid solar electricity for rural and peri-urban government health facilities will avert greenhouse gas emissions from these facilities. Sub-component 1.4: Securing primary care essential services provision (US\$22 million) which focuses on the re-equipping of primary healthcare facilities will follow energy efficient principles and low carbon procurement criteria further averting greenhouse gas emissions. Sub-component 1.5 (US\$8.50 million) will support enhancements needed across the existing cold chain facilities, vehicles, and other logistics infrastructure. With respect to vaccines distribution this sub-component will ensure that vehicles for vaccine and personnel transportation will use highly fuel-efficient vehicles or vehicles running on low-carbon fuels or electric power. The vaccine readiness assessments will be able to recommend procurement criteria that require or promote use of highly energy-efficient appliances or low-carbon technologies to support the required cold chain and support logistics. This sub-component will also train front-line delivery workers to support the deployment of low-carbon technologies through the cold chain and associated health facilities.

G. Gender gap analysis.

145. Ghana is ranked 140th in the latest Gender Inequality Index (GII) is classified under the Medium Human Development group.²⁵ The 2015 Ghana Family Life and Health Survey found that 71.5 percent of women reported having experienced at least one form of violence over their lifetime by any perpetrator, with incidence of physical violence being most prevalent in the Eastern region (61.9 percent). Women and girls in rural areas (44.4 percent) experienced physical violence as compared to a 40.7 percent in urban areas. In Ghana, 33 percent of women and girls experienced sexual violence at least once over their lifetime,

²⁵ See: <http://hdr.undp.org/en/composite/GII>

with higher prevalence in urban areas.²⁶ The act of sexual violence stretches across various socioeconomic, cultural backgrounds and geographical locations.

146. Approximately, 94 percent of children aged 1 to 14 years were reported to have experienced some violent discipline (MICS 2017/18). One out of every three (30 percent) children aged 5 to 17 years is engaged in child labor. Ghanaian children are generally trafficked for cheap labor and sex. Ghana is noted as source, transit, and destination country for women and children subjected to forced labor and sex trafficking.²⁷ Girls are often victims of sex trafficking which is more prevalent in the Volta and Western regions. The 2018 Trafficking in Persons (TIP) Report²⁸ upgraded Ghana's rank of Tier 2 Watch List to a Tier 2 ranking following an improved government effort to curtail the situation. Adolescent girls are vulnerable to transactional sexual relationships engagement with men in authority. Approximately, one in every ten (11 percent) of adolescent girls aged 15-19 years who had sex in the last 12 months reported having sex with a man who was ten or more years older. In Ghana, the prevalence rate of child marriage is still on a high level, with 1 in 4 girls between ages 20-49 years are married before their 18th birthday (DHS 2014). The practice of female genital mutilation (FGM) is common among females who live in poor communities. Women in the rural areas find themselves three times (3.6 percent) vulnerable to undergo FGM more than women in urban areas (1.2 percent) (MICS 2017/18).
147. The COVID-19 pandemic has only led to increased GBV risks in Ghana, particularly of IPV risks, and the AF will provide support, as outlined under Component 1.3, to ensure that the relevant institutions, including Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, and the International Federation of Women Lawyers and the Legal Aid Board, get the support so that affected women, girls and children have a greater opportunity to receive appropriate counseling, referral and other assistance, as required. The AF includes indicators in the Results Framework to track progress on GBV.

V. WORLD BANK GRIEVANCE REDRESS

148. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org

²⁶ Ghana Family Life and Health Survey (GFLHS) 2015.

²⁷ United States Department of State, *2016 Trafficking in Persons Report - Ghana*, available at: <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258773.htm> [accessed March 10, 2018]

²⁸ Trafficking in Persons (TIP) Report released by the U.S Department of State assesses the efforts of governments around the world to fight human trafficking.

VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives		✓
Results Framework	✓	
Components and Cost	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓

VII DETAILED CHANGE(S)

MPA PROGRAM DEVELOPMENT OBJECTIVE

Current MPA Program Development Objective

Proposed New MPA Program Development Objective



PROJECT DEVELOPMENT OBJECTIVE

Current PDO

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana

Proposed New PDO

EXPECTED MPA PROGRAM RESULTS

Current Expected MPA Results and their Indicators for the MPA Program

Proposed Expected MPA Results and their Indicators for the MPA Program

COMPONENTS

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Emergency COVID-19 Response	21.50	Revised	Emergency COVID-19 Response	136.86
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	3.40	Revised	Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	9.40
Community Engagement and Risk Communication	7.40	Revised	Community Engagement and Risk Communication	10.80
Implementation management and monitoring and evaluation and project management	2.70	Revised	Implementation management and monitoring and evaluation and project management	7.94



TOTAL	35.00			165.00
--------------	--------------	--	--	---------------

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed

IDA-66020-001 | Currency: XDR

iLap Category Sequence No: 1 Current Expenditure Category: GD,WK,NCS,CS,TR&OC

24,980,000.00	6,937,531.31	6,937,531.31	100.00	100.00
---------------	--------------	--------------	--------	--------

iLap Category Sequence No: 2 Current Expenditure Category: GD, WK, NCS, CS, TR&OC under Parts 1.1(d) and (e); 1.2(a); 1.3 (except 1.3(c)); 3.1; and 3.2(a)

520,000.00	0.00	0.00	100.00	100.00
------------	------	------	--------	--------

iLap Category Sequence No: 3 Current Expenditure Category: GD,WK,NCS,CS,TR&OC under Parts 1.1(a) to 1.1(c); 1.2(b) to 1.2(j); 1.3(c); 2.1; 3.2(b) to 3.2(d); 4.1 and 4.2

0.00	0.00	18,562,468.69		100.00
------	------	---------------	--	--------

Total	25,500,000.00	6,937,531.31	25,500,000.00	
--------------	----------------------	---------------------	----------------------	--

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US\$)

Fiscal Year	Annual	Cumulative
2020	10,488,324.46	10,488,324.46
2021	24,511,675.54	35,000,000.00
2022	0.00	35,000,000.00
2023	0.00	35,000,000.00



SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● Substantial	● Substantial
Macroeconomic	● Substantial	● Moderate
Sector Strategies and Policies	● Moderate	● Moderate
Technical Design of Project or Program	● Moderate	● Moderate
Institutional Capacity for Implementation and Sustainability	● Substantial	● Moderate
Fiduciary	● High	● Substantial
Environment and Social	● Substantial	● Substantial
Stakeholders	● Low	● Low
Other		
Overall	● Substantial	● Moderate

LEGAL COVENANTS – GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING (P174839)

Sections and Description
The Recipient shall not later than twelve (12) months from Effectiveness Date establish and thereafter maintain, at all times during the implementation of the Project, the Ghana Center for Disease Control (“Ghana CDC”), with composition, powers, functions, staffing, facilities and other resources; and develop and submit a draft Ghana CDC Operations Manual to the Association for its review, afford satisfactory to the Association.
The Recipient shall, not later than twelve (12) months from the Effectiveness Date develop and adopt a Port Health Operational Manual (PHOM) to govern the operations of the Port Health satisfactory to the Association; and within six (6) months of the adoption of the PHOM, provide to the Association a progress report on the use of the PHOM.
The Recipient shall, not later than twelve (12) months from the Effectiveness Date develop and adopt a Public Health Division Emergencies Laboratories, Treatment and Isolation Facilities Sustainable Use Policy and Plan satisfactory to the Association; and within six (6) months of adoption of said policy and plan, provide to the Association a progress report on its implementation.

Conditions

Type	Description
Effectiveness	The Recipient has finalized the preparation of the Environmental and Social Management Framework in a manner satisfactory to the Association.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Ghana

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING

Project Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
Emergency COVID-19 Response			
Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage)		0.00	80.00
Action: This indicator has been Revised	Rationale: <i>As the disease spread the country, the number of designated treatment centers has been increased. Thus, the denominator of this indicator has been modified to respond to rapidly evolving situations.</i> <i>Also, the indicator has been redefined to specify treatment for severe cases at the designated treatment centers as asymptomatic cases have been recommended for home quarantine.</i>		
Diagnosed cases treated in the designated treatment centers per approved protocol (by % female) (Percentage)		0.00	80.00



Indicator Name	PBC	Baseline	End Target
Action: This indicator is New	Rationale: New sub-indicator with disaggregation by % female is introduced to measure progress in addressing special needs that would affect women and men differently.		
Designated acute healthcare facilities with isolation capacity (Number)		0.00	50.00
Action: This indicator has been Revised	Rationale: As the disease spread the country, the number of designated treatment centers has been increased. Thus, the end target of this indicator has been modified to respond to rapidly evolving situations.		
Confirmed COVID-19 cases that conducted contact tracing (Percentage)		0.00	100.00
Country adopted personal and community non-pharmaceutical interventions (Yes/No)		No	Yes
Action: This indicator has been Marked for Deletion	Rationale: The original indicator on the country's adaptation of personal and community non-pharmaceutical interventions has been achieved. Because the indicator only measures yes/no, it was found to no longer be useful.		
Infected health workers to COVID-19 treated (Percentage)		0.00	100.00
Action: This indicator is New	Rationale: New indicator is introduced to measure progress in addressing special needs that would affect women and men differently.		
Infected health workers to COVID-19 treated (by % female) (Percentage)		0.00	100.00
Action: This indicator is New	Rationale: New indicator with disaggregated by % female is introduced to measure progress in addressing special needs that would affect women and men differently.		



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Emergency COVID-19 Response (Action: This Component has been Revised)					
Designated laboratories with COVID-19 diagnostic equipment, test kits and reagents (Number)		2.00	10.00		14.00
Action: This indicator has been Revised	Rationale: As of end June 2020, the results significantly exceeded the originally set end target. The government has extensively expanded its laboratory capacity for COVID-19 testing and diagnostics in the first three months of the implementation, including the decentralized testing centers. Thus, the end target of this indicator has been modified to reflect these efforts.				
Designated laboratories diagnosed suspected COVID-19 cases within 24 hrs (Number)		2.00			10.00
Action: This indicator has been Revised	Rationale: As of end June 2020, the results significantly exceeded the originally set end target. The government has extensively expanded its laboratory capacity for COVID-19 testing and diagnostics in the first three months of the implementation, including the decentralized testing centers. Thus, the end target of this indicator has been modified to reflect these efforts.				
Referral systems to care for COVID-19 patients prepared (Yes/No)		No			Yes
Action: This indicator has been Revised	Rationale: The modification is made in the definition of this indicator to articulate the responsibility of MOH in policy making for referral systems.				
COVID-19 Compensation Benefit Framework developed and implemented (Yes/No)		No			Yes



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Action: This indicator has been Marked for Deletion	Rationale: Activities have been conducted, yet, this indicator does not measure specific project progress afterwards.				
Simulation exercises and scenarios conducted in facilities and communities marked as DSS sites and quarantine facilities (Number)		1.00			7.00
Action: This indicator has been Marked for Deletion	Rationale: Activities have been conducted, yet, this indicator does not measure specific project progress afterwards.				
Treatment centers completed with ICU beds and providing services (Number)		0.00	4.00	9.00	12.00
Action: This indicator is New	Rationale: New indicators are introduced to measure a new critical element of case management for COVID-19.				
GBV cases identified by frontline health workers and referred to appropriate departments for additional support (Number)		0.00			0.00
Action: This indicator is New	Rationale: New indicator is introduced to measure progress in addressing special needs that would affect women and men differently.				
National plan for COVID-19 vaccine procurement and deployment (Yes/No)		No			Yes
Action: This indicator is New	Rationale: New indicator is introduced to measure the increase in COVID-19 vaccine preparedness.				
People who have received essential health, nutrition, and population (HNP)		0.00	11,600,000.00		23,200,000.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
services (CRI, Number)					
Action: This indicator is New	Rationale: New indicators are introduced to measure the continuation of essential health and nutrition services at the PHC level, which are critical to sustain the gains made. Definition: The cumulative number of people who attended outpatient services at the PHC level.				
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00	5,800,000.00		11,600,000.00
Action: This indicator is New	Rationale: Definition: The cumulative number of females who attended outpatient services at the PHC level Sex-disaggregation data of the parent indicator Target: More than half of the OPD attendance				
Number of children immunized (CRI, Number)		0.00	825,000.00		1,650,000.00
Action: This indicator is New	Rationale: New indicators are introduced to measure the continuation of essential health and nutrition services at the PHC level, which are critical to sustain the gains made. Immunization services uptake dropped significantly during the COVID-19 outbreak falling to as low as 56% of the population in June 2020, as compared to 84% in 2018 and 79% in 2019. Definition: The cumulative number of children age 12 months to 23 months who were immunized for Measles Rubella 2 at the PHC level				
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	900,000.00		1,800,000.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Action: This indicator is New	Rationale: <i>New indicators are introduced to measure the continuation of essential health and nutrition services at the PHC level, which are critical to sustain the gains made.</i> Definition: <i>The cumulative number of children age 6-59 months who received vitamin A at the PHC level</i>				
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	230,000.00		460,000.00
Action: This indicator is New	Rationale: <i>New indicators are introduced to measure the continuation of essential health and nutrition services at the PHC level, which are critical to sustain the gains made.</i>				
Strengthening Multi-sector, National Institutions and Platforms					
Designated facilities for COVID-19 received monitoring and supportive supervision in preceding quarter (Percentage)		0.00			80.00
Designated highly fuel-efficient, low-carbon fuels or electric powered vehicles procured (Number)		0.00			12.00
Action: This indicator is New	Rationale: <i>New indicator is introduced to measure progress in mitigation and adaptation of climate change.</i>				
Community Engagement and Risk Communication					
COVID-19 sensitization campaigns conducted (Number)		0.00			800.00
Action: This indicator has been Marked for Deletion	Rationale: <i>Activities have been conducted nationwide in full scale, yet, this indicator does not measure progress in results (change in people’s attitudes, perceptions and behaviors).</i>				



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Individuals reached with tailored information on COVID-19 (Percentage)		40.00			80.00
All the regions have functional COVID-19 information centers (Number) (Number)		2.00			16.00
Action: This indicator is New	Rationale: New indicator is introduced to measure a new critical element of RCCE, especially at the subnational level.				
Community engagement plan for increasing demand creation for the COVID-19 vaccine by the population (Yes/No)		No			Yes
Action: This indicator is New	Rationale: New indicator is introduced to measure the increase in COVID-19 vaccine preparedness.				
Implementation Management, Monitoring and Evaluation and Project Management					
Quarterly reports with IDSR data submitted in a timely manner (Percentage)		0.00			90.00
Action: This indicator has been Revised	Rationale: The original indicator on the establishment of the M&E system has been achieved. The new indicator is introduced to measure the progress of implementation of the established M&E system.				
Complaints resolved within one week of having received them (Percentage)		0.00			70.00



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Diagnosed cases treated in the designated treatment centers per approved protocol	Numerator: Number of diagnosed severe cases requiring hospitalization and treated in designated treatment centers as per the approved protocol Denominator: The total number of diagnosed severe cases requiring hospitalization and treatment	Quarterly	Project Reports	Review of Annual Project Reports	GHS
Diagnosed cases treated in the designated treatment centers per approved protocol (by % female)	Numerator: Number of diagnosed severe cases among females requiring hospitalization and treated in designated treatment centers as per the approved protocol Denominator: The total number of diagnosed severe cases among females requiring hospitalization and treatment	Quarterly	Project Reports	Review of Annual Project Reports	GHS
Designated acute healthcare facilities with isolation capacity	Number of designated treatment centers with isolation unit within the	Quarterly	Project Reports	Review of Annual Project Reports	GHS



	facility, trained personnel and equipment				
Confirmed COVID-19 cases that conducted contact tracing	Numerator: Number of confirmed COVID-19 cases that conducted contract tracing Denominator: Total number of confirmed COVID-19 cases	Quarterly	EOC administrative data	Records kept by GHS EOC	GHS EOC
Country adopted personal and community non-pharmaceutical interventions	There is an aggressive risk communication, case containment and community engagement program in place. From March 30 till April 23, 2020, the GoG had imposed three-week partial lock down in Accra and Kumasi, then lifted after the GoG analyzed the dynamics of the disease spread and identified hot spots to inform their evidence-based decisions. The GoG also suspended all the public gatherings, including religious services, then on June 5, 2020 eased to limit to fewer than 100 persons while maintaining social distancing. The GoG has instituted both therapeutic	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC



	and non-therapeutic measures to contain the spread of the COVID-19 diseases. MOH and GHS have developed the standard protocols and operational guidelines to inform government's policies on COVID-19 containment.				
Infected health workers to COVID-19 treated	Numerator: Number of infected health workers to COVID-19 treated Denominator: Total number of infected health workers	Six monthly	Project reports	Review of Annual Project Reports	GHS
Infected health workers to COVID-19 treated (by % female)	Numerator: Number of infected female health workers to COVID-19 treated Denominator: Total number of infected female health workers	Six monthly	Project Reports	Review of Annual Project Reports	GHS

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Designated laboratories with COVID-19 diagnostic equipment, test kits and	Number of designated laboratories for COVID-19	Quarterly	Project Reports	Review of Annual Project Reports	GHS



reagents	diagnostic at BSL 2 and 3 levels				
Designated laboratories diagnosed suspected COVID-19 cases within 24 hrs	The number of BSL 2 and 3 level laboratories turning out test results within 24 hours	Quarterly	Project Reports	Review of Annual Project Reports	GHS
Referral systems to care for COVID-19 patients prepared	National policy on COVID-19 patients referral in place	Quarterly	Project Reports	Review of Annual Project Reports	MOH
COVID-19 Compensation Benefit Framework developed and implemented	COVID-19 Compensation Benefit Framework has been developed and implemented	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC
Simulation exercises and scenarios conducted in facilities and communities marked as DSS sites and quarantine facilities	Simulation exercises have been conducted for Rapid Response Teams (RRTs) as part of their training.	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC
Treatment centers completed with ICU beds and providing services	The number of newly refurbished treatment and isolation centers and the number of ICU/HCU beds added to the national stock	Six monthly	Project Progress Report	Routine Annual Review	Ministry of Health
GBV cases identified by frontline health workers and referred to appropriate departments for additional support	Number of GBV cases identified by frontline health workers and referred to appropriate departments for additional support	Six monthly	Project Reports	Review of Annual Project Reports	GHS and Ministry of Gender, Children and Social Projection
National plan for COVID-19 vaccine procurement and deployment		A national plan for COVID-19	A national plan for COVID-19	Submission of a national plan for COVID-19 vaccine procurement	MOH



		vaccine procurement and deployment developed prior to the COVID-19 vaccine roll-out in Ghana	vaccine procurement and deployment	and deployment	
People who have received essential health, nutrition, and population (HNP) services		Six monthly	District Health Information Management System (DHIMS)	Routine data reported into DHIMS by primary health care facilities up to district level	GHS
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)		Six monthly	DHIMS	Routine data reported into DHIMS by primary health care facilities up to district level	GHS
Number of children immunized		Six monthly	DHIMS	Routine data reported into DHIMS by primary health care facilities up to district level	GHS
Number of women and children who have received basic nutrition services		Six monthly	DHIMS	Routine data reported into DHIMS by primary health care facilities up to district level	GHS



Number of deliveries attended by skilled health personnel		Six monthly	DHIMS	Routine data reported into DHIMS by primary health care facilities up to district level	GHS
Designated facilities for COVID-19 received monitoring and supportive supervision in preceding quarter	<p>Numerator: Number of designated laboratories, POEs, isolation & quarantine centers for COVID-19 received monitoring and supportive supervision by IMCC and EOC in preceding quarter</p> <p>Denominator: Total number of designated laboratories, POEs, isolation & quarantine centers for COVID-19</p>	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC
Designated highly fuel-efficient, low-carbon fuels or electric powered vehicles procured	Number of procured vehicle with designated highly fuel-efficient, low-carbon fuels or electric powered	Annually	Project reports	Review of Annual Project Reports	MOH
COVID-19 sensitization campaigns conducted	Cumulative number of COVID-19 sensitization campaigns conducted as per contextualized their risk communication and community engagement	Quarterly	Project Reports	Review of Annual Project Reports	GHS and Ministry of Information



	strategies				
Individuals reached with tailored information on COVID-19	Individuals reached with tailored information on COVID-19 (female; male) Target: 80% of the total population of Ghana	Quarterly	Project Reports	Review of Annual Project Reports	GHS and Ministry of Information
All the regions have functional COVID-19 information centers (Number)	The number of regions have functional COVID-19 information centers	Quarterly	Project Reports	Review of Annual Project Reports	GHS and Ministry of Information
Community engagement plan for increasing demand creation for the COVID-19 vaccine by the population	Community engagement plan for increasing demand creation for the COVID-19 vaccine by the population prior to COVID-19 vaccine roll-out	Annually	Community engagement plan	Submission of the community engagement plan	MOH and GHS
Quarterly reports with IDSR data submitted in a timely manner	Quarterly reports with IDSR data submitted in a timely manner in the two previous quarters (average)	Quarterly	Project Reports	Submission of quarterly reports	PIU (MOH and GHS)
Complaints resolved within one week of having received them	Numerator: Number of complaints resolved within one week of having received them Denominator: Total number of complaints received within one week	Quarterly	Project Reports	Review of Annual Project Reports	PIU (MOH and GHS)





Annex 1: Project Activities and Budget

THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
Component 1: Emergency COVID-19 Response				
Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting	Refurbish or procure and install laboratories in health and research facilities	5	100,000	500,000.00
	Reagents, pipette and pipette tips, thermo-mixers/heating blocks, 2X96 well – 20 degrees Celsius blocks, computers and back up UPS, superscript kit, nucleic acid extraction kits, SARS-COV-2 RT PCR assay, bleach, ethanol (molecular grade), Tris, RT PCR microwell plates and tubes, tubes, cryovials and other inputs	3	500,000	1,500,000.00
	Support the operations of laboratories	5	200,000	1,000,000.00
	Support research into anti-bodies testing, including genome mapping and serological surveys food products surveillance to detect likely importation of cases through non-human means	2	250,000	500,000.00
	Purchase of rapid diagnostic tests	500,000	2	1,000,000.00
	Sub-total			4,500,000.00
Sub-Component 1.2: Containment, Isolation and Treatment	Refurbish and equip treatment centers in Zebila, Sewuah, Korle Bu, Cape Coast, Pantang, Asawinso, Keta, Toasi, Kumasi South, Aflao, Sunyani and Goaso	12	3,300,000	39,600,000.00
	Pay for cost overruns and specification variations at Pantang, Dodowa and Adaklu to meet environmental and safeguard requirements of ongoing refurbishments	3	800,000	2,400,000.00
	Provide off-grid solar electricity, portable water and sanitation services for selected rural and peri-urban health facilities (note: the total number is rounded)	70	35,714	2,500,000.00



THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
	Supply medical masks, face shields, gowns, paper tissues, hand hygiene stations with soap and water or alcohol-based hand rub to schools and health facilities	1000	14,000	14,000,000.00
	Purchase of two-way communication shortwave equipment (varied items) for the Ambulance Service	1	2,000,000	2,000,000.00
	COVID medications and non-drug consumables including infection prevention commodities	1	3,500,000	3,500,000.00
	Additional essential equipment for specialist level facilities including mobile X-Ray, respirators, defibrillators, ventilators, oximeters, oxygen concentrators, ICU patient monitors, CT Scans, Cart based ultrasounds with wireless transducers, theatre sets (varied)	2	3,000,000	6,000,000.00
	Purchase of basic equipment to support service delivery uptake- per facility package	300	15,000	4,500,000.00
		Sub-total		74,500,000.00
Sub-Component 1.3: Social Support to Vulnerable Groups	Payment for psychosocial support, PPEs, sanitizers, mattresses, wheelchairs and support to access and use needed health services	16	272,500	4,360,000.00
	Resources for supporting planned activities of the GSPD and the GFD; and the Domestic Violence and Child Abuse Support Unit	3	500,000	1,500,000.00
		Sub-Total		5,860,000.00
Sub-Component 1.4: Securing primary care essential services provision	Purchase of essential maternal and child health services in primary health care facilities	3,500,000	2	7,000,000.00
	Provide training, operations and essential support to the treatment, isolation and quarantine centers	20	50,000	1,000,000.00
	Provide funds to erect glass or plastic barriers and durable plastic chairs for registration and reception	300	5,000	1,500,000.00



THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
	areas in health facilities			
	Produce visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and maintaining physical distance in schools and health facilities	2,500,000	1.0	2,500,000.00
	Introducing teleconsultation through outsourcing of continuing care of patients with known but stable, chronic diseases such as diabetes, hypertension and similar conditions at the primary level	500,000	2.0	1,000,000.00
	Purchase of essential medicines to support routine service delivery including for mental health and cancers	3	3,000,000	9,000,000.00
	Sub-Total			22,000,000.00
Sub-Component 1.5 Strengthening preparedness for vaccine deployment	Recruit consultants to support immunization policy and legislative review	8	50,000	400,000.00
	Recruit consultants to develop roll out protocols, guidelines and training manuals	8	50,000	400,000.00
	support teams to undertake vaccine infrastructure and cold chain assessment across country	16	100,000	1,600,000.00
	Hold workshops and seminars to review and build consensus on service delivery protocols, guidelines, training manuals and assessment reports	16	150,000	2,400,000.00
	Provide additional cold chain equipment and infrastructure (270) and transportation vans (20) in all regions	1	3,700,000	3,700,000.00
	Sub-total			8,500,000.00
Component 1		Sub-total		115,360,000.00



THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach				
Sub-component 2.1 Multi-agency support to enhance response	Ministry of Agriculture, the Ministry of Water and Sanitation, the Ghana Aids Commission, mental health facilities, institutions for the disabled and the Ministry for Inner-City and Zongo Development, National Blood Bank and Ambulance Service	10	250,000	2,500,000.00
		Sub-total		2,500,000.00
Sub-component 2.2: Strong institutions for managing port health	Hire consultants to develop institutional manuals, standard procedures and protocols for the newly established Port Health Division	4	150,000	600,000.00
	Environmental and social safeguards reviews	4	50,000	200,000.00
	Rent, refurbish and equip the offices of the Port Health Division and in all the 14 identified POEs	16	50,000	800,000.00
	Provide training and capacity building for all appointed staff of the Port Health Division	5	40,000	200,000.00
	Provide 8 Pick-up vehicles and 2 station wagons to support operations of the Port Health Division	10	40,000	400,000.00
	Provide competency-based short, medium- and long-term training to key staff of the Porth Health Division	10	20,000	200,000.00
	Support the salaries of temporary short-term staff of the Port Health Division	10	30,000	300,000.00
	Support the operational cost of the Port Health Division and field offices	16	50,000	800,000.00
		Sub-total		3,500,000.00
	Component 2	Sub-total		6,000,000.00
Component 3: Community Engagement and Risk Communication				
Community engagement	Funds to carry out Community outreach services and sensitization by CHOs (note: the total number is	270	3,704	1,000,000.00



THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
	rounded)			
	Incentives to CBOs and community volunteers to support community level IPC	3000	300	900,000.00
	Funds to carry out communication activities in support of COVID-19 vaccine awareness	1	1,500,000	1,500,000.00
Component 3		Sub-total		3,400,000.00
Component 4: Implementation Management and Monitoring and Evaluation and Project Management				
Sub-Component 4.1 Implementation, management and oversight	Support for policy planning, M&E	9	100,000	900,000.00
	Environmental and social safeguards reviews	4	50,000	200,000.00
	Inter-ministerial coordinating committee meetings	10	50,000	500,000.00
	NTCC	10	10,000	100,000.00
		Sub-total		1,700,000.00
Sub-component 4.2: Strong institutions for managing port health and Ghana CDC	Provide training and capacity building for all appointed staff of the Ghana CDC	10	40,000	400,000.00
	Provide 4 Pick-up vehicles and 2 station wagons to support operations of the Ghana CDC	6	40,000	240,000.00
	Provide competency-based short, medium- and long-term training to key staff of the Ghana CDC	20	20,000	400,000.00
	Support the salaries of temporary short-term staff of the Ghana CDC	10	100,000	1,000,000.00
	Support the operational cost of the Ghana CDC and field offices	3	500,000	1,500,000.00
		Sub-total		3,540,000.00
Component 4		Sub-total		5,240,000.00
AF Project total				130,000,000.00



Annex 2: Revisions to the Results Framework

PDO/INDICATOR	PROPOSED CHANGES	COMMENTS/RATIONALE
The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.	Fixed the PDO formulation in the FA of the parent project to align with the PAD of the parent project and this AF	The PDO is still relevant to the country and sector context, and in alignment with the World Bank's COVID-19 response strategy.
PDO level indicators		
PDO indicator 1 - Diagnosed cases treated in the designated treatment centers per approved protocol (by % female) (Percentage)	Redefined & revised the end target	Redefined to specify treatment for severe cases at designated treatment centers as asymptomatic cases have been recommended for home quarantine. Added sub-indicator to disaggregate data by % female.
PDO indicator 2 - Designated acute healthcare facilities with isolation capacity (Number)	Revised the end target	Redefined the project end target as activities have been scaled up.
PDO indicator 3 - Confirmed COVID-19 cases that conducted contact tracing (Percentage)	No change	
PDO indicator 4 - Country adopted personal and community non-pharmaceutical interventions (Yes/No)	Dropped	The original indicator has been achieved. Because the indicator only measures yes/no, it was found to no longer be useful.
PDO indicator 5 - Infected health workers to COVID-19 treated (by % female) (Percentage)	New	Indicator introduced to measure progress in addressing special needs that would affect women and men differently. Add sub-indicator to disaggregate by % female.
Intermediate results indicators		
Component 1: Emergency COVID-19 Response		
Designated laboratories with COVID-19 diagnostic equipment, test kits and reagents (Number)	Revised the end target	Refined the project end target as the activities have been scaled up.
Designated laboratories diagnosed suspected COVID-19 cases within 24 hrs (Number)	Revised the end target	Refined the project end target as the activities have been scaled up.
Referral system to care for COVID-19 patients prepared (Yes/No)	Revised the end target	Redefined the definition of the indicator to articulate the responsibility of MOH in policy making for referral systems.
COVID-19 Compensation Benefit Framework developed and implemented (Yes/No)	Dropped	Activities related to this indicator are being dropped under the AF.
Simulation exercises and scenarios conducted in facilities and communities marked as Disease Surveillance Site (DSS) sites and quarantine facilities (Number)	Dropped	Activities related to this indicator are being dropped under the AF.
Treatment centers completed with ICU beds	New	Indicator introduced to measure a new



PDO/INDICATOR	PROPOSED CHANGES	COMMENTS/RATIONALE
and providing services (Number)		critical element of case management for COVID-19.
GBV cases identified by frontline health workers and referred to appropriate departments for additional support (Number)	New	Indicator introduced to measure progress in addressing special needs that would affect women and men differently.
National plan for COVID-19 vaccine procurement and deployment (Yes/No)	New	Indicator added to measure the increase in COVID-19 vaccine preparedness.
People who have received essential health, nutrition, and population (HNP) services (CRI, Number) i) Females who have received essential HNP services (Number) ii) Number of children immunized (Number) iii) Women and children who have received basic nutrition services (Number) iv) Number of deliveries attended by skilled health personnel (Number)	New	CRI indicators introduced to measure the continuation of essential health and nutrition services at the PHC level, which are critical to sustain gains made.
Component 2: Strengthening Multi-sector, National Institutions and Platforms		
Designated facilities for COVID-19 received monitoring and supportive supervision in preceding quarter (Percentage)	No change	
Designated highly fuel-efficient, low-carbon fuels or electric powered vehicles procured (Number)	New	Indicator introduced to measure progress in mitigation and adaptation to climate change.
Component 3: Community Engagement and Risk Communication		
COVID-19 sensitization campaigns conducted (Number)	Dropped	Activities have been conducted nationwide in full scale, yet, this indicator does not measure progress in results (change in people's attitudes, perceptions and behaviors).
Individuals reached with tailored information on COVID-19 (Percentage)	No change	Changed the unit of measure from number to percentage.
All the regions have functional COVID-19 information centers (Number)	New	Indicator introduced to measure a new critical element of RCCE, especially at the subnational level.
Community engagement plan for increasing demand creation for the COVID-19 vaccine by the population (Yes/No)	New	Indicator introduced to measure the increase in COVID-19 vaccine preparedness.
Component 4: Implementation Management, Monitoring and Evaluation and Project Management		
Quarterly reports with IDSR data submitted in a timely manner	Revised	The original indicator on the establishment of the M&E system has been achieved. Revised indicator is introduced to measure the progress of implementation of the established M&E system.
Complaints resolved within one week of having received them (Percentage)	No change	