

UNICEF: Covid-19 response in Ghana

Key results: <ul style="list-style-type: none"> Improved access to water and basic sanitation in 6-8 poor high-density low-income urban communities (app. 50-70,000 people) and improved resilience and preparedness to disease outbreak by increased information dissemination, awareness and uptake of prevention measures and services. Improved water and sanitation facilities in 70 schools; 10 health facilities, and 20 public spaces. Involvement of informal and private sector at micro enterprise level in operations and management of WASH infrastructure and involvement of start-up technologies and solutions from UNICEF Innovation Lab. Strengthened loan facility for upscaling of micro loan facility aimed at improving sanitation at household / small-scale enterprise level. App. 200 additional micro loans facilitated. Improved access to Sexual Gender Based Violence courts in the last six of Ghana's total 16 regions; 700 professionals trained and expected 1,000 child victims who benefit from improved services. App. 500 community leaders, 600 health workers and 500 teachers have increased awareness and strengthened skills to mitigate spread of diseases, e.g. Covid-19 and Cholera. At least 100,000 people reached by social norms campaign. 	File No.	2020-28513						
	Country	Ghana						
	Responsible Unit	Accra						
	Sector	Water and Sanitation, Gender and Health						
	Partner	UNICEF (Ghana)						
		<i>DKK mill.</i>	2020	2021	2022	2023	2024	Tot.
	Commitment	20	15					35
	Projected ann. disb.	35						35
	Duration	December 2020 – end 2021						
	Previous grants	0 (but 125 mill. DKK, in 2020 the SPA)						
	Finance Act code	06.32.01.15 Ghana						
	Head of unit	Tom Nørring						
	Desk officer	Ole Pilgaard Stubdrup						
Reviewed by CFO	Katja Thøgersen Staun							
Relevant SDGs								
 No Poverty		 No Hunger		 Good Health, Wellbeing		 Quality Education		
 Gender Equality		 Clean Water, Sanitation		 Affordable Clean Energy		 Decent Jobs, Econ. Growth		
 Industry, Innovation, Infrastructure		 Reduced Inequalities		 Sustainable Cities, Communities		 Responsible Consumption & Production		
 Climate Action		 Life below Water		 Life on Land		 Peace & Justice, strong Inst.		
 Partnerships for Goals								

Strategic objectives:

Increased resilience of high density, low-income, urban communities in Greater Accra and Ashanti regions to disease outbreak and improved wellbeing, by enabling reduced incidence of community transmission of COVID-19, though improved access to water, sanitation and hygiene, and a strengthened access to justice for victims of gender based violence.

Justification for choice of partner:

UNICEF's comparative advantages include its convening power; broad outreach across multiple sectors; strong field presence; and its dual mandate spanning the humanitarian-development nexus, e.g. in poor urban communities. In Ghana, UNICEF has a long history and strong track record of accomplishment in health, social services and water and sanitation. It is a strategically important coordinating partner to the Government of Ghana in the water sector. UNICEF will coordinate with a few well known implementing partners and relevant public institutions.

Summary:

Covid-19 affects all aspects of life; health, education, protection, food security, employment and livelihoods, but it disproportionately affects the poor and most vulnerable and chief among these women and children. Earlier achievements on gender equality and reduction in the incidence of domestic and gender-based violence are jeopardised. Preventive measures and behaviour changes are crucial to minimise the spread of the virus, not least in low income, high-density urban communities with limited access to basic water and sanitation services. The city of Accra and Kumasi are the two Covid-19 epicentres in Ghana, and the project will focus on these areas and improve access to water and sanitation, hygiene and behavioural change among people in vulnerable communities. The project will also increase access to justice through support to sexual and gender-based violence SGBV courts, and it will include crosscutting aspect that facilitate increased private sector engagement, invocation and job creation.

Budget:

Output 1 Access to WASH Services	16.2 DKK mill.
Output 2 Access to Care and Protection Services	11.0 DKK mill.
Output 3 Communication and Awareness	5.3 DKK mill.
Recovery Cost (7%, SPA, Art 3.11)	2.5 DKK mill.
Total	35.0 DKK mill.



Proposal to Government of Denmark
COVID-19 Response Ghana

Contents

List of Abbreviations.....	2
1. Introduction.....	3
2. Summary of Issues.....	4
3. Strategic Considerations and Justification	6
4. Theory of Change.....	7
5. Summary Results Framework.....	11
6. Monitoring, Evaluation and Learning.....	18
7. Inputs/ Budget	19
8. Institutional and Management Arrangement	20
9. Financial Management, Planning & Reporting	21
10. Risk Management	24
11. Exit strategy	25
Annex 1: Context Analysis	26
Annex 2: Partner	29
Annex 3: Result Framework.....	31
Annex 4: Indicative Budget by Output	33
Annex 5: Risk Management Matrix.....	34
Annex 6: Process Action Plan for implementation	35
Annex 7: Communication	36

List of Abbreviations

Terms

BSF – Basic Sanitation Fund
CHN - Community Health Nurses
CHPS - Community-based Health Planning Service
CRC - Convention on the Rights of the Child
DHMIS – District Health Management Information System
DOVVSU - Domestic Violence and Victims Support Unit
EHO – Environmental Health Officer
EMIS – Education Management Information System
GBV – Gender-based violence
GES – Ghana Education Services
GHS – Ghana Health Services
GoG – Government of Ghana
GWCL - Ghana Water Company Ltd
HAC – Humanitarian Action for Children
HWWS – Handwashing with soap
IPC – Infection Prevention and Control
MMA – Ministries, Departments and Agencies
MMDA – Municipal, Metropolitan and District Assemblies
MoGSCP - Ministry of Gender, Children, and Social Protection
MSME – Micro, Small and Medium Enterprise
MSWR – Ministry of Sanitation and Water Resources
NGO – Non-governmental organisation
NTCC - National Technical Coordinating Committee
O&M - Operations and Maintenance
PHEOC - Public Health Emergency Operations Centre
PWD - Persons With Disability
RCCE – Risk Communication and Community Engagement
SGBV – Sexual and gender-based violence
SME – Small and Medium Enterprise
SPA – Strategic Partnership Agreement
UNICEF – United Nations Children’s Fund
WASH – Water, Sanitation and Hygiene

1. Introduction

This document presents the rationale for and the expected results related to the thematic allocation of approximately US\$ 5.6 million to UNICEF by the Embassy of Denmark in Ghana for the period December 2020 to end 2021 for COVID-19 response activities and other supportive strategic objectives.

UNICEF is actively engaged in Ghana's COVID-19 response and recovery actions through the global Humanitarian Action for Children (HAC)¹. The proposed actions funded by Denmark will contribute to the HAC, reaching vulnerable women, children and families in low-income, high-density, urban centres, which have been the epicentres of the COVID-19 outbreak in Ghana. In the main, the agreement will increase access by urban communities to WASH infrastructure and services for effective infection prevention and control (IPC) and related community engagement for behaviour change. The agreement will also help accelerate engagement by private sector in WASH. It will also strengthen Denmark's legacy contribution in addressing sexual and gender-based violence (SGBV), specifically through the scale up of child-friendly gender-based violence courts and services for child and women survivors of SGBV. The agreement will also advance denominator-based planning for essential care services to urban communities, using routine health monitoring systems platforms as an entry point. This work will be accomplished by mobilising knowledge and capacity, innovation, public and private partnerships and financing.

UNICEF's partnership with Denmark is guided by a *Strategic Partnership Agreement* which covers all Danish contributions to UNICEF from 2020-2022. This includes the fixed contributions stated in the Danish Finance Act and bilateral contributions between UNICEF country offices and Danish Embassies.

The proposed engagement consists of the following components: Access to WASH Services; Access to Care and Protection Services; and Communication and Awareness.

¹ UNICEF in Ghana participates in the global HAC on COVID-19 (see <https://www.unicef.org/appeals/covid-19>). The HAC responds to the primary impacts and immediate secondary impacts of COVID-19 on children and vulnerable families. UNICEF's primary support covers effective risk communication and community engagement, provision of essential medical supplies and equipment; and improved IPC through WASH and Health and Nutrition systems. In response to secondary impacts, UNICEF also supports continued access to learning for pre-tertiary levels, strengthened access to child protection (especially on violence against children and women) and social protection services. The HAC budget for Ghana is estimated at US\$18.2 million with a funding gap of approximately US\$5.8 million.

2. Summary of Issues

The COVID-19 pandemic is causing considerable hardship in Ghana, affecting all aspects of life: health, education, protection, food security, employment and livelihoods.² Its impact is likely to disproportionately affect the wellbeing of children and women and jeopardise progress towards the achievement of gender equality and the empowerment of women and girls.³

Within the country's immediate response actions, the provision of adequate IPC is hampered by poor quality water supply and hygiene practices, severely weak sanitation, water and waste management and uneven community engagement. With limited access to quality basic services, communities in underserved, low income, high-density urban communities of Greater Accra and Greater Kumasi metropolitan areas⁴ have been particularly exposed to COVID-19 and remain potential epicentres for outbreak of diarrheal diseases including cholera.

The COVID-19 pandemic is also causing severe economic difficulties (or secondary impacts) in Ghana, straining public finances for social programmes with severe consequences for vulnerable children and families. A 20% reduction of health and nutrition services⁵ coverage could cause about 17,000 additional avoidable deaths within a year⁶. Evidence also suggests that violence against girls and boys has increased, while the SGBV service provision has reduced.

Through the HAC, UNICEF is supporting the national COVID-19 response by the Government of Ghana (GoG) and development partners by providing cross-sectoral support to strengthen the effectiveness nationally.

The proposed project will extend this support mainly to the WASH sector, which had been underfunded, and with a focus on 6-8 poor urban communities in Greater Kumasi and Greater Accra metropolitan areas in order to mitigate the primary and secondary impacts of the virus on children, adolescent girls and women. It will do so by increasing access to WASH infrastructure and services for effective IPC and accelerating hygiene and health seeking behaviours by vulnerable communities. It will also advance denominator-based planning for essential care services and provide greater support to the SGBV services, especially judicial services. The project will seek greater participation by the private sector in the reducing community vulnerabilities, including in the provision of low-cost sanitation.

With the financial contribution by Government of Denmark, the project will augment the capacity of national systems to respond to the COVID-19 in the following areas:

- US\$ 1 million⁷ will support increased availability of WASH infrastructures and enable HWWS in targeted communities
- US\$ 1.3 million will increase IPC and availability of functioning WASH facility operations and maintenance solutions at institutions (schools, public faculties and health facilities)

² IMF. 2020 (link: [Ghana: Request for Disbursement Under the Rapid Credit Facility](#)).

³ UNICEF Ghana. 2020. Socio-economic Impact of COVID-19 on Adolescent Girls in Ghana.

⁴ Selection will be based on set criteria and a feasibility analysis.

⁵ Essential health and nutrition services include vaccinations, skilled birth attendance, treatment of premature babies, neonatal sepsis, pneumonia, common childhood illnesses, ITN use, Vitamin A supplementation, early initiation of breastfeeding, exclusive breastfeeding practice, and complementary feeding.

⁶ Estimated by applying the "The "Lives Saved Tool" (Johns Hopkins University)

⁷ Indicative estimates, not inclusive of 8% Recovery Cost and 1% Coordination Levy

- US\$ 0.9 million will ensure increased engagement of private sector in providing WASH service delivery to affected communities and facilitating household financing solutions for improved sanitation.
- US\$ 0.6 million will support quality essential services at community level for women, children and adolescents, with deployment of better information systems for decision making
- US\$ 0.5 million will strengthen availability of child-friendly SGBV courts and enhance available protection services to women and children survivors of violence.
- US\$ 0.8 million will increase information dissemination, awareness and uptake prevention measures and services by communities, in line with their identified needs.

The project will be implemented over 12 calendar months from December 2020 to end 2021 at an estimated cost of USD 5.6 million (inclusive of Recovery Cost and Coordination Levy). Indicative results include (but are not limited to):

- 6-8 targeted urban communities are reached with sustainable and safe WASH infrastructure and handwashing with soap (HWWS) facilities and establish appropriate water facility management structures, benefitting approximately 50-80,000 people.
 - At least 70 schools, 10 health facilities and 20 public places access IPC equipment, supplies and training
 - WASH facilities, including sustainable water supply, are installed or upgraded in at least 12 schools 10 health facilities 20 public places.
 - WASH operations and maintenance approaches for the schools and health facilities are in place.
- Households in the 6-8 targeted urban communities are served with affordable loans to purchase household sanitation; MMDAs provide MSMEs with access to affordable loans to run sanitation businesses.
- Child-friendly gender-based violence courts (GBV) established in six regions
 - 700 staff of Judicial Service, Police, Social Welfare and Domestic Violence and Victims Support Unit (DOVVSU) are ready to provide GBV-related services.
 - 1,000 women and child victims of abuse and violence receive appropriate services
- 3,000 community outreach activities provide essential services in targeted communities.
- 500 community leaders promote sanitation and hygiene behaviours and encourage community dialogue and community engagement on COVID-19 response;

In support of aid effectiveness, activities supported by UNICEF under the project will be led by national partners including MDAs and MMDAs, and implemented through their respective delivery systems, with private sector, civil society and NGO participation especially at community level. This will also advance sustainability. UNICEF will also continue to work closely with UN partners and other actors including governments, civil society organisations, other development partners, international financial institutions, and the private sector to advance the project objectives. UNICEF will also seek to leverage a broad range of other actors it engages with through the project, such as the media, trade and professional unions, young people and the general public on issues related to children's rights central to the project. Consistent with the its strategic plan, UNICEF will also work to enhance multi-stakeholder partnerships relevant to the project's success, reflecting the people-centred and partnership-centred nature of the 2030 Agenda.

3. Strategic Considerations and Justification

Context

The first confirmed case of COVID-19 in Ghana was recorded on 12 March 2020. As of the 7th October 2020, reported 46,829 confirmed cases and 203 deaths⁸, with 75% of the cases concentrated in the urban settings of Greater Accra and Ashanti regions. While Ghana's recent caseload has declined, current numbers reflects a very limited testing regime, with under 1,000 tests per week occurring in September 2020 for a population of approximately 30 million.

Since the beginning of the outbreak, the GoG introduced several preventative measures including the closure of international borders, schools and tertiary institutions, the suspension of large gatherings and a partial lockdown in selected municipal districts. Social distancing and hygiene protocols, including compulsory wearing of face masks, remain in place. However, few of the preventative measures were enforced and evidence points to generally low compliance. The pattern of infection indicates community transmission has been established, particularly in high-density, urban centres. Ghana's ability to contain the spread of the virus is compromised by several factors including weak or absent WASH and health infrastructure and delivery systems in low-income, high-density urban centres.

Ghana's overall response to the COVID-19 pandemic is coordinated by the National Public Health Emergency Operations Centre (PHEOC) and overseen by the National Technical Coordinating Committee (NTCC)⁹. The response¹⁰ has sought to leverage existing preparedness and response structures and mechanisms established for pandemic influenza and provide high level political support to manage the COVID-19 outbreak. However, Ghana has a significant emergency preparedness and response budget deficit and requires urgent support to contain, manage and mitigate the impact of the virus¹¹.

UNICEF in Ghana participates in the Global UNICEF HAC and has appealed for US\$18.2 million to facilitate continued access to essential, quality and inclusive social services, as well as the protection of children and families affected by the COVID-19 pandemic. To date, US\$ 9.7 million has been received towards the HAC-related needs. The HAC for Ghana is aligned with the overall GoG public health response to COVID-19 (covering the primary impacts) but expands its support to secondary impacts through the education, child protection and social protection systems in line with the evolving needs of vulnerable children and families in Ghana.

The activities under the proposed project are therefore aligned with UNICEF's commitment to support national objectives for COVID-19 response and recovery, commitments made within the UNICEF HAC and the overall COVID-19 response and recovery support of the UN system in Ghana through its *Country Preparedness and Response Plan*. The project also aligns with the UN *Socio-economic Response and Recovery Plan (SERP)*¹², which seeks to reduce longer term impacts of the pandemic. Systems strengthening components in the project also align with the UN Sustainable Development Partnership (UNSDP) with Ghana for 2018-2022, which is itself aligned to Ghana's Coordinated Programme of Economic and Social Development Policies 2017-2024.

⁸ <https://www.ghanahealthservice.org/covid19/>

⁹ UNICEF is a standing member of the NTCC, the PHEOC and the sub-group on RCCE and Laboratory.

¹⁰ The GoG Ghana COVID-19 Emergency Preparedness and Response Project' covers Coordination, Surveillance, Laboratory, Case Management, and Risk Communication.

¹¹ AfDB. 2020. [COVID-19 Pandemic Crisis Proposal for a Grant of USD 2 Million for Emergency Assistance to Support COVID-19 Response in African Countries - Emergency and Special Assistance Grants](#)

¹² Documents are not yet published.

4. Theory of Change

Project Objective

The overall medium-term objective of the project is to reduce the incidence of community transmission of COVID-19 (and by extension waterborne diseases) in poor urban settings, while increasing community resilience to disease outbreak and encouraging better health and hygiene seeking behaviour among vulnerable populations. Over the 12-month period of implementation, the project will deliver better WASH infrastructure and improved access to water, sanitation and hygiene in communities, including through health facilities and schools, to help address the preventive and curative needs of 6-8 low-income urban communities and benefitting approximately 50-80,000 people. The project will also promote hygiene and health seeking behaviour and increased access to welfare/ protection systems by women, adolescent girls and children, including in respect to SGBV. The project will also improve information systems for service delivery planning, and preparedness and response in urban settings.

Project Approach

As the number of COVID-19 cases increase in Ghana, including through a likely second wave of infections, national systems may continue to be strained to prevent direct and indirect avoidable deaths due to the COVID-19 pandemic. As historical epicentres of disease outbreak, including COVID-19, the project will focus mainly on impacting 6-8 low-income urban communities in Greater Accra and Greater Kumasi Metropolitan.

Vision for Change

The overall project objective is to increase the resilience of high density, low-income, urban communities¹³ in Greater Accra and Ashanti regions to disease outbreak, by enabling reduction the incidence of community transmission of COVID-19, and encouraging better hygiene and health seeking behaviour and lowering gender-based violence among vulnerable populations.

Improving access to WASH services through the provision of better managed infrastructure is critical to reduce the spread of COVID-19 infections in communities, schools and health facilities. The involvement of communities combined with the participation of private sector¹⁴ in service management and increasing access to sanitation services will greatly enhance the sustainability of WASH services, while creating opportunities to generate evidence for better infrastructure and service management in low-income urban areas. Similarly, the promotion of hygiene and health seeking behaviour and increased access to protection systems by women, adolescent girls and children, including in respect to SGBV will complement the overall systems strengthening approach.

Strengthening these components would likely result in system resilience, sustainability and cost-savings when system efficiency and effectiveness improve post-response. The project identifies pragmatic activities, which once implemented, will lay the foundation for more lasting changes and support collaboration between communities, service providers and policy makers. UNICEF's participation in coordination mechanisms across multiple sectors will

¹³ While the Basic Sanitation Fund (BSF) will be expanded to the 6-8 communities, the project's support to strengthening the BSF is not limited geographically. Neither is the expansion of GBV courts in 6 regions.

¹⁴ Based on the generally positive of experience of UNICEF in engaging private sector in the WASH sector.

enable the project to seek to leverage other on-going investments in the national COVID-19 recovery.

The approaches to be taken in this project are intended to put women and children at the centre of the COVID-19 response, acknowledge their roles as critical agents of change in Ghana and ensure their voices are heard at facility and community level. If the project supports national and sub-national authorities to implement a range of COVID-19 related responses in poor urban communities and successfully integrates these responses into the existing national systems using appropriate equity considerations, it will result in:

1. Access to WASH Services: Increased equitable coverage of WASH infrastructure, sanitation and related services in low-income high-density urban areas affected by COVID-19;
2. Access to Care and Protection Services: Increased equitable access to basic and SGBV/ protection services for women, girls, and children affected by COVID-19 in poor, high-density urban communities.
3. Communication and Awareness: Improved effectiveness of communities' response to and recovery from COVID-19, especially for women and girls in low-income high-density urban areas.

Strategies

Aligned with the planned results of the project, the key bottlenecks being addressed, existing opportunities, the overall country context, and the roles of other actors, UNICEF will apply a mixture of the following strategies to achieve the results outlined below (see fig 1).

Leveraging diverse partnerships and resources for results: UNICEF will build on long-standing relationships with national and local authorities and civil society partners to ensure engagement of all stakeholders, including at community level, in the timely implementation of the project. Where possible, UNICEF will seek to engage other development partners' investments in the national COVID-19 response to strengthen and accelerate results. UNICEF will also continue to foster catalytic partnerships among diverse public and private stakeholders.

- Assumptions: National and local authorities will allocate sufficient human, technical, material and/or financial resources to complement project activities. Where needed, development partners contribute financial, non-financial resources and political support to complement the project objectives.

Developing institutional capacity for sustainability: UNICEF will strengthen the technical capacities of local government, environmental sanitation and health officers, health professionals and other relevant actors at national and local levels, for the improved facilitation and implementation of inclusive essential services.

- Assumption: Empowered female and male staff will be more responsive to community needs and provide effective and timely services to vulnerable urban poor populations. Staff will be better able to transmit timely, accurate and gender sensitive information on COVID-19. Schools and health facilities staff and management are able to play effective role in management of WASH facilities. MMDA staff are better engaged in supporting MSMEs in providing sanitation and hygiene services in communities.

Social Mobilisation and Behaviour Change: UNICEF will engage communities and encourage equal participation in action and decision-making related to the project. By building the capacity of communities to promote greater accountability and transparency in respect to

WASH, quality of care and SGBV. Advocacy on WASH, care and protection services will be strengthened and support the expressed needs of women, adolescents and children. More responsive changes to policy implementation, service delivery and resource allocation are expected to result. The voices of marginalised women, girls, men and boys will be better reflected.

The project also intends to foster change by beginning dialogue on negative social norms, attitudes, and behaviours that affect demand for quality sanitation and water supply, quality of care and protection services. This is expected to encourage timely engagement with service providers by women, girls, men and boys. Improvements to information flows will support the maintenance of essential services and mitigate the impact of COVID-19 on progress towards gender equality.

- Assumptions. Both collectors and distributors of information are well trained, supported and can understand and analyse the gendered impacts of COVID-19 and feedback received. Increased knowledge and awareness on health and hygiene behaviours leads to improved community demand for, access to and utilisation of WASH services.

Applying and refining innovations: UNICEF will apply innovative and inclusive programmes and policies to generate sustainable long-lasting impacts, such as inclusive sanitation financing programmes for low-income households. Technology for development tools such as mobile network-based solutions, IVR and chatbots will also be used to expand community reach and to improve service delivery.

- Assumptions: Rapid and positive uptakes of innovative approaches by national and local authorities and communities. Responsible and active application of existing and emerging digital technologies¹⁵ and other channels to scale outreach and deliver behaviour change.

Policy dialogue and advice: UNICEF and partners will monitor, evaluate and document project implementation and results to derive lessons that will influence the development of relevant normative frameworks (including national legislation, policies, regulations and standards, budgets, and programmes).

Advocacy and Communication: UNICEF will advocate and communicate on behalf of project beneficiaries (women, adolescent girls and children in poor, urban communities) to mobilize political will and dialogue on social issues, social norms, behaviours and attitudes, in order to positively impact the realization of the rights of all children and adolescents. UNICEF will involve and collect voices from young people and opinion leaders to ensure the influence on communities. UNICEF will ensure visibility of the project implementation and results to scale up the impact.

Annex 8 provides an overview of the intended communication from the Danish Embassy linked to this engagement, and closely coordinated with UNICEF.

¹⁵ UNICEF will apply innovative and inclusive programmes and policies to generate sustainable long-lasting impacts, such as inclusive sanitation financing programmes for low-income households, community outreach and service delivery capacity enhancement. Technology for development (T4D) will support social and behavior change initiatives, leveraging on-going UNICEF initiatives (Internet of Good Things, Agoo, the Talking Book, Rapid Pro) and available services in Ghana (mobile operators, messengers, social media).

Logical Framework

Figure 1:

IMPACT

REDUCED INCIDENCE OF INFECTION FROM COVID-19 IN URBAN COMMUNITIES AND IMPROVED COMMUNITY RESILIENCE

ACCESS TO WASH SERVICES

ACCESS TO CARE AND PROTECTION SERVICES

COMMUNICATION AND AWARENESS

OUTCOMES

Increased access to WASH infrastructure, sanitation and related services in affected low-income high-density urban areas

Increased equitable access to care and protection services for affected women, girls, and children in poor, high-density urban communities

Improved effectiveness of communities' response to and recovery from COVID-19, especially for women and girls in low-income high-density urban areas

OUTPUTS

- Increased availability and utilization of water and HWWS infrastructure.
- Increased availability of IPC systems with functioning operations and maintenance strategies in place.
- Private sector provides innovative and cost-effective services to urban communities, especially on sanitation financing

- Improved utilization of information systems for better decision making on service delivery and quality.
- Improved access to SGBV courts and other protection services for women and children survivors

- Increased community awareness and availability of COVID-19 infection prevention measures.
- Increased ability of community leaders to respond to COVID-19.
- Increased uptake of solutions by targeted communities.

STRATEGIES

Leveraging diverse partnerships and resources for results

Applying and refining innovation

Developing institutional capacity for sustainability

Social mobilisation and behaviour change

5. Summary Results Framework

The project will support the following indicative outputs:

1.1 Increased availability and utilization of water and HWWS infrastructure in 6-8 targeted communities, benefitting between 50 and 80,000 people.

In collaboration with Ghana Water Company Ltd (GWCL), the water supply needs of the 6-8 target communities will be assessed. The targeted communities will be selected on the basis of population density, income levels, sanitary conditions, levels of access to basic WASH and other key social services, and key child health and wellbeing indicators such as the prevalence of diarrhoea among children. The selection criteria will be refined to enhance selection and align with government priorities on COVID-19 response. A feasibility analysis related to project implementation will also inform selection.

Considering the condition and availability of water sources in urban settings¹⁶, appropriate technical solutions will be applied to improve population access to water in terms of quantity and quality, as per the national standard established by GWCL. Where possible existing water networks of GWCL will be upgraded or expanded to cover the target areas, in absence of such networks, a new water source will be established with required storage facilities. While the population will be mostly covered by community water points, a provision for household connections will be made, especially in the areas with existing GWCL networks. The decision on the types of connections (communal vs private) will depend on the community decision and the ability of the households to pay for private connections. Planning process will involve communities, local leaders, and GWCL and so that appropriate O&M management modality can be established from the onset. Risk-informed water safety measures will be implemented in all utilities and community members will be oriented on safe storage and handling of water as part of broader hygiene promotion approach in communities.

HWWS will be promoted through awareness activities and technical support and guidance will be provided for installing HWWS stations in each household (at least 70% coverage to be achieved in the community).

Inequitable access to water disproportionately affects women, girls and people with disabilities (PWD) and increase their risks on various levels. This response will therefore be made in cognizance of the differing needs of women and girls, men and boys. Women, and girls and PWD will be fully involved in planning in respect to the positioning of water points, toilets, latrines and bore-holes and issues of safety and accessibility will be integrated. Communication materials will not reinforce gendered or disability stereotypes, will be gender sensitive and in accessible and varied formats.

1.2 Increased availability of IPC systems¹⁷ at institutional level with functioning operations and maintenance strategies in place

School WASH facilities suffer from poor management and unclear roles and responsibility between head teachers, school management and communities. Neither do they cater well for the safety and dignity of girls or the needs of female teachers or PWD. Public toilets in poor urban areas are mostly found filthy and functioning at low levels.

¹⁶ Local studies indicate that over 30% of water systems in Ghana do not function reliably and urban water networks are intermittent.

¹⁷ I.e. HWWS facilities, improved water supply, improved toilets (where necessary).

The project will strengthen IPC at health facilities and basic schools in target areas through the provision of safe, sufficient and reliable WASH services based on GHS and GES “WASH facility standards”. A detailed needs assessment will be conducted to identify the scope of works in each institution (new installation, rehabilitation or expansion) in consultation with health and school staff. The female health staff, teachers and girls will be consulted to locate the sanitation facilities ensuring culturally sensitivity, safety, privacy and comfort of use. Hand washing facilities will be installed to ensure the health staff can practice aseptic measures in protecting themselves and their patients. The same approach will be used in schools where at least one handwashing station with running water will be provided serving 50 children per station. Public places such as bus terminals and markets (e.g. public toilet) will be provided with sufficient and reliable water and upgraded sanitation facilities.

The needs assessment will include a participatory gender analysis to ensure that facility positioning and design is informed by the inclusion of women, girls and people with disabilities who can advise on their needs and ensure safe and easy access. Disaggregated data will be kept of those who participate in the assessment.

Critical WASH supplies will be provided to schools, health facilities and public toilets in the target communities and staff responsible for sanitary inspection of public places (markets, bus stations and public toilets) in target areas. Schools receiving hygiene materials will also have menstrual hygiene management supplies included. Training utilise the supplies and services for the benefit of the vulnerable children, young people and women and patients attending these facilities will be provided.

To address the O&M issues in communities, a formal coordination structure will be established between the water users’ alliance and the local service provider (GWCL) that will report to MMDAs. The concept of water point caretaker will enable clear roles and responsibilities and incentives for their engagement. Every effort will be made to give such responsibility to women and PWD to enhance inclusion and equal opportunities. At school level, better coordination between community, school management, GWCL and the private sector will link management and income generation initiatives to support effective O&M. The private sector will be strengthened to manage the public facilities (public toilets¹⁸) with clear roles and responsibility and performance-based incentives and assessment systems.

In addition, the GHS and GES will also be supported to improve data systems to capture a range of WASH services and activities at the facility level, using DHMIS and EMIS to enable information flow from facility to regional and national levels for planning and monitoring.

1.3 Private sector provides innovative and cost-effective services to urban communities, especially on sanitation financing

UNICEF has supported an innovative urban sanitation financing programme (the Basic Sanitations Fund) to provide low-interest household and small business loans to incentivise construction of household toilets. Since its launch in December 2018, 17 small business and 312 households have taken up loans through the BSF¹⁹ in just 3 MMDAs serving vulnerable urban communities²⁰. Interest in the BSF among MMDAs has grown rapidly, leading to expansion in 2 additional MMDAs in 2020.

¹⁸ Public toilets are already extensively managed by private sector operatives. The need is to enhance performance management for sustainability and effectiveness.

¹⁹ Managed by the ARB Apex Bank, the BSF is mainstreamed into the statutory banking system.

²⁰ An independent assessment of the BSF is underway.

The current project will improve upon the BSF model to consolidate the potential to establish the BSF as a sustainable statutory, revolving fund, and to build on interest from other fund partners (government and non-government) to attract additional resources. The project will also seek to increase the number of disbursing banks to 8 from the existing six, and to issue an additional 200 loans to households and SMEs in the same 6-8 targeted communities²¹. The project will enable further work with government to establish an appropriate governance system for the BSF, which may expand disbursement modalities and applicable use in the supply chain within the sanitation sub-sector.

In addition to financing, demand generation will be undertaken to improve household propensity to invest in toilet construction, through behaviour change communication (social norms campaigns), expanded technical solutions and support to households and SMEs, including by facilitating access to latrine products and supplies and improving law-enforcement at local level by Environmental Health and Sanitation Units²².

The project will implement several awareness activities including mass loan registration campaigns to improve the uptake. The BSF approach will be further refined to better match the demand and supply by creating a platform for customers and service providers. Innovative communication strategies will be used to inform both communities, MSMEs and financial institutions improve the flow of BSF loan and its repayment.

The project will also leverage opportunities to engage the private sector for service delivery and will inject expertise in facilitating an enabling environment for shared-value partnerships and, where possible, the application of relevant open source digital urban technologies and social innovations.

2.1 Improved utilisation of information systems for better decision making on care service delivery and quality at community level

The health and nutrition sector has not kept pace with the rapid growth of Ghana's metropolitan areas. Poor information over the composition of urban communities' limits the effectiveness of service delivery planning, and emergency preparedness and response. For example, recent estimate suggests that over 100,000 children in peri-urban areas are not vaccinated, many of them living in internal migrant households. The situation has been compounded during the COVID-19 pandemic, with health services unable to complete routine immunisation campaigns due to limited family location information.

Each community is served by a Community-based Health Planning Service (CHPS) compound which has at least 2 Community Health Nurses (CHNs) who on an average serve a population of about 5,000-7,500 people or 750-1000 households. The CHN's are mandated to provide essential preventive services to their communities which are delivered through house to house visits and outreach services. Often, the CHPS compounds are the first port of call for the health needs of the community. However, the fear of contracting COVID-19 through care services and the barriers imposed by the COVID-19 restrictions have reduced the utilization of routine but essential care services. The CHNs are thus in a unique position to

²¹ In comparison to many developing countries, building households latrines in Ghana is expensive (the actual cost of construction ranges from US\$ 120 to US\$ 450). Most households are not able to afford one-off payment to build or to install latrines and small business are not able to afford to receive payments by instalment from households due to limited liquidity. Existing financing options are inaccessible for most households and small businesses due to high interest rates on borrowing (between 25-50%), collateral requirements and high credit benchmarks, including a pre-requisite for multi-year, audited accounts for businesses.

²² Enforcement is done by the Environmental Health and Sanitation Units, who act as sanitary inspectors at the decentralised level (on a wide range of sanitation and hygiene issues, including water hygiene, in addition to their roles as extension staff).

help arrest the sliding service delivery indicators if equipped with a denominator-based planning and tracking tool.

E-tracker, launched by the Ghana Health Services (GHS) in 2018, has the potential to fulfil this key role. E-tracker can facilitate electronic data entry for individual service records and can enable the CHNs to register clients, provide services, and follow up on clients according to schedule dates for the various interventions. Using e-tracker, planning for CHN visits can also become denominator based and prioritised. As CHN's collect data during their house to house community visits, e-tracker can enable data collection and surveillance for early identification of any new outbreak or epidemic (e.g. cholera, COVID-19, etc.)

The project will therefore seek to strengthen delivery of essential care services through strategic planning and safe delivery by enhancing the role of the CHN in reaching vulnerable community members, primarily through supporting improved data management for the selected urban CHPS zones. The collection of sex-disaggregated data will facilitate decision-making about the needs of marginalised women, girls, boys and men and enable more equitable and gender responsive service planning and delivery better recognised gendered patterns and needs within communities. The use of e-tracker will ensure that aggregated data are accurate and verifiable and that individual service records would enable tracking patients and addressing potential emergencies and future epidemics. Related activities will include data management; orientation and supportive supervision of 200 CHNs; development of comprehensive community profiles in the 6-8 targeted communities; and mapping of communities for service delivery.

E-tracker is owned by the GHS and will be maintained beyond the project timeframe. Additionally, the data generated through the implementation of the e-tracker will also be used by the Community Health Committees (CHC's) to monitor the performance of the CHPS compound and will work as a tool to strengthen accountability of the CHN's.

2.2 Improved access to GBV courts and other protection services for women and children survivors of domestic violence

There is strong evidence that vulnerabilities of children and families have been exacerbated during the pandemic as access to social services and criminal justice system is affected. A rapid assessment conducted by UNICEF and partners on violence and abuse at home during COVID-19 revealed that 32% of adolescent and young people reported having observed increased abusive behaviour within their families during the past two months. including financial (34%), emotional (32%), physical (17%), sexual (10%) and mental/psychological abuses (7%). Further, 32% of respondents felt that caregivers treated them more harshly than before. Evidence also shows that there is a strong increase in child abuse cases and a reduction in violence prevention programming (77% decrease), mostly in Greater Accra and Ashanti Regions.

To respond to the actual and potential increase in SGBV including domestic violence the project will expand the services for the survivors and victims. The project will support three strategic action.

- Firstly, the project will expand the child-friendly GBV courts. There are a total of 72 circuit courts in Ghana.²³ The Chief Justice of Ghana has designated 10 of these courts (one each in 10 out of 16 regions) as child-friendly gender-based violence courts to

²³ Judicial Service of Ghana. 2019. [Annual Report 2017/2018](#).

handle all cases of children and women (victims and survivors)²⁴. Between 2017 to 2019, UNICEF and Embassy of Denmark supported Ghana Judicial Services to make these courts “child-friendly” and gender sensitive by refurbishing structures, adding fixtures and CCTVs, private separate rooms for victims to record their testimonies. Further, Danish Embassy and UNICEF supported the drafting, finalisation and implementation of the Operational Guidelines²⁵ for the child friendly GBV Courts in 2019. These guidelines spell out the procedures for the working of the courts. Judges and other courts staff associated with the 10 designated courts have been trained on operational guidelines. The project will scale-up the child-friendly GBV courts to the last six regions²⁶, ensuring country-wide coverage. This will help improve the provision of services to increasing number of women and children who are suffering from violence and abuse, including in the targeted communities under the project. The scale up will follow the Operational Guidelines and will refurbish the designated courts, install CCTVs and other fixtures required to make sure that victims feel safe while providing testimony, and ensure staff in the new designated courts are trained on the Operational Guidelines and GBV Training manual.

- Secondly, the project will expand the training for 700 judges, other court staff, police and prosecution on GBV related issues. UNICEF worked closely with the Judicial Service and Danida Fellowship Centre²⁷ to finalise the manual and use it for training of judicial services staff. UNICEF supported the designing, printing and dissemination of the manual. Since the finalisation of the manual, UNICEF has worked with Judicial Service of Ghana to conduct training on the four different modules of the manual with judges and staff from all 10 courts. However, the training programme needs to be expanded to all judges of the circuit courts as well as High Courts. The Domestic Violence Secretariat based in the Ministry of Gender, Children and Social Protection will also support program implementation by conducting sessions for law enforcement on the legislative instrument for the Domestic Violence Act.
- Lastly, the project will also support 1,000 survivors of SGBV including domestic violence by working closely with Ghana Police Services, Domestic Violence and Victims Support Unit (DOVVSU), prosecution, social welfare, judicial services and NGOs. This intervention will be more focused on the areas affected by COVID-19.

3.1 Increased community awareness and availability of COVID-19 infection prevention measures

Women, children and adults with disabilities and other specific groups may experience barriers to accessing information, care and support or be at higher risk of exposure and secondary impacts. With relatively low access to formal and external channels, women tend to distribute information about crisis response and management, including health seeking information, by

²⁴ Majority of the cases being handed by these courts involve child victims of sexual violence. Judicial Service of Ghana shared details of the cases handled by handled by one court in Accra from January 2018 to December 2019. Accra CF GBVC dealt with 249 cases in 2018 and 2019, with 88 cases involving children below the age of 10, 155 between 11 to 18 years and six cases between 19 to 50 years. The vast majority of cases (193 out of 249) were related to defilement (child sexual abuse and incest). The remaining cases were about indecent assault, emotional and physical abuse. The cases of rape are not dealt with by these courts and are handled by High Courts.

²⁵ Judicial Service of Ghana. 2019. Child-friendly gender-based violence courts – [Operational Guidelines](#)

²⁶ The six regions where the GBV courts will be established do not incorporate the 6-8 targeted communities. However, the component covering SGBV services part will be active in the selected communities.

²⁷ Judicial Service of Ghana and Danida Fellowship Centre. 2019. [Gender-based violence training manual \(module one to four\)](#).

word-of-mouth. The project will therefore ensure that more women²⁸ and adolescent girls are reached with accurate COVID-19 information enhance their role as conduits of information and facilitate communication with authorities and vice-versa for good information on the needs of different groups of marginalised people affected by COVID-19. UNICEF will work with existing women's networks such as mother-to mother support groups, Girl Guides, Women fellowships of religious bodies, etc.

Community engagement would be essential also to strengthen violence prevention. The public, including children, should also be aware of where to report incidents of violence and where to receive protection services. UNICEF and a broad range of partners (i.e. Department of Community Development and the Ministry of Gender, Children, and Social Protection (MoGSCP), the National Commission of Civic Education and non-governmental organisations) will thus orient the public both on prevention measures and response services. They will bring communities together for inter-personal dialogue and reflection amongst parents, caregivers and children in 6-8 targeted communities, by using the already developed tools and modules of child protection toolkit.

3.2. Increased ability of male and female community leaders²⁹ to respond to COVID-19

Engaging communities in the preparedness and response of COVID-19 can help improve overall early detection and response by the health sector. It can also earn more time to prepare to respond in realistic, relevant and appropriate ways to the needs and challenges of every population group.

Since the targeted communities remain vulnerable to epidemic transmission, the project will strengthen the prevention and mitigation role of communities³⁰ through clear and integrated RCCE actions that encourage affected community uptake of essential interventions and which facilitate informed decisions by communities on their needs and priorities and respective risk management practices. Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings. The CHN, EHO and Community Volunteers will be the key informants to deliver key messages on COVID-19 to communities within their respective CHPS zones. Capacity of both male and female leaders at the community will be strengthened with appropriate RCCE training to enhance community awareness and understanding for action. Key informants will also be empowered to disseminate the importance of continuing of accessing and receiving essential health and nutrition services for themselves and their households. Appropriate counselling materials including flipcharts, job aids and procedures³¹ will be developed and adapted to enhance education and information delivery. Periodic supportive supervision will also be provided to ensure that the right information is provided during community engagement.

3.3 Increased uptake of solutions by targeted communities

The project will focus on applying new RCCE tools to reach more people, provide essential information, generate awareness and demand for services in vulnerable communities, and change behaviours through the power of social innovation, communication and technology.

²⁸ Women at the community level tend to be able to reach 'invisible' or marginalised women and girls better than external officials. At the same time, women often have a more accurate understanding of the needs of those affected by viruses such as COVID-19 because of their caregiving role.

²⁹ Women's networks, religious leaders, community health committee members, etc.

³⁰ Preparing for large-scale community transmission of COVID-19. Manila: WHO Regional Office for the Western Pacific; 2020 (<https://iris.wpro.who.int/handle/10665.1/14493>).

³¹ Standard operating procedures will support community leaders in covering important information, following specific steps to ensure comprehensive communication, and guiding interaction with community members.

Observational research will identify barriers and insights from within the communities, and behaviour science techniques will help better targeting of behaviour and social change actions. Such an approach will improve the likelihood of results achievement and scalability.

Since innovation in service quality and delivery is necessary to effectively address both the primary and secondary impact of the crisis, the project will promote the use of technology in urban settings including among financial service providers to facilitate access to household sanitation loans and improving the repayments by MSMEs and households. UNICEF will encourage SME participation in social innovation, linking potential urban technology/ digital solutions to the global digital public goods alliance.

6. Monitoring, Evaluation and Learning

The purpose of monitoring, evaluation and learning practices is to apply knowledge gained from evidence and analysis to improve development outcomes and ensure accountability for the resources used to achieve them. Given the limited timeframe of the project (approximately 12 months), the project will support mostly monitoring activities.

The project will be monitored throughout its duration in accordance with established UNICEF practices and procedures. A Monitoring plan will be prepared in the initial stages of the project, incorporating project indicators and targets.

Monitoring will be done at various levels, in communities including schools, health facilities at the community and district levels and, to the extent possible, with MMDA teams accountable for the results. This will include:

- Monitoring project interventions using the results framework
- Monitoring project activity implementation using the project action plan and accompanying tools, such monitoring under the Harmonized Approach to Cash Transfers

To the extent possible, project progress at impact and outcome levels will be monitored through national routine monitoring systems such as the BaSIS, DHMIS and EMIS. To a large extent, due to the nature of the project taking place in 6-8 selected communities, output monitoring will be done through review of project monitoring reports delivered by partners.

Periodically, joint field monitoring visits involving where possible the GoG, the Embassy of Denmark and UNICEF as well as the implementing MMDAs will be undertaken to provide opportunity for the key project partners to see progress on the ground, provide information on implementation of the key components of the project, the immediate contribution of the project to the beneficiary communities and to enable project partners to be more informed in discussions on the project schedule, processes, progress, constraints and the way forward.

At the regional and national levels, monitoring will extend to related coordination interventions and the contribution of the project to overall achievement of COVID-19 response and recovery objectives.

Progress monitoring between the Embassy of Denmark and UNICEF will be an on-going activity with regular meetings held on a quarterly basis. The information from monitoring will be used to refine project processes to make them more effective and efficient.

7. Inputs/ Budget

The proposed project budget is as follows:

Outcomes*	DKK (millions)	US\$ (000s)**
Access to WASH Services	16.2	3,251
Access to care and protection services	11.0	1,191
Communication and Awareness	5.3	766
Recovery Cost (7%, SPA, Art 3.11)	2.5	392
Total	35.0	5,600

* Budget estimates incorporate direct and cross-sectoral programme costs and indirect support costs, including coordination, monitoring and operations support costs.

** US\$ figures are estimates. Respective UN Exchange Rate will apply.

8. Institutional and Management Arrangement

Project activities will align with and support the overall national COVID-19 response and recovery plans. Project activities will be implemented in close consultation with relevant MDAs and MMDAs and related line agencies at appropriate levels ensuring accountability and ownership beyond the one-year project implementation.

Activities will be implemented by government and non-government partners at national and sub-national levels with funding and technical support through UNICEF. The implementation of the project will be regularly monitored through national reporting systems and through data validation meetings at the different levels. Quality assurance will also be provided at the regional and national levels, coordinated by the relevant ministries.

Areas of work identified in the project are already priorities of the identified partners respectively, with funding from Denmark providing a catalyst for acceleration.

UNICEF will ensure effective coordination with national and sub-national and sector-based initiatives related to COVID-19 response and recovery and other relevant activities. Furthermore, UNICEF will ensure synergies with other UN agency response initiatives.

Quarterly meetings between UNICEF and the Danish Embassy on project progress will take place. If deemed required both partners can call for extraordinary meetings. Before each meeting a short progress overview and financial status will be shared by UNICEF.

Further, it is the intention to conduct a few joint field monitoring visits to facilitate a common understanding of learnings, challenges, progress etc.

9. Financial Management, Planning & Reporting

Expectations relating to Financial Management, Planning and Reporting are outlined in the Strategic Partnership Agreement (2020-2022) between Denmark and UNICEF. Specifically, Articles 5 – 10 cover respectively Management of the Contributions; Procurement and Ownership; Reporting & Audit; Monitoring & Evaluation; Annual Consultations; and Communication on contribution and results. In addition, Article 3 covers the Cost-recovery and (UN) Coordination levies applied to the contributions.

Consistent with Article 3 of the SPA, entitled “Contributions by Denmark”

A sum of DKK 35 million (“the Support for the Period” by Denmark) will be transferred to UNICEF in two deposits equivalent to two six-monthly project implementation requirements.

The Support of the Period shall each be paid against a written request for payment by UNICEF. The request shall include a disbursement request detailing transfer and banking instruction if different from those set out in SPA Article 5.3. (aligned with Article 3.8)

Any other contributions by Denmark negotiated and agreed to with UNICEF shall be administered in accordance with this Agreement. For each such other contributions a Development Engagement Document (DED)/project proposal will be developed. Furthermore, a Project Obligation Form (POF) between the Government of Denmark and UNICEF will be signed. The POF will refer to the rules and procedures agreed in this Agreement (Article 3.9)

UNICEF shall apply an indirect programme support charge (“Cost Recovery”) from the contributions under this Agreement other than contributions referred to in Article 3.2(A) above. Such Cost Recovery shall be calculated in compliance with relevant decisions of the UNICEF Executive Board and shall be specifically stated in each disbursement request (Article 3.11).

The Cost Recovery Applicable to this thematic contribution is 7 per cent.

Consistent with Article 5 of the SPA, entitled “Management of the Contributions”:

In accordance with Article 3.8 above, all Contributions under this Agreement shall be paid against a written request for payment delivered by UNICEF (Article 5.2)

Any additional or extraordinary contributions to UNICEF’s programmes and activities, as referred to in Articles 3.6 (C) and 3.9 above, shall be paid in accordance with agreement reached by the Parties. (Article 5.2 E.)

All Contributions under this Agreement shall be deposited into the following UNICEF Danish Kroner-denominated bank account (or such other Danish Kroner-denominated bank account as UNICEF may from time to time nominate and notify Denmark in writing) within ten (10) business days of UNICEF’s disbursement request (Article 5.3):

Account Name: UNICEF
Bank: Nordea Bank Denmark A/S
Niels Hemmingsens Gade 24,
Postbox 12,
DK-1001, Copenhagen,
Denmark
Account no.: 2191 687-3659120
SWIFT code: NDEADKKK
IBAN no: DK64 2000 6873 6591 20

When making a transfer, Denmark will notify UNICEF, by e-mail (gssccashier@unicef.org), of the following: (a) the amount transferred; (b) the value date of the transfer; (c) that the transfer is from Denmark pursuant to this Agreement. UNICEF shall confirm the receipt of funds in writing to Denmark, indicating the amount in Danish Kroner as well as the United States dollars at the United Nations operational rate of exchange in effect on the date of receipt. (Article 5.4)

Consistent with Article 7 of the SPA, entitled "Reporting and Audit":

UNICEF shall maintain appropriate accounting and financial records in accordance with UNICEF's Financial Regulations and Rules, in respect of the receipt, use and administration of the Contributions made under this Agreement. (Article 7.1)

For additional or extraordinary contributions from Denmark to UNICEF's development activities negotiated at headquarters or country level, UNICEF shall provide Denmark with the following reports stating explicitly Denmark's contribution and prepared in accordance with UNICEF accounting and reporting procedures and in UNICEF's standard template form:

- (a) An annual report within six (6) months following the end of each calendar year on the results obtained with the funding, unless otherwise agreed. The report shall be analytical in approach and include a presentation of difficulties and shortcomings and discuss possible remedies.
- (b) A certified financial statement including specification of the Danish contribution) within six (6) months following the end of each calendar year.
- (c) A final report covering activities carried out and results achieved to be delivered within six (6) months after the end of the Period.
- (d) A final certified financial statement including specification of the Danish contribution) shall be provided within 12 to 18 months after the end of the activity period during which the programmatic activities are completed or otherwise terminated.

In addition, UNICEF and the Embassy of Denmark in Ghana have agreed to conduct quarterly progress meetings. UNICEF will provide a summary update on implementation progress and financial utilisation of thematic funds. The meetings are intended to identify progress to date, challenges and opportunities with respect implementation and achievement of the agreed results.

A mid-term financial utilisation progress report will also be provided by UNICEF to the Embassy of Denmark, as part of its 2nd written request for payment. The content of report will align with a) above.

The period of project implementation will begin on the date of funds receipt and end on 31st December 2021. No financial commitments will be made after 31st December 2021.

Through the project, UNICEF will continue to seek efficiencies in its operations as informed by performance metrics, business intelligence and other quantitative and qualitative measures with a focus on delivering as effectively and as appropriately as possible to recipients through the streamlining of processes also retaining transparency and accountability.

UNICEF will also continue to work closely with UN partners and other actors including governments, civil society organisations, other development partners, the international financial institutions, and the private sector to achieve its objectives. UNICEF can leverage the broad range of actors it engages with through its programming, such as the media, national and local government officials, NGOs, specialists, private companies, schools, young people and the general public on issues related to children's rights. In its strategic plan, UNICEF also commits itself to enhancing multi-stakeholder partnership, which reflects the people-centred and partnership-centred nature of the 2030 Agenda.

As Denmark is a major donor to UNICEF's Innovation Fund³², innovative approaches, products and partnerships will be incorporated into the Project, including as a strategy for engaging private sector and in bringing new approaches to scale. Innovative Ghanaian solutions will be incorporated into the project where feasible. There is strong potential and mutual interest for technical collaboration and joint thought leadership with Denmark around emerging technologies, which includes enhanced use of technologies to better engage communities for social accountability, including in humanitarian action.

³² <https://www.unicefinnovationfund.org/home>

10. Risk Management

UNICEF has identified several key assumptions as well as a range of challenges (see Annex 5), which could, if not efficiently mitigated and handled, undermine country programme implementation. The challenges include:

- Insufficient resources to implement an ambitious agenda towards achievement of the country programme results, UNICEF Strategic Plan (2018-2021) objectives and the Sustainable Development Goals;
- Limited fiscal space against the increasing need to scale national investments in social programmes affecting children and vulnerable families,
- The risk of recurring humanitarian crises affecting Ghana;
- Limited capacity of national partners for at-scale implementation of programmes
- Inadequate monitoring capacity of national systems, particularly in potential sudden and complex emergencies; and
- An early shift towards aid independence despite weak social sector performance.

While UNICEF-Ghana Country Programme of Cooperation (2018-2022) does not explicitly list mitigation measures, UNICEF's past track record demonstrates significant capacity for resource mobilisation; organisational focus on developing the capacity of local counterparts and implementing partners; the application of innovative technologies to enhance monitoring and evaluation in challenging contexts; and significant advances in terms of capacities for results-based budgeting and management. The overall assumption underpinning the country programme is the availability of funding to effectively implement activities across all relevant sectors in all contexts with children and caretakers who need them.

At project level, risks to effective implementation include the evolving nature of the COVID-19 pandemic in Ghana and corresponding shifts in institutional priorities, related political will and the allocation of sufficient institutional resources for the identified activities and targeting of 6-8 urban poor communities. However, the impact of shifting priorities may be limited to the WASH sector, including the extension of WASH infrastructure and services to communities by GWCL. Regarding the BSF, delays in loan distribution and recovery may impact results achievement in the 6-8 targeted communities over the implementation timeframe. The coexistence of sanitation subsidies in some urban communities will be addressed with respective development agencies. With regard to social mobilization, the transformation of community awareness and knowledge into practice will be an important focus of the project. Prior experience with the establishment of GBV courts and related protection services suggests limited risk of disruption, with implementation delays to capacity development activities subject to possible changes in COVID-19 public health restrictions. Similarly, building on past and on-going support to routine monitoring systems, significant risks to the enhancement of e-tracker are not foreseen. Overall, the likelihood of significant disruption to results achievement over the timeframe of the project is considered to be limited.

11. Exit strategy

The project will seek to support, upscale or replicate ongoing and prioritised activities in well-established public partner institutions with national budgets (including relevant authorities at national and sub-national levels, e.g. with GWCL, GHS, and GBV courts) and by engaging external partners, such as the private sector (e.g. for the BSF). UNICEF has a long history of collaboration with these institutors and will also continue to be a key partner to these institutors beyond the finalisation of this support.

This setup of implementation vehicle secures the immediate and effective use of the support but also the sustainable and continuation of the different engagements. The lessons learned and strengthened capacities will be accumulated in the institutors where it naturally belongs.

While the Danish Embassy will end its financial support at the end of 2021, UNICEF will continue to be support the BSF, with specific arrangements for to continuity to be defined during the project before end of 2020.

Annex 1: Context Analysis

Relevant Trends and Emerging Issues

The COVID-19 pandemic is having unprecedented impact on children in Ghana, risking reverse in the trajectory of progress for children and has required a collective response from all development partners including UNICEF, as well as urgent efforts to preserve the hard-earned gains of the past years and decades. The potential secondary impacts of the virus are far reaching and currently impact on children and young people's access to essential health and nutrition services, education and learning and access to protection. Ghana remains highly burdened by the virus especially in urban and high population density areas. However, the effectiveness of the national response to date is unclear and there is low transparency around investments and the utilization of relief funds. While Ghana has recorded³³ over 46,800 positive cases, 46,000 discharges/ recoveries and over 300 deaths, testing capacity is stagnating while community transmission has been firmly established. Despite government-imposed restrictions, including a partial lockdown and heavy penalties for deviation, precautionary behaviours by the population appear to be in decline. A focus on a declining "active caseload" and lower levels of testing may be creating a false sense of security.

The deepening risk of spill-over of conflict from the central Sahel also threatens to reverse results for children achieved over the past decades. Observers report an acceleration of security incidents in borderline areas of Ghana with links to non-state armed groups over recent months. Underserved communities in northern Ghana, traditionally poorer regions, cyclical exposure to natural hazards and recurrent insurances of tribal violence may be most at risks to infiltration by non-state groups. However, poor urban communities may also become vulnerable points of infiltration for non-state groups.

Despite significant progress by Ghana for children since its ratification of the UN Convention on the Rights of the Child (CRC), recent progress on multiple indicators is stagnating and persistent geographic and income disparities continue to impact children and young people. National survey data, including MICS 2017/18, also identifies overlapping vulnerability for children and adolescents in high population centres of Ghana, some of which are likely to be reinforced by the COVID-19 pandemic, with populous regions harder hit in terms of case numbers. Relevant convergence indicators include high numbers of adolescent girls out-of-school, high incidence of child marriage and teen pregnancy. The points of convergence present opportunities for scaling high impact interventions in MMDAs with the political weight to influence sustained national systems strengthening, which is central to the acceleration of results for children in Ghana.

The programme environment in Ghana is generally characterized by underlying political and social stability and a positive economic outlook. Despite high dependence on extractive industries, Ghana continues to experience faster rates of economic growth compared to other economies globally. While recent economic forecasts assume a contraction in economic output due to COVID-19, with negative growth in 2020 (mainly due to lower oil prices), Ghana is forecasted to return to growth in 2021. Rapid economic development has changed Ghana's aid environment. The government is promoting a 'Ghana Beyond Aid' agenda, by which it seeks to finance development needs independently. However, as in prior years, insufficient domestic revenues and debt obligations will continue to limit fiscal space for social

³³ <https://ghanahealthservice.org/covid19/>

programmes which may be further constrained going forward. Accountability for development, efficiency and transparency in public spending also remain challenging.

Lessons Learned, Challenges and Investment Opportunities

The following recent indicative lessons learned (including observed challenges and opportunities) are informed by evaluation and research.

- While an independent assessment of the BSF pilots in 3 municipalities is underway at the time of writing this proposal, the experience so far is generally positive in terms of latrines constructed and loans disbursed since December 2018. It is also positive from the perspective of the functioning of the BSF infrastructure, including the relationship with ARP Apex Bank (the Fund manager) and Rural and Community Banks (the lenders). Challenges have been noted with respect to the ability of banks to respond to the demand driven nature of the programme (i.e. varied demand from households and businesses) and in accommodating the different operational realities of the 3 municipalities, which e.g. enjoy different recovery rates for differing reasons (between 57% and 94%) and limited engagement by some RCBs. While the short-term nature of the pilot contributed to increased attrition rates as lending windows continuously narrowed, overall, learning shows that poor-families and SMEs are willing to invest in household latrines if investment capital is more-easily available and interest rates and payment terms are within their reach. UNICEF also learned that urban households are willing to invest in sanitation provided they are empowered with information on appropriate technologies, information on the availability of latrine products and services and supported with by-laws and regulations discouraging open defecation. However, SMEs still need significant support from the public sector to both generate demand for latrines in communities and to enable them to borrow money. In the current context of high-cost commercial borrowing (interest rates over 30%), as a business, sanitation is neither profitable nor sustainable. Overall, there is strong interest from strong RCBs outside of the 3 pilot municipalities to join the initiative, continued enthusiasm by ARP Apex Bank to expand the BSF to other lenders (including FNGOs and FSPs, where possible under legislation) and growing interest from external investors which view the BSF as a potential social bond. The project will explore these possibilities in relation to the 6-8 targeted communities and in making the BSF more attractive for private investors (including by addressing exchange rate exposure).
- Limited fiscal space in the social sector undercuts opportunities to promote national dialogue on child-responsive inclusive development. Voices of citizens, especially adolescents, youth and women, need to be further integrated into the planning and budget process through innovative social accountability initiatives that promoting their access to financial data and information relevant to their well-being and needs.
- A wealth of survey data is produced in Ghana, but routine monitoring systems suffer from capacity limitations and design constraints, and evaluation is underutilized as an approach to inform policy decisions. The adoption of innovative data collection strategies strengthened administrative data systems and institutional capacity enhancement of government partners will be critical to progress.
- Weak resiliency planning in the Education sector was highlighted by the outbreak of the COVID-19 pandemic, pointing to the need for more integrated and widespread planning around Education in Emergencies. Rapid planning for continuous learning in the sector needs to be more sustainably integrated and adapted to guide the sector in

the face of other potential disruptions and emergencies in future. The lesson is applicable across sectors.

- Partnerships with development partners and CSOs has been critical in advancing work in the Education sector in line with the Education Sector Plan targets. For example, UNICEF worked collaboratively with the World Bank and other DPs to develop a successful application to Global Partnership for Education (GPE) for Accelerated Funds in the amount of \$15 million to support the COVID response in the sector and ensured an equity perspective in the approved programme. Education DPs need to continue to work closely to advocate for MoE/GES address in specific areas and particularly with a view to the most marginalized so that government is guided and supported to take appropriate policy decision and to implement in a coordinated way. The lesson is applicable across sectors.
- There are several challenges in the nutrition sector. While the country has in place strong nutrition policies and strategies, they are not adequately funded resulting in weak implementation and monitoring. Currently, there is no national multi-sectoral costed nutrition strategy or plan. There is also no monitoring system for CODE on BMS and weak enforcement of food fortification standards/ legislation. Despite having a strong national health information system, few nutrition indicators are integrated and tracked e.g. wasting, IFA for girls. Nutrition indicators are not included in the performance management systems. There is however a strong nutrition human resource within government and a high number of nutrition partners which can be leveraged. More effort is required to ensure multi-sectoral programming that will include food, WASH and social protection to ensure better nutrition outcomes.

Annex 2: Partner

UNICEF is mandated to advocate for children's rights; to help meet children's basic needs; and to expand their opportunities. The organisation's work is guided by human rights and child rights principles such as universality, non-discriminations, the best interests of the child, the right to survival and development, accountability and respect for the voice of the child. UNICEF develops the capacity of duty bearers to understand and meet their obligations to respect, protect and advocate for the rights of the child, while also supporting those with rights to develop their capacity to claim them. UNICEF's Strategic Plan is grounded in the Convention on the Rights of the Child (CRC), as well as other international human rights treaties and instruments. These include the Committee on the Elimination of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities, and has a strong strategic architecture geared towards delivering on the CRCs objectives and principles.

UNICEF has a unique dual mandate spanning both humanitarian and development efforts, which increases the complexity of UNICEF's operations, but also gives the organisation a unique potential to operate effectively in the humanitarian-development nexus. This ensures that efforts to safeguard the rights and wellbeing of children and their caretakers during crises efficiently transition to longer-term development efforts. UNICEF thus builds resilience in emergency and development contexts by: (i) Responding to emergencies in a way that leaves something behind after the emergency has passed and does not undermine remaining systems where these exist; (ii) Implementing development programmes based on a sound risk assessment that reduces risk and builds resilience for communities by strengthening social service systems most subject to shocks and stresses (climate change, natural disasters and conflict and other human-induced emergencies); (iii) Being well prepared for residual risks with contingency plans, prepositioned supplies etc.; and (iv) Integration and geographical convergence of programmes in areas of greatest vulnerability and lowest capacity.

UNICEF's comparative advantages include its convening power; advocacy capability; broad outreach across multiple sectors; strong field presence; and its dual mandate spanning the humanitarian-development nexus. UNICEF is guided by commitments made in the Millennium Summit Declaration of the General Assembly, the Declaration and Plan of Action (A World Fit for Children), which was adopted during the General Assembly Special Session on Children in 2002, and the Sustainable Development Goals as well as its commitments under the Grand Bargain.

UNICEF is a field-driven organisation operating in 190 countries, including Ghana. Each country office carries out UNICEF's development work through a unique programme of cooperation developed with the host government. (See the *Country Programme Document for Ghana* E/ICEF/2018/P/L.2, <https://www.unicef.org/about/execboard/files/2018-PL2-Ghana-CPD-ODS-EN.pdf>.) The organisation's regional offices guide this work and provide technical assistance to country offices as needed. The overall management and administration of the organisation is handled at the headquarters in New York and Geneva from where global policy on children is also shaped.

Specialised offices include the Supply Division, based in Copenhagen, which procures life-saving items for the majority of children living in low and middle-income countries. UNICEF's

Global Shared Services Centre in Budapest provides administrative services to UNICEF staff and offices worldwide. In addition to these offices, UNICEF's has 34 National Committees, which are an integral part of UNICEF's global organisation and a unique feature of UNICEF.

Each National Committee is established as an independent local non-governmental organisation and serves as the public face and voice of UNICEF. Guiding and monitoring all of UNICEF's work is a 36-member Executive Board made up of government representatives. They establish policies, approve programmes and decide on administrative and financial plans and budgets. The United Nations Economic and Social Council elect members, usually for three-year terms.

UNICEF is funded entirely by voluntary funds including those channelled through the Central Emergency Response Fund (CERF) and other pooled funding mechanisms. Governments contribute two thirds of its resources; private groups and some six million individual donors contribute the rest. For instance, this is done UNICEF's Strategic Plan 2018-2021 contains five goal areas: 1) Every child survives and thrives; 2) Every child learns; 3) Every child is protected from violence and exploitation; 4) Every child lives in a safe and clean environment; and 5) Every child has an equitable chance in life.

These five goal areas are intended to fulfil the larger goal of "Realizing the rights of every child, especially the most disadvantaged" and is aligned with the principles from Agenda 2030 of "leaving no one behind" and "reaching the furthest behind" through UNICEF's National Committees (the National Committees collectively raise around one third of UNICEF's annual income and the Danish chapter is among the world's largest per capita). Core contributions to UNICEF have seen a decline over the past years with a total of USD 521 million received in 2017, and close to USD 2.5 billion in non-core resources of which close to USD 1.4 billion were earmarked for emergencies. Denmark has traditionally been among UNICEF's top 20 donors, ranking as number 12 in 2017 in terms of overall funding as well as core contributions. UNICEF estimates that the organisation will need USD 23.97 billion to implement its Strategic Plan 2018-2021.

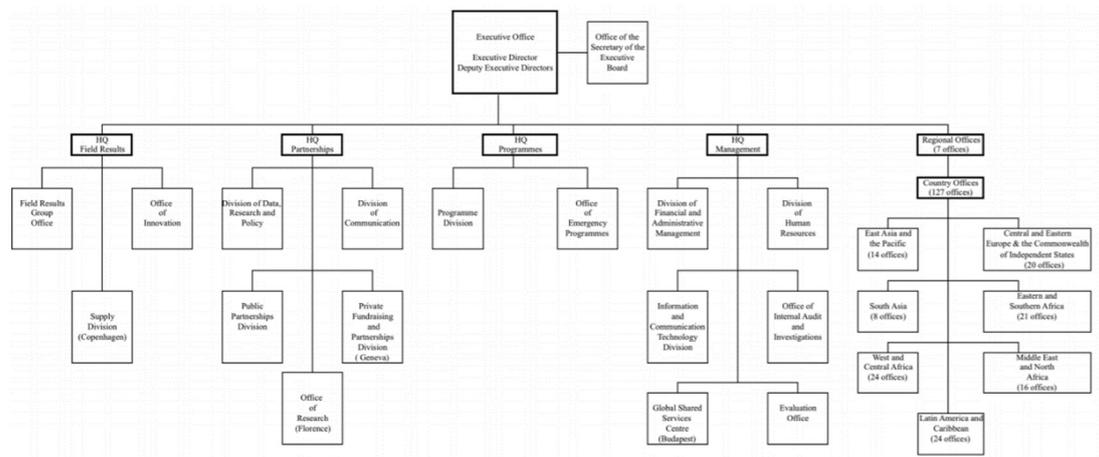


Figure 2: UNICEF Organogram

Annex 3: Result Framework

Outcome/ Output	Indicator	Baseline		MoV (where identified)
Outcome 1: Increased coverage of WASH infrastructure, sanitation and related services in affected low-income high-density urban areas	Number of communities with access to improved water supply	0	6-8	Project report
	Population benefitting from improved access to improved water supply	0	At least 50,000	To be identified
Output 1.1: Increased availability and utilization of water and HWWS infrastructure	Number of water facilities with functioning community-GWCL coordination system in place for complain and resolution	0	6-8	Project report
Output 1.2: Increased availability of IPC infrastructure with functioning operations and maintenance strategies in place	Number of schools, health facilities, public spaces with WASH access to IPC equipment and supplies	0, 0, 0	70, 10, 20	EMIS, DHMIS, Project report
Output 1.3: Private sector provides innovative and cost-effective services to urban communities, especial on sanitation financing	Number of households loans for improved sanitation in targeted communities	0	200	Project report
Outcome 2: Increased equitable access to basic and SGBV/ protection services for affected women, girls, and children in low-income, high-density urban communities	Number of child-friendly gender-based violence courts are set up	0	6-8	Project report
Output 2.1: Improved access to safe and quality care services at community level, with improved information systems for decision making	Number of outreach services conducted to deliver essential health service	0	3,000	To be identified.
Output 2.2: Improved access to SGBV courts and other protection services for women and children survivors	Number of child victims of abuse and violence including SGBV receive services, including from 6 SGBV courts	0	1,000	Project report
	Number of service staff trained	0	700	Project report
Outcome 3: Improved effectiveness of communities' response to and recovery from COVID-19, especially for women and girls in low-income, high-density urban areas	Numbers of girls, boys, women and men are reached through RCCE	0	10,000	Project report

Output 3.1: Increased community awareness and availability of COVID-19 infection preventions measures	Number of Health Promotion Officers trained on SBCC approaches and IPC skills	0	50	Project report
Output 3.2: Increased ability of community leaders to respond to COVID-19.	Number of community leaders trained on SBCC approaches	0	500	Project report
Output 3.3: Increased uptake of solutions by targeted communities.	Number of people reached by social norms campaign (ending open defecation and using safe drinking water)	0	100,000	Project report

Annex 4: Indicative Budget by Output

Outcome/ Output	Est. Budget (USD, 000s)
Outcome 1: Increased access to WASH infrastructure, sanitation and related services in affected low-income high-density urban areas	3,251
Output 1.1: Increased availability and utilization of water and HWWS infrastructure	1,060
Output 1.2: Increased availability of IPC systems in institutions with functioning operations and maintenance strategies in place	1,305
Output 1.3: Private sector provides innovative and cost-effective services to urban communities, especially on sanitation financing	886
Outcome 2: Increased equitable access to care and protection services for affected women, girls, and children in low-income, high-density urban communities	1,191
Output 2.1: Improved utilization of information systems for better decision making on service delivery and quality at community level	691
Output 2.2: Improved access to SGBV courts and other protection services for women and children survivors	500
Outcome 3: Improved effectiveness of communities' response to and recovery from COVID-19, especially for women and girls in low-income, high-density urban areas	766
Output 3.1: Increased community awareness and availability of COVID-19 infection preventions measures	466
Output 3.2: Increased ability of community leaders to respond to COVID-19	50
Output 3.3: Increased uptake of solutions by targeted communities	250
<i>Recovery Cost (7%)</i>	392
TOTAL	5,600

* Budget estimates incorporate direct, cross-sectoral and indirect support including coordination, monitoring and operations support costs.

Annex 5: Risk Management Matrix

Risk	Impact	Mitigation measures / strategy	Remarks/ support required
Low government capacity in key functions to implement project.	Project may not be able to achieve its targets and results with quality implementation	Relevant national, regional and local officials were trained on implementation of urban sanitation programme including BSF: demand generation through behaviour change, household latrine technology options, monitoring, financing, business development, and law-enforcement. The MMDAs partners in project communities may need further training and orientation.	With existing capacity of national and regional partners, related capacity building training can be carried out.
Political will may not be maintained, especially from a new government.	Political and community support is weak due to lack of political commitment resulting interference in targeting and delay delivery	Continued advocacy bilaterally and collectively with WASH DPs, Water Sector Working Groups (WSGO) and engagement of UNICEF management and UNRC will help prioritizing the critical sector such as WASH. Government is committed to SDG 2020 and number of other instruments.	WSG and WASH DPs as a forum to raise issues at national will help move the WASH agenda
Blanket application of subsidies (implementation of contradicting approaches)	Conflicting implementation of non-subsidy (or targeted subsidy) approaches by UNICEF vs GAMA and GASLIP projects provided blanket subsidy is continuing to hinder progress.	Where GAMA or GASLIP Programmes are under implementation in one or more of the 6-8 targeted communities, UNICEF will engage with the respective development partners and authorities supporting those initiatives to leverage provided subsidies to augment access to sanitation through potential programme synergies. Discussion will also identify risk mitigation approaches to improve loan uptake by HH or MSMEs.	Embassy, UNICEF and Sector Working group to continue leading this discussion.
Slow recovery of BSF to enable fund recycling. Low capacity of rural banks to follow up on repayments.	May limits potential of fund recycling.	The project will continue to provide administrative and logistical support for mass registration and recovery drives to increase loan uptake and recovery. Subsequently, appropriate legal instruments will be suggested to opt to help increase recovery.	UNICEF with additional technical support from UNCDF, which is being explored.
Limited funds in schools/ institutions for operation and maintenance.	Low sustainability of WASH infrastructures.	Implementation of the low-cost school/health WASH infrastructure strategy along with a continued advocacy to the government to increase budget allocation. Further, continued dialogue with GWCL to revise water tariff for institutions (especially schools and health facilities)	UNICEF WASH (Both sanitation and water) along with Health Section
Limited openness of Ghana Water Company to engage community and private sector	Low community and private sector engagement, affecting sustainable and affordable water supply delivery system.	Using the recent study on equitable access to water supply in low-income high-density urban areas, mobilise MSWR and GWCL to adopt some the recommendations in improving service delivery, including the effective engagement of the communities	UNICEF and MSWR to work with GWCL together with the support from the WASH DPs.
Low readiness to use technology for RCCE	Digital divide and outreach to people in vulnerable communities	In addition to new technologies, the traditional channel and new ways to reach communities will be explored.	
Lack of coordination within sectors affects provision of holistic services and successful implementation of activities.	Fragmentation of systems responses.	UNICEF will use its close working relationships with different programmes/ departments at the MoGSCP and other DPs, to encourage and facilitate coordination, and continue promoting the use of the Inter-sectoral Standard Operating Procedures to facilitate referral and coordination at district levels.	

Annex 6: Process Action Plan for implementation

Action/product	Deadlines	Responsible/involved Person and unit	Comment/status
Substance dialog and meetings	August 2020	UNICEF and Danish Embassy in Ghana (RDE)	Completed
First draft project documents and annexes	14 September	UNICEF	Completed
0-draft project document	30 September	UNICEF	Completed
Final draft project document	2 October	UNICEF / RDE	Completed
Draft Desk Appraisal Report	7 October 2020	Appraisal Consultant	Completed
Final Desk Appraisal Report	9 October 2020	Appraisal Consultant	Completed
Management response	9 October 2020	RDE	Completed
Draft Final Project Document	9 October 2020	UNICEF and RDE	Completed
Quality Assurance Checklist	9 October 2020	RDE	Completed
Draft Final Project Document with appropriation cover forwarded to the Secretariat of the Council for Development Policy	9 October 2020	RDE	
Presentation to the Council for Development Policy	29 October 2020	MFA-HQ/ELK	
Final Project Document	6 November 2020	UNICEF and RDE	
Approval by the Danish Minister for Development Policy	Mid November 2020	MFA-HQ	
Signing of Agreement UNICEF/ Danish Embassy	End November 2020	RDE and UNICEF	
Launch of Project	Primo December 2020	UNICEF and partners	
1st Progress/Inception meeting	Ultimo January 2021	RDE and UNICEF	
2nd Progress meeting	Ultimo May 2021	RDE and UNICEF	
3rd Progress/Review meeting	Ultimo August 2021	RDE and UNICEF	
4th Progress meeting	November 2021	RDE and UNICEF	
Annual Report on Project performance and results	Mid-February 2022	UNICEF	
An annual certified financial statement	April 2022	UNICEF	
Project Completion Report	May 2022	RDE	

Annex 7: Communication

In close coordination and agreement with UNICEF, the Embassy of Denmark in Accra will undertake some communication activities related to this support, with the overall objective to demonstrate solidarity with an old development partner, spread learnings and achievement and in general improve the knowledge to UNICEF and their work.

In relevant Medias, the communication will focus on:

The launch of the programme and signing of the MOU between the Embassy of Denmark and UNICEF, and where relevant with implementing partners, e.g. GWCL.

The implementation; officials from the Embassy of the Denmark led by H.E. the Ambassador will be at a few relevant the following events to either deliver speeches, have first-hand information on the status on the ground and the impression of beneficiaries as the programme unfolds:

- Sod cutting and commissioning ceremonies of WASH infrastructure (new installation, rehabilitation or expansion of facilities)
- During the training of the 600 health professionals, 500 health promotion officers on COVID-19 quality care and preventive methods
- Training of 700 professionals on gender-based training manual
- Training of 500 community leaders
- Opening of the child friendly GBV courts in 6 new regions

From December 2020 until the end of the programme, the Embassy of Denmark will intensify its activities and support to special thematic days that focus on children, adolescent girls, women, sexual and gender- based violence as well as water sanitation and hygiene at national and regional levels. The following days have been earmarked:

- 8th May, International Women's Day
- 22nd March, World Water Day
- 12th June, World Day Against Child Labour
- 17th June, World Day to Combat Desertification and Drought
- 19th June, International Day for Elimination of Sexual Violence in Conflict
- 11th October, International Day of the Girl Child
- 25th November, International Day for the Elimination of Violence Against Women
- 10th December, Human Rights Day

The Embassy will use such avenues to inform the public on the programme and provide updates on the activities implemented and upcoming ones through the these channels:

- Pictures, short videos and interviews will be taken at these events
- Report to be uploaded on website and SoMe platforms of Embassy and MFA
- Ambassador's Twitter Account

After implementation communication of results and learnings.

Quality Assurance checklist for appraisal of programmes and projects¹

File number/F2 reference: 2020-28513

Programme/Project name: UNICEF Covid-19 response support, Ghana

Programme/Project period: December 2020 – December 2021

Budget: 35.0 mio. DKK

Presentation of quality assurance process:

The project documentation has been developed by UNICEF and has been subjected to their internal QA and approval procedures. The Danish Embassy in Accra, represented by the sector counsellor on water and cities, has followed the process closely, providing feedback and guidance where necessary. The Deputy Head of Mission has provided general QA at the Embassy, while FRU and ELK at UM HQ has provided specialist finance and process support. In addition, and in accordance with Aide Management Guidelines, an external and independent consultant has conducted the appraisal.

The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.

Comments: Yes.

The recommendations of the appraisal has been reflected upon in the final design of the programme/project.

Comments: Yes. Thirteen (13) recommendations are presented in the appraisal report. All, except one are reflected in the final draft project document (see management response for details).

The programme/project complies with Danida policies and Aid Management Guidelines.

Comments: Yes. The process and formats of AMG, single partner project < 39 mio. DKK has been applied.

The programme/project addresses relevant challenges and provides adequate responses.

Comments: Yes. All interventions area aligned with government strategies in the relevant areas.

Issues related to HRBA/Gender, Green Growth and Environment have been addressed sufficiently.

Comments: Yes. Gender, green growth and environment are at the core of the support.

¹ This Quality Assurance Checklist should be used by the responsible MFA unit to document the quality assurance process of appropriations where TQS is not involved. The checklist does not replace an appraisal, but aims to help the responsible MFA unit ensure that key questions regarding the quality of the programme/project are asked and that the answers to these questions are properly documented and communicated to the approving authority.

Comments from the Danida Programme Committee have been addressed (if applicable).

Comments: N.A.

The programme/project outcome(s) are found to be sustainable and is in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments: Yes. The project allows for an acceleration of existing interventions that will continue beyond the time span of the Danish support.

The results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

Comments: Yes, quantifiable and clear targets are defined for each output.

The programme/project is found sound budget-wise.

Comments: Yes, cost-effectives, transactions costs, modalities have been assessed, and budgets are based on solid experiences and unit cost from earlier activities.

The programme/project is found realistic in its time-schedule.

Comments: Yes. The topic has been discussed and clarified carefully, due to the relatively short implementation period of 1 year.

Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

Comments: Yes. UNICEF actively seeks to exploit synergies between the different covid-19 support provided. Coordination with other development partners is facilitated via existing coordination bodies and private actors like Ghana Water have been reached via the SSC on Urban water. UNICEF will use their existing management systems and already established processes with implementing partners, all aligned with government management systems.

Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

Comments: Yes. UNICEF is an established strong partner to the Government of Ghana within WASH, gender, social issues and health and all implementing partners are long term partners responsible for service delivery within the different thematic areas.

The executing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

Comments: Yes. This has been discussed in depth, due to the relatively short implementation period of 1 year. Already existing implementing mechanisms and partners, with strong and large absorption capacity, will be used.

Risks involved have been considered and risk management integrated in the programme/project document.

Comments: Yes. Further risk assessments and definition of mitigation strategies will also be carried out during the inception phase.

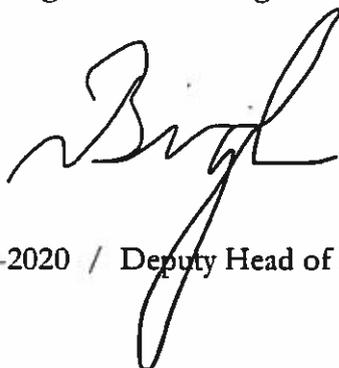
In conclusion, the programme/project can be recommended for approval: *Yes.*

Date / signature of desk officer:



09-10-2020 / Sector Counsellor, Ole P. Stubdrup (Accra)

Date / Signature of management:



09-10-2020 / Deputy Head of Mission, Birgit la Cour Madsen (Accra)

Ministry of Foreign Affairs

Danida

Ghana

Support to UNICEF's COVID-19 Response

Desk Appraisal Report

File no. F2: 2020-28513

9 October 2020

Table of Contents

LIST OF ABBREVIATIONS	3
SUMMARY OF RECOMMENDATIONS	4
1. INTRODUCTION AND BACKGROUND	5
2.1 THE PREPARATION PROCESS	7
2.2 APPROACH AND RATIONALE	8
2.3 DANIDA POLICY FRAMEWORK	8
2.4 COHERENCE WITH OTHER DANIDA ENGAGEMENTS	9
2.5 AID EFFECTIVENESS	10
2.6 EXIT STRATEGY	10
3 ASSESSMENT OF PROJECT INTERVENTIONS	10
3.1 THEORY OF CHANGE, OBJECTIVE AND RESULTS FRAMEWORK	10
3.2 ACCESS TO WASH SERVICES	11
3.3 ACCESS TO CARE AND PROTECTION SERVICES	12
3.4 COMMUNICATION AND AWARENESS	12
3.5 SYNTHESIS OF RELEVANCE, EXPECTED RESULTS AND SUSTAINABILITY	13
4 PROJECT MANAGEMENT	13
5 MONITORING AND EVALUATION	14
6 FINANCIAL MANAGEMENT	14
7 ASSUMPTIONS AND RISKS	14
8 PROCESS ACTION PLAN	15
ANNEX 1: TERMS OF REFERENCE	16
ANNEX 2: SUMMARY RECOMMENDATIONS FROM THE DESK APPRAISAL	20
ANNEX 3: LIST OF PERSONS CONSULTED	23

List of Abbreviations

AC	Appraisal Consultant
AfDB	African Development Bank
AWP	Annual Workplan
BSF	Basic Sanitation Fund
CHN	Community Health Nurse
CHPS	Community-Based Health Planning and Services
DED	Development Engagement Document
DBF	Danida Business Finance
DP	Development Partner
DSIF	Danida Sustainable Infrastructure Finance
EHO	Environmental Health Officer
ELK	Evaluation, Learning and Quality – Department of MFA
GACA	Ghanaians Against Child Abuse
GoG	Government of Ghana
GWCL	Ghana Water Company Ltd
HAC	Humanitarian Action for Children
HF	Health Facility
HMIS	Health Management Information System
HWWS	Hand Washing with Soap
IPC	Infection Prevention and Control
IPV	Intimate Partner Violence
IYCF	Infant and Young Child Feeding
MFA	Ministry of Foreign Affairs of Denmark
MGCSF	Ministry of Gender, Children, and Social Protection
MMDA	Metropolitan, Municipal and District Assemblies
MoE/GES	Ministry of Education/Ghana Education Service
MoH/GHS	Ministry of Health/Ghana Health Service
MSME	Micro, Small and Medium Enterprises
MSWR	Ministry of Sanitation and Water Resources
O&M	Operation and Maintenance
PPE	Personal Protection Equipment
RDE	Royal Embassy of Denmark
RCCE	Risk Communication and Community Engagement
RMNCH	Reproductive, Maternal, Newborn and Child Health
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SOP	Standard Operating Procedures
SPA	Strategic Partnership Agreement
UNICEF	United Nations International Children’s Emergency Fund
WASH	Water Sanitation and Hygiene
WB	World Bank

Summary of Recommendations

The draft Project Document has been prepared by UNICEF Ghana based on its substantial experience on community development, water and sanitation, health care and awareness raising. The Project will be implemented in Greater Accra Metropolis and Kumasi Metropolis focussing on poor urban communities to respond to the emergency situation caused by the COVID-19 pandemic. The target communities will be selected during the inception phase.

The Appraisal Consultant (AC) finds that the Project approach and rationale are relevant and appropriate by concentrating the interventions in the two COVID-19 epicentres in Ghana and on the poorer urban communities. The following recommendations are presented in the Appraisal Report:

Recommendation 1: The aid effectiveness mechanisms applied generally and specifically for the Project should be incorporated in the Project Document.

Recommendation 2: The exit strategy should be explained in detail in the Project Document.

Recommendation 3: The assumptions should be revisited.

Recommendation 4: Annex 7 “Plan for communication of results” in the Project Document should be completed and Annex 3 “Results Framework Matrix should be expanded with more quantitative information during the inception phase.

Recommendation 5: Output 1.1 should focus on the water network and associated O&M activities, whereas Output 1.2 should focus on handwash basins, toilets and wastewater. MSMEs should generally be promoted either through the BSF or other means.

Recommendation 6: The introduction of the E-tracker system should be limited to two CHPS zones covering some of the selected poor urban communities.

Recommendation 7: The urban technology/ digital solutions should be elaborated in further detail in Output 3.3.

Recommendation 8: Quarterly meetings should be held with UNICEF Ghana and key implementing partners on progress as per the results framework and unforeseen problems encountered.

Recommendation 9: The sub-section “Monitoring, Evaluations and Learning” in Chapter 5 “Summary Results Framework should be expanded to give a more detailed account on how Project monitoring will be conducted. The sub-section should be numbered.

Recommendation 10: UNICEF should provide a financial overview in conjunction with the quarterly progress meetings and that the payment to UNICEF is done in two tranches.

Recommendation 11: The budget should be revised to reflect the reduced number of E-trackers, and that the reduced amount is added to Outcome 1 “Access to WASH Services” so that the total amount remains unchanged at USD 5.6 million.

Recommendation 12: The Risk Management Matrix should be reviewed by considering the relationship between assumptions and risks and the implication of the AfDB subsidy approach on the UNICEF Project. AfDB is supporting the “Greater Accra Sustainable Sanitation and Livelihoods Project”.

1. Introduction and Background

The Denmark-UNICEF Strategic Partnership Agreement

The framework for ongoing cooperation between Denmark and UNICEF is outlined in the Strategic Partnership Agreement (SPA) for the period January 2020 - December 2022. The SPA adheres to the Agenda's 2030's commitment to "leave no one behind" which requires that the most vulnerable, including those affected by crises and forced displacement, are included in the achievement of the Sustainable Development Goals (SDGs). The Danish contribution supports innovative activities and thematic interventions such as child protection, education, health, and humanitarian action.

The proposed UNICEF project "COVID-19 Response Ghana" is not included in the SPA contribution, but should be administered in accordance with the SPA, ref. Clause 3.9 "Any other contributions by Denmark negotiated and agreed to with UNICEF shall be administered in accordance with this Agreement. For each such other contributions a Development Engagement Document (DED)/project proposal will be developed".

The Project

The desk appraisal concerns Danida's support to UNICEF's assistance in contributing to the COVID-19 response in Ghana with a planned duration of one year.¹ UNICEF's support to COVID-19 serves as an umbrella for a number of interventions at national and local levels. The national level interventions concern policy and strategic support to Government of Ghana (GoG) for containing and responding to the pandemic, whereas the local level interventions concern enhancement of public services that will mitigate the negative effects of the pandemic and increase resilience in urban poor communities in Accra and Kumasi. The type of interventions in poor urban communities will include Water, Sanitation and Hygiene (WASH) services (ref. SDG 6) and health care services (ref. SDG 3). UNICEF's support will also include access to justice and social services in particular in relation to vulnerable households with a special attention to women and children (ref. SDG 5). The project will be implemented from December 2020 to the end of 2021 at an estimated cost of USD 5.6 million.

UNICEF will implement the project in due coordination with national and local authorities and with assistance of NGOs. The Ministry of Sanitation and Water Resources will be the key entity for coordinating the project activities but will also involve other national entities (e.g. Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Gender, Children, and Social Protection (MGCSP) and Ghana Water Company Ltd. (GWCL)) as well as local governments and CBOs. The Danish Embassy will have an oversight position as regards project progress and results. Danida's allocation to the Project is unspent money from the Tax and Development Programme that was part of the bilateral cooperation with Ghana.

Context

The COVID-19 pandemic in Ghana – as in other countries – has affected all aspects of life: employment and livelihoods, food security, education, health, public security and governance. The pandemic disproportionately affects women and children – particularly so in vulnerable communities. The effects are expected to be exacerbated due to fragile health systems, inequality, rapid urbanisation, poor quality of water and sanitation services, and inadequate community engagement, see Box 1.1. UNICEF is supporting the GoG's response to COVID-19 through a

¹ UNICEF. September 2020. Proposal to Government of Denmark, COVID 19 Response Ghana.

cross-sectoral approach aimed at enhancing the response nationally with a focus on urban poor communities. UNICEF's support is aligned with GoG's COVID-19 Country Emergency Preparedness and Response Plan and the UN Socio-economic Response and Recovery Plan.

Box 1.1: Achieving SDG 6: Availability and sustainable management and sanitation for all

With over 51% of Ghana's population living in urban centres¹, the urban sub-sector is of key and growing importance to the achievement of Sustainable Development Goal 6.1 related to safe water access. Studies in recent years have found that Ghana Water Company Limited (GWCL) strategies to target and improve water services to poor urban communities are weak and not subject to regulatory oversight.

There are huge challenges associated with meeting the Sustainable Development Goals (SDGs) in the urban sub-sector in Ghana. Between 1990 and 2015, the percentage of households in urban areas with piped water supply fell from 41% to 32%. This situation is largely attributable to the rapid urbanisation experienced in Ghana in recent decades as well as poor and insufficient urban planning that has not kept pace with the increase in the urban population. This has led to a significant increase in the prevalence and size of informal urban settlements, which tend to be characterised by high population densities, poor quality infrastructure and poor households. In addition to these challenges, the use of sachet water for drinking water has exploded in recent years despite the fact that it is far more expensive per unit than mains water. This phenomenon and the drivers behind it are poorly understood and require further research.

Source: UNICEF, September 2020. Study Report: Study on Equitable Water Supply Services in Low-Income, High Population Density Urban & Peri-Urban Areas.

Note 1: The 51% is derived from the Population and Housing Census, 2010. The share of the urban population is significantly higher in 2020.

The COVID-19 pandemic is having unprecedented impact on children in Ghana, risking reverse in the trajectory of progress for children and has required a collective response from all development partners including UNICEF, as well as urgent efforts to preserve the hard-earned gains of the past years and decades. The potential secondary impacts of the virus are far reaching and currently impact on children and young people's access to essential health and nutrition services, education and learning and access to protection. Ghana remains highly burdened by the virus especially in urban and high population density areas. However, the effectiveness of the national response to date is unclear and there is low transparency around investments and the utilization of relief funds. While Ghana has recorded over 46,000 positive cases, and claimed over 290 deaths, testing capacity is stagnating while community transmission has been firmly established. Despite government-imposed restrictions, including a partial lockdown and heavy penalties for deviation, precautionary behaviours by the population appear to be in decline.²

The official COVID-19 figures end of September 2020 are: recorded positive cases 46,656; number of death 301; and number of recovered/discharged 45,942. The number of persons tested from March to September 2020 is 483,540.³ The stagnation of the testing capacity – as indicated above – may imply that the dark numbers are even higher.

Methodology and conduct of the appraisal

The desk appraisal⁴ activities included:

² Source: UNICEF's Project Proposal, Annex 1: Context Analysis.

³ Source: Ghana Health Service.

⁴ The desk appraisal is conducted by Per Kirkemann partner of Nordic Consulting Group, Denmark and facilitated by Ole P. Stubdrup, Counsellor at the Danish Embassy in Accra.

- Detailed assessment of the draft final project document with a view to identifying areas in need of improvement and clarification. The assessment will among others relate to relevance, efficiency, effectiveness, impact, sustainability and coherence;
- Liaison with the Danish Embassy on any arising matters of importance for the project;
- Consultations with UNICEF to fully appreciate the intervention logic and result framework;
- Consultations with GWCL to have its views of the relevance and practicability of implementing the proposed project.
- Preparation of draft desk appraisal report with recommendations;
- Submission of the final appraisal report after receipt of Danida's and UNICEF's comments to draft desk report.

A short desk appraisal poses some limitations as only few stakeholders are interviewed. The main emphasis has been on senior GWCL and UNICEF officials, whereas the primary stakeholders have not been included.

The desk appraisal was conducted from 25 September to 9 October 2020 in accordance with the Terms of Reference (ToR) attached as Annex 1. Persons Consulted is attached as Annex 3.

The Appraisal consultant (AC) would like to express his thanks to everyone consulted during the assignment for allocating their valuable time and for sharing their knowledge and experience. The Appraisal Report contains the findings, conclusions and recommendations of the AC, which may not necessarily be shared by MFA/Danida and UNICEF.

2.1 The Preparation Process

In consequence of the COVID-19 outbreak, UNICEF Ghana initiated consultations with the donor community on possible ways to respond to the emergency situation caused by the pandemic. The Danish Embassy in Accra was accordingly approached resulting in a commitment of USD 5.6 million for a targeted COVID-19 response in Ghana. UNICEF submitted the first draft Project Document on 13 September 2020, which were subject to some comments by the Embassy. UNICEF submitted a second draft on 28 September 2020, which to a large extent accommodated the Embassy's comments.

The AC and the Embassy submitted further comments to the second draft on 30 September 2020, which were discussed the following day in a virtual meeting with the UNICEF team. On 2 October, UNICEF provided written feedback to the appraisal comments, which forms the basis for the appraisal and preparation of the draft final Project Document to be submitted to the MFA Council for Development Cooperation along with the Appraisal Report.

The UNICEF Project is a 'single partner project' below the threshold of DKK 39 million (ref. MFA Guidelines for Programmes and Projects, July 2019 – Chapter 3 Formulation and Approval. The Table of Contents in the UNICEF draft Project Document is compatible with the Guidelines' format.

2.2 Approach and Rationale

The Project is an extension of the UNICEF COVID-2019 Response Plan, which is aligned with GoG's National Preparedness Plan, 2020 – as are other development partners' plans. The Greater Accra and the Ashanti Regions are those with most COVID-19 recorded cases – indicating high transmission rates.⁵ The overall approach is to concentrate on 6-8 poor urban communities that are densely populated with limited sanitation and health services. The approach is to improve WASH services in 6-8 poor urban communities while generally improving the public health care services and citizens' awareness in the two regions. The rationale is to focus on the urban centres with the highest COVID-19 infection rates while also attending to the poorest segment of the population that are greatly affected by the pandemic.

The Project also includes the establishment of six Sexual Gender based Violence (SGBV) Courts. MFA/Danida was instrumental in establishing such courts in the 10 original regions of Ghana. With the decision to expand the number of regions to 16, it was considered opportune to establish SGBV Courts in the six new regions as part of the Project seen in the light of the anticipated increased violence caused by COVID-19 pandemic. The Danish Embassy and UNICEF supported the drafting, finalisation and implementation of the Operational Guidelines⁶ for the Child-friendly GBV Courts in 2019.

The AC finds that the approach and rationale are relevant and appropriate by concentrating the interventions in the two COVID-19 epicentres in Ghana and on the poorer communities.

2.3 Danida Policy Framework

The Danida Policy Framework for international development cooperation is elaborated in “The World 2030: Denmark’s strategy for development cooperation and humanitarian action”, which is aligned with the UN 2030 Agenda for Sustainable Development and the 17 Goals.⁷ The development policy is informed by four strategic aims two of which are relevant for the COVID-19 response:

- *Inclusive, sustainable growth and development* focusing among others on energy, water, health and food; and
- *Freedom and development – democracy, human rights and gender equality* focusing on human rights, democracy, rule of law and gender equality – including sexual and reproductive rights for women and girls.

Like the combat of HIV/AIDS, resources for combat of the COVID-19 pandemic can correspondingly be mobilised either directly by targeted support or indirect by adjusting ongoing support to enhance the resilience of the COVID-19 pandemic.

“The World 2030” (ref. Section 6.3) prioritises the expansion of the “Partnering with Denmark Initiative”⁸ where Danish authorities engage in international cooperation in response to the demand

⁵ According to the Ghana Health Service, Greater Accra Region has about 52% of the reported cases and the Ashanti Region 24% of which Kumasi Metropolis is the regional capital.

⁶ Judicial Service of Ghana. 2019. Child-friendly gender-based violence courts – [operations guidelines](#).

⁷ MFA/Danida. January 2017. The World 2030.

⁸ Funding for the “Partnering with Denmark” is allocated under MFA’s budget vote for Strategic Sector Cooperation.

from many developing countries with regard to Danish knowledge, experience, and technology in the creation of sustainable solutions and welfare. Several transition and growth economies face decisive choices concerning their major cities. Danish core competencies can be brought into play and contribute to framework conditions, which promote coherent social, environmental, and economic urban development. The Initiative includes partnering with line ministries, cities and other relevant authorities directly.

2.4 Coherence with other Danida Engagements

The Partnering with Denmark has resulted in three Strategic Sector Cooperation (SSC) projects in Ghana: 1) Maritime – Ghana Maritime Authority, Ghana Ports and Harbour Authority and the Danish Maritime Authority; 2) Production of official statistics in Ghana – Ghana Statistical Service and Statistics Denmark; and 3) Urban Water in Tema Metropol – Tema Metropolitan Assembly and Aarhus Municipality – with a thematic focus on urban drinking water, wastewater and climate adaptation, which has substantial coherence with the UNICEF COVID-19 project. The SCC on Urban Water was launched in January 2020 and is planned for a three-year period. The excerpts as presented in Box 3.1 from the Project Document highlight some key issues that are likely to occur in some of the communities in Greater Accra and Greater Kumasi.

Box 3.1: Excerpts from the SSC Urban Water Project Document

Ghana has a strong and coherent set of policies, strategies and plans for sustainable development of the water sector. The mandate and roles of institutions are relatively well established, with the state agency Ghana Water Company Limited (GWCL) as the responsible institution for urban water supply. The responsibility of wastewater management is decentralized to the local level, e.g. in the case of Tema Metropolitan Assembly (TMA), where the Ghana EPA has a specific role in relation to industries.

This significant expansion of the city, lack of coordination, insufficient investments in new and resource efficient water infrastructure over the years, has resulted in water and wastewater systems that are lacking behind the needs and demands of the population. Clear indicators of this development are the levels of Non-Revenue Water above 50%, and the under-capacity of the water supply system in old communities of Tema, and even more severe in urban areas under development. Also, the low levels of water revenue collection, in terms of number of citizens contributing, is a clear sign of insufficient administrative and institutional measures. Moreover, in the area of wastewater, a non-functional treatment plant and a degraded sewer system is leading to alternative and unhealthy solutions on wastewater discharge and management having negative impact on the environment and the health of people. Effluents that in many cases are floating to the natural lagoons have very negative impact on the environment and the health and liveability of the people living along the streams and lagoons. Furthermore, the lack of coordination between water infrastructure planning and urban planning is one of the issues that contributes to insufficient water supply and poor wastewater management.

This situation is not sustainable and has a negative impact on people's liveability. It reduces growth and job creation, affects the environment and has significant implications for the health of people. On that backdrop, Tema Metropolitan Assembly (TMA) has initiated an overall political agenda to improve water supply and sanitation, solve the problem of flooding and improve recreational areas. There is a strong political will and a pressure from the population to drive this agenda and change the present situation. This calls for a clear strategy and operational plan for rehabilitation, proper institutional setup for operation and maintenance, strengthening of enforcement, and exploration of fiscal framework to achieve the desired change and development of good and safe water services for all in Tema.

Accelerating climate action in large cities in developing countries: MFA has supported the C40 network with support to five global South cities during 2018-2020. MFA has approved a programme for the 2020-

2024 period that includes a new set of global South cities including Accra.⁹ The development objective of the proposed support is to contribute to resilient, low-carbon cities in developing countries through the reduction of greenhouse gas emissions, enhanced climate risk resilience and the promotion of ‘building back better and greener’ from the COVID-19 crisis. As C40 moves from planning to accelerated implementation of climate action in cities, the intended impact by the end of 2024 is that almost every city’s emissions have peaked and are declining at a rate consistent with the trajectory set out in their 1.5°C pathways, aligned and inclusive climate action plans, while having increased city climate resilience. Particular attention will be on ensuring accelerated implementation of climate action in cities in developing countries in the global South.

Two projects are in the pipeline concerned with water and wastewater in Accra to be funded under the Danida Sustainable Infrastructure Finance (DSIF) arrangement.¹⁰

2.5 Aid Effectiveness

UNICEF’s is an active member of the WASH development partners’ (DPs) working forum and host the DPs’ WASH meetings. The forum is used for sharing of approaches, progress, lessons learned and for harmonising the DPs’ respective programmes and projects. The UNICEF COVID-19 response interventions are incorporated into annual workplans (AWP) which are endorsed by the respective government ministries to ensure GoG’s ownership and alignment with government policies, strategies and plans and ownership. The AC finds that aid effectiveness mechanisms are in place as regards UNICEF’s interventions, but that these are not elaborated in the Project Document.

Recommendation 1: The AC recommends that the aid effectiveness mechanisms applied generally and specifically for the Project are incorporated in the Project Document.

2.6 Exit Strategy

The Project will be implemented through existing institutional structures, i.e. GWCL, local government and community for provision of WASH and health care services. GWCL will remain responsible for operation and maintenance (O&M) of the water supply system including improvements made under the project. Sanitation is a local government responsibility, but the cost of latrines has to be borne by the households. The new required skills of the health personnel will remain with the staff at the health facilities. The innovative measures such as BSF and E-tracker system will need to be monitored after the Project’s completion date. The AC finds that an exit strategy is not explained in the Project Document.

Recommendation 2: The AC recommends that the exit strategy should be explained in detail in the Project Document.

3 Assessment of Project Interventions

3.1 Theory of Change, Objective and Results Framework

The thrust of the one-year intervention is to alleviate the negative impacts of the emergency situation as caused by the COVID-19 pandemic. The Project interventions will set in motion a process that

⁹ MFA. May 2020. Programme Document: Accelerating climate action in large cities in developing countries.

¹⁰ A former DBF/DSIF project “Ghana, Accra Metropolitan Area Sludge Treatment Project” was approved in 2015. After implementation the treatment plant was only in operation for a short time.

has a longer perspective than the one year and which may last longer than the pandemic itself – or until it comes under control. The access to improved sanitation and health care services have additional benefits than mitigating the effects of COVID-19 as also the spread of other infectious diseases will be reduced. The Project comprises three components: 1) Access to WASH Services; 2) Access to Care and Protection Services; and 3) Communication and Awareness. Furthermore, the Project adapts four strategies: 1) leveraging diverse partnership and resources for results; 2) Applying and refining innovation; 3) Developing institutional capacity for sustainability; and 4) Social mobilisation and behavioural change. The assumptions relate to situations that are not under the Project's control and should state the expected situation required for successful implementation. The AC finds that the structure of the Theory of Change is well conceived, but the assumptions should be revisited.

Recommendation 3: The AC recommends that the assumptions are revisited.

The AC finds that the Project objective is well elaborated and covers well the expected achievements. The Results Framework is output and outcome-based and does not cover impact. Given the short-term nature of the Project, the AC finds that impact indicators and targets are not required at this stage. The Project Document is prepared at a time when the 6-8 poor urban communities have not yet been selected, which means that Results Framework (Annex 3 in the Project Document) is not very specific in terms of number of households, number of households being connected, number of E-tracker equipment (see Section 3.3), etc. Annex 7: Plan for communication of results is blank.

Recommendation 4: The AC recommends that Annex 7 "Plan for communication of results" is completed and that Annex 3 "Results Framework Matrix" is expanded with more quantitative information during the inception phase.

3.2 Access to WASH Services

In Ghana, GWCL is the service provider of water, whereas local governments have the responsibility for overseeing and enforcing proper provisions for latrines and wastewater systems and treatment. The hygiene aspects relate to adequate water supply and wastewater systems and people's practice of keeping themselves and their environment clean in order to maintain health and prevent disease. In public institutions such as schools and health centres and public places, it is – in principle – a local government responsibility to fund rehabilitation and improvement of lavatories (toilets, washbasins and disposal of wastewater).

Output 1.1 deals mainly with water supply to the premises rather than Handwash with Soap (HWWP) activities.

Output 1.2 deals with WASH infrastructure, but also with O&M of the water network, which could be better dealt with in output 1.1.

Output 1.3 introduces the Basic Sanitation Fund (BSF) that provides low-interest loans to poor household, while at the same time promoting small-scale enterprises to carry out the work. Improvement of sanitation facilities in public buildings may also require private enterprises as the local governments may not have adequate capacity of their own. The uses of micro, small and medium scale enterprises (MSMEs) for sanitation work may generally be an appropriate approach with or without the BSF arrangement. The BSF concept was introduced in December 2018 and interest appears to be growing rapidly.

The AC finds that the elements in the component is appropriate, but that some reorganisation of the text would be useful and that more attention for MSME involvement in public buildings.

Recommendation 5: The AC recommends that: Output 1.1 focus on the water network and O&M, whereas Output 1.2 focus on handwash basins, toilets and wastewater ; and that MSMEs are generally promoted either through the BSF or other means.

3.3 Access to Care and Protection Services

The emergency response to COVID-19 has resulted in disruption of essential health services in the peri-urban areas and poor urban communities. The Project will seek to counteract the negative effects of this situation by strengthening service planning and safe delivery of basic health services through enhancing the role of Community Health Nurses (CHN) in reaching vulnerable community members in selected urban Community-Based Health Planning and Services (CHPS) Zones. The intention is to improve and reduce the work burden of CHNs by applying an E-tracker system which register clients and health services provided to them. The E-tracker system has been developed and is fully owned by Ghana Health Service (GHS) and has been introduced in the Eastern Region. The AC agrees that the E-tracker system has potential for more effective planning but finds that the introduction is a longer-term endeavour and absorbs too large a share of the budget.¹¹

Recommendation 6: The AC recommends that the introduction of the E-tracker system is limited to two CHPS zones covering some the selected poor urban communities.

The establishment of SGBC courts in the six new regions (ref. Section 2.2) is a follow-up on Danida's previous support to the then existing 10 regions.¹² The six new courts will among others address the increased domestic violence that particularly hits women and children. The AC finds that the establishment of the six new SGBV courts is timely and appropriate.

3.4 Communication and Awareness

Output 3.1 is concerned with increased awareness and more equal access to COVID-19 prevention measures for women, girls and boys. Community engagement will be essential to strengthen violence prevention and enable victims to know where to report incidents and to receive protection services.

Output 3.2 is concerned with engaging communities in the preparedness and response to COVID-19 by strengthening their prevention and mitigation role through clear and integrated Risk Communication and Community Engagement (RCCE) actions which will facilitate informed decisions. CHN and Environmental Health Officers (EHO) and community volunteers will be the key informants to community members on risks, preparedness and prevention and will receive training on how best to respond to the COVID-19 pandemic.

¹¹ Danida has been heavily involved in the health sector from 1994 to 2015 through five Health Sector Programmes with a total grant amount of DKK 1.6 billion.

¹² To ensure survivors of sexual violence, especially children, are treated fairly, with dignity and respect; there is a need to strengthen the institutional capacity for delivery of standardized services to survivors, and to adapt the infrastructure responding to the age and gender specific needs of survivors. This includes the courtroom environment in which they are required to testify. The Judicial Service of Ghana responded to the increasing incidence of violence against women and children by setting up the Gender-Based Violence Courts at the Circuit Court level to among others ensure the speedy trial of such cases.

Output 3.3 is concerned with reaching more people, providing essential information, generate awareness and behavioural change and demand for services in vulnerable communities. UNICEF will promote the use of technology/ digital solutions in urban settings to: a) address primary and secondary impact of the COVID-19 pandemic; and b) increase access to various services including access to financial services and MSME participation.

The AC *finds* that the component outputs are relevant and appropriate, but that use of technology/ digital solutions in urban settings should be explained in greater detail.

Recommendation 7: The AC recommends that urban technology/ digital solutions are elaborated in further detail in output 3.3.

3.5 Synthesis of relevance, expected results and sustainability

The AC finds that the Project is **relevant** – even more so if some of the funds for E-tracker equipment is converted to WASH infrastructure.

The level of **efficiency** is difficult to predict at this stage when consultations with service providers and recipients have not yet taken place. UNICEF is an experienced agency but still depends on other stakeholders' acceptance and contributions. The consultation with GWCL indicated that capacity is in place for the water supply part.

For the part of the target population that is actually reached with improved WASH and health care services, the AC *finds* that there is great probability that the Project is **effective**. The degree of effectiveness and subsequent **impact** depends on the number of households being reached during the project period and after.

The Project will build on existing institutional structures and existing O&M procedures in the targeted communities. The added O&M responsibilities from the Project will be integrated into the existing structures. Community members and leaders would in all likelihood take a keen interest in maintaining the benefits derived from the Project, and by extension the degree of **sustainability** would be relatively high.

4 Project Management

UNICEF will be the lead agency for implementing the project in due coordination with partners, MMDAs and line agencies at appropriate levels. Activities will be implemented by partners with funding and technical support provided by UNICEF. The implementation of the Project will be monitored through national reporting systems and through validation meetings. Although Danida is not directly involved in the implementation, the Danish Embassy has the obligation to follow project progress and to report back to Danida Headquarters/ Ministry of Foreign Affairs of Denmark (MFA).

Recommendation 8: The AC recommends that quarterly meetings are held with UNICEF Ghana and key implementing partners on progress as per the results framework and unforeseen problems encountered.

5 Monitoring and Evaluation

As mentioned in Section 4 above, the Project will be monitored through the national reporting systems. Nonetheless, there is a need to assemble the monitoring results in an independent document to provide a specific overview of the Project results on a quarterly basis. The first three quarterly reports should provide a general overview and include available data related to Project outputs. The 4th quarterly progress report could be expanded to contain a more detailed assessment (not a full-scale evaluation) of achieved outcomes, expected impact and lessons learned. The 4th quarterly report will provide inputs to UNICEF's annual report, which in turn will provide inputs to Danida's Project Completion Report.

Recommendation 9: The AC recommends that the sub-section "Monitoring, Evaluations and Learning" is expanded to give a more detailed account on how Project monitoring will be conducted; the section should be numbered.

6 Financial Management

UNICEF will undertake financial management as outlined in the 2020-2022 SPA (ref. Article 7). Except for the annual report and accounts there is no information on reporting and accounting during the year and the number of payment tranches to be applied.

Recommendation 10: The AC recommends that UNICEF provides a financial overview in conjunction with the quarterly progress meetings and that the payment to UNICEF is done in two tranches.

In consequence of the reduced number of E-trackers and the associated support (ref. Section 3.3) the budget for Outcome 2 "Access to Care and Protection Services" will be reduced.

Recommendation 11: The AC recommends that the budget is revised to reflect the reduced number of E-trackers, and that the reduced amount is added to Outcome 1 "Access to WASH Services" so that the total amount remains unchanged at USD 5.6 million.

7 Assumptions and Risks

Assumptions are dealt with in the Project Document's Chapter 4: Theory of Change and commented upon in Section 3.1 of the Appraisal Report. Part of the risk assessment relates to a situation where some assumptions may not be likely to hold, and consequently what would be the impact on project results if such situations occur.

The listed risks in the Risk Management Matrix (ref. Project Document Annex 5) deals with contextual and project related risks. Risk no. 3 in the Risk Management Matrix concerns "blanket application of subsidies of the African Development Bank (AfDB) funded project "Greater Accra Sustainable Sanitation and Livelihoods Improvement Project". The impact on the UNICEF Project will be mitigated by not working in the same areas as the AfDB Project, but nonetheless the conflicting application of subsidies is an overall risk that may also have implication for the UNICEF Project.

Overall, the AC finds that the risk management approach is fine, but some further refinement is warranted.

Recommendation 12: The AC recommends that the Risk Management Matrix be reviewed by considering the relationship between assumptions and risks and the implication of the WB and AfDB subsidy approach on the UNICEF Project. WB is supporting the GAMA Sanitation and Water Project and AfDB is supporting the “Greater Accra Sustainable Sanitation and Livelihoods Project”.

8 Process Action Plan

Action/product	Deadlines	Responsible/involved Person and unit	Comment/status
Draft Desk Appraisal Report	7 October 2020	Appraisal Consultant	
Final Desk Appraisal Report	9 October 2020	Appraisal Consultant	
Management response	9 October 2020	RDE	
Draft Final Project Document ¹	9 October 2020	UNICEF and RDE	
Quality Assurance Checklist	9 October 2020	RDE	
Draft Final Project Document with appropriation cover forwarded to the Secretariat to the Council for Development Policy	9 October 2020	RDE	
Presentation to the Council for Development Policy	29 October 2020	MFA-HQ/ELK	
Final Project Document	6 November 2020	UNICEF and RDE	
Approval by the Danish Minister for Development Policy	Mid November 2020	MFA-HQ	
Signing of Agreement UNICEF/ Danish Embassy	End November 2020	RDE and UNICEF	
Launch of Project	Primo December 2020	UNICEF and partners	
1 st Progress/Inception meeting	Ultimo January 2021	RDE and UNICEF	
2 nd Progress meeting	Ultimo April 2021	RDE and UNICEF	
3 rd Progress/Review meeting	Ultimo July 2021	RDE and UNICEF	
4 th Progress meeting	Ultimo September 2021	RDE and UNICEF	
5 th Progress/Evaluation meeting	Mid-December 2021	RDE and UNICEF	
Annual Report on Project performance and results	Mid-February 2022	UNICEF	
An annual certified financial statement	April 2022	UNICEF	
Project Completion Report	May 2022	RDE	

Note 1: The Project Document shall be updated based on consultations held with UNICEF on 1 October and onwards and the Appraisal Report

Annex 1: Terms of Reference

MINISTRY OF FOREIGN AFFAIRS OF DENMARK



Terms of Reference Regarding Appraisal of proposed support to UNICEF COVID-19 Response in Ghana

The Consultant must perform the Services in accordance with the Client's requirements.

The Consultant must also perform the Services in accordance with the Consultant's description stated in Appendix 3C.

Background and context

The COVID-19 pandemic is causing considerable hardship in Ghana, affecting all aspects of life health, education, protection, food security, employment and livelihoods. Its impact is likely to disproportionately affect the wellbeing of children and women and jeopardise progress towards the achievement of gender equality and the empowerment of women and girls.

The COVID-19 pandemic is already having a devastating effect on families, communities, and economies, and we are still to see the full impact on fragile health, social welfare, criminal justice, communications, and governance systems.

The country's response to the virus is hampered by fragile health systems, inequality, rapid urbanisation, poor quality water supply and hygiene practices as well as uneven community engagement. The vulnerabilities of Ghanaian children and families are likely to be exacerbated during the crisis as the access to social services and criminal justice system is affected. There is already strong evidence that violence against girls and boys have gone up while the provision of services has gone down in Ghana.

UNICEF is supporting the COVID-19 response by the Government of Ghana (GoG) through a cross-sectoral approach aimed at bolstering the response nationally with a focus on urban poor communities to mitigate the impact on the health, nutrition and development of children, adolescent girls and women.

With the support of Government of Denmark, UNICEF will continue supporting efforts by the Ministry of Sanitation and Water Resources (MSWR) and others, to augment their capacity nationally to respond to the COVID-19 crisis and to demonstrate implementation approaches to be integrated into the system to increase community resilience. Specifically, while continuing ensure strategic support at policy level, UNICEF will support at least 6 urban poor communities in Greater Kumasi and Greater Accra metropolitan areas to ensure continuity of quality WASH, health and nutrition services during the COVID-19 crisis. Improved WASH facilities and

effective operation and maintenance system will also be established at least in 10 health facilities, 12 basic schools and 20 public places (in particular public toilets) to ensure access to water and sanitation. There will be technical assistance and funding at the national level to support policy development, coordination, and oversight of proposed activities in the communities. UNICEF will also help vulnerable children and families cope with adversity through continuity in basic services.

The vulnerabilities of Ghanaian children and families are likely to be exacerbated during the crisis as the access to social services and criminal justice system is affected. The COVID-19 pandemic is already having a devastating effect on families, communities, and economies, and we are still to see the full impact on fragile health, social welfare, criminal justice, communications, and governance systems. Just like in many other countries in the world, the virus and the measures to contain its spread have had a devastating impact on girls and boys especially for those working/ living in an abusive household, living/working on the streets and high-risk environments (e.g. slum-dwellers, prisons, residential homes for children (orphanages), correction facilities, remand homes, head porters working on the streets etc). There is already strong evidence that violence against girls and boys have gone up while the provision of services has gone down in Ghana.

UNICEF is supporting the COVID-19 response by the Government of Ghana (GoG) through a cross-sectoral approach aimed at bolstering the response nationally with a focus on urban poor communities to mitigate the impact on the health, nutrition and development of children, adolescent girls and women.

With the support of Government of Denmark, UNICEF will continue supporting efforts by the Ministry of Sanitation and Water Resources (MSWR), MoH/GHS, MoE/GES and others in maintaining the routine but essential health, nutrition, education and sanitation services, to augment their capacity nationally to respond to the COVID-19 crisis and to demonstrate implementation approaches to be integrated into the system to increase community resilience. The work will be implemented over 12 calendar months from December 2020 to end 2021 at an estimated cost of USD 5.6 million.

Objective

Through this appraisal, it is the objective that an independent assessment of the proposed project document for a UNICEF Covid-19 response support in Ghana will identify areas that need to be addressed in the project document, risks and barriers for implementation that should be mitigated and recommendations in general to be considered. Inputs that overall will contribute to a project document of higher quality and increased likelihood to deliver development that provides sustainable and inclusive results.

Scope of work

The appraisal has to be conducted in accordance with Danida's Aid Management Guidelines.

The appraisal will critically examine the proposed intervention to assess its relevance, efficiency, cost-effectiveness and sustainability.

In particular, the appraisal should examine:

- The implementation modality, e.g. are the solutions proposed and activities recommended practical feasible, sustainable and realistic;
- The coherence and strategical relevance of the support, synergies with other Danish engagements;
- The expected results and potential long-term impact;
- Is the support relevant and in line with Danish development strategies and interests;
- Any major risk and barriers, e.g. issues in the public sector and private sector interests.

Identify and analyse any governance and capacity issues that will be critical during the implementation of the project as well as to ensure sustainability of the project.

- A dialogue (1-2 calls) with UNICEF at the upstart and when appropriate;
- An upstart and final meeting (calls) with the Embassy of Denmark, and when needed;
- A draft appraisal report;
- A final appraisal report.

Deliverables (output)

The consultant shall undertake an appraisal of the final draft project support document submitted by the Danish Embassy in Ghana, with a forward-looking perspective.

The final output is the appraisal report with specific recommendations. The report should cover the headings of an appraisal document according to Aid Management Guidelines.

The draft and following the final report will be presented to the Embassy of Denmark in Ghana.

The list of deliverables should fully achieve the purpose and objective of the assignment.

Timing

The appraisal is a desk appraisal and will take place at the consultant's own location (No need to travel to Ghana) for a period of up to one week, beginning Friday 25 September 2020.

Methodology

A strong analytical and evidence-based approach has to be used.

The proposed engagements have also to be seen in a larger Ghanaian context, in a COVID-19 response perspective and in relation to Danish interests.

Recommendations should be clear and operational, and:

- respond to the objectives of the assignment;
- tailored specifically to the assignment;
- suggests any new approaches to the assignment that help achieve better outcomes;
- flexible and easy to adapt to changes that might occur during implementation of the assignment.

Qualifications and Competence of Staff

The consultant must demonstrate strong background in undertaking similar appraisals and s/he should have strong background in development, water & sanitation, urban development, project finance modalities and a good understanding and knowledge of gender issues / domestic violence aspects.

Estimated budget and level of effort

The consultancy is expected to be in the range of 50 – 60 hours at an hourly rate of 950 DKK excl. VAT.

There will only be limited other expenses, e.g. printing of report, as no travels are expected.

Management

The Consultant is responsible for delivery of the outputs required.

The consultant has to be in close dialogue and coordination with the Danish Embassy in Accra, ref. Ole Stubdrup.

The first contact to UNICEF has to go through the embassy and the embassy has to be cc on all correspondence and invited for calls / meetings.

Security

This assignment is a desk study carried out from Denmark.

Background documents

A few (2-4) core background documents describing the context and the key elements where this engagement will be embedded will be provided.

Annex 2: Summary recommendations from the desk appraisal

In this Annex the AC has presented the overall conclusion and recommendations of the desk appraisal.

Title of project support	Support to UNICEF's COVID-19 Response in Ghana
File number:	F2: 2020-25513
Appraisal report date:	9 October 2020
Council for Development Policy meeting date:	29 October 2020
Summary of possible recommendations not followed:	
Part of the Recommendation 5, the "Output 1.1 should focus on the water network and associated O&M activities, whereas Output 1.2 should focus on hand wash basins, toilets and wastewater" will not be followed, as the present division is assessed to be operational due to a clear differentiation between partners and beneficiaries. This will also ease the monitoring and evaluation of the support to the different implementing partners.	
Overall conclusion of the appraisal	
The draft Project Document has been prepared by UNICEF Ghana based on its substantial experience on community development, water and sanitation, health care and awareness raising. The Project will be implemented in Greater Accra Metropolis and Kumasi Metropolis focusing on poor urban communities to respond to the emergency situation caused by the COVID-19 pandemic. The target communities will be selected during the inception phase.	
The Appraisal Consultant finds that the Project approach and rationale are relevant and appropriate by concentrating the interventions in the two COVID-19 epicentres in Ghana and on the poorer urban communities.	
Recommendations by the appraisal	Follow up by the Representation
1. Aid Effectiveness, Section 2.5	
The aid effectiveness mechanisms applied generally and specifically for the Project should be incorporated in the Project Document.	Has been further specified in the document. UNICEF co-chairs the donor coordination group in the WASH sector and participates in other coordination fora that are relevant for the implementation of the project. Some of these also include the Embassy of Denmark.
2. Exit Strategy, Section 2.6	
The exit strategy should be explained in detail in the Project Document.	Section 11 on exit strategy has been added. The support is building on existing and ongoing institutions with national budgets and long-term engagement with UNICEF.
3. Theory of Change, Section 3.1	
The assumptions should be revisited.	Agree. This has been done in the final draft of the project document.
4. Results framework, Section 3.1	
Annex 7 "Plan for communication of results" should be completed and Annex 3 "Results Framework" should be expanded with more quantitative information during the inception phase.	A communication plan has been developed and is included in the final draft project document as Annex 8. Additional quantitative targets have been added to the Results Framework. Both will be further developed during the inception phase.
5. Access to WASH services, Section 3.2	

<p>Output 1.1 should focus on the water network and associated O&M activities, whereas Output 1.2 should focus on handwash basins, toilets and wastewater. MSMEs should generally be promoted either through the BSF or other means.</p>	<p>The recommendation was discussed with UNICEF and based on this clarification we will not follow this recommendation. The division of Output 1.1 and 1.2 is defined by its target groups and implementing institutions. This division will also ease the future monitoring and evaluation of the intervention. (Output 1.1 is WASH implemented mainly at household level by GWCL, where Output 1.2 mainly is WASH in clinics and schools implemented by GHS and GES). Micro scale enterprises are the target group of the BSF.</p>
<p>6. Access to care and health services, Section 3.3</p>	
<p>The introduction of the E-tracker system should be limited to two CHPS zones covering some the selected poor urban communities.</p>	<p>The E-tracker will be implemented in a significantly reduced and more focused approach, that is directly linked to and underpins other project activities. The project document has been updated to reflect this.. The institutional anchoring and sustainability have also been further explained.</p>
<p>7. Communication and Awareness, Section 3.4</p>	
<p>The urban technology/ digital solutions should be elaborated in further detail in Output 3.3.</p>	<p>Specific technologies / solutions will be further elaborated as part of the inception work as the characteristics of the target communities are established.</p>
<p>8. Project Management, Chapter 4</p>	
<p>Quarterly meetings should be held with UNICEF Ghana and key implementing partners on progress as per the results framework and unforeseen problems encountered.</p>	<p>Agree. This is now reflected in section 6.</p>
<p>9. Monitoring and Evaluation, Chapter 5</p>	
<p>The sub-section “Monitoring, Evaluations and Learning” in Chapter 5 “Summary Results Framework” should be expanded to give a more detailed account on how Project monitoring will be conducted. The sub-section should be numbered.</p>	<p>A chapter (6) describing “Monitoring, Evaluation and Learning” has been inserted in the project document.</p>
<p>10. Financial Management, Chapter 6</p>	
<p>UNICEF should provide a financial overview in conjunction with the quarterly progress meetings and that the payment to UNICEF is done in two tranches.</p>	<p>Agree. This will be specified in the bilateral agreement between UNICEF and the Embassy of Denmark, Accra, governing project implementation.</p>
<p>11. Financial Management, Chapter 6</p>	
<p>The budget should be revised to reflect the reduced number of E-trackers, and that the reduced amount is added to Outcome 1 “Access to WASH Services” so that the total amount remains unchanged at USD 5.6 million.</p>	<p>This has been done.</p>
<p>12. Assumptions and Risks, Chapter 7</p>	
<p>The Risk Management Matrix should be reviewed by considering the relationship between assumptions and risks and the implication of the AfDB subsidy approach on the UNICEF Project. AfDB is supporting the “Greater Accra Sustainable Sanitation and Livelihoods Project”.</p>	<p>During the inception phase, the risks embedded in the differentiated subsidy schemes used in Greater Accra, by different development partners, will be addressed and measures to mitigate these risks will be put in place. In annex 5, row 3 (GAMA/GASSLIP), under “Mitigation”, this has been further elaborated.</p>

I hereby confirm that the above-mentioned issues have been addressed properly as part of the appraisal and that the appraisal consultant has provided the recommendations stated above.

Signed in Copenhagen on 9 October 2020



Per Kirkemann

External Appraisal Consultant

I hereby confirm that the Representation has undertaken the follow-up activities stated above. In cases where recommendations have not been accepted, reasons for this are given either in the table or in notes enclosed.

Signed in Accra on 9 October 2020



Tom Norring

Ambassador/Head of Representation

Annex 3: List of Persons Consulted

Danish Embassy Accra

Mr Ole Pilgaard Stubdrup, Counsellor

UNICEF Ghana

Mr Fiachra McAsey

Mr Ramesh Bhusal

Mr Mrunal Shetye

Ms Daniela Fiorentino

Mr Muhamad Rafiq Khan

Ms Anastasiia Nurzhynska

Ghana Water Company Ltd.

Ms Faustina Boachie

