

Building Gender-Responsive and Inclusive Social Protection Shock Responsive Systems in Ghana

FINAL REPORT

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Abbreviations

AMA	Accra Metropolitan Assembly
CAP BuSS	Coronavirus Alleviation Programme Business Support Scheme
CARES	COVID-19 Alleviation and Revitalisation of Enterprises Support
CBD	Central Business District
COVID-19	Coronavirus disease of 2019
CSOs	Civil Society Organizations
CSPS	Centre for Social Policy Studies
FG	Focus Group
GAR	Greater Accra Region
GES	Ghana Education Service
GOG	Government of Ghana
GSS	Ghana Statistical Service
KII	Key Informant Interview
KoKMA	Korle Klottey Municipal Assembly
LEAP	Livelihood Empowerment Against Poverty
LMS	LEAP Management Secretariat
MDAs	Ministries, Departments and Agencies
MMDAs	Metropolitan, Municipal and District Assemblies
NADMO	National Disaster Management Organization
NHIA	National Health Insurance Authority
NR	Northern Region
PPE	Protective and Preventive Equipment
UN WOMEN	United Nations Women
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	The United States Agency for International Development
VCA	Vulnerability and Capacity Assessment
VR	Volta Region

EXECUTIVE SUMMARY

The COVID-19 pandemic highlighted the limitations of Ghana's strategies and systems to protect its citizens from shocks, especially the poor, women and other socio-economically disadvantaged groups. In this sense, the pandemic made urgent the need to develop a more effective social protection shock response system that is inclusive and gender responsive. This study is, therefore, a contribution to the larger effort to review and recommend improvements to the Government of Ghana's (GoG) social protection shock response systems and strategies, with the overall goal of developing a National Social Protection Shock Response Strategy and Roll Out Plan.

In the process of adapting existing systems to address the global pandemic, many lessons have been learned that can be applied to improving the effectiveness and inclusiveness of national structures to deal with future crises. This report documents and draws lessons from the government's response to shocks and emergencies, including COVID-19.

Specifically, the study:

- consolidates and documents GoG-led emergency (non-Covid) responses, in order to develop a historical inventory of shocks and responses;
- consolidates and documents COVID-19 response operations and lessons, including the expansion of emergency cash transfers to poor and vulnerable people who were not previously on the Livelihood Empowerment Against Poverty (LEAP) program;
- conducts a gender and vulnerability assessment of COVID-19, in regard to the impacts of the pandemic, the design and implementation of responses, and the implications of the responses on different social groups;
- produce a Ghana case-study based on the activities above, including recommendations on how to improve GoG's social protection shock responsive systems and strategies.

Ultimately, the study recommends a framework for shock adaptive social protection system, which describes the roles of key actors and their interrelationships as well as the needed legislations, policies and other frameworks to support their work. The report then provides recommendations on how flagship social protection programs¹ can be expanded and systematized both to address structural inequalities due to gender, poverty, and other forms of vulnerability, and to respond adequately to unanticipated or occasional shocks such as COVID-19.

Components of the Report

The report has three components:

- A mapping of shocks and responses prior to the COVID-19 pandemic, and during the pandemic, through a desk review and data collected from interviews and focus groups. The mapping includes identifying various institutional actors and their roles and responsibilities.
- A gender-responsive assessment of the impacts, design and implementation of interventions.

¹ The National Social Protection Policy identifies five social protection programs as Government's flagship programs for focus. These are LEAP, Labor-Intensive Public Works, National Health Insurance Scheme, Ghana School Feeding Programme, and Education Capitation Grants.

- A proposed framework for a gender-responsive and inclusive shock response system, describing the roles of key actors, their interrelationships as well as the system of legislations, policies, frameworks (including the Social Protection Bill, the Ghana National Household Registry and ongoing national address digitization) that will be needed to support the work of these actors.

Methodology

The study employed a multi-method approach to gather findings and recommendations, including a desk review, key informant interviews, focus group with beneficiaries, and stakeholder/partner engagements. Two main frameworks were employed for analysis:

Vulnerability and Capacity Assessment

The study adapted the Vulnerability and Capacity Assessment (VCA) framework to evaluate the exposure and resilience of different communities to shocks, including natural and perennial hazards such as flooding, as well as unanticipated crisis such as the COVID-19 pandemic. The VCA is a participatory approach that encourages participants to reflect on both their vulnerability and capacities. In doing so, they gain a deeper awareness of hazards and look to identify other ways of preparing to deal with the effects of future crises.

Gender-Responsive Analysis

The study also conducted a gender-responsive analysis of the design and implementation of interventions to address COVID-19 challenges. These included questions on the extent to which the interventions were designed to the specific needs of the different genders; the extent to which the implemented interventions were practically accessible to the genders; and the ways in which they might have inadvertently widen gender inequalities through both their design and implementation. The study adapted existing tools to develop a framework for gender responsiveness, including the gender and age-responsive framework developed by UNICEF (UNICEF Office of Research, 2020).

High level Findings from Mapping of Shocks

The study identified major shocks in Ghana in two categories. First, through literature review, focus group discussions, and a survey of 307 people, the report identified the highest occurring shocks whose impacts were felt heavily by respondents, including women. These are shocks (including flooding, market fires, gas explosions) that are localized but which, nonetheless, have a significant cumulative effect on lives and livelihoods because of their frequency and/or severity. The second category are national and unpredictable crises, illustrated by COVID-19 pandemic.

Each shock affects different populations in different ways and elicits a different set of responses from the five flagship social protection programmes: LEAP, the Labour Intensive Public Works (LIPW) programme, the Ghana School Feeding Programme (GSFP), the exemptions under the National Health Insurance Scheme (NHIS), and the Basic Education Capitation Grant. Of these, there is evidence in the report of the use of LEAP and LIPW, and to a lesser extent GSFP and NHIS, to respond to shocks. For localized and sudden shocks, the response often begins with the work of the National Disaster Management Organization (NADMO). The timeliness of relief responses vary by organisation or programme. The LEAP cash transfers program, through what was termed

“LEAP Emergency Cash”, has provided responses to some shocks and not others. The reasons for the limitations of these responses have mainly been the unavailability of funds and a lack of an effective protocol for a collaborative response between MoGCSP, NADMO, Ministry of Finance and other relevant institutions.

The incidences of flood and explosions illustrate the inconsistency of responses to shocks. A major rainfall on June 3, 2015 led to flooding and subsequently a gas explosion in the capital city, Accra, resulting in almost 200 deaths and the loss of homes and livelihoods. The government established a GHS 60 million recovery plan which was spearheaded by NADMO. The MoGCSP later provided emergency LEAP cash to poor people who were affected. While the initial relief activities were swift, there was no identified reconstruction agenda, although this incident did lead to changes in policy; an updating of the NADMO Act. However, in the long term, there has not been a well-developed prevention or response system to the floods that occur regularly in urban Accra as well as in several parts of the country.

Gas explosions have also claimed many lives in Ghana in recent years. Between 2014 to 2019, Ghana recorded eight incidences of explosions leading to the death of over 200 persons. In January 2022, an explosion involving a truck full of explosives enroute to a mine in the Western Region resulted in 17 deaths, over 200 injuries, the destruction of more than 500 buildings and the displacement of 3300 people. Government’s initial response to this disaster was well-coordinated and timely intervention that included establishing a recovery plan and fund. However, this case illustrates the common limitations of responses to unpredictable shocks, including a lack of follow through on the plan, especially in terms of financing, and inadequate coordination among the key stakeholders needed to provide a holistic and long-term response for the community. The study also found that the responses, such as they are, do not take adequate account of gender, age, disability and other differences in their design and implementation.

The COVID-19 relief response in Ghana was seen as the most immediate, timely, and coordinated response to a drastic shock to date. During the peak of the pandemic in 2020, the Government led various kinds of relief to support Ghanaians, with a focus on the poor and vulnerable. Beyond addressing the public health aspects, relief response also focused on supporting economic livelihoods, including food relief, cash transfers, income support, and change in work hours. Government’s response was led by the Ministry of Finance, but in this case social protection programs and systems also played a major role in various relief responses. NADMO, the Ministry of Gender, Children and Social Protection and Faith Based Organizations were assigned to lead the distribution of food, and the MoGCSP also led the provision of cash transfers through the LEAP and Ghana National Household Registry programs and systems. A number of existing safety net programmes, including the LIPW and GSFP, adapted their systems to support beneficiaries, in the case of LIPW by reducing work hours so mothers could care for their children at school while maintaining their regular wage rate. The responses to the COVID-19 pandemic, in particular, the use of the Ghana National Household Registry (GHNHR) to identify persons in need for assistance and a mobile money platform used for payment of emergency LEAP, offer lessons for how Ghana’s shock response system can be improved. These lessons are incorporated in the responses below.

Recommendations for a Gender-responsive and Inclusive Social Protection Shock Response System

The following are key recommendations based on the data collected and analyzed for the research study. Overall, it is important that a shock-responsive social protection system is comprehensive, multifaceted, and integrated into the overarching national emergency management plan, with policies, plans and laws to guide its operation.

Gender-responsive and inclusive

The main recommendation derived from the study is that the shock-responsive social protection system must be gender-responsive and inclusive. The features of such a system should:

- increase intentional participation of women (alongside other marginalized groups) in planning for emergencies, which includes risk assessment and designing of responses;
- be adaptive such that, in cases of emergencies where schools close down for significant periods of time, there can be a swift transformation of existing programs (such as the Ghana School Feeding Programme) to still reach the vulnerable children through other means, such as dry rations in their homes. This will reduce the material and psychological burden on women feeding children during the crisis;
- recognise that part of the emergency response is to build the economic capacity of women, persons with disability and other vulnerable groups (that is, reduce their vulnerability to shocks) during non-crisis periods. In other words, gender-responsive and inclusive shock responses would go beyond relief to longer term mitigation and prevention. This would mean including livelihoods training, employment skills training, and other components of an economic inclusion programmes into existing programmes such as LEAP, LIPW and NADMO. It would also require additional resources from the traditional social protection programmes;
- ensure that programs build in flexibility such as exists for LIPW program which has a roster of work that is gender, age and disability appropriate, and also provides flexibility in hours of work;
- take into consideration the domestic and care work during emergencies performed overwhelmingly by women-including caring for children out of school or cleaning debris after a natural disaster--can further be given economic value and women paid for this;
- make use of mobile money platforms in cash transfers to reduce women's exposure to danger in travelling to cashout points and also in recognition of the greater constraints on their time;
- incorporate the provision of childcare, a feature of the LIPW, into other response measures, wherever possible;

The broader disaster management landscape requires training in vulnerability and social differentiation such that all assigned officials in designing and implementing emergency responses have the requisite knowledge to ensure that the system developed is fit for purpose. These trainings should include practical field exercises with different communities and social groups for a joint mapping of vulnerabilities. Additionally, a

protocol needs to be established that sets out the factors to determine the amount of emergency transfers received, in the same way that such calculations are made under LEAP.

Policy framework to support gender-responsive and inclusive shock response system

All social protection programmes, and their specific contingency plans, should be integrated into the broader disaster management plans, protocols and policies. For instance, a national disaster or emergency plan should include the mode of triggering emergency social assistance and the circumstances under which this will be done.

Specifically, the passage of the Social Protection Bill will give legal backing and further structure to the mobilization and disbursement of funds for emergency social protection. Under the Bill, funds should be set aside for social protection, and this should specifically include funds for emergency situations. Having an identified source of funding and clear guidelines for its access would avoid the challenges experienced with the COVID-19 Relief cash transfers where slow approval for the release of funds delayed payment to beneficiaries in immediate need.

Further, relevant legislations would need to be revised or enacted (e.g. NADMO Act and Social Protection Bill) to allow LEAP to disburse funds (including special funds set up during specific disasters), either to increase benefits to existing registrants and also to widen coverage to other people who are vulnerable to the shock incident.

Finally, the analysis suggests the need for a centralized body (either new or existing) to be provided the convening power and the resources to effectively mobilize other units and programmes to work together in emergency situations.

A comprehensive social registry

The Ghana National Household Registry (GNHR) was found to be extremely valuable in the LEAP COVID-19 responses. The GNHR was used to select beneficiaries of the emergency cash transfers during the COVID-19 pandemic. At the time, the extreme poor including some persons with disability from the Upper East, Upper West, Northern, Savannah and North East regions had their data already captured in the registry, and could therefore be supported swiftly. The GNHR validated the information on the beneficiaries, including mobile money account details and national identification numbers, and then shared these with the LEAP secretariat to use existing systems for payment delivery. Because of the proven utility of the registry, a concerted effort should be made to swiftly complete and periodically update it despite the associated challenges, including costs. It is also important to link the GNHR with databases from other public institutions such as NHIS, the Council for People with Disabilities, and the GSFP, NADMO and NIA. This will require some level of adaptations in the type of data collected to ensure alignment and also coordination (both technical and political) among the different agencies to develop this one database.

Another recommendation is that the data collected by these agencies should include fields for different groups of vulnerable persons including the categories identified in the National Social Protection Policy (NSPP), such as the chronically poor, the economically at risk, and the socially vulnerable (NSPP 2015, p. 2) In the event of an emergency, these

different groups could be appropriately targeted for specific interventions. Finally, in line with the NSPP, modalities should be developed to onboard recipients of emergency social protection benefits onto longer-term social protection programmes, as needed. The GNHR would be instrumental to spearheading the handover because of the availability of data gathered and shared during the emergency.

Effective payment systems

The use of mobile money platforms for emergency cash transfers is one that can be expanded specifically for regular LEAP payments, once its challenges are worked out. These challenges include lack of personal phones and mobile money accounts and the danger of fraud. In this regard, beneficiaries may need to be supported to acquire phones and mobile money accounts, and be given training on its use and dangers. However, an effective system of payment may need to combine both electronic and existing traditional forms of payment (including community payments points, ATMS and banks), with beneficiaries given the option to choose a preferred means of receipt of cash transfers. Further, increased and clear communication around the payment method and timing of payments would be important to ensure their use in the timely manner.

Monitoring and evaluation

The innovation of an SMS-based monitoring and evaluation system developed with support from UNICEF for the COVID-19 cash transfers or other efficient technological means of monitoring should be institutionalized and the data analyzed to improve the systems for payment, information-sharing, and monitoring. In addition, Social Welfare Officers and other focal persons at the local level should be trained in the use of mobile-enabled rapid assessments, which can be delivered both periodically and during emergencies, and used to improve shock-responsive social protection measures. Finally, as was the case during the LEAP COVID-19 relief response, a grievance redress mechanism would help respond to questions and concerns during and after the emergency.

INTRODUCTION

In 2013, the Government of Ghana established the Ministry of Gender, Children, and Social Protection (MoGCSP) to coordinate social protection programming and delivery. The Ministry is guided in the execution of this mandate by the National Social Protection Policy (2015). A major component of this mandate is the provision of interventions for poor and vulnerable groups in times of shocks or crisis. While inroads have been made in developing Ghana's social protection programming and systems, there are still limitations to the country's shock response, particularly in terms of coordination across partners.

The COVID-19 pandemic as a peculiar shock highlighted the limitations such as inadequate strategies and funding to provide protection to citizens, especially for the poor, women and other socio-economically disadvantaged groups. The process of adapting existing systems to address the COVID-19 crisis provided useful lessons on how to create more effective and inclusive emergency social protection system in anticipation of future crises.

The MoGCSP has, therefore, set out to develop a national social protection shock response strategy that is informed by extensive research and consultation. It aims to create a holistic approach to shock response that builds on existing social protection systems. This report contributes to the larger effort to review and recommend improvements towards the development of a national social protection shock response strategy that would align with the work of the National Disaster Management Organization (NADMO), but with a focus on systematic response for the most vulnerable groups.

This report documents and draws lessons from Ghana's response to shocks and emergencies, including the COVID-19 pandemic, in order to inform its shock-response strategy. Specifically, it

- develops a historical inventory of shocks and responses prior to COVID-19;
- documents GoG's COVID-19 responses, including the expansion of the LEAP program;
- describes the roles and interrelationships of key actors in shock responses as well as the legislations, policies and other frameworks that support their work;
- conducts a gender and vulnerability assessment of the impacts of the pandemic; the design and implementation of government's responses; and the impacts of these interventions on different social groups;
- makes recommendations, on the basis of the foregoing, on how to improve GoG's social protection shock responsive systems and strategies. In particular, recommendations are made on how LEAP, the flagship social protection program, can be systematized and expanded both to address structural inequalities due to gender, poverty, and other forms of vulnerability but also to respond adequately to unanticipated or occasional shocks such as COVID-19.

Conceptual Approach

Vulnerability and Capacity Assessment

The study adapts the Vulnerability and Capacity Assessment (VCA) framework which is used to evaluate the exposure and resilience of different communities to shocks, including natural and perennial hazards as well as unanticipated crises such as the COVID-19 pandemic. The VCA is a participatory approach that encourages participants to reflect on both their vulnerability and capacities. In doing so, they gain a deeper awareness of hazards and are better able to anticipate and prepare for crises in the future. It has been used by governments, NGOs and development agencies such as the Red Cross/Red Crescent, GIZ and Oxfam, among others (GIZ, 2007; Moret, 2014; International Federation of the Red Cross and Red Crescent Societies, 2007; Turnbull and Turvill, 2012; Ulrichs et al., 2015).

Vulnerability connotes “exposure, capacity and potentiality” (Watts and Bohle 1993, p. 45). That is, vulnerability refers to one’s exposure to risk, one’s capacity to respond to risk, and the potential for lasting harm from risk. Thus, the study operationalises “vulnerability” as the risk to a person, household or group of a particular hazard; the extent to which they are able to recover should they experience that shock; and the cost or consequence from dealing with the shock.

Gender and vulnerability

The concept of vulnerability appears in many areas of study and practice, including economics, sociology, geography, disaster management, environmental science and the health sciences (Alwang, Siegel, & Jorgensen, 2002; Hogan & Marandola, 2005). Consequently, vulnerability can be conceptualized in different ways but underlying many of these definitions is the notion of vulnerability as a function of one’s social, economic and spatial positioning or location (see Box 1: Definitions of vulnerability). In other words, individuals, social groups and communities differ in their

- “(1) risk of **exposure** to a crisis;
(2) risk of **incapacity** to deal with the stress, crisis or shocks; and
(3) risk of severe **consequences**, in the form of crises, risks or shocks” (Hogan & Marandola 2005, p. 460).

This study recognizes that social disadvantage shapes the nature and intensity of the risks that individuals and groups are exposed to; determine the resources they have to

Box 1: Definitions of vulnerability

“Vulnerability is the potential for loss.”

“Vulnerability is the ‘capacity to suffer harm and react adversely’.”

“Vulnerability is the degree to which different classes of society are differentially at risk.”

“Vulnerability is the differential capacity of groups and individuals to deal with hazards, based on their positions within physical and social worlds.”

“Vulnerability is the likelihood that an individual or group will be exposed to and adversely affected by a hazard. It is the interaction of the hazards of place (risk and mitigation) with the social profile of communities.”

“By vulnerability we mean the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard. It involves a combination of factors that determine the degree to which someone’s life and livelihood is put at risk by a discrete and identifiable event in nature or in society.”

(see Hogan & Marandola 2005, p. 462 for the reference for each definition)

address a crisis or shock when it occurs; and influence the extent to which they are able to recover from the shock. In sum, one's vulnerability to a specific shock is socially-determined in part by one's sex, socio-economic status, age, geographical location, and disability status, among other factors. Thus, vulnerability is not an inevitable result of shock but "is determined by social systems and power... where people live and work, and in what kind of buildings, their level of hazard protection, preparedness, information, wealth and health have nothing to do with nature as such but are attributes of society" (Wisner et al. 2003, p. 6- 7).

**"Disasters and crisis ('emergencies')
are not aberrant phenomena. They are reflections of the ways societies
structure themselves and allocate their resources."**

[WHO/EHA, 2002]

In this study, we highlight social relations of gender as an especially important basis of social disadvantage and, therefore, vulnerability to shock. Gender—the socially-constructed meanings, expectations and experiences attached to biological sex (Anyidoho, 2020) – is implicated in the ways that women and men, girls and boys experience risks and even the forms of risks they are exposed to. Further, gender informs an individual's response to risk. For instance, in many societies, women and girls have less access to material resources, social capital, and political power relative to men and boys. For these reasons of gender inequality, while recognizing that gendered analysis

Box 2: Definition of concepts

Risk: “the possible occurrence of a harmful event that has some known likelihood of happening over time” (Comfort 2005, p. 338)
Hazard: “a natural or human-made event that threatens to adversely affect human life, property or activity to the extent of causing a disaster” (WHO/EHA, 2002).
Disasters are “serious disruptions to the functioning of a community that exceed its capacity to cope using its own resources. Disasters can be caused by natural, man-made and technological hazards, as well as various factors that influence the exposure and vulnerability of a community” (International Federation of Red Cross and Red Crescent Societies, 2007). “A disaster occurs when hazard and vulnerability meet” (WHO/EHA, 2002).
Crisis: “an event that has the potential to cause a large detrimental change to the social system and in which there is lack of proportionality between cause and consequence” (Walby, 2015, p.14).
A shock refers to a negative event, whether it is regularly occurring and relatively predictable (e.g. seasonal droughts or seasonal flooding) or it rarely occurs (e.g. hurricanes and global pandemic).
Emergency: “a state in which normal procedures are suspended and extraordinary measures are taken in order to avert a disaster (WHO/EHA, 2002). In this sense, an emergency involves an assessment of an occurrence of a disaster, crisis or other types of shock as necessitating an extraordinary response.
Disadvantage: “social conditions which negatively affect people, communities or places” (Hogan & Marandola 2005, p. 456).
Vulnerability: “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard (an extreme natural event or process” (Wisner et al. 2003, p.11).
Resilience: “the ability of individuals, communities and states and their institutions to absorb and recover from shocks, whilst positively adapting and transforming their structures and means for living in the face of long-term changes and uncertainty” (OECD 2013, p. 11).

refers to the relationships among and between different genders, this report gives attention to women and girls as socially disadvantaged groups.

Using a gender and vulnerability assessment framework, the study enquires into the ways in which crises, and responses to crises, exacerbate gendered and other forms of vulnerability. More positively, it draws lessons for the development of a gender-responsive and inclusive shock response system.

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Resilience: “the ability of individuals, communities and states and their institutions to absorb and recover from shocks, whilst positively adapting and transforming their structures

The framework is used in three ways:

- to understand the differential risks that citizens face as a function of their gender, income level, spatial locations and dis/ability;
- to examine inclusion and gender-responsiveness in the design and implementation of COVID-19 interventions;
- to examine the differential impacts (both intended and unintended) of these interventions.

Gender-Responsive Analysis

This report presents a gender-responsive analysis of both the design and implementation of interventions to address shocks, whether natural disasters or other hazards. It examines the extent to which key GoG interventions (including the Livelihood Empowerment Against Poverty (LEAP) cash transfers program) address gender-specific vulnerabilities in the event of shocks. First, are interventions designed with consideration of gender difference? In other words, do responses to shock acknowledge differences in needs, and in the opportunities and capacities to uptake interventions? A second set of questions revolves around the extent to which the implemented interventions are, in reality, accessible to different genders.

The study adapted existing tools to develop a framework for gender responsiveness, including gender and age-responsive framework developed by UNICEF (UNICEF Office of Research-Innocenti, 2020). Both of these informed the development of the instruments for key informant interviews and the focus groups (see Methodology section).

Components of the Report

The report has three parts:

- mapping of shocks and responses up to and including the COVID-19 pandemic
- a gender-responsive assessment of the impacts, design and implementation of interventions
- a proposed framework for a gender-responsive and inclusive shock response system

Mapping of shocks and responses

The mapping exercise is based both on a desk review and collection of primary data. The desk review was undertaken concurrently with the development of research instruments and fieldwork.

There are four parts to the mapping exercise:

- mapping of shocks prior to COVID-19;
- mapping of COVID-19 vulnerabilities and responses;
- mapping of institutional actors within the state, their roles and interrelations in COVID-19 response (particularly with regards to LEAP)
- mapping of the systems (legislations, policies, etc.) that guide and support shock response

Mapping of shocks prior to COVID-19

Using existing research literature, policy documents, newspapers, and press releases, the report maps out the historical landscape of Ghana's shock response system. For each shock or emergency, the following information was extracted: the precipitating events, the response, target beneficiaries, and funding for the interventions.

As part of the desk review, two shocks are presented as case studies: the flood and inferno of June 3, 2015 at Odawna in Accra and the explosion in the Apeatse community in the Western region on 20th January 2022. The two events are selected because each is recent and widely documented, making it easier to gain information and, secondly, while both gained national attention, the differential responses to the two crises are instructive.

In addition to the desk review, the mapping is grounded in analysis of data from interviews and focus groups on systemic hazards such as perennial floods, heavy rainfalls, seasonal droughts and fire outbreaks.

Mapping of COVID-19 vulnerabilities and responses

A mapping of vulnerabilities and responses to the COVID-19 pandemic was done, using desk review and also data obtained from fieldwork. This mapping focused on

- vulnerabilities to the primary and secondary impacts of COVID-19 on various social and geographical groups;
- the GoG's response to COVID-19 (with a focus on the emergency LEAP/COVID-19 relief cash transfer) and the extent to which these interventions responded to the needs of, and were made accessible to, socially and economically disadvantaged groups.

The World Bank has supported an extensive mapping of responses to the COVID-19 pandemic during the three-week lock down in the Greater Accra and the Greater Kumasi areas. Consequently, this study maps vulnerabilities, interventions and impacts after the

lockdown in selected projects sites to allow for a more national and nuanced picture of the impact and response to COVID-19 outside the two major urban centres that were the epicentre of the pandemic.

Mapping of frameworks guiding shock response

The existing legislations, policy instruments and guidelines for shock responses are described and assessed.

Mapping of institutional actors, their roles and interrelations

The final part of the mapping covers institutional actors involved in COVID-19 responses such as the ministries, departments and agencies, CSOs, and development partners. We examine their specific roles and their inter-relationship. Further, we assess the coordination among these actors in the process planning, mobilisation of resources, and implementation of shock responses.

A gender-responsive assessment of the design and implementation of interventions

The second major part of the report is a gender-responsive assessment of the design and implementation of the GoG's response to COVID-19.

A framework for gender-responsive and inclusive shock response system

The final component of the report is a proposed framework of a gender-responsive and inclusive shock response system that describes the roles and relationships of key actors as well as the system of legislations, policies and other tools that will be needed to guide and support the work of these actors.

Study Design

The study employed a multi-method approach that comprised desk review, key informant interviews, focus group with beneficiaries, and an inception workshop involving stakeholder/partners from government, non-state actors and development partners.

Desk Review

Relevant documents identified through the initial mapping exercise were reviewed, including materials made available by GoG, World Bank and UNICEF for the assignment such as manuals and guidelines, mapping exercises, and monitoring reports (particularly for the cash transfers component of the COVID-19 response). Reports and published studies that highlighted the challenges and lessons to Ghana's social protection systems were reviewed. This review fed into the mapping and other components of the report.

Primary Data Collection

Research sites

The project was conducted in five districts within three regions: The Greater Accra, Northern, and Volta Regions. *(See Appendix A for profiles of the five metropolises, municipalities and districts under the three regions.)*

The three regions were selected with considerations of ecological diversity and diversity of livelihoods (agrarian, fishing, trade, etc.) that would influence the nature of shocks experienced. This diversity of sites allowed for an investigation of common shocks. The diversity also provided information on the nature and reach of GoG responses to each shock. Specifically, the research team examined past emergency LEAP interventions in response to these events to understand when and how a response was triggered and the impact of the response on affected persons.²

Table 1 summarises the sites selected (region and districts) and the dominant shocks in each area. Focus group discussions and a survey of 307 individuals in the research sites identified flooding, fires and droughts as important shocks, in order of frequency and impact (see Table 6). Of the three, floods were reported to be a concern across all three regions but with different causes identified per research site. Fires were more prevalent in the Greater Accra Region. Droughts were mentioned with reference to one district in northern Ghana but, even then, it was a secondary concern to floods, according to survey respondents.³ Accordingly, aside floods which is the most prominent climate shock, the focus group discussion identified fires (other than wild fires) which is a non-climate shock as the second most prominent.

Table 1: Research sites and type of shock investigated

Region	Metropolitan/Municipality/ District	Common type of shock (in addition to COVID-19-related shocks)	Rural /Urban
Greater Accra	<ul style="list-style-type: none"> Accra Metropolitan Assembly (Makola in the central business district of Accra) Osu Klotey Municipal Assembly (Odawna) 	Flooding Market Fires	Urban
Northern	<ul style="list-style-type: none"> Savelugu Municipal Assembly (Sugutampia) Kumbungu District (Nawuni) 	Bagre dam spills	Rural
Volta	<ul style="list-style-type: none"> Keta Municipal Assembly (Kedzikope, Ghanakpedzie, Abutiakope) 	Tidal waves	Urban and Peri-urban

At each site, in addition to enquiring about their unique shocks, the researchers enquired about interventions to address COVID-19, with an emphasis on the emergency COVID-19 relief cash transfer. This investigation engaged beneficiaries, non-beneficiaries, and implementers of these relief measures about the coverage, accessibility and impact of the LEAP/COVID-19 cash transfer.

² Note that LEAP is the social protection intervention that has had the most direct responses to shocks.

³ While drought (10 percent risk) continues to be a serious concern, the ranking of flooding (at 84 percent risk) as an even greater danger to lives and livelihoods echoes the World Bank's (2022), "Country Climate and Development Report: Ghana" which states, "Between 1968 and 2021, 32 major natural disasters were reported...mostly on account of floods, followed by droughts" (p. 4).

Research instruments

Research instruments were developed for each of the data collection techniques employed in the study: in depth interviews, focus groups, and a survey (see Appendix B).

First, an **in-depth interview guide** was designed to elicit information on the design and implementation of responses to shocks (particularly the COVID-19 pandemic), including the extent to which these were inclusive and gender-responsive. These guides were customized to the categories of respondents, whether public and private actors, at the national or sub-national level.

Second, a **focus group guide** was developed which incorporated participatory data collection techniques. The guide was used with residents of the five research sites to garner responses about the experiences of and responses to shocks, including the COVID-19 pandemic. The techniques included a causal flow diagram, an institutional matrix, and a listing and ranking exercise:

- The *causal flow diagram* participatory assessment tool was used to map the effect of COVID-19 on the socio-economic livelihood of community members.
- The *institutional matrix* helped map the nature of support received during disasters, the sources of support and target beneficiaries of the support.
- The *listing and ranking tool* was deployed to identify and assess the quality of support that was received during the COVID-19 and their order of importance in mitigating the associated shocks.

Thirdly, a **survey instrument or structured questionnaire** was developed to elicit information from individuals on their knowledge of emergency preparedness and responsiveness, in order to obtain information from a wider range of respondents than available through in-depth interviews and focus groups.

All the research instruments were co-developed by the researchers, after which six research assistants were trained in their use. The instruments were revised after the training and again after they were piloted in the Ga South Municipal Assembly of the Greater Accra Region.

Sampling and sample composition

Respondents for key informant interviews were purposively selected for their expertise in or experiences of shocks. Key informants included implementers at various levels (national and sub-national), key government and non-government officials involved in COVID-19 and other emergency response. The study conducted interviews with key informants in each district. In total 29 key informants were reached at the sub-national level and national levels (Table 2). **(Appendix C contains the list of key informants interviewed.)**

Table 2: Number of key informant interviews conducted at the national and sub-national level

	Greater Accra Region	Volta Region	Northern Region	Total
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Sub-national (district & regional)	8	7	7	22
National	-	-	-	7

In each region, three or four focus group discussion were organized with each group comprising 8 to 10 members. In total, 10 focus groups were conducted (see Table 3). The study employed diversity and availability sampling in the selection of the participants for the focus groups. Thus, particular attention was paid to socio-demographic variables such as sex, age, disability status, and occupation in the selection of the sample for the focus group. The study also used convenience sampling method to choose from among persons who were available and willing to provide rich information. The study included both beneficiaries and non-beneficiaries of COVID-19 and other emergency assistance, to gain a full picture of both the achievements and limitations of these measures.

Table 3: Number of interviews and focus groups conducted across three regions (sub-national level)

	Number of focus groups	Types of focus groups
Greater Accra Region	3	2 mixed 1 all female
Volta Region	3	1 all male 1 all female 1 mixed (youth)
Northern Region	4	2 all female 2 all male
Total	10	

For the survey, the aim was to obtain as diverse a sample as possible in each study site. Respondents were selected using the random-walk sampling approach. Under this method, a central location within the sampled communities was identified as the random starting point and a route from that point selected randomly. In total, 369 respondents were surveyed across the three regions and 5 districts (Figure 1).

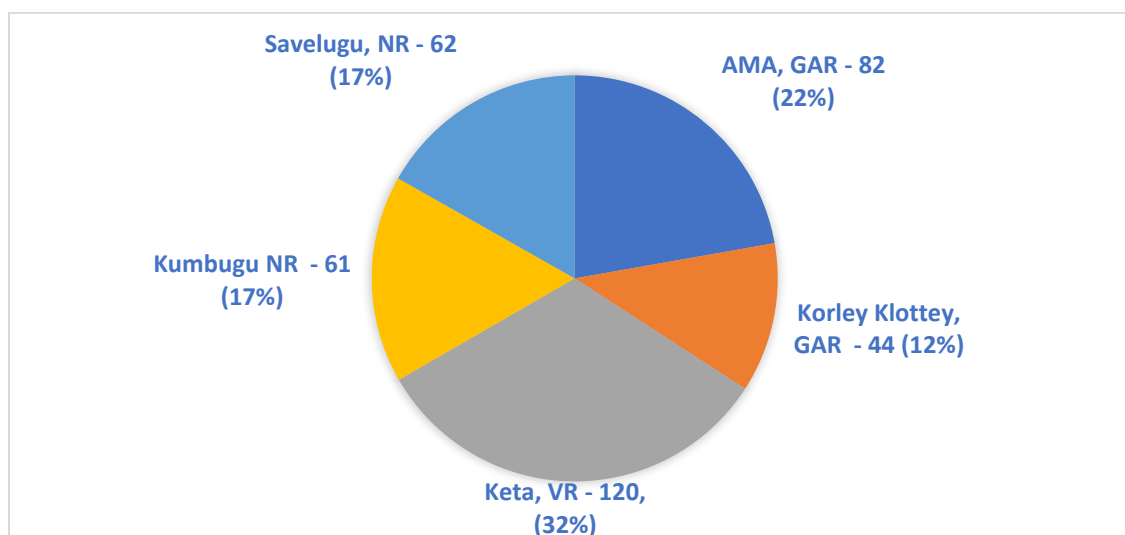


Figure 1: Distribution of survey respondents by district

There was a greater proportion of females (52%) than males (48%) in the sample, and specifically for the Accra Metropolitan Assembly and Keta Municipal Assembly as research sites. Conversely, there were more male than female participants in Kumbungu and Savelugu (Table 4). Persons with disabilities made up 3.4% of the sample. The age range of respondents was 18 to 85, with the average age being 40 years. Male respondents were relatively younger than females. On average, respondents had lived in their respective community of interest for 24 years.

Table 4: Distribution of respondents by district

	GREATER ACCRA REGION		VOLTA REGION	NORTHERN REGION		
	Accra (AMA)	Korley Klottey	Keta	Kumbungu	Savelugu	
Male	32 (39%)	22 (50%)	54 (45%)	34 (56%)	36 (58%)	178 (48%)
Female	50 (61%)	22 (50%)	66 (55%)	27 (44%)	26 (42%)	191 (52%)
N	82	44	120	61	62	369

Close to half (48%) of the respondents traded or owned businesses. About 3 out of 10 worked in agriculture as fishermen (20%) or farmers (11%) (Table 5).

Table 5: Employment demographics of respondents by gender

	Male	Female	Overall
Employment status of respondents			
Employed	157 (88%)	157 (82%)	314 (85 %)
Unemployed	21 (12%)	34 (18%)	55 (15%)
N	178	191	369
Occupation of employed respondents			
Business owner/trader	29	122	151 (48%)
Farmer	22	12	34 (11%)
Fashion designer	4	7	11 (4%)
Fisherman	58	4	62 (20%)
Health worker	1	0	1 (0%)
Other	42	12	54 (17%)
Teacher	1	0	1 (0%)
N	157	157	314

One out of five had no formal education, with females more highly represented in this category. About a quarter of respondents had attained primary education, with an equal proportion of men and women in this group. More males had secondary/O level/ A level education compared to females.

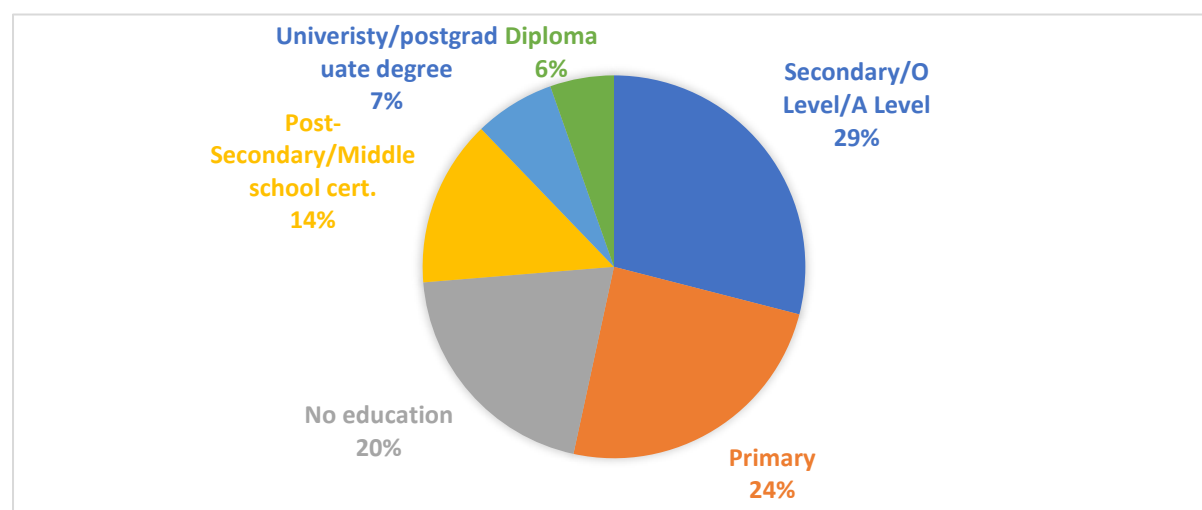


Figure 2: Educational level of survey respondents

Data collection

Data collection took place between 15 August and 12 October 2022 across all the study locations. During the focus groups, participants were provided with markers, manila cards and flip charts and led to create the visual outputs (diagrams, matrices, lists, etc.) in response to the questions in the focus guide or to nominate one participant to do so on

their behalf. Where there was no-one available or willing to do so, the facilitator played that role. Translators were also employed, where needed, to help in translating between the facilitators and the participants. The surveys were conducted one-on-one by research assistants, using translators where necessary.

Data Analysis

All interviews and focus groups were audio-recorded with the explicit permission of participants. The key informant interviews, which were all conducted in English, were transcribed verbatim. The focus groups were conducted in other languages and the recordings simultaneously translated and transcribed into English by transcribers with proficiency in those languages.

Data, both text and images, gathered from the key informant interviews, focus groups and gender and vulnerability assessment were synthesized and analysed. Thematic analysis was conducted in three stages: First, structural codes were used to compile quotations under different categories corresponding to the main questions of interest; for example, incidence of shocks, individuals most at risk, response to the shocks, etc. For COVID-19 shocks, the first level coding collated quotations that highlighted responses on the impact of the pandemic affected different groups of people, nature and source of assistance received during the lock down, and so on. In the second stage, the first level coding was categorized into broad themes. The third stage involves synthesis of the themes and report writing.

Ethical Considerations

Prior to fieldwork, ethical approval for the study was obtained from the Ethics Committee of the College of Humanities of the University of Ghana. During the data collection, participants were informed about the content of the study and their consent to participate sought. Further permission was sought to record interviews and focus group discussions. In addition, respondents were anonymised in focus group reports. For the key informant interviews, the transcripts cannot be said to be anonymous as it is possible to identify respondents based on their position. However, in the analysis and in write up, where possible, their anonymity is maintained.

Limitations of Study

While the research sites and populations were selected with a view to garnering a cross-sectional national perspective of COVID-19 responses, one challenge of this broad sample was that, in some areas, respondents offered little information on COVID-19 and related responses. While this may reflect the reality of their experience, it did offer a challenge in terms of breadth and depth of data. Further, key government actors also did not respond to the invitation to participate in the study. In particular, the team was unable to reach key informants in the Ministry of Finance in order to better understand the decision-making and planning around financing COVID-19 and other social protection responses.

MAPPING OF DISASTERS PRIOR TO COVID-19

Ghana has a history of disasters, both natural and man-made. The online database Statistica.com estimates that the country experienced 49 natural disasters between 2010 and 2022 (see Figure 3), primarily flooding, fires and explosions. *[An inventory of disasters is available as a companion document to this report.]*

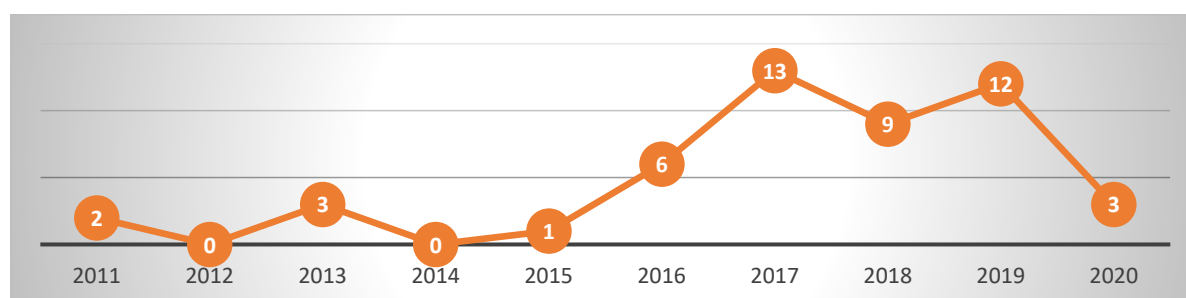


Figure 3: Number of natural disasters reported in Ghana from 2011 to 2020

Source: Statistica.com (2022)

Some disasters, such as floods and market fires, have become perennial (see profiles of research sites in Appendix A). Populations in the five districts selected for the study (see Table 1) experienced these specific shocks. As part of the fieldwork, the research team sought to explore the nature of shocks in these specific contexts and their impacts from the perspectives of ordinary people, particularly most vulnerable, and the practitioners who work with them.

In the survey, participants were asked to list the kinds of shocks or disasters that they faced in their respective areas of residence. Floods during the rainy season was mentioned in all five districts. In the central business district of the Greater Accra Region, from both the focus groups and survey data (see Table 6), market fires were the most frequently experienced disaster, validating the a priori selection of this research site.

Table 6: Common disasters experienced in the study communities

	AMA	Korley Klottey	Keta	Kumbungu	Savelugu	Overall
Common disasters						
Floods	25	44	60	61	62	252
Fires	63	2	0	1	8	74
Drought	0	0	0	27	0	27
Other	1	0	3	0	0	4
N	80	44	60	61	62	307

Source: Survey data (August 2022)

The effects of the market fires, as reported by focus group participants, included the destruction of businesses, and a loss of income. Participants stated that all traders were at risk irrespective of their gender or age. One key informant observed that most fires occurred in the night, leaving little room for people to save their wares and their

structures which were mostly made of wood. On the other hand, the timing of fires meant that few lives were lost in fires.

Survey and focus group participants in the Odawna area in the Korley Klottey Municipality highlighted flooding due to the overflow from the Odaw River as the most devastating disaster in their community that destroys property and sometimes takes human life. The most affected were residents and people who conducted their business along drains that overflow during heavy rains.

In the Volta region, the Keta municipality was selected because of the risk of tidal waves. Although they do not occur frequently, when they do, the effects are devastating, submerging homes and displacing whole neighborhoods.

In Savelugu and Kumbungu districts of the Northern region, different respondents (national and district level officers and community members) listed the floods from heavy rains and the spillage of the Bagre dam as the key disasters faced. While the spillage of the dam mostly affected communities and displaced residents, the storms and floods destroyed large areas of farmland, depriving people of their source of livelihoods for several months.

However, in interviews, NADMO officials in the Northern Region suggested that the spillage of the dam was not the problem, per se; they flagged the floods and storms as being more dangerous because they occurred without much warning, leaving little time to respond.

Case studies

There are a few disasters that stand out for the extent of damage and the visibility of responses, which make them useful case studies for the country's responsiveness to disaster. On June 3, 2015, Accra experienced a major flood that affected several locations within the Okaikoi sub-metro and Accra Metropolitan areas including Aladjo, Avernor, Nima, Odawna. To further exacerbate the situation, by act of human error a fire started at a fuel station where a crowd of people had sought for shelter from the rain, resulting in many fatalities (Box 1). Then, on January 22, 2022, a truck carrying explosives to the gold mines in Bogoso exploded at Apeatse, killing 17 persons, injuring approximately 200 and destroying 500 buildings. It is estimated that another 3,300 persons were affected by the event, with about half of them made homeless (Box 2).

Box 3: Case Study 1

June 3rd ("Black Wednesday") Flood and Explosion

On June 3, 2015, parts of Accra experienced severe flooding after a heavy rainfall, resulting in a gas explosion at a GOIL fuel station at Kwame Nkrumah Circle in the business district of Accra. The explosion was believed to have occurred in the station's underground tanks. A five-member investigative committee (inaugurated by the government on 16 June 2015 and which delivered its report in August 2015) reported that the explosion was caused by a cigarette stub thrown into the leaked fuel. However, a survivor stated that the power had gone out before the explosion and when a generator was switched on to provide light, they heard a "pop" sound and the fire erupted. The Chief Fire Officer of the Ghana National Fire Service stated that, ultimately, the mixing of combustible fuel with floodwater was the real cause of the incident. The indirect cause was the lack of proper channels for the drainage of rainwater, resulting in perennial flooding (Smith-Asante, 2016). One hundred and fifty-nine (159) persons were estimated to have died in the explosion (Smith-Asante, 2016). The fuel station itself and five neighbouring houses were destroyed, and an

estimated \$428,000 worth of property was damaged (Acquah, 2017; Rahman & Shaban, 2016; “Three days of mourning...”, 2015).

Response

NADMO provided immediate relief items to survivors of the Accra disasters (as well as to other parts of the country that had experienced flooding) and worked with the United Nations Development Programme (UNDP) to prevent the outbreak of cholera (Smith-Asante, 2016). The then coordinator of NADMO also stated that his outfit was coordinating with the Ministries of Education and Health to develop a response (ibid.)

The executive arm of government declared three days of national mourning for the deceased and provided 60 million cedi to support the survivors. The government supported 96 affected families with GHc10,000 each for the burial rites of their deceased. Some survivors received cash support to pay for their medical bills and others received money to pay for accommodation and their children’s school fees with donations that came both from the government and private individuals. Additionally, the government introduced an Emergency LEAP programme by August, approximately three months after the disasters. Some 7 weeks after the disaster, the Ministry of Gender, Children and Social Protection (MoGCSP) stated its intent to disburse Emergency LEAP funds to affected persons from 24 July 2015 (Allotey, 2015). It reported that 13,000 households in 5 regions would receive GHc100 for three months, and that this would be done electronically through the Ghana Interbank Payment Settlement System (ibid.). The eligible beneficiaries were “households that had lost a breadwinner in the flood and fire disaster [and] those who lost their businesses and belongings” (“Osu flood Victims...”). The ministry reportedly set aside GHc3.9 million in LEAP emergency funds for this support in addition to registering survivors for the NHIS (Smith-Asante, 2016).⁴ Three years later, in 2019, a seven-member Special Disbursement Committee chaired by the Deputy Director of NADMO, disbursed GHc814,000 out of approximately one million cedis in public contributions (Obeng and Nudzi, 2022).

While some survivors were satisfied with the government’s response, others complained of inadequate support and unfulfilled promises. According to one study, the apparent leader of the “June 3 Flood and Fire Victims Association”, Thomas Sakyi, stated that some survivors had lost their source of livelihood while others had passed away (Dziwornu, 2022). The support received by some of the victims lasted during the early phase of the crisis but had ceased (ibid.). There was also a noticeable lack of psychological support (ibid.)

In addition to the support from government, the survivors directly received support from foreign governments, members of parliament, organisations and individuals. In addition, the OneGhana Movement launched the “Justice 4 June 3” campaign to pursue justice for the survivors. The major objective of the campaign was to secure compensation for survivors and to hold corporations, public officials, and institutions accountable for their actions and inactions.

On the basis of the report of the investigative committee which recommended the dredging of drains in the city, a ban on plastics, and training on disaster management, among others, the executive arm of government called for legislation to prevent people from building on waterways and the Ministry of Science and Technology waged a short-lived “war on plastic waste” (Sarpei, 2016). By and large, most of the recommendations were not followed through (Smith-Asante, 2016). The disaster is credited as the catalyst for the amendment of the National Disaster Management Organization (NADMO) Act 927 in 2016, which gave the body more authority and guidance to act to prevent similar disasters (Sarpei, 2021).⁵

Observations

This was one of the earliest documented instances of Emergency LEAP being initiated and of the use of electronic means to transfer the cash. However, the distribution of monetary aid through

⁴ It is difficult to fully confirm these numbers as different figures are reported by officials. For instance, on 28 April 2016, the Ministry of Gender tweeted that 11,152 households had been registered on Emergency LEAP following the 3 June incidence.

⁵ NADMO was established in 1996 through ACT 517

Emergency LEAP was delayed, coming almost two months after the disaster, and lasted for only three months. “To select beneficiaries of this intervention, the LEAP Management Unit of the Department of Social Development did a mapping of the affected communities and administered questionnaires to affected persons. A ranking was done and the beneficiaries were selected,” the statement added.

The response demonstrates the tendency for public response to disasters to focus on emergency relief relative to longer-term processes of recovery and reconstruction (see Figure 4). The government response to a disaster that was so tragic as to live in popular memory to this day remarkably did not include a plan for psychosocial support, which is missing in many responses. The scale of the June 3 floods was a catalyst for the amendment of the NADMO (Act 927) to decentralize its activities to regional and district levels, among other changes. In the same vein, the Act enjoins NADMO to work with communities to develop measures to prepare for and to effectively respond to disasters, which is an aspect of its work that can still be improved upon.

Box 4: Case Study 2

The Apeatse Explosion

Gas explosions have claimed many lives in Ghana in recent years. Between 2014 to 2019, Ghana recorded eight incidences of explosions leading to the death of over 200 persons (Business Ghana, 2017).⁶ Accra is reported to have recorded the most explosions at six. Fuel leakages and negligence have been cited as explanations.

On January 20, 2022, an explosion occurred in Apeatse in the Prestea Huni Valley Municipal Assembly of the Western Region when a motorcycle collided with a truck carrying explosives to the gold mine at Bogoso. Residents who rushed to the accident scene were caught in a second explosion a few minutes later, resulting in at least 17 deaths and injury to over 200 people. The explosion destroyed about 500 housing structures and displaced 3300 persons (International Federation of the Red Cross, 2022). The blast destroyed roads in the area; There was also disruption to the everyday lives of residents; children could not attend school, and markets and other business activities were disrupted.

Response

The Government of Ghana responded to the Apeatse disaster with four key actions: (i) setting up Disaster Relief Centers to temporarily accommodate survivors and provided relief items; (ii) setting up a committee to investigate the cause of the disaster and make recommendations for the prevention and mitigation of future disasters; (iii) creating a disaster recovery fund known as the Apeatse Support Fund to reconstruct the community; (iv) creating a Disaster Recovery Implementation Committee to operationalise the Disaster Recovery Plan. In addition, the Huni Valley Municipal Assembly set up a Relief Centre at Bogoso where displaced community members received shelter, relief items and psychosocial support services.

A search, rescue and evacuation operation was carried out for victims trapped under collapsed buildings. NADMO, the Ghana National Fire Service and the National Ambulance Service were reported to have played a role in implementing these measures. These agencies worked together to respond to the disaster by conducting an impact assessment of the explosion; extinguishing the fires; conducting search and rescue exercises; administering first aid and transportation of injured victims to the hospital. Survivors were later moved to a temporary accommodation pending the reconstruction of the community. The government covered the medical bills of all the injured.

The government’s efforts were complemented by other NGOs and individual philanthropists who donated relief items and made contributions to the Disaster Recovery Fund. The Ministry of Land and Natural Resources also investigated the incidence, which has resulted in a review of the entire health and safety standards in the mining industry (Ghana Today, 2022). The reconstruction of the

⁶<https://www.businessghana.com/site/news/general/153222/Ghana-records-eight-major-gas-explosions-in-three-years>

community is reported to be progressing. About 600 houses and periphery structures that were destroyed by the explosion are being constructed (Business Ghana, 2022).

While the government has made noticeable efforts to set up recovery measures, there are noticeable gaps. The support so far has been described as inadequate in addressing the pressing needs of the victims. The Public Relations Officer of the Apeatse Disaster Relief Committee sums up the challenges with the relief effort.

"Those who sustained various injuries are suffering even though there have been donations from organisations. There's no money coming to us except that of the Red Cross Society. Seven months without money is unbearable, especially for those in critical conditions. We are not relieved yet." - Mr Quashie, Public Relations Officer (PRO) of the Apeatse Disaster Relief Committee (Beach Fm Online, 2022).

Observations

As indicated in the preceding quote, with the exception of immediate relief items provided by NADMO, there was no national social protection response which indicates a gap in this shock response considering the impact of the shock on livelihoods. The process of reconstructing the communities commenced in September 2022 and was projected to take a minimum of 12 months for the project's first phase (Ghana News Agency, 2022), suggesting that survivors will stay in temporary accommodations for close to 2 years. Finally, the costs of natural (and man-made) disasters are wide-ranging, including not only to life and property damage but also social and emotional costs. While the relief plan on paper addressed the visible impacts of the disaster, as with the case of the 3rd June disaster, the psychological well-being of victims does not appear to have been taken into consideration.

This case is one of the few in which reconstruction was tackled right from the start of the emergency response. A committee was created by the Ministry of Lands and Natural Resources to raise funds and oversee the reconstruction of the affected communities in September. Reports on the work of the committee is not publicly available for assessment of its effectiveness. However, its creation by the Ministry of Lands and Natural Resources rather than the Ministry of Interior in which NADMO sits, highlight issues of overlap or gaps in collaboration.

Assessment of emergency management systems

As Figure 4 indicates, disaster management involves a wholistic and long-term plan to remove vulnerabilities that interact with hazards to produce disasters. For this section of the report, we focus on emergency management, which comprises activities that are immediately adjacent to a crisis: preparation and relief.

Both residents of the study sites and officials reported relief activities as the main form of response to disaster, with NADMO as the primary national actor in disaster management, as an illustration. NADMO's mandate covers the gamut from preparedness, prevention, relief to post-emergency rehabilitation, reconstruction and recovery (NADMO Act 927).

Most focus group respondents, when asked about the role of NADMO, stated that the organization's work pertains to emergency responses after the fact, reportedly because of constraints on NADMO's logistical and technical capacity. However, according to the NADMO Act 927, the organization has the additional task of addressing the sources of vulnerability of hazards by support "communities and community-based organisations to...improve their livelihood through social mobilisation, employment generation and poverty reduction projects".

Disaster Management and Emergency Management

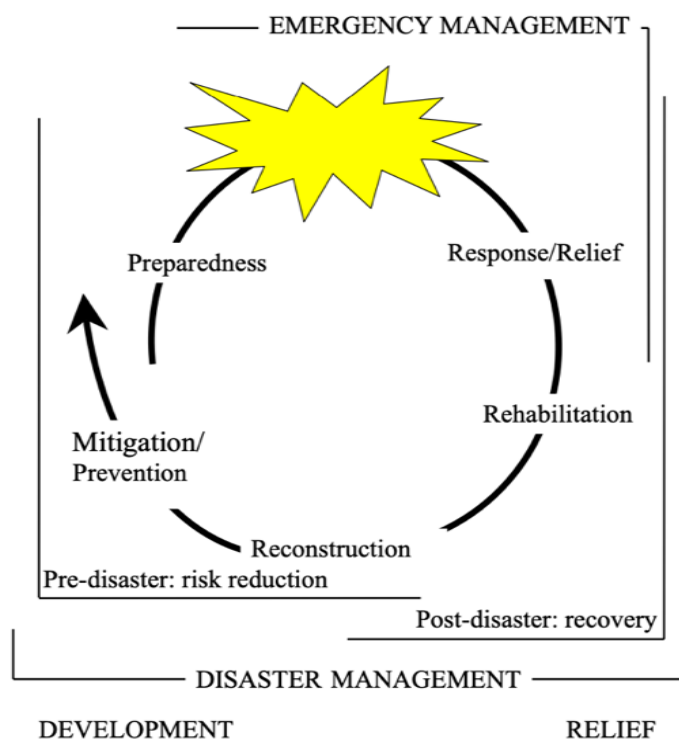
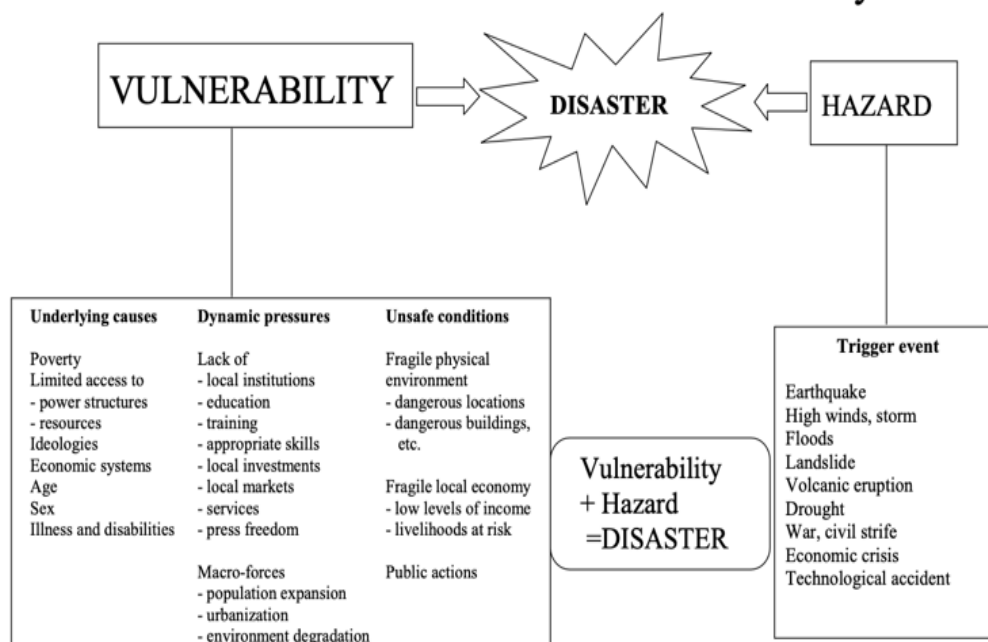


Figure 4: Disaster and Emergency Management (Source: WHO/EHA, 2002)

A disaster occurs when hazards and vulnerability meet



13

Figure 5: Disaster as a function of vulnerability and hazard (Source: WHO/EHA, 2002).

The study as well probed into the planning and preparedness systems put in place to respond to emergencies and the extent to which these have been successful.

Awareness of the hazard

In all the study areas, there was a general awareness of hazards and the confluence of factors that bring them on. For example, residents in Keta and Abutiakope are often able to tell that tidal waves are imminent.

“Sometimes, when you listen to the sounds the sea makes, you can predict that tidal waves are going to occur. The sea makes loud, unusual noises and when that happens, by the third day, there will be a tidal wave.” (FG with men, Keta, Volta Region, August 29, 2022).

In the Greater Accra Region where the common shocks investigated were floods and market fires, in spite of the frequency with which these shocks occur, the residents reported that they were unaware of an early warning system. However, the underlying causes are clear to residents. The Odaw River has been so heavily polluted that it overflows its banks into the nearby Odawna market, carrying away the merchandise of the market traders which are mostly unsecured in the stalls.

“Here, we just have the stalls which we lock and go home every evening but when the floods occur, they still carry our wares away. Sometimes, whole drums of palm oil will be carried away. As for the foodstuffs, fruits and vegetables, you won’t even come and see them. This is why we are asking for platforms and poles so that we can secure our things

before we go home.” (FG with traders, Odawna market, Greater Accra Region, 13 Oct 2022).

By contrast to sudden floods and fires, the spillage from the Bagre Dam occurs predictably and, according to NADMO officials, should not be a danger since there is forewarning:

“It was spilled on the 1st of September this month. We were informed by our counterparts at Burkina Faso that their dam was getting full. For that matter, they were going to open it. Truly, on the 1st of September they opened it.” (Interview with NADMO Officers, Northern Region, 30 September 2022)

Subsequently, the officials said, alerts were sent to nearby settlements to plan to relocate before the spillage:

“When we got that information, we also spread the message to our various districts and communities that are flood-prone... We informed all the communities and districts along the White Volta to be aware that the dam will be spilled on the 1st so people should be aware and move to higher grounds to avoid being affected. So that is how we started. And actually, true to their words they started the spillage on the 1st and that is how it continued up to date. So, we’ve been receiving daily updates from them.” (Interview with NADMO Officers, Northern Region, 30 September 2022)

In focus groups in settlements near the dam, participants reported that the information they received on the spillage was not precise enough about the date or the particular gate through which the water would be let out. Thus, it is not enough to ask if information is available; the information needs to be complete and communicated well. Additionally, individuals and communities should also know where to access information, which is an issue we explore in the next section.

Sources of information and assistance

Seven out of ten of all respondents could not say that, in an emergency, they would be able to obtain information, with variation by location (Figure 6). Women were less confident than men that they knew where to get information (Figure 7).

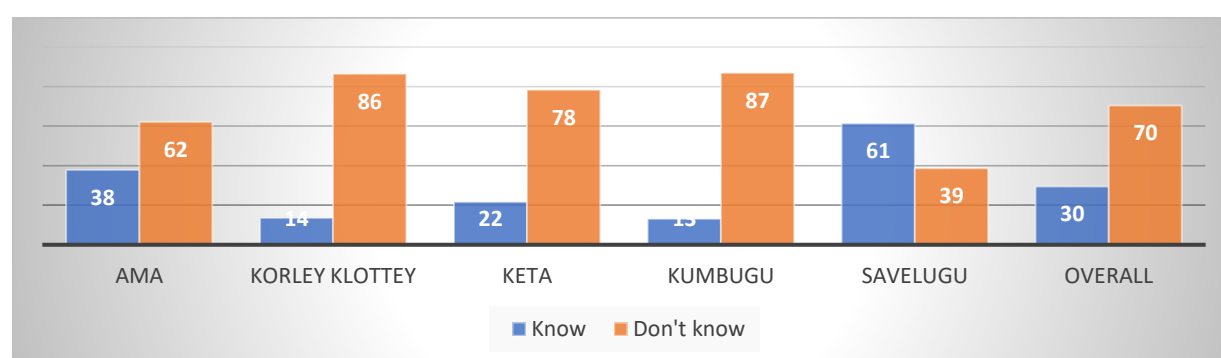


Figure 6: Proportion of respondents who know where to get information in the event of an emergency (by district)

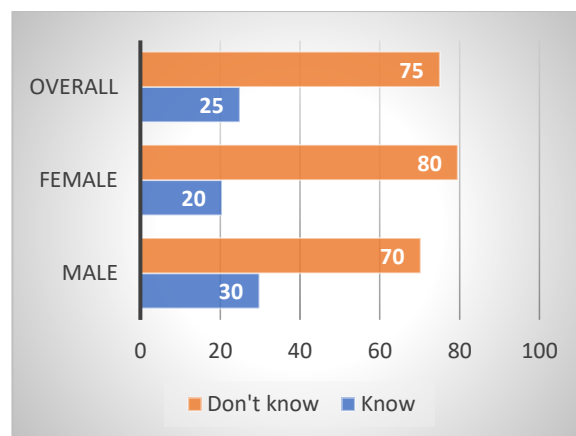


Figure 7: Proportion of respondents who know where to get information in the event of an emergency (by sex)

Across all districts, 3 out of 4 respondents were not aware of where they might seek assistance in the event of an emergency (Figure 8). This response varied by location (with the AMA presenting the most positive picture) and also by sex (Figure 9).

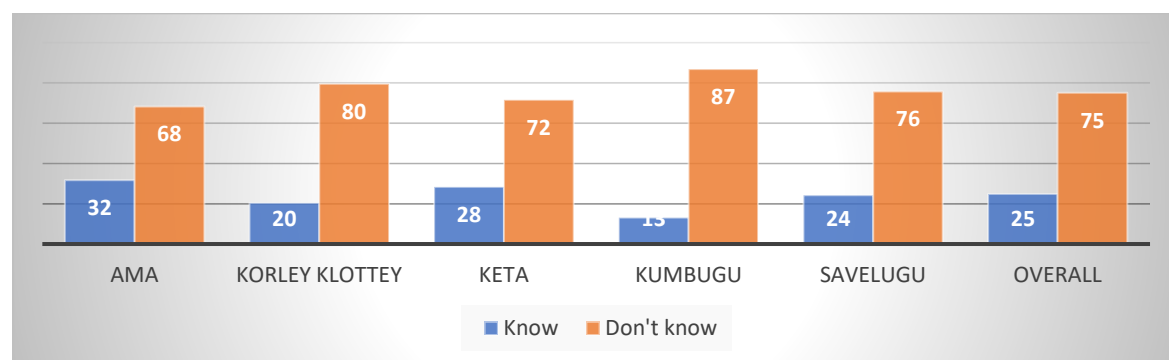


Figure 8: Proportion of respondents who know where to seek assistance in the event of an emergency (by district)

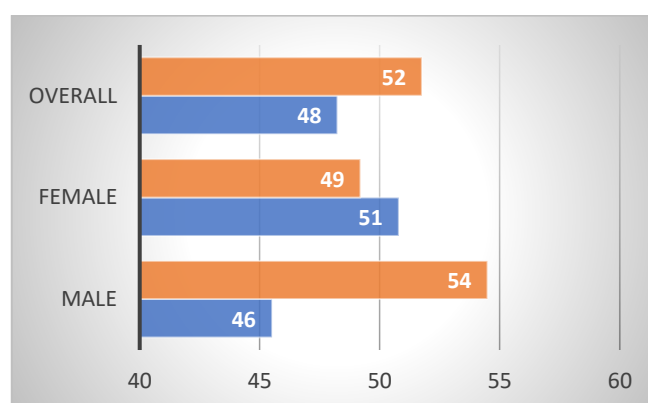


Figure 9: Proportion of respondents who know where to seek assistance in the event of an emergency (by sex)

Emergency planning

NADMO has a mandate to prepare disaster management plans (NADMO Act 927). There is evidence of some level of emergency planning, both from the interviews with government officials, including NADMO, and from news reports of NADMO's activities.⁷ However, as already discussed, this aspect of disaster management is secondary to relief once a disaster occurs.

Section 3 (f) states that NADMO is to “facilitate the development of communities and community-based organizations to (i) respond effectively to disaster”. In other words, it is not sufficient for NADMO to inform or educate people, but they are to build the capacity of these groups to plan for emergencies. The main preparatory activities are ‘sensitization’ and information-giving. There were a few instances reported of joint planning, with NADMO officials inviting in community representatives (‘leaders’ and ‘opinion leaders’) for consultation.

The survey inquired about whether, beyond the planning stage, residents of the five research sites had been involved in an emergency preparation exercise. Across the sites, 35 percent of survey respondents said they had been involved in an emergency response and 11 percent had participated in evaluation drills (Figure 10). The Savelugu District had the highest number of affirmative responses in both instances.

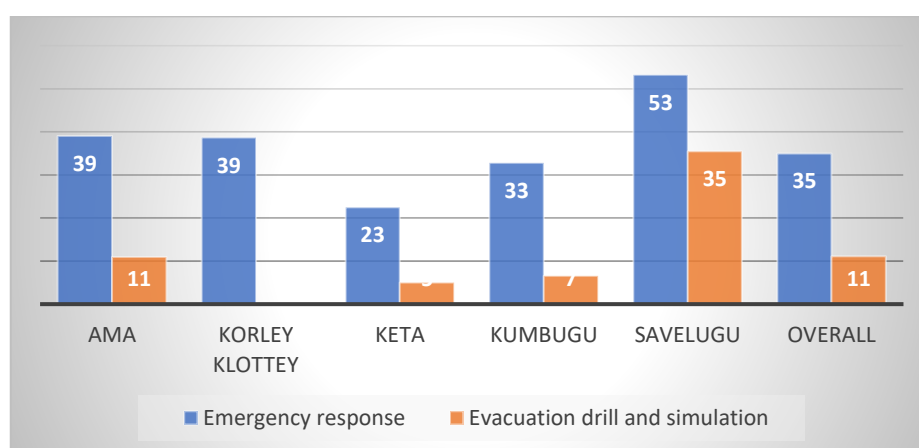


Figure 10: Proportion of respondents who have participated in emergency response, evacuation drill and simulation

Response/ Relief

Survey respondents were asked whether they had received any form of assistance during emergencies in the past, regardless of source. Residents in the Savelugu district, who were most directly affected by flooding from the Bagre dam, were most likely to have received assistance, while those in the Accra metropolis and in the Korley Klottey District were the least likely (Figure 11). These differences may reflect differences in response to

⁷ For instance, in July 2022, NADMO undertook a simulation exercise for earthquakes, along with the Ghana Fire Service, the Ghana Police Service, and the National Ambulance Service. <https://www.gna.org.gh/1.21507377>

the types of disaster frequently experienced in these locations; in other words, there may be a more robust response to dam spillages than to market fires and floods in the Greater Accra Region. This inconsistency may have to do with the predictability of floods from the dam spillage which makes it easier to plan a response. Further, there was no marked difference in frequency of receipt of aid by sex (Figure 12).

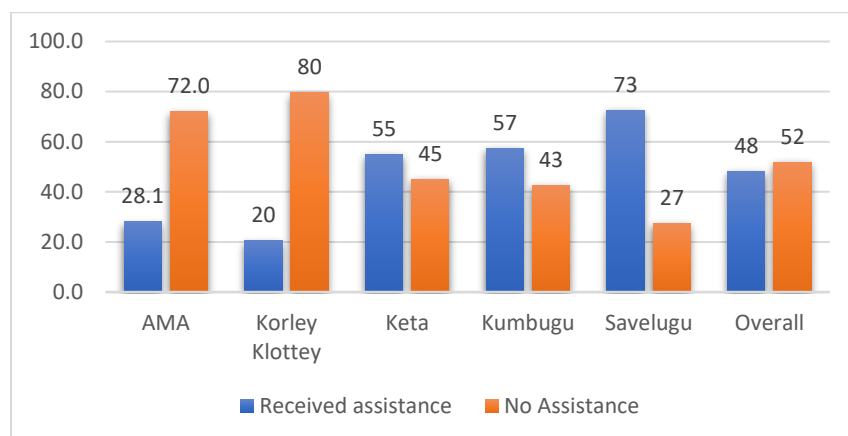


Figure 11: Proportion of respondents who have received assistance in an emergency in the past (by district)

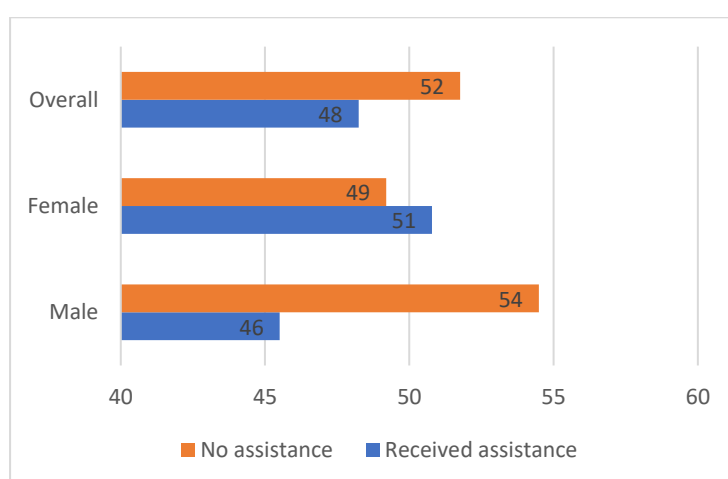


Figure 12: Proportion of respondents who have received assistance in an emergency in the past by gender

Impact of disasters on gender, age, income and disability

Since the frequent disasters that were used as a reference point for the focus groups and key informant interviews (market fires, tidal waves and floods) occur within specific geographical areas, respondents in the different research sites generally stated that all social groups (women, men, children and persons with disability) were at “risk of **exposure**” to these events (ref: Hogan and Marandola 2005, emphasis added). The caveat is that, in the case of flooding, location matters (for instance, distance from the dam or overflowing gutters) and one’s options for the location of one’s home or business is a function of income.

Referring to floods following rainstorms, a NADMO official in Accra stated, “I think everybody, most of us are vulnerable because those are natural [disasters]. Because they are natural it happens at the time that you don’t expect it. So...everybody is at risk” (see Figure 13). Indeed, in the case of the focus groups in the Kumbungu District of the Northern Region and Keta Municipal Assembly (Figures 14 and 15), participants were

categorical that these risks affected “everyone” and referred to collective units such as “homes”, and “businesses”.

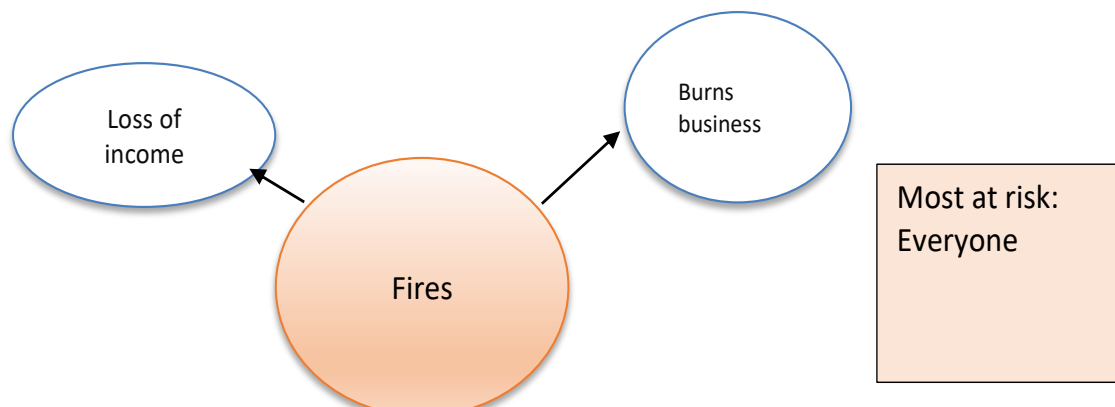


Figure 13: Causal flow

diagram for fires (FG with men and women in Kantamanto Market in the Accra Metropolitan Assembly, Greater Accra Region)

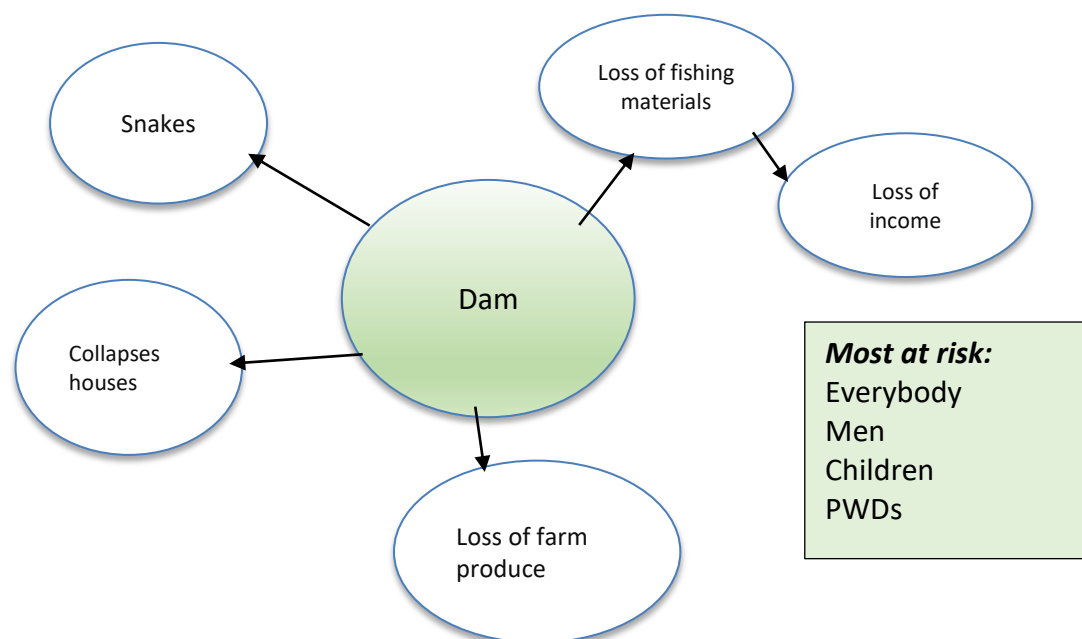


Figure 14: Causal flow diagram of dam spillage (FG with men in Nawuni in the Kumbungu District, Northern Region, 16 August 2022)

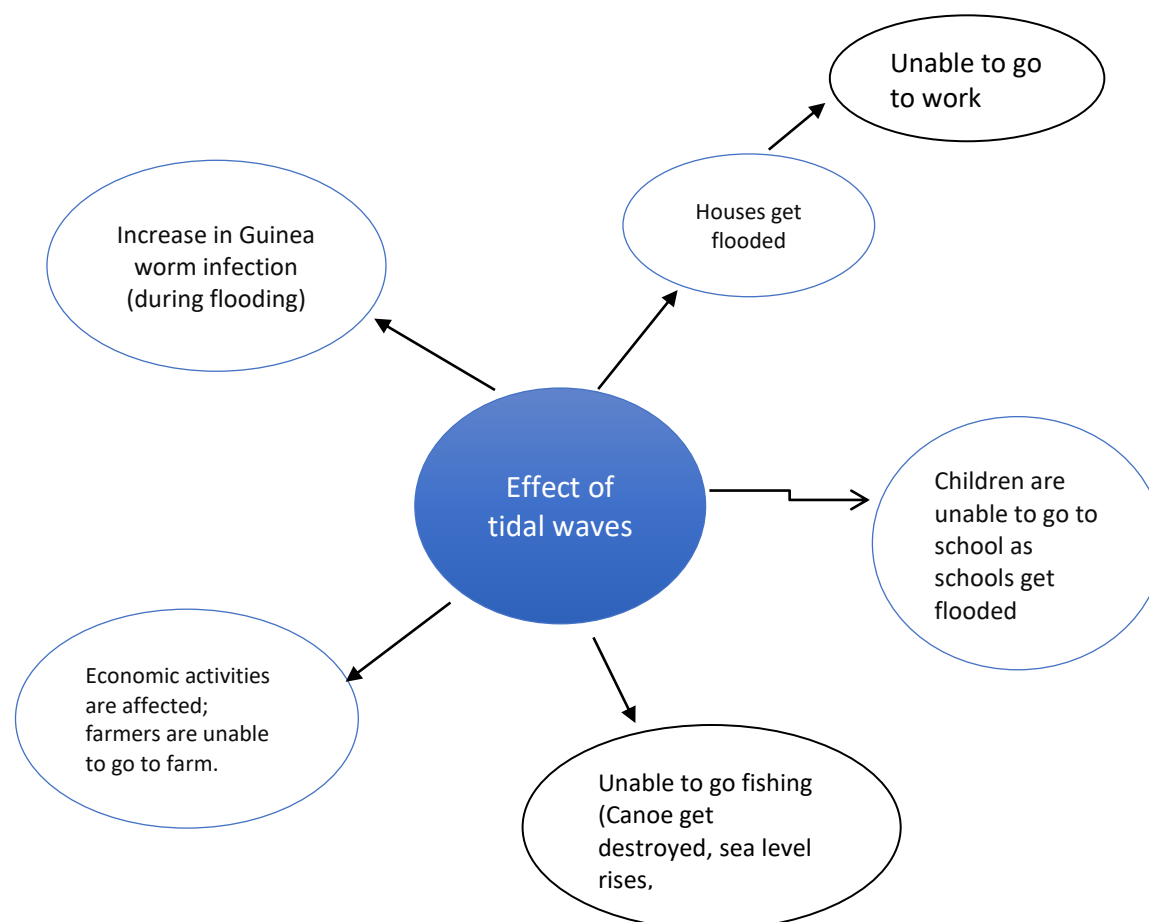


Figure 15: Causal flow diagram of tidal waves (FG with women in Abutiakope, Keta Municipal Assembly, Volta Region, 29 August 2022)

However, in terms of **“risk of incapacity”** to address the events and **“risk of exposure to severe consequences”** (ref: Hogan and Marandola, 2005), key informants listed women, children, poor persons, and persons with disability as being the most at risk because of their assumed lower access to resources to recover from these disasters and, interestingly, also because of their inability to physically escape from or distance themselves from the geographical location of the disaster. One official justified his assertion that women and children were most likely to face the worst consequences of tidal waves in the Keta area:

“Women and children that are mostly affected...in the sense that during that time, their water sources are affected, their sanitation facilities are also affected, and some [are] taken over by water. Then the disposal of faeces or human excreta has become a challenge to the women; it is scattered all over the environment which in turn brings another problem to the communities. Children are not allowed but they go about defecating in any dry space they have during flooding, and they again play in these areas and then they contract these diseases. *But the men, they wake up and then they are gone to their fishing and they leave home for those people. So most of them they are not actually at risk but the women and the children are mostly at risk*” (emphasis added).

The focus group with young people in the Keta municipality spoke to the psycho-emotional aspect of disasters that are often overlooked. Especially for young people who had only heard stories about how previously vibrant communities had been submerged by the waves, experiencing it for the first time was traumatizing.

“Actually, it has really affected our sleep too. We can’t sleep because of the lingering fear that when we sleep, maybe it will carry you yourself away” (FG with youth, male and female, Keta Municipal Assembly, Volta Region, 29 August 2022).

SUMMARY

This section of the report has mapped out responses to shocks prior to COVID-19 both from primary and secondary data sources. Primary data was drawn from focus groups and a survey conducted in three communities in three regions: Greater Accra, Volta and Northern that experienced frequent disasters, including fire, dam spillage and tidal waves. The section also relied on analysis of key informant interviews with district, regional and national level actors in disaster management and shock response, notably NADMO. Using mainly secondary sources, the section describes responses to disasters since 2010 and provides as case studies the inferno in Accra on 3 June 2015 and the explosion at Apeatse on January 20, 2022.

Analysis of the primary data reveals that, while the NADMO Act provides guidelines for disaster responses, there are challenges with implementation. The organisation performs better on relief measures than it does on other aspects of disaster management such as preparedness and prevention (see Figure 4). Residents in disaster-prone areas were aware of the precipitating events for common disasters but the majority reported that they did not have knowledge of an early warning system or where to seek information and assistance in the case of emergencies. Further, respondents were largely uninvolved in emergency planning.

Both residents and key informants with NADMO and other agencies involved in disaster management identified women, children, poor persons and persons with disability as being at a greater **“risk of incapacity”** to address the events and **“risk of exposure to severe consequences”** (ref: Hogan and Marandola, 2005). These risks were not only physical, but also psycho-emotional.

Beyond NADMO, we note that LEAP has responded to adhoc shocks such as floods and fires with emergency cash transfers. However, beneficiaries have generally found these to be inadequate, either because they are delayed or not long enough or both.

The key message that emerged from this chapter is the need for a well-documented, well-coordinated and well-disseminated emergency response system, including reliable early warning systems for common disasters. The need for adequate resources to implement all phases of disaster management, including emergency planning, mitigation/prevention and reconstruction/recovery is another take-home message from the section.

MAPPING OF COVID-19 VULNERABILITIES AND RESPONSES

The COVID-19 pandemic started as a health crisis that transformed into a social and economic crisis, with its effects felt in education, work, transport, housing, among many other areas of human life. Thus, while the disease was concentrated in a few urban areas in Ghana, its ripple effects were felt across the country, even in places in which there were no recorded cases of COVID-19. Despite this fact, much of what has been written about the disease focuses on the cities that were its epicenters, Accra and Kumasi (e.g. Ogum Alangea and Ohemeng, 2021; WIEGO, 2021). This section uses both primary data and existing literature to provide a fuller picture of COVID-19 impacts and responses in different locations and for different social groups in the country.

Overview of the government's response to COVID-19

Epidemiological response

The first two cases of COVID-19 were reported on 12 March 2020. By the end of the month, the case load had increased to 135, mainly in Accra and Kumasi. In response, the government stated a policy intent to “limit and stop the importation of the virus; contain its spread; provide adequate care for the sick; limit the impact of the virus on social and economic life and inspire the expansion of our domestic capability and deepen our self-reliance”.⁸ On the strength of a readiness assessment and response strategy initiated before official confirmation of the presence of the virus in the country, a number of travel and social restrictions were announced on 15 March; schools were shut down, a ban on public gatherings was announced, and a travel ban was imposed on travelers from countries with more than 200 confirmed cases of COVID-19; and a mandatory testing and/or quarantine was imposed on other travelers. On 21 March, the parliament passed the Imposition of Restrictions Act (Act 1012) on the authority of which the president imposed a two-week partial lockdown of Accra and Kumasi from 30 March, under which only essential movement was allowed. (The lockdown was later extended by a week.) In addition, the country's air and land borders were closed. Prior to the lockdown and afterwards, social distancing and COVID-19 protocols (handwashing and mask wearing) were strictly enforced.

In addition to these measures, the National Emergency Preparedness and Response Plan (EPRP) followed the “3Ts” approach – testing, tracing and treatment. The World Bank provided funding support of 528 million cedis for the COVID-19 Preparedness and Response Plan, which included activities under the Ministry of Health. In March 2021, with the delivery of vaccines to the country, through the WHO's COVID-19 Vaccines Global Access (COVAX) programme and with support from UNICEF Ghana, the government shifted gears to running a vaccination programme in the worst-affected regions (Greater Accra, Ashanti and Central) as well as for at-risk groups such as frontline workers; persons with underlying conditions; and adults over 60 years.

⁸ The Presidency of the Republic of Ghana (2020, March 28). *President Akufo-Addo addresses nation on updates to Ghana's enhanced response to the Coronavirus pandemic*. Retrieved from <https://presidency.gov.gh/index.php/briefing-room/speeches/1546-president-akufo-addo-addresses-nation-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic>

Socio-economic and social protection responses

In countries around the world, the COVID-19 pandemic led to a slow-down in economic growth and deepening poverty. With the lockdowns hurting businesses and causing income loss, unemployment and food insecurity (Aduhene and Osei-Assibey, 2021; United Nations, 2021), the government turned attention to its socio-economic impacts that resulted less from the cases of illness and death from the virus and more from the response to it. Responding to these unexpected shocks stretched the government's resources and a number of actors provided financing to shore up the government's response. These included the World Bank which provided two billion cedis in addition to the 580 million cedis provided towards the COVID-19 Preparedness and Response Plan, the IMF which offered a 5.8 billion-cedi credit facility, and the African Development Bank with 69 million US dollars.

From March 2020, the government rolled out a number of interventions, including the distribution of meals; provision of personal protective equipment (PPE); waivers on electricity and water bills; suspension of tax payments, additional allowances, COVID-19 insurance and suspension of tax payments for frontline health workers; temporary shelter for the homeless; and soft loan schemes for businesses.

Non-governmental actors, including multilateral agencies, civil society organisations, businesses and individuals, extended support to persons who needed it. One salient example is the COVID-19 Trust Fund that raised money from private businesses to support the government's response efforts (Ministry for Health, 2020). The President appointed a Board of Trustees to manage the fund. MoGCSP and NADMO were responsible for the disbursement of the fund with oversight from a Board of Trustees.

Overall, when put in the context of what was being done in other African countries (see Figure 16), the response of the Government of Ghana to increased hardship (as a result of losing work and reduced incomes) within four of the categories depicted in Figure 16, which presents the set of social protection measures implemented by African governments (last updated on 24 July 2020).

NOW, A TOTAL OF 245 SOCIAL & ECONOMIC MEASURES HAVE BEEN IMPLEMENTED ACROSS THE CONTINENT AND EVERY AFRICAN GOVERNMENT HAS IMPLEMENTED AT LEAST ONE

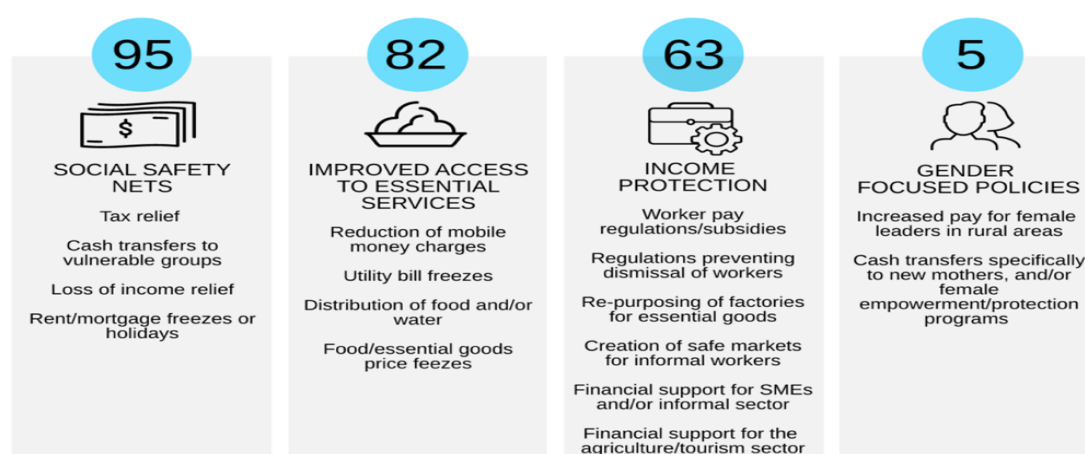


Figure 16: Categories of social and economic policies implemented by African countries in response to COVID-19

Source: *Development Reimagined* (2020). Posted by developmentreimagined.com on 24 July 2020.

Safety nets were the most popular instruments among African countries (see Figure 16). However, GoG used only one of the instruments in this category, providing *social safety nets* almost exclusively through cash transfers under Livelihood Empowerment against Poverty (LEAP) program. Under *improved access to essential services*, GoG provide food relief and freezes or subsidies on utilities. In terms of *income protection* tool, GoG provided financial support for business and for certain sectors. However, there was a lack of tools that more directly protecting workers and their jobs, such as regulations preventing dismissal of workers, for instance, or worker pay regulations. This report also shows that the interventions have not had as great an effect on the work and incomes of informal workers and businesses as on the formal. The government's responses are discussed in greater detail elsewhere (see Afranie & Anyidoho, 2022; Darkwah, 2021), including subsidies on electricity and water; provision of PPEs. Overall, the range of social protection interventions rolled out to address the fallouts of the pandemic have been helpful but have not reached those most in need and, in the case of women and informal workers, may have deepened existing inequalities (Darkwah, 2021).

For the purposes of this report, we highlight a few socio-economic interventions that are especially relevant to the discussion of gender-responsive and inclusive social protection in times of shock. These include the series of interventions around food relief; those involving the Livelihood Empowerment Against Poverty (LEAP) programme; and the Coronavirus Alleviation Programme Business Support Scheme (CAPBuSS) and the Coronavirus Alleviation and Revitalisation of Enterprise Support (CARES), which were to aid business recovery.

Food relief

The government provided food relief initially during the lockdown in March 2020 (GSS, 2020; Owusu & Crentsil, 2021).⁹ The distribution of cooked and uncooked food was primarily in the urban areas that experienced the lockdown (MoGCSP, 2020a). The social groups targeted for food relief, both during and after the lockdown, were *kayayei*, persons on the street, older people, persons with disability, persons with HIV/AIDS, residence of care homes, among others (Ofori-Atta, 2020; MoGCSP, 2020a).¹⁰ MoGCSP partnered with agencies such as NADMO, caterers under the Ghana School Feeding Programme, members of parliament with constituents within the lockdown areas, and relevant metropolitan, municipal and district assemblies (MMDAs) to distribute 2.7 million packs of cooked and uncooked food. In terms of the logistics, the MMDAs identified persons in need while NADMO helped with distribution (MoGCSP, 2020a). In addition, the MoGCSP Helpline of Hope received over 1,622 requests for assistance out of which MoGCSP was able to respond to 1152 with food and other social assistance (ibid.)¹¹ The ministry further reports that dry rations were provided to over 40,000 poor and residents of several institutions in lockdown areas (ibid.). Non-government actors, including the religious organisations, private businesses and citizens helped fund food relief to 75,000 persons in the Greater Accra and Ashanti Regions (Owusu & Crentsil, 2021).

LEAP

Introduced in 2008, LEAP is a cash transfer programme under MoGCSP that aims to “reduce poverty by smoothening consumption and promoting human capital development among extremely poor households”. LEAP targets households in extreme poverty that also have one of the following categories of persons: orphaned children, pregnant women; individuals 65 years and above; and persons with severe disability. LEAP households are also linked to other social programs, including free registration on the National Health Insurance Scheme.¹²

According to the most recent Ghana Living Standard Survey data from 2016/2017 (GLSS 7), 6.8 million Ghanaians fall below the poverty line (Ghana Statistical Service, 2019). Poverty has a geographical and ecological character as well. Poverty is more prevalent in rural Ghana (39.5% compared to 7.8% for urban areas) and in the savannah zones.

LEAP is targeted at the 2.4 million out of the 6.8 million poor Ghanaians who are classified as being extremely poor (ibid.). In 2020, the programme reached approximately 1.5 million persons in 332,000 households, who received between 64 and 106 cedis every two months (Dadzie and Raju, 2020). Consistent with the poverty profile of the country,

⁹ See also <https://www.mofep.gov.gh/news-and-events/2020-04-07/government-distributes-food-items-to-needy-individuals-and-households-affected-by-lockdown-through-faith-based-organisations>

¹⁰ See also <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Lifting-of-lockdown-won-t-affect-food-distribution-to-the-vulnerable-Gender-Minister-929167>

¹¹ The MoGCSP states that the reasons for its inability to respond to some requests was “long distance, the inability of the call ersto provide a proper description of their locations and the inability to reach callers (due to poor network connectivity or some of them had their phones off)” (MoGCSP 2020a, p. 8).

¹² LEAP is one of five flagship social protection programmes captured in the National Social Protection Policy. The others are the Labour Intensive Public Works (begun in 2010), the Ghana School Feeding Programme and the Education Capitation Grant (piloted in 2005); and subsidies and exemptions under the National Health Insurance Scheme (introduced 2003).

most recipients are in rural Ghana.¹³

The loss of jobs and income from the reduced economic activity during the pandemic, combined with increase in food prices, impacted household budgets and consumption. While these situations affected everyone, it was especially dire for the already-poor or those living just above the poverty line without disposable income, who relied on daily wage income, whose livelihoods were precarious, or for whom the pandemic would severely limit social services such as health, education and food subsidies.

Under the National Social Protection Policy, LEAP and other social protection measures should form part of the response to emergencies. In the past Emergency Social Protection Assistance or Emergency LEAP has been given after markets, floods and explosion (see Box 3). Arguably, the pandemic presented the biggest challenge to the LEAP cash programme. MoGCSP, with advice and support from international partners—including the World Bank, through its Ghana Productive Safety Net Project (GPSNP)¹⁴—responded in two main ways: First, beneficiaries were given more than the regular benefit amount, with the top-up amount intended to cover cost of transportation to banking halls instead of community payment sites to prevent crowding and to adhere to social distancing prescriptions. The extra money was also meant to cater for sanitary items like soaps and face masks (Dadzie and Raju, 2020).

Secondly, with support from the World Bank, and the Foreign, Commonwealth and Development Office (FCDO), MoGCSP provided temporary cash transfer paid in two installments to persons who did not benefit from any social protection intervention (UNICEF, 2022). The targets of this emergency relief were the extreme poor (as captured by the GNHR) that were not already enrolled on the LEAP programme or any other social protection intervention. Categories of persons who received this support were homeless individuals; flood victims in the Greater Accra and Northern Regions; women in the “witches camp”; persons who called the Ministry’s toll-free hotline (the Single Window Citizens Engagement Services SWCES) and reported vulnerabilities during COVID; and extreme poor individuals whose data was collected by GNHR in Upper West and Upper East Regions (MOGCSP, 2020b). An estimated 125,000 extremely poor and vulnerable individuals across the country were targeted for this “Emergency LEAP” income support (World Bank, 2020).

The COVID-19 Relief Cash Transfer initiative made use of technology to address the slow-down of information as a result of the pandemic containment measures, and the reticence or inability of recipients to travel to payout sites. In the case of the emergency cash transfers (or Emergency LEAP) to non-LEAP beneficiaries, which was done through mobile money platforms and monitored electronically. Beneficiaries were identified using a combination of existing census data and targeted emergency data collected by the GNHR. Each selected beneficiary received a cash transfer of between 220 and 550 cedis

¹³ The extreme poor are mostly rural residents: 15.6% of the rural population is extremely poor compared to less than 1% of the urban population.

¹⁴ The GPSNP is to “to support the Government to strengthen safety net systems that improve the productivity of the poor”. Its components include support for LEAP, the Labour Intensive Public Works (LIPW) programme, improving social protection delivery systems (including through the Ghana National Household Registry, the design of a single-window citizen engagement service and monitoring and evaluation). See <https://projects.worldbank.org/en/projects-operations/project-detail/P164603?lang=en>

depending on their level of vulnerability, paid in two instalments (Scott and Ammoun, 2021).

Implementation of the cash transfers was headed by the LMS, in collaboration with the GNHR and development partners, and payments were made through mobile-money transactions which made use of the existing LEAP payment and reconciliation system set up by the GNSPP. The World Bank provided funds and technical advice while UNICEF Ghana led the development of an SMS M&E system to monitor the implementation of cash transfer (Scott and Ammoun, 2021). This mobile-based application¹⁵ was designed to guide users through a series of prompts or questions, based on the user's responses. The system also granted the creator of the survey the ability to send out messages (SMS and voice) on a mass scale, to view results in real-time and to generate reports.

According to interviews with the UNICEF Ghana office, one limitation of the SMS monitoring platform was the low response rate. SMS was sent to an initial set of 9,010 recipients of Emergency LEAP mobile money transfers, out of which 1165 responded (a 13% response rate). The rate was even lower with the second set of recipients; out of 23,154 SMS sent, 1,298 responded (6%). Among other factors, the tediousness of responding to SMS menus and the possibility that some recipients were non-literate in English could account for the low rates of response. In consideration of these factors, UNICEF switched to an interactive voice message option in four Ghanaian languages. While this method (which used the same software as for the SMS but provided voice prompts or questions instead of text) reached more people, the response rates were skewed towards men (who made up 58% of respondents) and to those in the age group 18-25 age group (who made up 42% of respondents).

World Food (WFP) Program Cash transfers¹⁶

In response to the COVID-19 pandemic, the WFP in partnership with MOGCSP implemented a cash transfer intervention targeted at daily wage earners and smallholder farmers to promote food and nutrition security. These beneficiaries were jointly identified by the GNHR and the Ministry of Food and Agriculture. The amount of money given to the beneficiaries were aligned with LEAP benefit values. Cash transfers were delivered through mobile money to 75,000 daily wage earners who were identified through GNHR's emergency data collection in Accra. 5000 smallholder farmers who were also identified and supported with cash transfers in two instalments.

¹⁵ RapidPro, an open source software platform.

¹⁶Department of Agricultural Economics, Agribusiness and Extension Kwame Nkrumah University of Science and Technology (KNUST) Kumasi-Ghana, WFP cash-based transfers (CBT) to COVID-19 affected people in Ghana: cataloguing experiences and impacts, 2022

Box 4: Case Study 3

card, a smart card issued by the Ghana Interbank Payment and Settlement Systems Limited (GhIPSS), under the Bank of Ghana. LEAP monies was sent to the GhIPSS which then credited beneficiaries' e-Zwich cards. LEAP then shared the list of eligible households (that is, the payroll) with all districts and participating financial institutions. Recipients were then informed of the payments by district social welfare workers and community focal persons and could go to the banks to withdraw their monies. In areas without close-by banks, LEAP arranged with banks to send personnel to towns and villages with point-of-sales machines.

Technology was made use of in a more significant way in the case of the emergency cash transfers to non-LEAP beneficiaries, which was done through mobile money platforms and monitored electronically). To begin with, beneficiaries were alerted by short messaging service (SMS) about upcoming payment and then prompted when transfers were effected into their mobile money accounts.

In addition to on-the-ground spot checks by the LEAP secretariat and third-party civil society organisations, UNICEF's software platform was used to monitor payments and to elicit feedback from recipients of emergency LEAP assistance (Ongoh, 2021). Two weeks after the payments, they received texts to confirm receipt and amount of payment, and assess their level of satisfaction. The platform provided a series of text or voice questions and prompts that recipients could follow to confirm receipt and amount of the payment, costs incurred, how it was used, and any challenges faced in receiving the money.

The possibilities of mobile money platforms for LEAP and other social assistance programs

The experience of the LEAP emergency transfers offers lessons and cautions for the expanded use of mobile money platforms for regular LEAP payments and for other social assistance programmes. The deepening digitisation of Ghana's economy means that mobile money systems (both platforms and merchants) have expanded across the country. This has reduced the cost and increased the convenience to LEAP beneficiaries of receiving payments through mobile money platforms compared to the use of the e-Zwich cards which requires beneficiaries to physically go to the bank.

However, there are a few cautions. First, there are concerns about the money going to the right persons. Data from UNICEF's e-monitoring system indicates that the main challenge for beneficiaries of the emergency cash transfers were a shared phones or phone numbers. Another challenge included merchants being too far away or not having cash for payout. A small proportion of recipients also reported having to pay to receive the money (whether from the owners of shared phone or vendors).

A proper system of payment would require that recipients have their own accounts. On the part of the LMS, this would require making sure that beneficiaries have access to compatible mobile phones and that they are registered on a mobile money platform (which in turn might require supporting beneficiaries to register for the Ghana National identification card, which is needed to obtain a mobile phone number). Fraud is another concern. The LEAP Management Secretariat report instances of beneficiaries (especially older and non-literature beneficiaries) providing their pins to mobile money merchants. The expanded use of mobile money would require more education on the secure use of mobile money platforms. However, this channel payment would have to be one option among others that could include the current e-Zwich system, so that beneficiaries are able to choose what is convenient for them.

The use of mobile money is relevant to LEAP and to LIPW which already makes use of mobile money platforms. However, it may not be as relevant for the National Health Insurance Scheme, the capitation Grant Programme or the School Feeding Programme. While NADMO may make occasional use of the system, it mostly provides in-kind rather than cash support and, as such, may not be a ready candidate for the use of mobile money platforms for assistance. In addition, the disasters to which NADMO responds are often localised, which allows NADMO to deploy its decentralised network of personnel. However, should NADMO need to make any direct transfers of cash then, in line with the collaboration that this report encourages among social protection programmes, NADMO could explore outsourcing direct cash transfers to LEAP, especially if LEAP were to develop a system for effective mobile money transfers, as is being recommended.

Labour Intensive Public Works

One of the five flagship programmes captured under the National Social Protection Policy (NSPP), the Labour-Intensive Public Works (LIPW) programme provides work in times of labour demand shortage, particularly for agricultural workers in the farming off-seasons. LIPW beneficiaries are assigned work for six hours a day for no more than 180 days within two consecutive off-season periods. The program ensures that at least 60 percent of beneficiaries are women. Just before COVID-19, 14,000 persons were working on the programme. As an adjustment to school closures under the pandemic, work hours were reduced to accommodate caregiving to children (Dadzie and Raju, 2020).

Business Support through CAPBuSS, CARES and Nkosuo

A Business Tracker Survey jointly conducted by the Ghana Statistical Service, the World Bank and UNDP in 2020 estimated job losses in about half (46%) of over 4,300 firms, affecting about 26% of employees (Ghana Statistical Service, 2020). Ten percent had experienced reduced wages (ibid.) These figures reflect the situation in the formal sector and do not capture loss of jobs or income in the informal sector, in which the majority of Ghanaians work.

To absorb part of the economic shock for workers and businesses, the government created the Coronavirus Alleviation Programme Business Support Scheme (CAPBuSS)¹⁷, a 600-million-cedi fund that provided soft loans to micro, small- and medium-scale enterprises between May 2020 and January 2021. The COVID-19 Alleviation and Revitalization of Enterprises Support (GhanaCARES) “*Obaatan pa*” programme had funding of 100 billion Ghana Cedis, with 30 billion coming from the government and the remainder from the private sector.¹⁸ It set up the National Unemployment Insurance Scheme to support workers who had lost formal jobs during the pandemic. In addition, the Mastercard Foundation gave 90 million Ghana cedis to the Nkosuo programme (UNICEF, 2020) which, like the CAP-BuSS supported businesses but put more focus on women and young people as owners or employees of these companies. The government gave airlines and businesses in the hospitality industry a moratorium on payments of bank loans for six months (World Bank, 2022) and procured locally manufactured or sold PPEs, uniforms to support local industries (UNICEF, 2020). Further, the World Bank supported the seed-funding retraining programme to help workers who lost their jobs during the pandemic to obtain skills to find new employment.

GNHR Response

Within the context of the pandemic and in view of the need for urgent access to data on affected individuals, the MoGCSP, in collaboration with development partners, identified the need for data for targeted support. The rapid data collection activity identified 78,741 individuals in Greater Accra region in 2020 and 15,000 within Kumasi and Obuasi in early 2021 with support from the World Bank and WFP, respectively to be able to identify vulnerable people within the hotspots of the virus (World Bank 2021). GNHR adapted its

¹⁷ <https://mofep.gov.gh/index.php/mof-covid-19-updates/obaatanpa-programme>

¹⁸ <https://www.ghanacares.gov.gh/>

household data collection instruments ¹⁹ to collect individual level data. Vulnerable persons were identified from categories of persons including homeless, persons with disabilities and orphans with support from focal persons in hotspot districts and Department of Social Welfare.

In addition, GNHR's census data in the five northern regions also provided data for targeting affected persons in those regions. Beneficiaries were identified from 137,565 households in Upper West Region and 184,125 households in the Upper East Region and 484,036 in North East, Savannah and Northern Regions. Relevant data on households members, such as national identification numbers and mobile money accounts, were validated by GNHR and then shared with the LEAP Secretariat for enrolment onto the list of payees for the emergency cash transfers.

The Registry with support from the Single Window Citizens Engagement Service (SWCES)²⁰ and telecommunication companies validated collected data including mobile money account details to facilitate cash transfers.

GNHR was also leveraged by WFP to administer its Proxy Means Test on smallholder farmers identified through the Ministry of Food and Agriculture to assess their level of poverty. The data provided led to support under the WFP smallholder farmers intervention to targeted beneficiaries who fit their poverty criteria.

A vulnerability and gender analysis of COVID-19 responses and vulnerabilities

The hotspots for the COVID-19 infections were in the Greater Accra, Ashanti and Central Regions.²¹ Study respondents in the Volta and Northern Regions had no personal experience of infections or deaths resulting from COVID-19.²² Focus group members in these sites stated that their only knowledge of the pandemic was obtained from the media. Nonetheless, these areas of the country outside of significant health risk of the virus still felt wide-ranging secondary effects, if not of the virus itself, then of the interventions the government introduced in response to it, as illustrated from a causal flow diagram from a focus group in Keta (Figure 17).

Specifically, this section shows the interconnection between the rural and urban, and between the formal and informal sectors. Secondly, it highlights the interrelationships between areas of human experience that are conventionally divided into sectors (education, health, employment, food security, etc.) and placed under different parts of the government. Importantly, it also shows the ways in which disadvantages intersect or are layered on to one another, thereby deepening inequalities.

¹⁹ The registry is originally designed to collect household level data but was swiftly adapted during the peak of the COVID-19 pandemic to collect individual level data.

²⁰ SWCES is a centralized grievance redress system for coordination of social protection related concerns in Ghana. The system operates a toll-free hotline and a web-based system for grievance receipt, logging and tracking of resolution processes. During the COVID-19 pandemic, SWCES played the additional role of helping GNHR to validate its emergency data.

²¹ See <https://www.ghs.gov.gh/covid19/archive.php>

²² Indeed, the number of identified cases for these two regions were much lower—6,170 for Volta Region and 1,902 for Northern Region—than for Greater Accra (97,055) and Ashanti (22,565). See <https://www.ghs.gov.gh/covid19/archive.php>

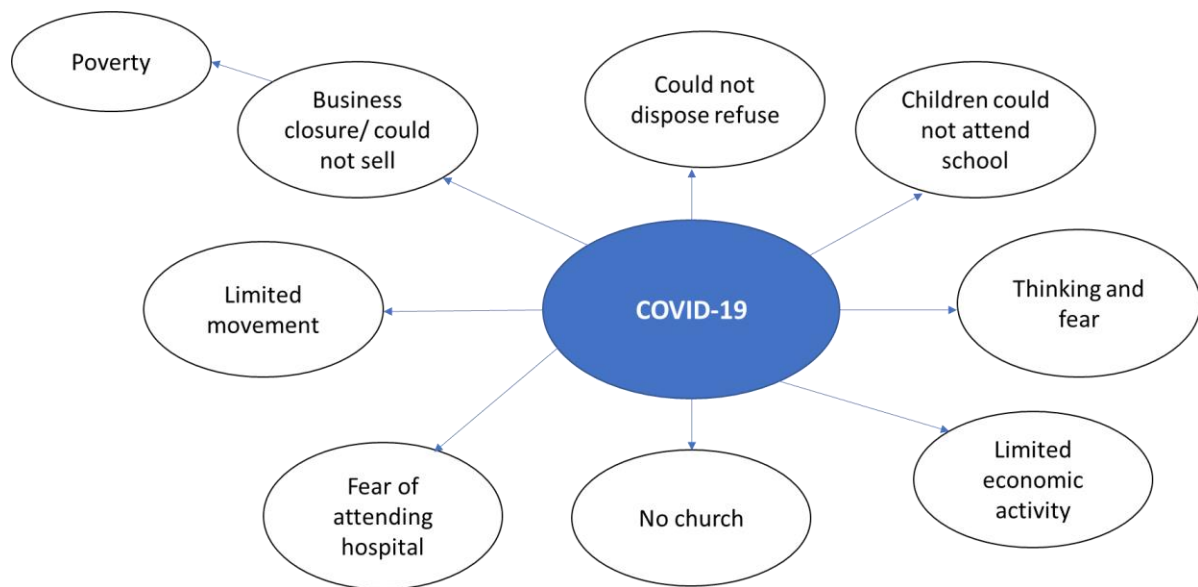


Figure 17: Causal flow diagram of effects of COVID-19 (FG with women in Keta Municipal Assembly, Volta Region, 29 August 2022)

Health

Gender has been found to be one of the risk factors associated with the outbreak of COVID-19 (Purdie et al., 2020; Richardson et al., 2020). Female participants in focus groups indicated that they could not visit the hospitals even when they were sick for fear of contracting COVID-19 or being stigmatized of having the virus.

“Sometimes you may be having fever or are running a temperature, but you think that if you go to the hospital, they might say it’s COVID-19.” (Focus group with women, Keta Municipal Assembly, 29 August 2022)

Some women did not take their children to receive their immunization shots out of the fear of exposing their infants to the virus. These choices by parents and the shift in resources to COVID-19-related healthcare is implicated in the fact that in 2021 nearly one million children had not received routine immunizations and other health services (UNICEF, 2021).

Loss of work/income

The Ghana Statistical Service (GSS) reported that 77.4% of households reported a reduction in income 2020. Most studies on the effects of COVID-19 on work and employment focused on the workers in the urban centres where COVID-19 measures were more strictly enforced. Very little is known about workers in the other regions that were not directly affect by the disease. In this section, we combine the existing literature on the impact of containment and recovery measures on work and employment mainly in Greater Accra and Ashanti Region with primary data from other parts of the country.

Our empirical data provide a picture of how the pandemic affected livelihoods in rural Ghana, particularly in the agricultural sector which employs 52% of the population, including the 39% of women who make up the farm labour force (FAO, n.d.) In focus groups, the most frequently cited effect of the pandemic was the decline in economic

activity. In the Volta and Northern regions where farmers, fishermen and traders plied their trade as far as to the Greater Accra region, economic activities had to cease over a long period of time because of the government policies of restricted movement, the closure of borders, and the consequent constriction of the supply chain.

“We buy the fish from the men in Kumasi. Because of COVID-19 you might go there but you will run at a loss because customers won’t patronize it as they used to.” (FG with men in Sugutampia, Northern Region, Aug. 19, 2022)

"When, I bring fish home, my wife smokes and sells the fish. But after COVID-19, she was not able to go to the market because of the protocols we had to observe. And it has really affected us a lot"(FG with men in Nawuni, Northern Region, Aug. 15, 2022)

“I am a welder...I buy my raw materials from Accra. Since COVID came, prices of the raw materials increased drastically. However, when I attempted to pass on the cost to my customers, they complained and moved away. Things become very miserable for me” (FG with men, Keta, Volta Region, Aug. 29, 2022)

These findings highlight the interconnectedness of formal and informal livelihoods and urban and rural economies. It is, therefore, not surprising that the three-week lockdown in only two urban cities is estimated to have resulted in 3.8 million people around the country falling into poverty, even if temporarily, due to loss of income and/or jobs (---). This is worth noting, first, because the few studies that have given significant research attention to informal work have been sighted in urban spaces (e.g. Anyidoho et al., 2022; WIEGO, 2022), with relatively less known about the impact of the pandemic on rural livelihoods. Second, the government’s responses to the economic effect of the pandemic were skewed towards formal enterprises and work (Akuoko, Aggrey and Amoako-Arhen 2021), with relatively less attention to the informal economy which employs close to 90% of all workers and 92% of women (International Trade Centre 2020; WIEGO, 2021). Many female informal workers are also low-income, which put them at greater risk of economic hardship during the pandemic (Knott/Voice of America 2020; IPA 2020).

Table 7: Table of informal employment by sex in Ghana

Numbers and per cent (in parentheses)	Total employment Women	Total employment Men	Total employment
Greater Accra	733,915 (86.6)	578,463 (79.1)	1,312,378 (83.2)
Urban Ghana	2,230,612 (88.0)	1,596,246 (78.0)	3,826,858 (83.5)
Ghana National	4,317,937 (91.8)	3,521,453 (86.4)	7,839,390 (89.2)

Source: Table 2, WIEGO 2020

In a 2020 study of the urban informal sector in Accra, female workers reported a sharp decrease in income during the lockdown in March 2020 (WIEGO, 2021) from which they had not recovered in 2022, according to a follow-up study: “Informal workers in Accra are working fewer days and earning less than before the pandemic (and) 92% were unable to rebuild at least half of savings lost” (WIEGO 2022, p. 2).

Government interventions to respond to the crisis of work—notably, the Coronavirus Alleviation Programme for Business Support Scheme (CAPBuSS) and the Nkosuo programme which provided soft loans to business, and which encouraged businesses

owned by women and persons with disability to apply. In addition, the Ghana Enterprise Agency, with funding from the World, instituted the Ghana Economic Transformation Project as a complement to CAPBuSS, to provide support to small business (between 20,000 and 50,000), with an emphasis on businesses owned by women, young people and persons with disability.²³ Out of 370 small and medium enterprises which had received grants in first phase from September 2021 to March 2022, reportedly 158 were owned by women. Further data is needed about the kinds of businesses that were supported, and particularly if these reached low-income and informal workers.

In terms of informal workers, a study of self-employed owners of both male and female informal businesses in urban Accra found that the majority of the 2,700 respondents had not applied for the CAPBuSS, the largest business support programme established by the government in the wake of COVID-19. About 60% said they had not heard of the government's flagship business recovery programme and another 15% cited the difficulty of the application process as a reason for not applying²⁴ (Anyidoho et al., 2022). In a report prepared for the Network on Women's Rights in Ghana (NETRIGHT), Oduro and Tsikata (2021) note the eligibility criteria for qualification for CAPBuSS that constrained informal business from applying. These included the requirement that the business employs people, which would exclude the large numbers of own-account businesses or those that have workers who do not qualify as employees such as apprentices or unpaid family members. Applicants were also required to show proof of the effect of COVID-19 on business, which would suggest that they have good records. Qualification also required identification number, tax records, bank account and business address (Ghana News Agency, 2020).

The survey of 2,700 informal workers in Accra also found that, of those who applied for CAPBuSS and Nkosuo, 90% reported that they were unsuccessful. Hence, only 1.4% and 0.1% of the surveyed workers reported receiving support under CAPBuSS and Nkosuo programmes respectively, and these were likely to be among higher income-earners in the sample (ibid.). In other words, lower income earners who might have been more in need of support were less likely to apply for and obtain a loan under these programmes. In addition, while a greater proportion of women applied (16% of women compared to 10% of men), their success rate was no higher than men's. The study concludes that the majority of informal workers who experienced hardship during the pandemic seemed to have fallen through the cracks in the social protection system, being neither likely to receive business support nor eligible for LEAP relief because they were not extremely poor (ibid.). Thus, in targeting the extreme poor, LEAP misses out on a population of the poor who need support to prevent them from falling into deeper poverty.

For the extreme poor, LEAP enhanced payments and emergency cash transfers were meant to augment income in cases of job or income loss due to the pandemic. However, owing to insufficient funding, the emergency cash transfer was not publicized, corroborating the findings from the fieldwork that suggests that respondents had little knowledge about the transfers. On other interventions during the period, potential beneficiaries were not always clear on details of source, amounts and eligibility. In the Volta Region, residents said that they had been asked to complete forms for some

²³ Ghanaian Times (2022, November 19). "135 small business to get GHC20.6m grant". Ghanaian Times. Retrieved from <https://www.businessghana.com/site/news/business/274921/135-small-businesses-to-get-GHC20-6m-grant>

²⁴ The CAPBuSS application required, among other things, bank account details, tax receipts, a business address, and employer details, documentation that informal businesses are less likely to have.

financial assistance but did not hear from the people who requested for the information. Participants of the focus groups across all three regions stated that there were several support packages, mainly cash assistance and PPEs that came from individuals, churches, politicians. However, none of these were said to have been the GOG emergency cash transfer programme. Therefore, it appeared the sources of support that were accessible and meaningful to participants mainly were private and informal, as illustrated in Table 8 which lists the common sources of support received by different social groups in the Volta Region.

Table 8: Matrix of support reported by FG participants in the Volta Region

Nature of support	Source of support	Target of support
Cash	Friend of the Nation (NGO) USAID	Orphans, widows,
PPEs	District Assembly, Member of Parliament (MP)	Everyone
Cash/loan	National Board for Small Scale Industries (NBSSI)	Small business in the formal and informal sector
Free NHIS registration	NHIA	Unregistered residents

School closures

The closure of schools from March 2020 to January 2021 as part of interventions to curb the spread of COVID-19 meant children had to stay at home for several months, with exceptions made for final year students writing their examinations. The Ghana Education Service (GES) estimates that 9.7 million students were affected by the closure (UNESCO, 2020) (see Table 9).

Table 9: Distribution of learners affected by school closures, by school type and sex

School type	Females	Males	Total
Pre-primary	913,460	938,568	1,852,028
Primary	2,243,694	2,306,181	4,549,875
Secondary	1,393,783	1,457,377	2,851,160
Tertiary	187,466	256,227	443,693
Total	4,738,403	4,958,353	9,696,756

Sources: Derived from UNESCO (2020). <https://en.unesco.org/covid19/educationresponse>

The school shutdowns affected not only children's educational progress, but also other aspects of the life of children, families and school employees, with these effects having disproportionate impact on the poor, rural residents, informal workers and persons with disability.

The school closures meant that many children lost the benefit under the Ghana School Feeding Programme (GSFP), which provides a daily hot meal to low-income children in public primary schools in order to address hunger and malnutrition among students and increase school attendance and retention. A 2021 UNICEF report indicated that school

closures put 1.6 million primary children out of school “in some of the poorest and most deprived districts” (UNICEF 2021, p. iv). Given that this is the population of children that were targeted by the GSFP, one can deduce that the closing down of schools had implications for the nutritional well-being of many children. MoGSCP did provide food rations to students in extremely poor districts (Ofori-Atta 2020, p. 48-49), but this was hardly a substitute for the extended reach of the GSFP.

In Ghana, as elsewhere, schools adapted technology to compensate for loss of teaching time during the school closures, although the distribution of these technologies were very unequal. The Ministry of Education, in collaboration with the Centre for National Distance Learning and Open Schooling, developed learning programmes delivered through the internet, radio and television. However, the availability of the tools for these initiatives (e.g. radios, televisions, internet-ready devices, internet access, textbooks, spaces conducive for learning, and personalized learning supports) varied by income, school type and geographic location (World Bank, 2020; Montacute, 2020, cited in Adom 2020). Students in private primary schools with access to learning resources and one-on-one teaching support were better able to keep up with their studies than public school students participating through government programming in radio and television (see Innovations for Poverty, 2021). Another study found that gender, socio-economic status (SES) intersected to influence access to learning resources and learning outcomes. For instance, rural low-SES students were the group least likely to have access for remote learning during the COVID-19 lockdown (Sosu, 2021). Further, low-SES females living in a rural area showed the slowest improvement in school performance after the lockdown and high-SES urban girls showed the most (ibid.) Learners with disability were also disadvantaged with these new modes of teaching and learning (United Nations, 2020). Learners with visual or hearing impairments, for instance, would be unable to participate in education programming via radio and television. Moreover, the gender normative expectation that girls take on greater domestic and care work than boys would suggest that female learners would have had more disruptions to their academic work at home. In sum, the indications are that differential access to infrastructure and other supports for remote learning may have widened the achievement gap among sub-groups of learners, by gender, income, location and dis/ability.

The focus groups brought up another consequence of school closures. In the Volta and Northern Regions, children had dropped out of school either because they had lost interest in the waiting period, felt they were too far behind, or because parents were unable to afford school fees because of income and work loss during the period of the pandemic. Those who did return to school struggled to make up for lost time or even to get back into the habit of studying:

‘During my first year in school, COVID-19 came and we stayed home for one year. When we went back to school, I was promoted to second year. Most of the topics were not treated during my first year before I got promoted. So, it has really affected me a lot.’ (FG with young people (male & female), Keta Municipal Assembly, Volta Region, 19 August 2022).

‘I was in Form 3 when it happened so because of that, they break us to go home, so we stayed in the house for some months before we went back to the school again. And because we were just in the house, no classes and then all those things...So personal study is something that we find difficult doing. By the time we resumed back to the school, it was not easy for us to recollect all that we had been taught” (FG with young people (male & female), Keta Municipal Assembly, Volta Region, 29 August 2022).

These experiences described by young people are gendered as school closures deepened the disadvantages of female learners who experienced an increased burden of domestic work, teenage pregnancy, and other risks to their continuation and completion of school (Afranie & Anyidoho, 2022). While COVID-19 has not been empirically linked to increased pregnancy, there is anecdotal evidence of this, which the focus groups corroborated:

“When the schools re-opened, all the girls, some were pregnant, some got married, and others dropped out because after COVID, they never returned back to school”(FG with women, Nawuni, Northern Region, Aug. 162022)

The effect is that the children are no more going to school, and it resulted in teenage pregnancy among the youth”(FG with women Sugutampia, Northern Region, 19 Aug 2022)

The closure of schools affected teachers and other employees, with those in private school being worse off. While employees of public schools earned salaries throughout the period of the school shutdown, many private schools either laid-off workers, suspended their pay or cut their salaries.²⁵ Often overlooked in discussion on the impact of school closures are informal workers providing ancillary goods and services. One instance is a parent who sold food to school children and was also employed as a cook, whose income from these sources dried up when schools closed down for several months.

Food insecurity and hunger

The COVID-19 pandemic has been associated with rising food insecurity globally (High Level Panel of Experts on Food Security and Nutrition (HLPE), 2020; Mouloudj et al., 2020). In Ghana, the crisis may have deepened insecurity for the 2 million persons already vulnerable to food insecurity before the pandemic (Mouloudj et al., 2020). Among the factors responsible are disruptions to food production and supply chains and decreased food budgets. Another factor in the heightened food insecurity during the pandemic was the decision to shut down markets that provided important goods and services for fumigation and to prevent further spread of the virus, as markets are avenues of congestion (African Centre for Cities, 2015; Asante and Helbrecht, 2020).

The reduced supply of food on the market led to hoarding of food and the implication for food prices. The quote below, borne out by statistics, point to 36% inflation in prices of staple foods in March and April, and higher prices months into the pandemic than just before the lockdown (Esoko, 2021).

During the COVID, people were not trading and so food was scarce. So anyone with a small quantity of foodstuff for sale would increase the price.’ (FG with women in Sugutampia, NR, 19 August 2022)

At the height of the pandemic in September 2020, about half of all Ghanaian households reported a reduction in food consumption in response to reduced income and/or increased food prices (GSS, 2020). Further, almost half (47%) of households were affected by moderate food insecurity and 6% reported severe food insecurity, with higher rates for rural than urban areas (Ghana Statistical Service, 2021).

These periods of food insecurity were particularly challenging when combined with school closures since this meant that children were home longer and, for some, without the benefit of meals under the school feeding programme in basic schools.

²⁵ <https://issr.ug.edu.gh/latest-news/covid-19-and-plight-private-school-teachers-ghana>

‘We could not afford to feed our families... feeding of our children is the challenge because, they don’t go to school so finding food to feed them is a problem, and they cry.’ (FG with women, Nawuni, Northern Region, 16 August 2022)

According to a 2021 UNICEF report, 1.6 million children were out of school, including children “in some of the poorest and most deprived districts” (UNICEF 2021, p. iv) who likely benefitted from this programme that provided at least one hot meal a day. Parents spoke about the difficulty of feeding their families, with mothers in particular speaking of the emotional toll of seeing a child go hungry:

“When the children were in school, the number of times they ate at home was limited. But during COVID-19 that they stayed at home, they ate in short intervals and there is no food to eat like before” (FG with men Sugutampia, Northern Region, 19 August 2022)

‘We the women own the children more than the men. If day breaks, you will have to struggle and feed the children. Our husbands go out and bring money to sustain their living. Now our husbands are no more going out. That means the burden is on you the woman. For us, if your child does not eat, you cannot sleep. To the extent that the women will bring their cloth to sell that they can cater for their households.’ (FG with women in Sugutampia, Northern Region, 19 August 2022).

Focus group participants and in-depth interviewees affirmed that women felt compelled to spend portions of their income and cash transfers on feeding their families, in line with gendered norms and expectations.

For a female as a unit, we always believe that she is carrying the money home and, along the line, she will buy food stuffs, pay children’s school fees... (Interview with Social Welfare Officer, Savelugu, Northern Region, 18 August 2022)

While the government did provide immediate assistance of in-kind and cash support for food, as previously stated, the response to food insecurity was not widespread or adequate. Even temporary food relief was concentrated in the areas and immediate time period of the lockdowns, and were not sustained, even though hunger continued to be a widespread problem in the months following the lockdown and beyond. Even in the limited space and time where food was distributed, the distribution did not reach all who needed it as it was not adequately targeted or coordinated among the various actors, including civil society organizations, business, political parties and other non-state actors donated food. In a study of informal workers in urban Accra, while four out of 10 reported that adults in their households had experienced hunger during the lockdown, only 15% reported receiving food from the government programmes (WIEGO, 2021).

Intra-household relationships and gender-based violence

Another aspect of family life that was affected by COVID-19 which has not been adequately investigated are social relationships at the household level, and especially interpersonal violence. Studies have linked increased gender-based violence to sustained contact between victims (mainly women and girls) and perpetrators under COVID-19 restrictions (UNFPA 2020; Madipaza 2020) as well as to economic and social stressors which resulted from loss of income and, for women, also from additional care work for children, the sick and elderly (Ogum Alangea and Ohemeng, 2021). In one study, women reported an increase in both intimate partner and non-partner violence compared to the period preceding COVID-19.

While the focus groups did not explicitly bring up the issue of interpersonal violence, both men and women spoke about the stress of dealing with children, especially when they did not have money to feed them.

Some of the men also spoke about the discomfort of being ‘stuck’ home all day with their wives:

“The wife is not going anywhere so we keep ourselves in one particular room. So when you are at home, there is some kind of activities going on you will not like” (FG with men, Sugutampia, Northern Region, 19 Aug 2022)

These findings, especially in contexts of crowded living arrangements, raise questions about lockdowns and mobility restrictions as a context-relevant response to COVID-19. Were people—and especially women and children—safer from both the health and social consequences of COVID-19 being restricted to home spaces?

Psycho-social well-being

The fear and uncertainty around COVID-19, and the restrictions of social interaction, had an effect on psycho-social well-being, even in areas where COVID-19 cases were negligible. The literature suggests that the effects on COVID-19 on community social relations and mental health may have been more significant in rural communities than urban areas (Brooks et al., 2020). In focus groups in rural towns and villages, participants expressed disquiet about the inability, for instance, to commiserate with relatives of the deceased. (Of course, there was an economic dimension as well as fewer attendees meant fewer “donations”).

One key informant spoke to the difficulty that residents in his area had with social distancing mandates because these went contrary to ingrained social conventions:

When it happens like that, it creates some kind of gap between the relationships that we have with our friends. They said when you get closer to your friends, you can get the diseases (FG with youth, Keta, Volta Region, 29 Aug 2022)

Consistent with studies that show that women report more negative expectations about their personal health and that of their dependents than men under the pandemic (Alsharawy et al., 2021), in our fieldwork, the women in focus groups expressed emotional distress at, but felt compelled to, expose themselves to the pandemic in order to take care of their families.

“As for the sickness, we were afraid of it. Every day, when you have to go to the market to buy foodstuffs or even to trade, you will be wondering what you are going to send back home to make your husband and children sick. It was really hard for us, but if you don’t go, what will you and your children eat?” (FG with women, Accra, Greater Accra Region, 19 Sept 2022).

As previously discussed, stress can spill over into negative interpersonal interactions as implied in studies that links child abuse and gender-based violence to economic and social uncertainty at the household level (UNICEF, 2021).

Summary: a gender and vulnerability assessment of COVID-19 impacts

A gender and vulnerability assessment framework was used to inquire into the ways in which crises, and responses to crises, reveal and frequently exacerbate gendered and other forms of vulnerability, including those related to age, income, location and ability. This section summarises the analysis of gendered nature of vulnerabilities and crisis responses at the level of individual and households/families.

In analysis of the differential risk and impacts of disasters and other shocks, our survey data revealed that women are less likely to have information about avenues for assistance during emergencies. However, they were more likely to receive assistance. (The survey data does not provide details about the form or source of this assistance, or whether it was appropriate and adequate.)

In addition to exposure to the health risks of COVID-19, women were burdened with extra caregiving responsibilities (Ogum Alangea and Ohemeng, 2021; see also OECD, 2021).²⁶ During disasters and other moments of shock, women's care responsibilities are increased precisely at a moment when they may not have the material and psycho-emotional resources and assistance to cope. In addition, informal work, in which women have greater representation, primarily in trade and agriculture, are affected by most common hazards of fire and floods. Both the burden of these responsibilities and anxieties of not being able to meet them caused psycho-emotional distress to women. These gendered differences mean that, even where the risk of an incidence of a hazard (such as a market fire or a flood) may be similar for men and women, the risk of exposure and the risk of the consequences of the hazards will be greater for women. In sum,

“inequality in social, economic and political spheres often results in vast differences between men and women in emergencies. These inequalities are often manifested in household decisions about the use of relief assets, voluntary relief and recovery work, access to evacuation shelter and relief goods, employment in disaster planning, relief and recovery programs, among others” (Humanitarian Coalition, n.d.).

At the family and/or household level, the COVID-19 pandemic brought with it elevated levels of poverty and food insecurity through loss of income, loss of work, reduced food budgets and escalated food prices. There is also evidence that female-headed households were worse off than male-headed households, with a compound effect on female-headed households in rural areas (Bukari et al., 2021).

Moreover, the elevated levels of stress among family members as a result of the social, economic and psychological uncertainty has been implicated in increased violence against women and children (Ogum Alangea and Ohemeng, 2021; see UN Women, 2020). Interesting, Ogum Alangea and Ohemeng's study found that women's employment status was correlated to likelihood of experiencing gender-based violence; compared to women who were either self-employed or worked for others, unemployed women were twice as likely to report violence (ibid.). Moreover, women cited finances as another stressor on relationships in the home (ibid.). The study also spoke to the situation of adolescent girls who “experienced violence and a heightened risk of disruption of their education in the medium to long term as a result of teenage pregnancy and worsening household financial situations” (p. viii). These findings highlight the relationship between economic circumstances and different forms of vulnerability and point to the need for an intersectoral and intersectional approach to vulnerability assessment and responses.

The home space is very important in understanding women's constraints in times of shock. Women are more restricted to the home because of women's performance of care work in these spaces. Thus, they had less ability than men to escape these spaces, even when the home space represents danger, whether from a natural hazard such as a flood

²⁶ For instance, an OECD (2021) report indicated that mothers were nearly three times more likely to pick up the majority or all additional unpaid care work due to school and the closure of day care facility.

or from personal violence.

MAPPING OF FRAMEWORKS GUIDING EMERGENCY SHOCK RESPONSE

This section examines the policies, laws and other tools that guide and support shock response in Ghana.

Ghana has many laws, regulations, and policies in place that together form the existing framework for managing shock. Much of it relates to social protection responses to income-vulnerability and non-emergency shocks. (See Table 10).

Table 10: Legislations, policies and plans around shock response

Year of adoption	Legislation/Policy/ Plan	Purpose	Responsible Authority
2016	National Disaster Management Organization (NADMO) Act, 2016 (Act 927)	“to manage disasters and similar emergencies and to develop the capacity of communities to respond effectively to disasters and emergencies” [Act 927(2)]	NADMO
2016	National Road Safety Commission developed an Action Plan	to reduce and respond effectively to road accidents	National Road Safety Authority
2016, 2003	Ghana National Fire Service Act, 1997 (Act 537), Local Government Act 2016 (Act 936), Fire Precaution (Premises) Regulations 2003 (LI 1724)	provides expert assistance for building plans in regard to machinery and structural layouts to allow escape from fire, rescue operations, and fire management	Ghana National Fire Service
2015	Ghana’s Social Protection Policy	To make “emergency assistance...available to those who need it”. “However, it shall be transitory and beyond the required immediate relief, beneficiaries shall be linked to other safety nets for longer term support as shall be required. The lessons learned from past emergencies shall guide the transition of beneficiaries and stronger linkages shall be built between disaster preparedness, climate resilience and anticipatory interventions” (4.7.3)	Ministry of Gender, Children and Social Protection
2012	National Relief and Reconstruction Management Plan (NRRMP)	to provide relief and reconstruct people and communities affected by disaster	NADMO
2012	Public Health Act (Act 851)	to prevent disease, promote, safeguard, maintain and protect the health of humans and animals, and provide for related matters	MOH
2012	The Mental Health Act (Act 846)	to bring attention to and to address mental health in the population	Mental Health Authority
2012, 2003	National Health Insurance Act 2003, (Act 650) and the amended Act 852 (of 2012)	to improve accessibility affordability, to basic healthcare services	National Health Insurance Authority
2010	National Disaster Management Plan and National Standard Operating	to guide the procedures and processes of responding to disaster	NADMO

Year of adoption	Legislation/Policy/ Plan	Purpose	Responsible Authority
	Procedures for Emergency Response, 2010		
2010,2008	National Pensions Act of 2008 (Act 766) and Amendment Act 883 National Pension Regulatory Authority (NPRA) Act, 2010 (Act 766)	Social security for retired workers	National Pensions Authority
2007	National Social Protection Strategy (NSPS), 2007	“to improve the position of the vulnerable, mainstream development interventions reduce number of people living in poverty, protect people from natural or economic shocks”	MoGCSP
2007	Domestic Violence Act (Act 732)	reduce violence in domestic settings	Ghana Police Service, MoGCSP
2006	The Persons with Disability Act (Act 715)	provides a framework for the legal protection of the rights of people with physical and mental disabilities	MoGCSP Local Government Services
2005	The Human Trafficking Act (Act 694)		Ghana Police Service, Migration Service, MoGCSP
2004	Ghana Road safety Act (Act 683)	Reduce road accidents and respond to accident cases on the road	Road Safety Authority, Ghana Police Service
2003	National Labour Act (Act 651)		Ministry of Employment and Labour Relations, Fair Wages and Salaries Commission, National Labour Commission
1998	Children's Act (Act 560)	Protection and promotion of children development and welfare	MoGCSP/Local Government Services
1994	The National Development Planning Systems Act (Act 480)	Plan and coordinate national development agenda and activities	NDPC
1987	Workmen's Compensation Law (Act 187)	holds employers responsible for the payment of compensation to workmen for personal injuries caused by accidents arising out and in the course of their employment	National Pensions Authority, Department of Labour, National Labour Commission

MAPPING OF INSTITUTIONAL ACTORS IN EMERGENCY SHOCK RESPONSE

This section of the report maps out institutional actors and their roles and interrelationships in shock responses, with special focus on the COVID-19 Cash Transfers Relief under the LEAP Management Secretariat.

The NADMO Act 927 provides a framework for disaster management, emphasizing decentralization and intersectoral partnership in its approach to disaster management. In this wise, the National, Regional and District Disaster Management Committees have representation from ministries, departments and agencies that are central to responding to emergencies. The district and regional committees, among other responsibilities are to map out a disaster management plan for their areas of coverage, which includes planning in order to prevent disasters and to mitigate the effects of disasters when they occur. At the district level, the district officers for the Ministry of information, Ghana Health Service, Ghana Education Service, Environmental Planning Agency, Department of Social Welfare, the Ghana National Armed Forces, the Ghana Police Service and the Ghana National Fire Service are among its members. The district committees are also authorized to co-opt additional members.

The national committee has representation from the Ministries of Interior, Defence, Finance, Health, Local Government and Rural Development, Food and Agriculture and MoGCSP, among others. It has an even broader mandate than the district and regional committees to

- “(a) ensure that there are appropriate and adequate facilities for the provision of relief, rehabilitation, reconstruction and recovery in the event of any disaster;
- (b) liaise with public institutions, nongovernmental agencies and donor agencies for financial support and the provision of logistics for the management of disasters;” (NADMO Act 97, Section 22).

Much of the key informant interviews spoke to collaboration around preparation for disasters, including in the preparation of disaster management plans. The following quotes speak to this:

“What we normally do is, every quarter we have something we call hazard mapping. So, hazard mapping for the Central District Fire Service, we have hotspots such as the market settings and other jurisdictions. What we do is that we identify that this is the hotspot for fire so what we do is we go there to educate them. We go there to educate them as part of ‘awareness creation’ or ‘awareness raising’. We go there, we educate them on fire but we have actors which is Ghana Fire Service, Police, NADMO and then ECG. So what we normally do is that, before we go to that place, we call on the market leadership and then they will organize a place for us to come and educate them concerning fire disasters. When we go there, pertaining to the illegal connection, ECG will come in and talk to them about the consequences of having the fire, illegal connection” (Interview with NADMO officer, Accra Metropolitan Assembly 26 Sept 2022)

“So, we collaborate and we all go into the field. When we go to the field, everyone is looking at what affects your department and your unit. So, when we go to the field, if you are for Environmental Health, you look at water sanitation and hygiene issues. If you are for Physical Planning, you look at dilapidated buildings and all that.” (Interview with Public Health Officer, Accra Metropolitan Assembly, 25 Sept 2022)

The key informants offered instance of collaboration to provide relief during an emergency, as illustrated in the following quote:

“For instance, with the recent flooding, we came back and called on the Environmental Officer. We told him that “please do something about it because our people's toilet has been affected”. For that matter, the possibility of cholera and other infectious disease is very high so at the same time I called on the Health Director to draw his attention to this. Aside that, I called on Environmental Officer again that there must be mass spraying to prevent mosquitoes from breeding. Because after the flooding the next thing that will be the mosquitoes. So, I collaborated with them in that regard during the tidal waves. I also contacted some religious organizations like the Latter-Day Saints church. I contacted them, I wrote letters to them and they responded by giving us relief items. I also contacted like Global church, Roman Catholic church and other religious organizations we wrote letters to them and they responded at that time” (Interview with NADMO official in Keta, Volta Region, 26 Aug 2022)

These quotes suggest that NADMO is under-resourced and partly contingent goodwill and availability of resources. This compromises its ability to effectively coordinate emergency management responses. Instances of emergencies where separate structures and funds have been set up (see Box 1 and Box 2 on the 3rd June and Apeatse disasters) seem to confirm this assessment of constrained apex body and a lack of coordination among institutional actors. The following section looks at the specific response to the COVID-19 as a case study.

Assessment of actors' roles and relationships in COVID-19 response

To better coordinate a response to the pandemic, GoG created an Emergency Preparedness and Response Plan (EPRP) in November 2020, guided by The World Bank's Environmental and Social Framework (ESF). GoG also constituted various structures to coordinate the response from the national level. And Inter-Ministerial Coordinating Committee (IMCC), chaired by the president, was set up with representation from the Ministries of Health; Finance; Gender Children and Social Protection; Local Government and Rural Development; Information; Transport; Interior; and Defence (UNICEF, 2020; SEND Ghana, 2021). A National Technical Coordinating Committee (NTCC) was also constituted. Chaired by the Director General of the Ghana Health Services, this committee of technical experts were tasked to monitor the implementation of the national strategy developed by the IMCC (ibid.). The National Public Health Emergency Operations Centre (PHEOC) coordinated COVID-19 response activities while Public Health Emergency Management Committees worked at district and regional levels (ibid.).

The government worked with bilateral and multilateral agencies in its containment measures: the WHO co-chaired the NTCC and, along with the government of Norway, supported contract tracing. In addition, the Norwegian government provided funding through its Global Health Preparedness Programme (Ofori-Atta 2020, pp. 66, 69).²⁷ UNICEF contributed to the vaccination programme through monitoring and quality assurance (UNICEF, 2021). In November 2020, the World Bank provided \$130 million to the build resilient systems that would increase GoG's capacity for surveillance, diagnosis, treatment of COVID-19 (Fosu, 2020). As a complement to the government's interventions, private companies, NGOs, charitable individuals and organizations, as well as religious organizations and political parties, provided help to persons in need (Ministry for Health,

²⁷ <https://www.who.int/news-room/feature-stories/detail/ghana-who-and-norway-help-strengthen-covid-19-contact-tracing#:~:text=Ghana%20has%20not%20been%20spared,confirmed%20cases%20of%20COVID%2D19.>

2020).

Given the sudden and novel nature of the pandemic, the government's response was fairly quick and comprehensive, as discussed, ranging from provision of PPEs, subsidies on utilities, food relief, emergency cash transfers and support for businesses, among others. In particular, the continuity and adaptation of the LEAP and LIPW programmes are noteworthy as a response to increased vulnerability during the pandemic (see Scott and Ammoun, 2021). The analyses of these responses do, however, point to areas that could be improved in developing a more effective shock response system. In the main these limitations are with reference to the twin challenges of coordination and targeting.

The collaboration between MoGCSCP and development partners to plan a social protection response to the COVID-19 pandemic has already been discussed. In addition to this, there were instances of effective coordination between actors. One of these is MoGCSCP's use of NADMO's decentralized logistical structures to distribute food and other aid to persons with disability within district assemblies and through the Council for People with Disabilities (Scott and Ammoun, 2021).

In the present study, interviews with actors at the national, regional and MMDA levels suggested that the LEAP transfers were not sufficiently integrated into an overall social protection response that involve different actors and systems, such as NADMO, the GNHR, National Health Insurance Authority, and so on. Key informants from the national offices of NADMO and the Ministries of Health and Environment, for instance, could not provide information on the planning of LEAP emergency cash transfers, instead directing the study team to the Ministry of Gender, Children and Social Protection or its affiliates at subnational level for answers. The reason for this became clearer when respondents at the LEAP Management Secretariat suggested that the emergency nature of the situation did not allow for much inter-sectoral or inter-agency collaboration, much less with actors outside of the government machinery. An official at the secretariat said:

"There was not even any luxury of time to bring [other MMDAs] on board and so we thought that once we agree that this was the data, do what you can do and do it best and being mindful of the fact that a lot of them were poor and illiterate..." (Interview with LEAP official, Accra, 13 Sept 2022).

This response underscores that fact that, despite its fairly strong response under the circumstance of the pandemic, the LEAP Management Secretariat guidelines for responding to emergencies will need to be more fully documented and disseminated, and that the element of collaboration among stakeholders should be strengthened. Scott and Ammoun (2021) report that part of the delays in giving out the COVID-19 Relief cash transfer was the result of delays in release of GPSNP funds by the Ministry of Finance, which was one reason (in addition to administration delays within MoGCSCP itself) why disbursement was initiated in November 2020, eight months after the effective declaration of the pandemic as an emergency (2020). They also point to the lack of integration of databases--such as the GNHR and the Ghana School Feeding Programme—as another reason for the fragmented responses (ibid.) This is confirmed by a study in twenty-two (22) districts in Ashanti Region noted that needs-assessment was a logistics challenge for many assemblies, and so they could not be confident that assistance reached those in need.

A FRAMEWORK FOR GENDER-RESPONSIVE SOCIAL PROTECTION SHOCK SYSTEMS

The final component of the report is a proposed framework for a gender-responsive and inclusive social protection shock response system that describes the roles of key actors as well as the legislations, policies, frameworks that will be needed to support the work of these actors.

The foregoing analysis of the historical responses to shocks offers lessons for such a system. In particular, the social protection interventions to the COVID-19 pandemic are instructive in that the GoG fashioned out a social protection response even in the absence of a fully developed shock responsive system. In an assessment of the social protection response system under COVID-19, Scott and Ammoun (2021) identify the following limitations to the effective delivery of social protection during the pandemic that effectively synthesize the findings of this study:

- *coverage* - the LEAP programme, the COVID-19 Relief Cash Transfer, LIPW and food parcels reached less than 2.2 million people, which is about a third of the 6.8 million persons who were poor before the pandemic and short of the 2.4 million in extreme poverty (source). This is not counting the additional numbers who would have fallen into poverty during the pandemic.
- *adequacy* – many of the responses were around the period of the lockdown and were one-off or short-term, even though the impact of the pandemic on all dimensions of well-being has persisted.
- *timeliness* – The LEAP Secretariat was able to continue, and even adapt, payments during the period for existing beneficiaries. However, the operationalization of the emergency cash transfer was not as timely because it “had to be designed from scratch” and was bogged down with administrative requirements, particularly in the approval process for the funds.
- *comprehensiveness* – the three main social protection responses (food relief, cash transfers and subsidies for utilities) met different needs, but they were carried out without adequate coordination and there was no way to ensure that individuals were covered by more than one programme.
- *inclusion* – the programmes were targeted at the poor and other identified vulnerable groups such as the homeless, persons with disability, victims of flood, and so on. The benefits (e.g. the amount given in cash or the organization of work under LIPW) also recognized different needs of women and persons with disabilities, for instance. More could have been done to design the cash transfers and other programmes to be more inclusive in its mode of delivery, with a mind to the constraints different group face in accessing benefits, for instance.

The recommendations in this final section build on the successes of the COVID-19 social protection programmes and address their limitations, in order to develop an even more effective system of responses for future crises.

Features of a gender-response and inclusive shock response system

According to the World Bank (2022), a shock-responsive social protection system has a

number of important components:

- a social registry with high enrollment on the basis of which risk profiles can be developed;
- (in the case of cash transfers) reliable and effective payments systems that makes use of existing technologies;
- productive partnerships across government units.

In addition, based on this report, we suggest the following:

- an effective communication to target populations and grievance redress mechanisms;
- early warning systems and emergency plans.

Recommendations for a gender-responsive and inclusive social protection shock response system

It is crucial that such a system also respond to gender-based and other forms of vulnerability. Finally, a shock-responsive social protection system must have policies, plans and laws backing and guiding its operation, which is integrated into the national emergency management plan. Recommendations to enhance these features are identified below.

Map out and respond to gendered vulnerabilities

Vulnerability is determined by the socio-economic structures within a society or a community which experiences a particular hazard. Thus, the “vulnerability” perspective in disasters proposes that “a real disaster occurs when it strikes an underprivileged population” (Donner & Rodrigues 2011, para 2). Acknowledging differential vulnerabilities is the first step to designing a program or intervention that is responsive to the needs of an identified social group in respect of a specific shock.

Officials at national and sub-national levels involved in emergency preparedness and relief were able to identify certain social groups as “vulnerable” (e.g. women, children, persons with disability and the elderly) to particular shocks but found it challenging to describe how these vulnerabilities influenced emergency responses.

- An urgent recommendation for the broader disaster management landscape is that training in social differentiation and vulnerability be given to officials involved in designing and implementing emergency responses. They should also engage in field exercises with different communities and social groups for a joint mapping of vulnerabilities, as required by the NADMO Act.

The benefits under the COVID-19 Relief Cash Transfers was given to individuals ostensibly with consideration of different needs and vulnerabilities but without clear documentation on how these were determined.

- Another recommendation is for a protocol that sets out the factors that will determine the amount of emergency transfers received, in the same way that such calculations are made for regular LEAP payments.

Given the analysis in this study related to gender and other forms of vulnerabilities during disasters and other shocks, a social protection response should promote the following elements, some of which are currently carried out but without clear intentionality about gender-responsiveness:

- Increased and purposeful inclusion of women (alongside other marginalized groups) in planning for emergencies, which includes risk assessment and designing of responses.
- More appropriate design of interventions targeted specifically at the urban informal sector, which is dominated by women. One recommendation is to develop eligibility criteria for social or business assistance that takes into account the limitations of the informal workers including lack of business records and the need for support to access the online application platform, both of which were obstacles to informal workers under the CAPBuSS programme, for instance (see Anyidoho et al., 2023). Many, however, are part of associations, the leaders of which would be able to verify their membership

and other details. This is not a perfect solution as informal workers are dispersed and are not all in membership groups. Further research by the MoGCSP (which must include consultations with informal workers) could lead to more effective tailored solutions.

- In cases of emergencies where schools close down for significant periods of time, the Ghana School Feeding Programme (GSFP) can be adapted to still reach vulnerable children (prioritising children who lost meals under the GSFP), thus easing the material and psychological burden especially on women feeding children;
- In cases of emergency social assistance, recognise women's care responsibilities by basing premiums for each child under their care.
- Recognise that part of emergency response is to build the economic capacity of women and other disadvantaged groups such as persons with disabilities during non-crisis periods (that is, reduce their vulnerability to shocks). In other words, gender-responsive shock response should go beyond relief to prevention/mitigation (see Figure 3). This would mean building livelihoods training, employment skills training, and other components of a productive and economic inclusion programme into existing programmes such as LEAP, LIPW and NADMO. It would also require additional resources beyond the traditional social protection programmes. However, While this is an aspect of emergency response under the NADMO Act and also recognised as a social protection pathway, it is crucial to emphasize collaboration between NADMO and the respective agencies responsible for social protection to integrate this as part of social protection emergency response, particularly towards reducing the vulnerabilities before shocks happen.
- Incorporate care work (including childcare which is a feature of the LIPW), into any productive and economic inclusion interventions, wherever possible.
- Build flexibility in LEAP and emergency cash transfers such as exists for LIPW which has a roster of work that is gender, age and disability appropriate and also provides flexibility in hours of work. In particular, performing additional domestic and care work during emergencies--including caring for children out of school or cleaning debris after a natural disaster--can be given economic value and women compensated for this under the LIPW. Under LEAP, options can be given for receipt of cash transfers although, as much as possible, recipients should be encouraged to use mobile platforms. This reduces women's exposure to danger in travelling to cashout points and is also recognition of the greater constraints on their time.

Develop protocols for emergency social protection assistance

The National Social Protection Policy recognizes that there will be need for emergency social protection. It states,

“emergency assistance shall be made available to those who need it. However, it shall be transitory and beyond the required immediate relief, beneficiaries shall be linked to other safety nets for longer term support as shall be required” (p. 27).

Out of the five flagship social protection programmes (LEAP, LIPW, GSCP, the exemptions under NHIS and the Basic Education Capitation Grant), LEAP has been the main

mechanism for emergency assistance in the past, although its use has not been consistent in terms of response and specific mechanism of disbursement. Despite the clear mandate in the NSPP and MoGCSP's experience of emergency social protection interventions, protocols have not been institutionalised for emergency LEAP disbursements. This pertains to the other social protection programmes around which interventions were developed during the pandemic: LIPW, GSFP, NHIS. Therefore,

- we recommend that each social protection programme sets out a contingency plan or protocol for emergency situations.

Integrate social protection shock system into national disaster responses

It appears that in instances of sensational and highly-publicised disasters (such as the June 3rd flooding or the Apeatse explosion), the central government is inclined to step in and create parallel structures for social protection and recovery, with accompanying budgets. It is not clear whether this is because the existing structures are inadequate to respond to the scope of these disasters (especially those that involve significant damage to infrastructure) or whether it is because of public pressure on the government to be seen to be responding to these disasters. Whatever the underlying motivation, these responses involve value-judgements. The existence of these adhoc plans and systems for often localised shocks (rather than a formalised and consistent system) is not desirable. Therefore,

- beyond developing contingency plans specific to each social protection programme, these should further be integrated into the broader disaster management plans, protocols and policies, as is described in the national social protection policy, essentially, what is documented should be applied practically. For instance, a national disaster or emergency plan should include the mode of triggering emergency social assistance and the circumstances under which this will be done, with clear coordination lines.
- the Social Protection Bill should be passed to give legal backing and further structure to the mobilisation and disbursement of funds for emergency social protection. Under the Bill, funds should be set aside for social protection, and this should specifically include funds for emergency situations. Having an identified source of funding and clear guidelines for its efficient access would avoid the challenges with the COVID-19 Relief cash transfers where slow approvals for the release of funds delayed payment to beneficiaries who were in immediate need.
- given the psycho-emotional toll of disasters and the neglect of this aspect of their impact on people, a shock responsive system should include sufficient resources for counselling to survivors of disasters by trained counsellors from Ghana Health Services or specially trained personnel from the Department of Social Welfare. However, it is important that adequate staffing and capacities are available at both entities.

A comprehensive social registry

The Ghana National Household Registry was found to be extremely valuable in the LEAP COVID-19 responses in providing data for targeting people who were eligible for emergency support. The GNHR worked with the LEAP Management Secretariat to use GNHR data to select beneficiaries of the emergency cash transfers during the COVID-19

pandemic.²⁸ The GNHR validated the information of the beneficiaries, such as mobile money account details and national identification numbers, and then shared these with the LEAP Management Secretariat.

- Because of the proven utility of the registry, a concerted effort should be made to swiftly complete the registry and work towards periodic updates to ensure its continuous validity and readiness for targeting despite the associated costs. Just as important is the need to link the GNHR with databases from other public institutions such as NHIA, the Council for People with Disabilities, and the GSFP, NADMO and NIA. For this to happen, there is the need to address the fact that the GNHR collects data at the household level while these other databases provide individual-level data. However, the fact that the registry was adapted during COVID-19 to collect individual data is promising. The data collected by the above agencies should include fields for different groups of vulnerable persons (Scott and Ammoun, 2021), including the categories identified in the NSPP. In the event of an emergency, these different groups will be targeted for specific interventions.
- In line with the NSPP, modalities should be developed to onboard recipients of emergency social protection benefits onto longer-term social protection programmes, as needed. This could include LEAP, LIPW and NHIS.

Effective payment systems

The emergency relief monies under COVID-19 were the first instance of mobile money being used on such a scale for cash transfer. This is an innovation that can be adopted, once its challenges are worked out. The first challenge are potential beneficiaries who did not have a mobile phone or mobile money accounts, or for whom these accounts could not be verified because of incomplete or incorrect information (Scott and Ammoun, 2021). It is unclear how many persons were excluded from the relief programmes for these reasons. However, the ongoing registration of the entire population for the national identification card (“Ghana Card”) will largely address questions of verification of identity. In this respect, there are lessons to be learnt for LEAP, NAMDO and LIPW interventions (the last of which already employs mobile money platforms for payments):

- In regards to beneficiaries of regular (that is, non-emergency) cash transfers, it may be necessary to provide some persons with mobile money-compatible phones and further help those without registered mobile money accounts to obtain them. In some cases, this might also mean supporting beneficiaries to acquire a Ghana card, which is a requirement for mobile money registration.
- The rollout of a mobile money system must be carefully planned. It is, first, important to consult widely on the design and gradual rollout of a mobile money system for cash transfers, and the consultation *must* include the eventual beneficiaries of such a system. It should also include mobile money merchants with whom many beneficiaries, especially the non-literate, may prefer to transact business, as well as district and regional social welfare officers and community focal persons. Further, there needs to be education for beneficiaries—particularly those who may be unfamiliar with mobile money platforms—about its use and its potential dangers in

²⁸ At the time, data had been captured for the extreme poor and some persons with disability from the Upper East, Upper West, Northern, Savannah and North East Regions.

terms of fraud. There also needs to be a well-organised collection and validation of beneficiary mobile money accounts.

- Despite the benefits of mobile money platforms, an effective system of payment may need to combine both electronic and existing forms of payment (including community payments points and ATMS), which gives beneficiaries the option to indicate their preferred means of receipt of cash transfers (Scott and Ammoun, 2021).

Coordination and partnership within government units

MoGCSP's social protection measures during the pandemic provided good examples of coordination and partnership. For instance, the LEAP Secretariat made use of the GNHR to identify beneficiaries for payments, in partnership with payment platforms, and with technical expertise, advice, and funding provided by the World Bank, UNICEF and FCDO. While such coordination worked specifically for the programmes under MoGCSP, these programmes were not integrated into the national COVID-19 response, as already discussed. For instance, the GSFP was effectively paused during COVID-19 while schools were closed. More effective coordination between the Ministry of Education, MoGCSP, NADMO could have shifted the funds to distribution of food to households and might have covered more children in the year that they were out of school (Scott and Ammoun, 2021). This example also underscores the need to have a contingency plan with a clear source of funding so that emergency response is not held up over approval of funds and modalities for delivery. Therefore,

- the recommendation for the development of a contingency or emergency plan for all social protection programmes is reiterated;
- another recommendation is that relevant legislations should be revised or enacted (e.g. a legislative instrument to support the NADMO Act and the Social Protection Bill) to allow LEAP to disburse funds (including special funds set up during specific disasters), either to increase benefits to existing registrants and also to widen coverage to other people who are vulnerable to the shock incident.

Monitoring and evaluation

The innovation of SMS-based monitoring and evaluation system developed by UNICEF or other efficient technological means of monitoring should be institutionalized, and the data analysed to improve the systems for payment, information-sharing and monitoring. In addition, Social Welfare Officers and other focal persons should be trained in use mobile-enabled rapid assessment, which can be delivered both periodically and during emergencies, and used to improve shock-responsive social protection measures. Finally, as was the case during the LEAP COVID-19 relief response, a grievance redress mechanism would help respond to questions and concerns during and after the emergency.

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Appendix A: Profile of Study Areas

ACCRA METROPOLITAN ASSEMBLY

Accra Metropolitan Assembly (AMA) was established in 1898 and is one of the 29 Metropolitan, Municipal and District Assemblies (MMDAs) in the Greater Accra region of Ghana. The current population of the metropolitan stands at 284,124; of which, 47.2 percent are males and 52.8 percent are females²⁹.

Makola is one of the major markets within AMA situated in the Ashiedu Keteke sub metro, a home to the Central Business District (CBD) and as such a hub of the major commercial activities. Aside commerce, banking, education, administrative, and industrial services are some of the other economic and social services engaged in by the people within the area.

Though, the huge influx of people promotes and boosts economic activities, it has in times past put the area in the risk of natural and man-made disasters such as fire outbreaks, in part, due to human errors. These fires almost occur annually in the Makola market.

The outbreak of fires in Makola can be traced to as far as 2002³⁰. Some of the instances since then include November 2010 when power fluctuations set the market on fire. In 2015, fire outbreaks in the Makola market were noted to be almost a weekly occurrence.³¹ More recently, in August 2021, fire destroyed property (buildings and shops) amounting to over GH¢97,213,600.³² Again, parts of the market were gutted in fire on 5 October 2022. These fires destroy property and make people jobless in some cases.

KORLE KLOTTEY MUNICIPAL ASSEMBLY

The Korle Klottey Municipal Assembly (KoKMA) is one of the 29 Assemblies in the Greater Accra Region of Ghana. The population of the Municipality according to 2021 population and housing census stands at 68,633 with 33,108 males and 35,525 females.

Odorna market is located besides the Odorna storm drain. The occupants and users of the area are predominantly businessmen and women; both traders of various merchandise and customers who visit the market to purchase items.

The Korley Klottey is also located in the Central Business District with major markets, including the Adabraka, Odowna, Tema Station, Abuja/CMB and Osu where commodities are traded. Most of the markets have a six day cycle with few ones having trading activities on Sunday. These markets attract people from all over the region as well the rest of the country. Commodities traded in these markets ranges from textiles to foodstuffs.

²⁹ Ghana Statistical Service. (2021). Population and Housing Census.

³⁰ GhanaWeb. (2002). Makola Market Destroyed by Fire. Available at <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Makola-Market-Destroyed-By-Fire-26432>

³¹ Oteng-Ababio, M., & Sarpong, A. O. (2015). Fire risk reduction through a community-based risk assessment: reflections from Makola Market, Accra, Ghana. *Disasters*, 39(3), 570-591.

³² MyJoyOnline. (2021). Faulty generator, human error possible cause of fire outbreak at Makola market. Available at <https://www.myjoyonline.com/faulty-generator-human-error-possible-cause-of-fire-outbreak-at-makola-market-committee-of-enquiry/>

The Odorna area has been notable for its recurring and dangerous floods; the most striking of which happened on June 3, 2015, where about 150 people lost their lives when heavy rains flooded the Odorna area amidst fire from a gas station explosion³³. This incident is noted to be the tenth flood that hit Accra³⁴. The area has been flooding on every year during the rainy season. The perennial flooding in the Ordorna area disrupts trading activities and affect the socio-economic life of the people.

SAVELUGU-NANTON MUNICIPAL ASSEMBLY

The Savelugu Municipal is one of the 16 MMDAs in the Northern Region. The population of the Municipality according to 2021 population and housing census stands at 122,888 with 60,390 males and 62,498 females.

Agriculture is the main source of economic livelihood of residents in the district. Most households in the district (97.0%) are involved in crop farming. Poultry (chicken) is the dominant animal reared in the district.

The major disaster faced by residents in the district is the perennial floods due to the spillage from the Bagre Dam and heavy rainfall starting mid-September impacts the lives of the people negatively.

The Bagre Dam in Bukuna Faso is annually spilled in August or September depending on how much water it collects. The water flows downstream through the White Volta and its tributaries to some parts of the Northern and Upper East regions. The spillage of the dam destroys food crops of mainly smallholder farmers thus destroying their source of livelihood. In 2018 for example, six persons died, while 2,459 others, including 45 pregnant women, were displaced due to floods that occurred in the Savelugu municipality and the Nanton District in the Northern Region. A total of 906 acres of farmland was also destroyed, while 285 houses collapsed in the process.

KUMBUNGU DISTRICT ASSEMBLY

The Kumbungu District is one of the 16 MMDAs in the Northern Region. The district has a total land mass of 1,547sqkm with its administrative capital as Kumbungu with 110,586 (with 55,291 males and 55,295 females. Agriculture the main economic activity in the district and account for 60% of the district labour force³⁵. Most households cultivate food crops such as maize, rice, groundnuts, yam amongst others.

The Kumbungu District is faced by flood disasters which affects livelihood systems of households. The flood in the district is seasonal and occurs in August/September every year and mainly caused by the opening of the Bagre Dam in Burkina Faso. It was also realised that floods destroyed farmlands of the people in the study area every year leading to instances of total crop destruction and failure. In April 2021, about 7000 residents in eight communities in the Kumbungu District of the Northern Region were hit by severe flooding: destroying properties and foodstuff. The two communities Afayile and Nawuni were the worse hit.

³³ Spire, A., & Choplin, A. (2018). Street vendors facing urban beautification in Accra (Ghana): eviction, relocation and formalization. *Articulo-Journal of Urban Research*, (17-18).

³⁴ Asumadu-Sarkodie, S., Owusu, P. A., & Rufangura, P. (2017). Impact analysis of flood in Accra, Ghana.

³⁵ Kumbungu District Assembly (District Medium Term Development Plan (2014-2017).

KETA MUNICIPAL ASSEMBLY

Keta Municipal Assembly is one of the 18 administrative districts in the Volta region located in the southeastern providence of the region. It has a population of 182,409 inhabitants split almost even between female (50.8%) and male (49.2%).³⁶

The economy of Keta municipal is predominantly agrarian – with most of its inhabitants preoccupied with fishing, crop farming, livestock keeping, other agriculture related activities and trading. Within the Volta region, the municipality is considered one of the key hubs of vegetable production, ranging from shallot, okro to tomato production. Besides, vegetables, the municipality also boast of the extensive cultivation of sugarcane, cowpea, and sweet potato.

As a coastal town, residents of the municipality have suffered from the adverse spillage of, and overflow of the sea which often submerges nearby houses. At least, since 1965 the tidal waves have eroded the coastline³⁷ and claimed significant land mass.³⁸

The tidal waves impact negatively on the socio-economic livelihood of the people of Keta Municipal Assembly. For instance, 56 houses in the towns of Dzita and Fuveme were destroyed by the tidal waves in 2015 – leaving about 627 people homeless.³⁹ Quite recently, precisely, in November 2021, about 3000 homes in the municipality were displaced due to the tidal waves.⁴⁰ The tidal waves disaster is described as perennial and its socio-economic effects have ranged from loss of property and/or life, financial and health problems.⁴¹ While the Government of Ghana has made some attempts to manage the situation, for instance, the construction of sea defense systems, and resettlement of some communities, the situation persists.

³⁶Ghana Statistical Service (2021) Population and Housing Census

³⁷ Boateng, I. (2009, May). Development of integrated shoreline management planning: A case study of Keta, Ghana. In *Proceedings of the Federation of International Surveyors Working Week 2009-Surveyors Key Role in Accelerated Development, TS 4E, Eilat, Israel, 3-8 May*.

³⁸ Addo, K. A., Jayson-Quashigah, P. N., & Kufogbe, K. S. (2011). Quantitative analysis of shoreline change using medium resolution satellite imagery in Keta, Ghana. *Marine Science*, 1(1), 1-9.

³⁹ Citi News City News Room Report (2021)

⁴⁰ CNR. (2021). *History, causes and government interventions of tidal waves in Keta*. Available at <https://citinewsroom.com/2021/11/history-causes-and-government-interventions-of-tidal-waves-in-keta-article/>

⁴¹ Nortsu, O. (2018). *Flooding related challenges of lagoon settlements: A case study of Keta, Ghana* (Doctoral dissertation, University of Cape Coast).

Appendix B: Research Instruments

FOCUS GROUP GUIDE

COMMUNITY MEMBERS (WOMEN, MEN, YOUNG PEOPLE, OLDER PERSONS)

EXPLANATORY NOTE FOR REVIEWERS

The purpose of the tool is to conduct a gender and vulnerability assessment in relation to crises and a gender-responsive assessment of the interventions among specific social groups (women, men, young people and older persons. *Note: For persons with disability or special needs, because of the possibility that the focus group option may not be suitable for some persons, we will conduct individual interviews where we can make the efforts to offer the specific accommodations required by the person with disability/special needs.*)

It has two parts:

- part 1 assess the **impacts of the COVID-19 pandemic, the implementation of responses, and the impact of the responses** on different social groups. It also seeks to **map out the institutional actors** that were involved in these interventions.
- part 2 assess vulnerability to other crises or emergencies common to a specific area and the gender responsiveness of interventions to those crises.

The focus groups will be conducted with different social groups (specifically women, men young people, older persons and persons with disability). The analysis of responses will provide information about the differential impacts of the pandemic and other shocks, as well as the effect of interventions to address these shocks.

The focus group will make use participatory (visual) techniques that These techniques allow for better engagement with participants and also result in quantifiable findings.⁴²

Part 1: QUESTIONS RE COVID & LEAP

As a general prompt for ALL questions, the facilitator will probe for gender- and age-specific experiences.

1. How was your life affected by COVID-19? (*Probe for various areas of life and their interconnections--income, food security, education, health, employment/livelihoods, housing, physical safety, and social relations. Also probe for direct and indirect impacts*)

CAUSAL FLOW DIAGRAM

⁴² For an example of a report that integrates this methodology, see Anyidoho, N. A. (2013). *Informal Economy Monitoring Study: Street Vendors in Accra, Ghana*. Manchester, UK: Women in Informal Employment: Globalizing and Organizing. Available at www.wiego.org

2. What support did you receive when the COVID-19 happened?

- a. *(Probe for source of support (actors), how they became aware of support, the way that support was given/received. If LEAP is not mentioned, create matrix specifically for **LEAP**)*

MATRIX OF INSTITUTIONAL INTERVENTIONS

- b. What is your assessment of the support you received during the COVID-19? **LISTING AND RANKING OF SUPPORT** *(Probe for criteria that participants use for the ranking – it could be relevance, adequacy, timeliness, and accessibility.)*

3. How did the support/intervention affect you? *(Probe how the support affected their income, food security, education, health, employment/livelihoods, housing, physical safety, and social relation.)*

CAUSAL FLOW DIAGRAM

4. What challenges/difficulties did you encounter in relation to the support that was provided? *(Probe the challenges against the type, source, and mode of delivery of support).*

LISTING AND RANKING OF CHALLENGES

Part 2: Vulnerability Assessment re: disasters common to specific research sites

5. What are the common disasters that are experienced in this area? And which are the most serious *(Probe for criteria for ranking)*

LISTING AND RANKING OF DISASTERS (to identify the most serious)

6. In what specific ways are you (as a social group) impacted by this crisis?

7. In this area, do you have any plan that helps you to prepare for the most common disaster?

CAUSAL FLOW DIAGRAM

8. To what extent were you involved in the process of developing the plan? *(Probe for avenues for feedback and responsiveness to their inputs.)*

9. How does the community respond to a disaster when it occurs? *(Probe for actors, their actions, and the resources they used)*

INSTITUTIONAL MATRIX

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KEY INFORMANT INTERVIEW GUIDE

EXPLANATORY NOTE FOR REVIEWERS

The purpose of the tool is to assess the vulnerability to crises and gender responsiveness of interventions in both design and implementation. It also seeks to map out the institutional actors that are involved in these interventions.

The assessment is done both for COVID-19 and for other crises.

KEY INFORMANT INTERVIEW GUIDE FOR NATIONAL-LEVEL ACTORS

Part 1: COVID-19 (with a focus on LEAP)

1. What form of support/intervention did your unit/department/organization provide to citizens in response to the COVID-19 pandemic? *(Probe for nature of support, source of funding, etc.)*
2. How did you go about planning/designing this intervention? *(Probe for nature of interactions with different actors/agencies; extent to which their feedback was incorporated into the design of the intervention; design features that respond to the needs of different groups—men, women, young men, young women, persons with disability, older persons, rural-urban residents)*
3. How did you go about implementing this intervention? *(Probe for interactions with different actors/agencies; attention to needs of different social groups...)*
4. With specific reference to LEAP (where applicable)
 - a. How did you go about planning/designing the LEAP cash transfers during COVID-19? *(Probe for interactions with different actors/agencies; attention to needs of different social groups)*
 - b. How did you go about implementing the LEAP cash transfers? *(Probe for interactions with different actors/agencies; attention to needs of different social groups)*
 - c. What challenges/difficulties did you encounter in providing the LEAP support? *(Probe the challenges against the type of intervention, mode of delivery etc.)*
 - d. Do you have any information on how effective the LEAP cash transfer was and/or their impacts on different social groups?
5. What lessons have you learnt from all these interventions about how better support can be delivered in future emergencies? *(Probe for alternatives – the nature of support, design, delivery)*

Part 2: Other Crises (Vulnerability and Capacity Assessment)

Planning/preparedness (for most common crises)

6. What emergency preparedness and response plan do you have for emergencies at the national level?
7. How was the plan developed? *(Probing for participation of different agencies and also affected groups)*

Response

8. How do you determine emergencies that required interventions?

9. Is there a resource basket (fund) earmarked for emergency response?
10. How does this agency work with other actors in addressing disasters/emergencies? *(Probe for interaction with other agencies at the national level, local level, and private sector. What policy/legal framework informed each of these collaborations/interactions?)*
11. Is there anything else you wish to add?

KEY INFORMANT INTERVIEW GUIDE FOR REGIONAL/ DISTRICT-LEVEL ACTORS (SOCIAL WELFARE UNIT)

Part 1: COVID-19

1. What form of support/intervention did your unit/department/organization provide to citizens in response to the COVID-19 pandemic? *(Probe for nature of support, source of funding, etc.)*
2. How did you go about designing the intervention? *(Probe for nature of interactions with different actors/agencies; extent to which their feedback was incorporated into the design of the intervention; design features that respond to the needs of different groups—men, women, young men, young women, persons with disability, older persons, rural/urban residents)*
3. How did you go about implementing the intervention? *(Probe for responsiveness to different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban resident)*
4. What challenges/difficulties did you encounter in providing the support? *(Probe the challenges against the type of intervention, mode of delivery etc. Probe the extent to which any of these challenges were unique to or heightened for different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban residents).*
5. With specific reference to the LEAP cash transfers
 - a. How did you go about implementing the LEAP cash transfers? *(Probe for interactions with different actors/agencies; attention to needs of different social groups – men, women, young men, young women, persons with disability, older persons, rural/urban resident)*
 - b. What challenges/difficulties did you encounter in providing the LEAP cash transfers? *(Probe the challenges against the type of intervention, mode of delivery etc.).*
 - c. Do you have any information on how effective the LEAP cash transfer was and/or their impacts on different social groups *(men, women, young men, young women, persons with disability, older persons, rural/urban resident)?*
6. What lessons have you learnt from the LEAP cash transfers and the other interventions about how better support can be delivered in future emergencies? *(Probe for alternatives – the nature of support, design, delivery. Probe for the extent to which any of these lessons are especially relevant/important for different social*

groups – men, women, young men, young women, persons with disability, older persons, rural and urban residents).

Part 2: Other Crises (Vulnerability and Capacity Assessment)

7. What are the common disasters that are experienced in this district?
8. Which people are most at risk during disasters in the communities in the district?
In what specific ways are they vulnerable? *(Probe for disaster type in relation to spatial, age, gender, and occupation)?*

Planning/preparedness (for most common crises)

9. What emergency preparedness and response plan do you have at the district and community levels?
10. How was the plan developed? *(Probe for process, participation of affected groups, and extent to which their feedback was factored into the planning)*

Response

11. How do you determine emergencies that required interventions?
12. How do you identify beneficiaries for interventions during emergencies?
13. How does the district work with other actors in addressing the disaster? *(Probe for interaction with local authorities, NGOs, community-based organizations, and faith-based organizations)*
14. Is there anything else you wish to add?

KEY INFORMANT INTERVIEW GUIDE FOR DISTRICT-LEVEL ACTORS (PUBLIC HEALTH/ENVIRONMENTAL HEALTH/PHYSICAL PLANNING/NADMO UNITS)

Part 1: COVID-19

1. What form of support/intervention did your unit/department/organization provide to citizens in response to the COVID-19 pandemic? *(Probe for nature of support, source of funding, etc.)*
2. How did you go about designing the intervention? *(Probe for nature of interactions with different actors/agencies; extent to which their feedback was incorporated into the design of the intervention; design features that respond to the needs of different groups—men, women, young men, young women, persons with disability, older persons, rural/urban residents)*
3. How did you go about implementing the intervention? *(Probe for responsiveness to different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban resident)*
4. What challenges/difficulties did you encounter in providing the support? *(Probe the challenges against the type of intervention, mode of delivery etc. Probe the extent to which any of these challenges were unique to or heightened for different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban residents).*
5. What lessons have you learnt from the LEAP cash transfers and the other interventions about how better support can be delivered in future emergencies? *(Probe for alternatives – the nature of support, design, delivery. Probe for the extent to which any of these lessons are especially relevant/important for different social groups – men, women, young men, young women, persons with disability, older persons, rural and urban residents).*

Part 2: Other Crises (Vulnerability and Capacity Assessment)

6. What are the common disasters that are experienced in this district?
7. Which people are most at risk during disasters in the communities in the district? In what specific ways are they vulnerable? *(Probe for disaster type in relation to spatial, age, gender, and occupation)?*

Planning/preparedness (for most common crises)

8. What emergency preparedness and response plan do you have at the district and community levels?
9. How was the plan developed? *(Probe for process, participation of affected groups, and extent to which their feedback was factored into the planning)*

Response

10. How do you determine emergencies that required interventions?
11. How do you identify beneficiaries for interventions during emergencies?
12. How does the district work with other actors in addressing the disaster? *(Probe for interaction with local authorities, NGOs, community-based organizations, and faith-based organizations)*
13. Is there anything else you wish to add?

KEY INFORMANT INTERVIEW GUIDE FOR CSOs AT DISTRICT LEVEL

Part 1: COVID-19

1. What form of support/intervention did your unit/department/organization provide to citizens in response to the COVID-19 pandemic? *(Probe for nature of support, source of funding, etc.)*
2. How did you go about designing the intervention? *(Probe for nature of interactions with different actors/agencies; extent to which their feedback was incorporated into the design of the intervention; design features that respond to the needs of different groups—men, women, young men, young women, persons with disability, older persons, rural/urban residents)*
3. How did you go about implementing the intervention? *(Probe for responsiveness to different social groups...)*
4. *How did you organize support for persons with disability or special needs?*
5. What challenges/difficulties did you encounter in providing the support? *(Probe the challenges against the type of intervention, mode of delivery etc. Probe the extent to which any of these challenges were unique to or heightened for different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban residents).*
6. In your experience/from your observation, how effective were the interventions?
7. What lessons have you learnt about how better support can be delivered in future emergencies? *(Probe for alternatives – the nature of support, design, delivery Probe for the extent to which any of these lessons are especially relevant/important for different social groups - men, women, young men, young women, persons with disability, older persons, rural/urban residents)*

Part 2: Other Crises (Vulnerability and Capacity Assessment)

Planning/preparedness (for most common crises)

8. What emergency preparedness and response plan do you have at the district and community levels?
9. How was the plan developed? *(Probe for process, participation of affected groups, and extent to which their feedback was factored into the planning)*

Response

10. How do you determine emergencies that required interventions?
11. How do you identify beneficiaries for interventions during emergencies?
12. Which actors do you work with in addressing the disaster? *(Probe for interaction with local authorities, NGOs, community-based organizations, and faith-based organizations.)*
13. Is there anything else you wish to add?



SOCIAL PROTECTION COVID-19 RESPONSIVE SYSTEM STUDY INDIVIDUAL SURVEY QUESTIONNAIRE

A1 Name of Enumerator	
A3 Name of District	
A4 Name of Community	
A5 Interview start	

B. DEMOGRAPHIC CHARACTERISTICS

B1	First name of respondent	
B2	Age of respondent	Age (if unknown, estimate)
B3	Sex of respondent	1= Male 2= Female
B4	Marital status of respondent	1=Single 2= Informal/Living together 3= Married 4= Separated 5= Divorced 6= Widowed
B5	Employment status of respondent	1= Employed 2= Unemployed Skip B6 if <i>unemployed</i> .
B6	Occupation	1= Farmer 2= Businessman/woman 3= Fisherman 4= Civil Servant 5=Teacher 6= Health worker 7= Other (Specify)
B7	Highest level of education completed	1= Primary 2= Secondary/O Level/A Level/SHS 3= Post-Secondary/Middle School Cert 4= Diploma 5= University Degree 6= No education
B8	How long have you lived in this community?	_____ year(s)
B9	Do you have any form of impairment/disability/special need?	1= Yes 2= No (If no, skip to Section C)

B9a	If yes, what form of impairment are you living with?	<i>Select all that apply</i> 1= Visual 2= Speech 3= Hearing 4= Physical 5= Other (specify)
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C. EMERGENCY AWARENESS

C1	What common disasters do you experience in this community?	1= Drought 2= Floods 3= Explosions 4= Other Tick all that apply. If other, specify_____
C2	Do you know where or from whom to seek information on assistance in the event of an emergency?	1= Yes 2= No (skip to 3)
	C2a. If yes, where/who?	
C3	Do you know where or from whom to get assistance in the event of an emergency?	1= Yes 2= No (skip to 4)
	C3a. If yes, where/who?	
C4	Have you utilized such a facility/resource?	1= Yes 2= No
C5	Have you received assistance in an emergency in the past?	1= Yes 2= No (skip to C6)
	C5a. What was the nature of the emergency? <i>(If more than one emergency, ask about most recent.)</i>	
	C5b. Approximately how many years ago?	1 = Less than a year ago 2 = A year ago 3 = 2 years ago 4 = 3 years ago 5 = 4 years ago 6 = 5 years or more
	C5c. What was the form of the assistance?	

	C5d . What was the source of the assistance?	
	C5e. How were you identified to receive support in the past?	
	C5f. How satisfied were you with the assistance received?	1= Satisfied 2= Neither satisfied or dissatisfied 3= Dissatisfied
C6	In your experience, which two groups of people are most at risk during disasters in your community? (Do not read out the list to respondents; let them	1= men 2= women 3= children 4= young people 5= the elderly 6= persons with disability or special needs 7 = the poor 8 = other (specify) .

D. PLANNING/PREPAREDNESS

D1	Is there an emergency preparedness and response plan in place that you are aware of?	1= Yes 2= No 3= Don't know
D2	Does the community have community-based response teams/disaster volunteer groups?	1= Yes 2= No 3= Don't know
D3	Is there an early warning system?	1= Yes 2= No 3= Don't know
D4	Are you familiar with this system and what it means?	1= Yes 2= No (skip to D5) 3= Don't know (skip to D5)
	D4a. If yes, do you consider it to be a reliable system?	1= Yes 2= No
D5	How successful has the early warning system been in the last five years?	1= Successful 2= Somewhat successful 3= Not successful
D6	Were you involved in any way in designing these systems?	1 = Yes 2 = No
	D6a. If yes, how did you participate.	

D7.	In general, how well do you feel prepared to face an emergency?	1=well-prepared 2=somewhat prepared 3= not prepared

E. EVACUATION, RESPONSE SKILLS & RESOURCES

E1	Are there evacuation plans detailing procedures and evacuation routes?	1= Yes 2= No 3= Don't know (skip to E2)
E2	Do you understand these evacuation procedures?	1= Yes 2= No
E3	How have the evacuation procedures been used successfully in the last five years?	1= Very successful 2= Successful 3= Fairly successful 4= Less successful 5= Not successful
E4	What emergency response skills exist in the community?	1= First aid 2= Search and rescue 3= Public health 4= Other If other, please specify
E5	What emergency response resources exist in the community?	1= First aid 2= Search and rescue 3= Public health 4= Other If other, please specify
E6	Have you participated in an emergency response or evacuation drill?	1= Yes 2= No

Appendix C: List of Key Informant Interviews

POSITION	LOCATION	DATE OF INTERVIEW
District Level		
Kumbungu NADMO Officer	Kumbungu District, Tamale, Northern Region	16 th August 2022
Kumbungu Social Welfare Officer	Kumbungu District, Tamale, Northern Region	22 nd August 2022
Kumbungu Physical Planning Officer	Kumbungu District, Tamale, Northern Region	17 th August 2022
Savelugu NADMO Officer	Savelugu Municipality, Tamale, Northern Region	18 th August 2022
Savelugu Social Welfare Officer	Savelugu Municipality, Tamale, Northern Region	18 th August 2022
Savelugu Physical Planning Officer	Savelugu Municipality, Tamale, Northern Region	19 th September 2022
Accra Metro Public Health	Accra Metropolitan, Accra	25 th September 2022
Accra Metro Physical Planning	Accra Metropolitan, Accra	20 th September 2022
Accra Metro Social Welfare	Accra Metropolitan, Accra	20 th September 2022
Accra Metro NADMO	Accra Metropolitan, Accra	26 th September 2022
Physical Planning Officer, Keta Municipal Assembly	Keta Municipal, Volta Region	26 th August 2022
Environmental Health Director, Keta Municipal Assembly	Keta Municipal, Volta Region	26 th August 2022
Social Welfare Director, Keta Municipal Assembly	Keta Municipal, Volta Region	26 th August 2022
NADMO Director, Keta Municipal Assembly	Keta Municipal, Volta Region	26 th August 2022
Secretary, Used Clothing Sellers Association, Kantamanto	Kantamanto, Accra Metropolitan	8 th September 2022
Chairman, Kantamanto Traders Association	Kantamanto, Accra Metropolitan	8 th September 2022

POSITION	LOCATION	DATE OF INTERVIEW
President, Accra Plastic Sellers Association	Circle, Accra Metropolitan	13 September 2022
Secretary, Accra Novotel Market Association	Circle, Accra Metropolitan	13 September 2022
Regional Level		
Regional NADMO Coordinator	Ho, Volta Region	29 August, 2022
Regional Environmental Health Officer	Ho, Volta Region	29 August 2022
Regional Director, Department of Social Welfare	Ho, Volta Region	29 th August 2022
National Level		
Deputy Director General, NADMO	Accra Metropolitan	22 nd September 2022
Director, Geological Disaster, NADMO	Accra Metropolitan	22 nd September 2022
Director, Man-made Disaster, NADMO	Accra Metropolitan	16 th September 2022
Project Coordinator, Social Protection, Ministry of Gender, Children and Social Protection (MOGCSP)	Accra Metropolitan	13 th September 2022
Acting Director, LEAP, MOGCSP	Accra Metropolitan	13 th September 2022
M&E officer, Local Government	Accra Metropolitan	13 th September 2022
Productive inclusion Specialist, Local Government	Accra Metropolitan	13 th September 2022