



THE COVID CHRONICLES

*UNFPA'S COVID-19
Response in Ghana*



Publication design and production:

© UNFPA, 2020

Phoenix Design Aid A/S, Denmark



THE COVID CHRONICLES

*UNFPA'S COVID-19
Response in Ghana*



August 2020

**His Excellency Nana Addo Dankwa Akufo Addo,
President of the Republic of Ghana, March 12, 2020**



"We know how to bring the economy back to life. What we do not know is how to bring people back to life."

Dr. Natalia Kanem, Executive Director, UNFPA

"... there are people we may not immediately see, who are at great risk as a result of the consequences of the crisis. The pregnant women, who need antenatal care, but are unsure whether it is safe to go to the clinic. The women in abusive relationships trapped at home for the foreseeable future and fearing for their safety. The tens of millions of people in refugee camps, who are counting down the days until the coronavirus arrives, and for whom social distancing is simply not an option. The older people, many of whom are trapped in isolation, starved of social interaction and who are particularly vulnerable to becoming seriously ill from the virus. Let us not leave anyone behind."



Contents

Contents	IV
Acronyms and abbreviations	VI
Foreword	IX
Executive summary	X
1. Introduction	1
1.1 What is COVID-19?	1
1.2 Implications of COVID-19 in Ghana.....	1
1.3 UNFPA in Ghana	3
2. Sexual and gender-based violence (SGBV) response during the COVID-19 pandemic	7
2.1 Domestic Violence Hotline	7
2.2 SGBV multimedia campaign.....	9
2.3 SMS push messages.....	13
2.4 SGBV e-Workshop	14
3. Building resilience and protecting human dignity among vulnerable groups during the COVID-19 pandemic	17
3.1 Provision of Dignity Kits to persons with disabilities, women, and children.	17
3.2 Kayayei outreach.....	20
3.3 Provision of food to poor, vulnerable, and marginalized populations.	23
3.4 Reaching out to correctional centres during the COVID-19 pandemic	25
3.5 e-Workshop on autism and SRHR	27
4. Reducing unintended pregnancies and sexually transmitted infections (STIs) during the COVID-19 pandemic	31
4.1 Integrated SRH/FP/SGBV community outreach	31
4.2 Door-to-door SRHR/SGBV outreach.....	34
4.3 E-workshop on family planning	35
4.4 E-classroom series on the Adolescent Girls' Programme	37

- 5. Addressing maternal health during the COVID-19 pandemic 41**
 - 5.1 E-workshop on maternal health and fistula 41
 - 5.2 Twitter chat on obstetric fistula 42
 - 5.3 Celebration of the International Day of the Midwife. 44
 - 5.4 Donation to Mercy Women’s Catholic Hospital 46
 - 5.5 Feature articles. 47

- 6. Making a difference: UNFPA’s special initiatives. 53**
 - 6.1 Celebrating health workers during the COVID-19 pandemic 53
 - 6.2 Provision of essential items and Welcome Packs to the COVID-19 isolation center. 55
 - 6.3 E-workshop series. 56

- 7. Delivering as one: UN Inter-Agency initiatives to respond to COVID-19 61**
 - 7.1 Operational response: internal arrangements for UNFPA staff. 61
 - 7.2 UN synergies and joint efforts in responding to COVID-19. 62
 - 7.3 Youth Impact Series with UNYG 63

- 8. Resource mobilization efforts 67**
 - 8.1 Immediate response from UN Headquarters. 67
 - 8.2 Reprogramming and reallocation of funds 67
 - 8.3 Responding to calls for proposals. 68

- 9. Moving forward on UNFPA’s COVID-19 response in Ghana 73**
 - 9.1 Next steps. 73
 - 9.2 Programmatic plans 73
 - 9.3 Resource mobilization 74
 - 9.4 Advocacy to implement the Nairobi commitments 74

- Acknowledgements 76**

Acronyms and abbreviations

AfriYAN	African Youth and Adolescents' Network on Population and Development
AGP	Adolescent Girls' Programme
ANC	Antenatal Clinic
CENDLOS	Centre for National Distance Learning and Open Schooling
CEO	Chief Executive Officer
COA	Charge of Accounts
COPASH	Coalition of People Against Sexual and Gender-Based Violence
COVID	Coronavirus Disease
CPRP	Country Preparedness and Response Plan
CSO	Civil Society Organization
DOVVSU	Domestic Violence and Victim Support Unit
EFT	Electronic Fund Transfer
FAO	Food and Agricultural Organization
FBO	Faith-Based Organization
FIDA	International Federation of Women Lawyers
FP	Family Planning
GBV	Gender-Based Violence
GPS	Global Programming System
GRMA	Ghana Registered Midwives Association
HRAC	Human Rights Advocacy Center
IDEOF	International Day to End Obstetric Fistula
IDM	International Day of Midwives
IFRC	International Federation of Red Cross
LARC	Long-Acting Reversible Contraception
MCAN	Media and Communication Advocacy Network

MoGCSP	Ministry of Gender, Children and Social Protection
MP	Member of Parliament
MPTF	Multi-Partner Trust Fund
OF	Obstetric Fistula
PEF	Pandemic Emergency Facility
PPE	Personal Protective Equipment
SDG	Sustainable Development Goal
SERP	Socio-Economic Response Plan
SG	Secretary General
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
TV	Television
UHC	Universal Health Coverage
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGT	United Nations Gender Team
UNJP	United Nations Joint Programme
UNYG	United Nations Youth Group
WFP	World Food Programme
WILI	Women in Leadership International
YoLe	Youth Leaders



Foreword

UNFPA Ghana is responding to the COVID-19 pandemic and saving lives

To help protect the most vulnerable women and girls during the COVID-19 pandemic, we at UNFPA Ghana had to dream, plan and innovate. It took sleepless nights, young and old brainstorming to reach consensus, and programmes, operations, and management supporting one another to turn our vision into a reality for women and girls.

Evidence from past outbreaks shows that this crisis could exact a massive toll on women and girls. Women are disproportionately represented in the health and social services sectors, which increases their risk of exposure to the virus. Stress, limited mobility, and livelihood disruptions also increase women's and girls' vulnerability to gender-based violence (GBV) and exploitation, and if health systems direct resources away from sexual and reproductive health (SRH) services, women's access to family planning, antenatal care, and other critical services could suffer. This was the reasoning behind UNFPA's COVID-19 response plan in Ghana.

UNFPA, working within the UN system in Ghana, is making a difference in the COVID-19 response by focusing on continuity in SRH information and services, as well as GBV prevention and response. To reach the most vulnerable in society, we have focused on stigma reduction, risk communication and community engagement, and the provision of life-saving supplies, including Dignity Kits, modern contraceptives, maternal health drugs and supplies, and personal protective equipment (PPE).

UNFPA has been on the ground, distributing PPE to health workers and supporting health systems where needed. We were at isolation centers with Welcome Packs and Dignity Kits, putting smiles on the faces of health workers and COVID-19 patients being admitted for treatment. We were at centers where vulnerable groups, such as *kayayei* and street children, were housed by the government during the lockdown. We were at churches that housed the elderly and provided them with COVID-19 information and SRH/SGBV services.

While fear and uncertainty surrounded the lockdown in Ghana, we were bold. Guided by the fact that accurate information can save lives and fight stigma and discrimination, we worked to ensure that people received the information and services they needed. We at UNFPA Ghana hope for a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, even in the era of COVID-19.



Niyi Ojuolape, UNFPA Country Representative

Executive summary

Ghana, like most countries in the world, has been coping with the effects of COVID-19. The first two cases were reported in March 2020, and have climbed steadily since then to over 31,000 cases as of July 25, 2020, and 161 deaths. Since Ghana is a developing country with limited resources, the Government rapidly put measures in place to help curb the spread of the virus. These have included school closures, a ban on public gatherings, restrictions on movement in the major cities of Accra and Kumasi, closure of all national borders, and the introduction of Executive Instruments that made social distancing, handwashing, use of alcohol-based hand sanitizers, and wearing of face masks mandatory in public places. Contact tracing of persons who tested positive for COVID-19 was instituted, which has led to the identification of many positive asymptomatic cases. A treatment regimen was instituted and carefully applied to all positive cases, with some people self-isolating at home and others treated in designated health facilities.

The United Nations Population Fund (UNFPA) Ghana Country Office quickly recognized the socio-economic and programmatic effects of the COVID-19 pandemic. The effects of restricted movement on vulnerable people, including adolescents, women, persons with disabilities, and the elderly were projected. This includes a potential upsurge of cases of domestic violence, sexual and gender-based violence (SGBV), rape, unintended pregnancies, inadequate maternal care, neglect of vulnerable groups, and the psychological effects of the pandemic on youth.

Rallying its resources and focusing on its thematic areas, the UNFPA Ghana Country Office built a COVID-19 response into its strategies and activities, and instituted measures to alleviate the effects of the pandemic on its target beneficiaries. Activities included workshops, donations, trainings, information sharing, education, and sensitization. These were undertaken in person where possible and online when necessary.

In partnership with other UN agencies, government ministries, departments and agencies, youth groups, non-governmental organizations (NGOs), civil society organizations (CSOs), student volunteers, and the media, UNFPA Ghana has reached tens of thousands of people with an integrated approach to COVID-19, including:

- Information on maternal health, including obstetric fistula, family planning, and sexual and reproductive health and rights.
- A dedicated 24/7 domestic violence hotline.
- Adapted Dignity Kits distributed to over 5,000 people, including health workers and patients at a COVID-19 isolation center, persons with disabilities, head porters in markets (*kayayei*), youth living with HIV, and youth in detention.
- Discussions such as the Youth Impact Series, and e-workshops on family planning and maternal health, have been held to explore how to mitigate the effects of COVID-19 on young people.



- Programmes, policies, and strategies that affect maternal health, family planning, domestic violence, SGBV, as well as non-thematic areas, such as education and access to online services, have also been discussed in the light of COVID-19.

These interventions have proved effective in ensuring that UNFPA programmes do not fall behind in achieving its transformative results while efforts to contain COVID-19 move to the top of the agenda. The pandemic is not yet contained, and these interventions will continue to be implemented to serve many vulnerable people in Ghana. More vulnerable groups are being identified whose needs will be tackled within UNFPA's thematic intervention areas.

It is hoped that the efforts of UNFPA and its partners will help to minimize the negative effects of COVID-19 on target populations and programme implementation, and ensure continuity in the provision of essential services for the most vulnerable in society, especially women, adolescents, and youth.

1.



Introduction

1.1 What is COVID-19?

In 2019, the novel coronavirus strain was identified in Wuhan, China. The virus was found to cause the coronavirus disease (COVID-19) with symptoms that included cough, fever, and difficulty breathing, among others. The disease is highly contagious and spreads via droplets that come into contact with the eyes, mouth, and nose. It is believed that the droplets can remain on surfaces such as door handles, tables and railings for hours, and could also be airborne. There is currently no known cure or vaccine for COVID-19, but an effective treatment regimen has been developed for those who have contracted the virus.

Within four months of the COVID-19 outbreak, the disease was declared a global pandemic, affecting almost all countries in the world. As of July 25, 2020, the total case count in 216 countries was 15.6 million and the number of deaths was 635,173.¹ The disease affects people of all ages, and has worse outcomes in persons aged 60 years and over, and persons with underlying medical conditions, such as diabetes, hypertension, or chronic kidney or heart disease. To prevent transmission of the virus, the World Health Organization (WHO) has recommended regular handwashing, use of alcohol-based hand sanitizers, disinfection of surfaces and use of facial barriers, such as face masks. People have also been advised to restrict their movement in public and stay home unless it is critical to go out.

In Ghana, the government has put several measures in place to control the spread of the virus. These include the closure of national borders, a two-week lockdown in parts of the country, and the closure of public gathering places, including places of public worship, beaches, stadiums, and schools. Public events, such as parties and funerals, have been restricted to very small numbers. Strict adherence to handwashing, the use of hand sanitizer, and wearing of face masks in all public places is being enforced throughout the country. Despite these efforts, the number of positive coronavirus cases in Ghana has risen steadily from two cases in the second week of March 2020 to almost 13,000 in the second week of June 2020, and 31,057 cases as of July 25, 2020. There is no clear indication that the infection curve is flattening, let alone declining. It is difficult to predict when the pandemic will be effectively controlled.

1.2 Implications of COVID-19 in Ghana

The COVID-19 pandemic has affected individuals, families, institutions, and the public. At the personal level, people had to suddenly change many of their normal practices. Handshaking and hugging, both common forms of greeting in Ghana, have been replaced with bowing or touching elbows or feet together. Social gatherings, including public worship, beach parties, funerals, and large meetings have been banned. Social distancing has been introduced, with people required to sit or stand two meters apart

1 <https://covid19.who.int/>

in shops, queues, public transport, and other spaces. For many people in Ghana, it has been very difficult to adjust to these changes. Due to the vulnerability of the aged and those with chronic ailments, relations and friends must keep a safe distance from them. This has led to loneliness and isolation, with some having no help at home.

Restrictions on movement in parts of Ghana have revealed the many people who live on daily wages and do not have savings or the ability to feed themselves if they do not work every day. Those who depend on food vendors have also been affected since many vendors stayed home for safety. Public transport has been modified to allow social distancing. Vehicles that once carried three persons per row had to start carrying only one person per row to allow social distancing. This affected the wages of the vehicle owners and the availability of transport for those who could not stay at home because of their work. Worse still, when drivers stayed home for safety, there were fewer vehicles available to those who needed transportation to work. In all these situations, the poor, persons with disabilities (PWD), and those with health conditions were severely affected since no provisions had been made for them before restrictions were imposed.

Many businesses, especially small enterprises, were heavily affected by the sudden loss of customers, with some folding up and staff losing their jobs. School closures meant children had to stay home and continue their studies either online or by themselves. Heavy reliance on the internet for meetings, school work, church service, and other activities meant data became a new and difficult expense for individuals and families. Changes to daily life have created financial strain and psychological stress, and it has taken a while for some people to adjust to their new way of life. The services of psychologists were in high demand during the initial adjustment period.

COVID-19 has severely disrupted programme access and delivery, from immunization to family planning and other health services. As workplaces have closed and public gatherings and events have been cancelled, people have had to change how they work, hold workshops, and conduct community outreach and education. Restrictions on people's movement have affected reproductive health outcomes, such as the use of contraception, and supply chains have been disrupted as the production and delivery of contraceptives stalled and became uncertain. The social impact of COVID-19 has included frustration, domestic violence, and unintended pregnancies. Some people have lost their earnings and are unable to afford basic needs, such as food and medicines.

For UNFPA, programme areas like sexual and reproductive health (SRH), sexual and gender-based violence (SGBV), and adolescent reproductive health tend to get crowded out when emergency interventions take priority. There is a real risk that the gains made in various UNFPA programmes could be reversed. The onus is on UNFPA and its partners to come up with innovative strategies to maintain momentum and continue programming, even in this crisis.

Despite the challenges and disruptions to daily life, many people in Ghana are responding in innovative ways to support those who need help adjusting to the new safety guidelines and reality of COVID-19. Charity organizations, delivery services, online media, and counselling services have all stepped in to fill the gaps. However, these efforts cannot meet all the needs of those who are most vulnerable to the impact of COVID-19.

1.3 UNFPA in Ghana

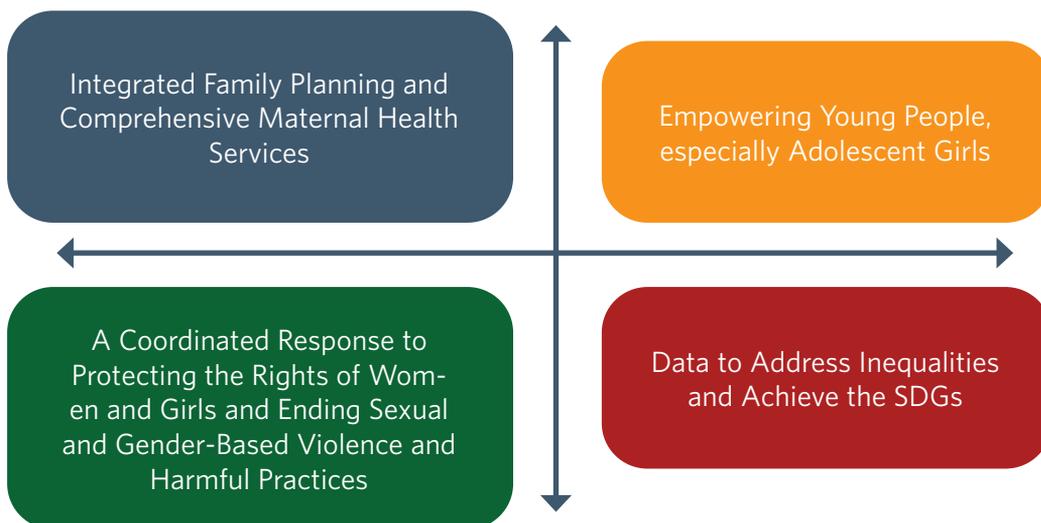
UNFPA's mission:

To deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

The United Nations Country Team works coherently and effectively to support Ghana in achieving the Sustainable Development Goals (SDGs), advancing equitable economic growth, and reducing poverty by building capacity, strengthening accountability systems and delivering quality services, with a focus on the country's most marginalized and vulnerable populations.

The UNFPA Ghana Country Office collaborates with other UN agencies in Ghana to promote the SDGs, and with policymakers and various partners to achieve its mission. The Government of Ghana and its various agencies are a primary partner through which UNFPA implements its interventions. UNFPA also works with non-governmental organizations (NGOs), young people and community groups on innovative methods and ideas to achieve its targets. Interventions are categorized into four areas (Figure 1).

Figure 1: Thematic areas of UNFPA interventions in Ghana



UNFPA Ghana's COVID-19 interventions are aligned with these four thematic areas and leave room for further innovation and learning. This report covers all the COVID-19 activities of UNFPA in Ghana.



UNFPA staff fully clothed in PPE during a visit to a COVID-19 treatment center



2.



Sexual and gender-based violence (SGBV) response during the COVID-19 pandemic

2.1 Domestic Violence Hotline

Past epidemics and pandemics have shown that beyond infection rates and deaths, societies also suffer dire social and economic consequences. Women and girls are especially vulnerable, and since the COVID-19 outbreak in Ghana have been subjected to social, physical, sexual, psychological and economic violence, particularly during and after the 14-day lockdown in major cities. UNFPA recognized that urgent efforts were needed to reduce and prevent the incidence of sexual and gender-based violence (SGBV).

As part of its COVID-19 strategy, UNFPA supported the Ghana Police Service's Domestic Violence and Victims' Support Unit (DOVVSU) to activate a dedicated 24/7 hotline (0551000900). The hotline was available for people who needed to report cases of abuse, get information about SGBV and domestic violence, or seek support for themselves or others experiencing abuse.

The hotline is co-managed and implemented by UNFPA and DOVVSU. Four UNFPA Youth Leaders (YoLe) Fellows and a human resources assistant with experience in the area of SGBV operated the hotline, working remotely to provide support to those in need of assistance, particularly in the Accra Metropolitan Area. Hotline operators referred all cases to the DOVVSU for prompt action and redress, and DOVVSU officers provided appropriate counselling.



Results

Between the launch of the hotline on April 2, 2020 and the end of May 2020, **4,097 calls** were received. Of these, **128 cases of SGBV** were forwarded to the DOVVSU for redress. Responses to callers' requests for assistance included safety planning, counsel-

ling to help the caller decide what to do based on their circumstances, referral to support groups, the arrest of perpetrators of violence, obtaining restraining orders against perpetrators of violence, and referrals to appropriate agencies, including legal aid services. The hotline therefore served its purpose.

Lessons learned

A lot of calls were received during and immediately after media broadcasts about the hotline from callers requesting more information. Most calls were from women and young girls who emphasized the need for empowerment programmes, including the provision of livelihood skills to enable women who live in abusive homes to become self-reliant and support their children.

The large number of prank calls received revealed that the public needs to be educated on the use of the hotline.

Recommendations

- The hotline should be made toll-free since insufficient phone credit is a major barrier to use.
- Capacity building in case management and victim response is needed for UNFPA YoLe Fellows to provide immediate resolution and support for callers, where possible.
- Since cases are reported from regions outside Greater Accra, national and regional DOVVSU offices should liaise more closely to resolve all reported cases quickly.
- The general public should be educated to not misuse the hotline by making prank calls.
- DOVVSU should share their media engagement schedule and the issues that will be discussed. This would allow hotline operators prepare to receive a higher number of calls, provide the necessary information to callers, and forward reported cases to the appropriate agencies.
- The hotline should be used to provide information on COVID-19 and to refer callers with possible symptoms of COVID-19 to the Ghana Health Service COVID-19 hotline (311).



Scan to watch the UNFPA campaign message on ending SGBV

2.2 SGBV multimedia campaign

From March to June 2020, UNFPA conducted a multimedia awareness-raising campaign on the possible effects of the COVID-19 pandemic on sexual and gender-based violence. The objectives of the campaign were to:

- Raise awareness of COVID-19 and its implications for SGBV;
- Motivate the public to take action against SGBV;
- Prevent SGBV during the pandemic;
- Promote DOVVSU's Domestic Violence Hotline for reporting SGBV;
- Protect the vulnerable from being abused; and
- Build effective alliances with media outlets, faith-based organizations (FBOs), and social influencers to prevent and respond to SGBV and promote SRHR for women and girls.

UNFPA Ghana worked with social influencers in the country, including celebrities in the arts and media; traditional, religious and political leaders; and heads of UN agencies. The campaign was led by UNFPA Goodwill Ambassador Claudia Lumor. The campaign was used to strategically promote the Domestic Violence Hotline (0551000900). Campaign messages were communicated via television, radio, social media, SMS, and information, education and communication (IEC) materials.

Television

Twenty public and private sector personalities and influencers recorded messages on the prevention of domestic violence and how to avoid becoming infected with COVID-19. The spot messages were played on the national television channel GTV, reaching at least three million viewers in Ghana. These personalities included:

- Sylvia Lopez-Ekra, UN Resident Coordinator (ad interim)
- Gita Welch, Country Director of UNDP
- Rukia Yacoub, Country Director, World Food Programme (WFP)
- Claudia Lumor, Founder of Glitz Magazine and UNFPA Goodwill Ambassador
- Chief Superintendent Owusuaa Kyeremeh, Coordinator of the Domestic Violence and Victim Support Unit (DOVVSU), Ghana Police Service
- Josephine Nkrumah, Chairperson of the National Commission on Civic Education (NCCE)
- Gldays Osabutey, UN Desk Officer at the Ministry of Finance
- Naa Ashorkor Mensah-Doku, Broadcaster, Actress and Entrepreneur
- Rev. Dr. Kwabena Opuni Frimpong, Former General Secretary of the Christian Council of Ghana
- Rt. Rev. Samuel Kofi Osabutey, Bishop of the Methodist Diocese of Accra

- Hajia Hajara Mohammed, Muslim Women Leader and Member of NCCE
- Lt. Col. (Rtd) Ambassador Umar Sanda Ahmed, Imam
- NanaHemaa Adjoa Ankyaa Awindor, Queen Mother and television show host and producer
- Mama Atrato II, Queen Mother

There were also media interviews and programmes on COVID-19 and domestic violence featuring UNFPA staff and eminent figures as resource persons. “The Standpoint”, a programme hosted by Oheneyere Gifty Anti, featured Chief Superintendent Owusuaa Kyeremeh of DOVVSU and UNFPA Representative Niyi Ojuolape discussing SGBV in the context of COVID-19, and was aired on GTV, Joy Prime, The Standpoint website, and YouTube.

Radio

Social influencers recorded spot messages on COVID-19 and domestic violence that were played on several radio stations and reached an estimated three million people in Ghana. There were also interviews and discussion programmes on COVID-19 that included interviews with Dr. Claudia Donkor of UNFPA, television personality and producer of The Standpoint, Oheneyere Gifty Anti, and NanaHemaa Adjoa Awindor, Queen Mother and television show host.

Social media

Famous television and radio personalities and social influencers wrote and posted messages on COVID-19 and domestic violence on their Twitter, Instagram, Facebook, and other social media channels, including:

- Musician Becca (Rebecca Acheampong), on Instagram as [beccafrica](#) with two million followers and almost one million followers on Twitter
- Actor John Dumelo, on Instagram as [johndumelo1](#) with three million followers, one million followers on Twitter and five million followers on Facebook
- Actor Adjetey Annan, on Instagram as [adjeteyanang](#) with 590,000 followers and 17,000 followers on Twitter
- Actress Kafui Danku, on Instagram at [kafuidanku](#) with 825,000 followers
- Celebrity blogger Ameyaw Debrah, on Instagram as [ameyaw112](#) with 444,000 followers, 936,000 followers on Twitter and 340,000 followers on Facebook
- Broadcaster Anita Erskine, on Instagram as [theanitaerskine](#) with 190,000 followers and 123,000 followers on Twitter
- Musician Efyā, on Instagram as [efya_nokturnal](#) with almost one million followers
- Dr. Vanessa Mensah Kabu, on Instagram as [its_yeeyee](#) with 51,000 followers
- UNFPA Goodwill Ambassador Claudia Lumor, on Instagram as [Claudia_lumor](#) with over 55,000 followers

Spot messages on SGBV and COVID-19 were also posted on social media and shared via WhatsApp and YouTube.



SGBV messages from Ghanaian celebrities on social media

A second wave of the social media campaign was organized with traditional leaders. NanaHemaa Adjoa Awindor, a traditional ruler and media personality, developed a series of educational videos on COVID-19 featuring traditional rulers giving advice in various Ghanaian languages. These videos also appeared on various social media platforms.



Some of the messages by social influencers:

1. The outbreak of COVID-19 is no excuse for any form of SGBV. It our shared responsibility to protect victims of SGBV. Report perpetrators.
2. No one should have to experience the mental traumas of COVID-19 and SGBV during a lockdown. Help is just a phone call away. Dial 0551000900 now!!!
3. The participation of men and boys is vital to bringing SGBV to zero during a global pandemic such as COVID-19.
4. **"STAY HOME ≠ STAY SILENT"**. Speak up now and report any case of SGBV via 0551000900.
5. In our response to the Coronavirus pandemic, we must prioritize the safety of women and girls by protecting and shielding them from all forms of violence. **Inform! Protect!! Report!!!**
6. Women do three times as much unpaid care work as men and bear most of the responsibility for raising children. With the lockdown, many women will be responsible to care for their children at home. Let's encourage them!!! No abuse whatsoever. Call DOVVSU hotline 0551000900 if you witness any abuse.

Information, education and communication (IEC) materials and SMS push messages

IEC materials on SGBV and COVID-19 were designed and disseminated widely as part of community outreach to raise awareness of SGBV and the DOVVSU Domestic Violence Hotline. Electronic versions of the materials were disseminated through various social media platforms. Some local newspapers published the messages as public service announcements. Telecommunications companies sent out SMS push messages on domestic violence and the hotline to their subscribers' mobile phones.

Results

The Domestic Violence Hotline became very active, receiving over **4,000 calls** within two months and referring **123 cases** to DOVVSU. UNFPA YoLe Fellows disseminated IEC materials in two rounds of door-to-door community outreach, reaching about **7,400 people** with SGBV information.

Within 30 days, about 50 messages on SGBV, including information on the Domestic Violence Hotline, had reached **one million people** through SMS push messages sent by four telecom companies while restrictions on movement were in place due to COVID-19.

Millions of people were also reached with SGBV messages shared through WhatsApp, Twitter, Instagram, and Facebook. Another **5.6 million people** were reached with public service announcements on SGBV on GTV, while **over six million people** were reached through radio. **Thousands of people** watched the videos that featured the traditional rulers.

Lessons learned

Acting pre-emptively to raise awareness of SGBV proved to be an effective approach. The multimedia awareness-raising campaign had a wide reach, and even more people were reached when several media outlets took the initiative to broadcast the messages. Partnering with influential people also significantly expanded the reach of the advocacy campaign. Since traditional leaders are highly trusted in Ghana and people identify with them closely and quickly, they are very effective advocates.

Recommendations

- The multimedia approach to SGBV should continue until the COVID-19 pandemic is over.
- More traditional rulers should be engaged in COVID-19 education to inspire positive action.



A Facebook post that reached over 39,000 people

2.3 SMS push messages

During the three weeks when parts of Ghana were under restricted movement, the public had to be kept informed about COVID-19 and the potential problems that these restrictions could cause, such as SGBV and lack of access to reproductive health services. It was important to raise awareness of the Domestic Violence Hotline during this time and encourage people to report cases of domestic violence.

Bulk SMS messaging was part of this effort. The services of M-Tech, an insights-driven digital and media content provider, were engaged to deliver messages to mobile phone users. Sender identity and content (up to 160 characters per message) were created by UNFPA, and the sender list was generated jointly with M-Tech. Messages were sent out over four weeks between April and May 2020.

Results

One million messages were sent by M-Tech to mobile phone users, **747,894** of which were delivered. During this period, the DOVVSU hotline operators saw an increase in the number of calls received and cases reported. Many more calls were also received by DOVVSU, M-Tech, and UNFPA from those who wanted to find out more about the hotline and get information about SGBV in Ghana.

Lessons learned

Some of the phone numbers generated were no longer in use, so not all messages were delivered successfully. However, being limited to 160 characters per message helped the team craft the information very well, forcing them to be creative and keep to the

most essential words and messages. Without the limitation, however, more detailed messages could have been sent.

Recommendations

Some SGBV/COVID-19 messages sent by SMS

1. Ramadan Mubarak! In this season, let us remember that sexual and gender-based violence is a crime. Report domestic violence to DOVVSU on 0551000900.
2. All habits that inflict pain on our brothers or sisters should end this Ramadan. Call DOVVSU on 0551000900 to report any case of abuse.
3. In this holy month of reflection, selflessness and solidarity, let us spread the word: NO to Domestic Violence.
4. To anyone, especially women and adolescent girls going through any form of domestic violence, call the DOVVSU hotline on 0551000900. Speak out to stay alive!
5. As we fast and reflect on our lives, let us pray for women and adolescent girls suffering from sexual and gender-based violence during this pandemic.
6. Help is available. Call the DOVVSU hotline to report domestic violence cases. Wishing you all the blessings of the holy month of Ramadan.

- SMS bulk messaging should be used continually to communicate information about COVID-19, the DOVVSU hotline, and other issues.
- Messages should be crafted carefully to be succinct, but they must also be impactful.
- It is important to get feedback from those who receive the messages. Recipients might be encouraged to send messages with feedback if there was a toll-free number.

2.4 SGBV e-Workshop

Several measures have been put in place to mitigate the spread of COVID-19 in Ghana. However, these measures are often implemented without considering gender dynamics and the need to protect vulnerable populations, especially women and girls. UNFPA collaborated with the Coalition of People Against Sexual and Gender-Based Violence (Co-PASH) to organize an e-workshop on SGBV and harmful practices during the COVID-19 pandemic.

The objectives of the online workshop were to:

- Increase public awareness of acts of SGBV and channels for seeking redress, including enhanced SGBV referral pathways;

- Enhance public knowledge of the linkages between the deadly nature of SGBV and COVID-19 and the need to prevent and respond to both crises;
- Promote the DOVVSU hotline and other support platforms to provide a coordinated response; and
- Build effective alliances with media outlets, FBOs, social influencers, and others to support SGBV prevention and response, including the promotion of SRHR for women and girls.

The e-workshop, which took place on Zoom, included three presentations and an open forum.

Results

Over 200 participants were sensitized on SGBV and SRH in the COVID-19 era, and the role of DOVVSU and CoPASH in the fight against SGBV and harmful practices.

Lessons learned

It was not feasible to respond to all the concerns raised during the workshop due to the time allocation. A second round of this workshop was therefore requested.

Recommendations

- To sustain the interest of participants, another workshop should be organized on another aspect of SGBV.
- A pre- and post-workshop survey should be compulsory for all participants. The pre-workshop survey should be a requirement to gain access to the workshop. This would help organizers to screen participants and measure changes in knowledge.

3.



Building resilience and protecting human dignity among vulnerable groups during the COVID-19 pandemic

3.1 Provision of Dignity Kits to persons with disabilities, women, and children

Protecting vulnerable populations during epidemics and pandemics is imperative. UNFPA partnered with the Henry Djaba Memorial Foundation (HDMF) and the Ghana Federation of Disability Organizations to organize awareness-raising outreach activities on COVID-19 and its implications for SGBV and SRHR/family planning (FP). The outreach was targeted specifically at persons with disabilities (PWD), the elderly, and persons with autism and their caregivers. UNFPA provided Dignity Kits to all participants.

The objectives of the intervention were to:

- Protect the human dignity of PWD during the COVID-19 pandemic;
- Communicate with those whose disability interferes with their ability to receive information about the pandemic;
- Improve knowledge of COVID-19 among PWD and the elderly;
- Provide referrals to individuals who need assistance managing a medical condition; and
- Promote the DOVVSU hotline and other SGBV support services, and raise awareness of SGBV prevention.

In partnership with the HDMF, UNFPA organized a two-week outreach activity for PWD and children with autism in the Accra communities of Ashiaman, Ablekuma North,

Dome, Taifa and Aman, as well as Kasoa and Tsopoli on the outskirts of Accra. UNFPA volunteers visited the target persons in their homes and presented them with Dignity Kits, and provided counselling and information on COVID-19 and SGBV.



Persons with disabilities showing the contents of their Dignity Kits.

UNFPA and the HDMF also collaborated with the Autism Center of Awareness (in Kokomlemle in Accra) to reach children with autism and their caregivers, and the Adabra-ka Rehabilitation Center to reach PWD who take part in activities there.

A second wave of this outreach activity was conducted by UNFPA in collaboration with the Human Rights Advocacy Center (HRAC). This activity targeted young women, adolescents and elderly women in Adjei Kojo, Adjein Kotoku, Odododiodio, Adentan, Amrahia, Oyibi, Ogbojo, Gbentanaa, Ashalley Botwe and Nmai Dzor, all in Accra. Again, distribution of Dignity Kits was used as an entry point to provide education on human rights and information on COVID-19 and SGBV. This outreach lasted another two weeks.

Finally, in partnership with the Ghana Federation of Disability Organisations, UNFPA provided information on COVID-19, SRHR/FP, SGBV, and handwashing to 80 PWD.



Dr. Agnes Ntibanyurwa, UNFPA Deputy Representative, with representatives of the nine sub-groups of the Ghana Federation of Disability Organizations (GFDO) receiving UNFPA Dignity Kits.

Results

Over 1,500 persons with disabilities, children with autism and their caregivers received Dignity Kits. Parents of children with autism were referred to Autism Ambassadors Ghana and HopeSetters Autism Centre for advice on how to communicate SRH and SGBV issues to their adolescent autistic children. In the second round of this activity, another **800 people**, mainly elderly women and adolescent girls, were provided with Dignity Kits to meet their daily needs for at least a month. **About 2,000 individuals** also benefited from education on human rights, SGBV, and COVID-19. UNFPA also donated **700 adapted Dignity Kits** for distribution to the nine sub-groups of the Ghana Federation of Disability Organisations.

A **step-by-step manual** on how to communicate the prevention of COVID-19 to vulnerable groups, including to young people with autism, was also distributed. In addition, **15,000 condoms** were distributed to help reduce unintended pregnancies, unsafe abortions, transmission of HIV and other sexually transmitted infections and preventable maternal death.

Lessons learned

Many of those visited by UNFPA volunteers did not have food at home, and although the Dignity Kits were much appreciated, they and their dependants expressed that they needed food. Visiting the target persons in their homes took a lot of time because they lived far apart, and some of their addresses were difficult to trace. However, some of these persons were homebound and could only be reached at home. It was noted that single-parent families and low-income families had not been considered vulnerable groups by government agencies when COVID-19 support was being provided.

Recommendations

- Non-perishable food items like canned fish, canned vegetables, spices and rice should be added to the Dignity Kits for persons in need of food.
- The definition of vulnerability should be expanded to cover single-parent families and other groups in need so that no one is missed when pandemics and other emergencies strike.



A group of women displaying their Dignity Kits after a session with the UNFPA and HRAC teams.

3.2 Kayayei outreach

Kayayei are female head porters who live and work in markets, having travelled from their home regions to find employment and earn money. Most *kayayei* are young and earn little money by carrying loads for shoppers. They are exposed to many perils and harsh weather conditions since they sleep in the open, and are often victims of rape and sexual assault. They have little to no knowledge of their sexual and reproductive health and rights and lack access to SRH services. During the period of restricted movement in Accra, there were hardly any shoppers in the market, leaving *kayayei* unable to earn money and support themselves. Instead, they had to depend on food donations from individuals and the government. Although restrictions were eased after two weeks, the living conditions of *kayayei* did not improve, and this prompted efforts to alleviate their plight.

“Help us help *kayayei*” is an initiative by Lozeelee, KayaCare and Hope for Her, three organizations that collaborated with UNFPA to augment government efforts to support *kayayei* in Tema Station, a popular market in Accra that is home and workplace for over a thousand *kayayei*. The initiative aimed to provide *kayayei* with food, toiletries, sanitary towels, water, personal protective equipment (PPE), Veronica buckets, and other items to maintain good sanitation during the COVID-19 pandemic. UNFPA assisted these organizations with an enumeration exercise ahead of an outreach activity for *kayayei*.



Dignity Kits packaged and ready for distribution to PWD and children with autism and their caregivers.

The objectives of the outreach activity were to:

- Provide at least 300 *kayayei* with food items and Dignity Kits;
- Provide 700 women, girls and young people with SRH information, including contraception and SGBV information; and
- Raise awareness of COVID-19 health regulations.

The first activity was an enumeration exercise to determine how best to assist *kayayei*, either to return home or to remain safely in the capital. Eleven UNFPA YoLe Fellows participated as volunteers to gather data on the *kayayei*. The Fellows were briefed and provided with forms to be filled out. Some of the *kayayei* became “leaders”, leading the enumerators to the head porters to complete the enumeration, and interpreting questions into local languages for the enumerators. They were asked five basic questions:

1. Name
2. Hometown
3. Would you like to go home?
4. When and why would you like to go home?
5. What do you know about COVID-19?



A UNFPA YoLe fellow in an interview with one of the *kayayei* whose baby tags on

The second activity was the distribution of Dignity Kits and food items, as well as education on COVID-19, SGBV, and SRH. Twenty-two volunteers, including YoLe Fellows, former fellows and interns, positioned themselves in various parts of the Tema Station market to speak with the *kayayei*.

Results

A total of **258 head porters** of varying ages, from adolescents to older women, were enumerated. Of these, 61 per cent said they wanted to go back home while 39 per cent preferred to remain in Accra. Some of the reasons they wanted to return home were:

- No work due to COVID-19 restrictions;
- No money to support themselves and their children; and
- Fear of being infected with COVID-19.

Many who wished to return home noted that once the restrictions were lifted and the COVID-19 pandemic was controlled, they would return to Accra.

Of the 700 *kayayei* targeted, only **189 were reached with Dignity Kits** and other items because of the heavy downpour that started two hours into the day's exercise. However, about **44 persons** received information on SRH and SGBV.

Lessons learned

Rain disrupted an otherwise very successful exercise, and the target was not able to be met. Many of the Dignity Kits had to be returned to the office. One lesson learned was the need for a backup plan during outreach activities. A second lesson was that the pull factors for *kayayei* to keep working are still very strong. Given their needs, they are likely to remain in Accra or return to Accra when the pandemic is controlled. A plan is needed to continue educating and sensitizing *kayayei* on the prevention of COVID-19, as well as sexually transmitted infections (STIs) and other health risks.

Recommendations

- Similar outreach activities should be conducted in other communities to reach more beneficiaries.
- There should be more focus on *kayayei* considering their many needs, including preventing COVID-19 infection. More supplies are needed since some of them have children who live on the street if they are not given ample attention.
- Coordination with a health facility within or near the market is recommended to provide ongoing support to *kayayei* and others who may need long-acting reversible contraception (LARC) methods.

3.3 Provision of food to poor, vulnerable, and marginalized populations

Journalist Oheneyere Gifty Anti, a gender activist and famous television personality, has experienced some of the effects of COVID-19. After returning from a series of travels in Europe in March 2020, she was subjected to compulsory quarantine for 14 days with over a thousand other travellers, per the directives of the Government of Ghana. Her experience in quarantine, the anxieties associated with being tested twice in 14 days and being away from family and work, Gifty became a spokesperson for the prevention of COVID-19. She partnered with UNFPA and other organizations to use all her platforms — The Standpoint television show, the Awo Dansua Foundation, the Girl in Need Foun-



Kayayeis at Tema Station observing social distancing while interacting with the UNFPA team.

dation, and Oheneyere Royal Wife — to speak publicly about the gender dimensions of coronavirus.

In partnership with UNFPA and the National Population Council, Gifty used *The Standpoint* television programme to educate the Ghanaian public on COVID-19 and the prevention of SGBV during the restricted movement. Topics covered the need to continue practicing family planning, following proper handwashing, sanitizer use and coughing etiquette, wearing face masks, and practicing social distancing. She also promoted the use of the Domestic Violence Hotline (055-1000-900).

With support from UNFPA, Gifty distributed Dignity Kits to vulnerable elderly women and adolescent girls in the Akwamu Adumasa community and some Muslim communities in Accra. She used the donations as opportunities to sensitize these target populations on family planning and the need to report cases of abuse on the DOVVSU hotline.

Results

About **500 Dignity Kits** were distributed to women in Adumasa and parts of Accra to help them avoid contracting COVID-19. **Over 500 women**, including teenage mothers and elderly women, were informed about how to prevent COVID-19. These women, as well as several men, received information on family planning and reporting abuse, including SGBV.

Lessons learned

Dignity Kit donations, combined with the presence of a popular journalist and gender rights advocate, attracted large crowds to all donation activities. This was a good opportunity to present crowds with relevant information and education. Targeting Muslim women with family planning information was effective, considering the low level of practice of family planning among Muslim populations in Ghana. It also encouraged the participation of Muslim men who accompany women in public.

Recommendations

- Education on COVID-19, SRH and SGBV should feature in all donation activities.
- Other religious groups should be targeted with donations to increase the visibility of UNFPA and involve faith-based leaders in achieving UNFPA's mission.
- Capacity building of faith-based leaders on SRH and SGBV is critical to achieving positive results.
- DOVVSU should be supported to undertake more media engagement in local languages, as well as door-to-door outreach in the *zongos* and small communities to raise awareness of domestic violence and the use of the hotline.

3.4 Reaching out to correctional centres during the COVID-19 pandemic

The Senior Correctional Centre in Accra is currently the only institution in Ghana that caters to young offenders and juveniles. The centre offers young offenders counselling, classroom education, and skills training to help them fully reintegrate in society when they are released, and continue their training or schooling where they left off. Women in Leadership International (WILI) collaborates with the Senior Correction Center to provide regular counselling sessions for inmates. Its activities are focused mainly on case work, group work, and academic counselling.

In partnership with WILI, UNFPA reached out to juveniles in the Osu and Roman Ridge Correctional Centers, distributing Dignity Kits and basic hygiene products (hand sanitizer, soap, toiletries, towels, underpants, and other items), and organizing a session on SGBV. The objectives of this activity were to:

1. Reach out to young people in the correctional centres to enable them to be independent and protect their human dignity during the COVID-19 pandemic;
2. Sensitize them on SRHR; and
3. Promote the DOVVSU hotline and other SRHR and SGBV support services, and raise awareness of violence prevention.

Results

A total of **475 inmates** from the two correctional centers, including 297 males and 178 females, as well as **25 caretakers**, were provided with Dignity Kits to meet their daily needs for at least a month. The same inmates and caretakers, as well as others present,



Dignity Kits presented to Hope for Future Generations Ghana (HFFG) for distribution to young people living with HIV. This was another way UNFPA reached marginalized groups and people in need during the COVID-19 pandemic.

numbering **over 500 individuals**, were also provided with information on SRH, SGBV, and COVID-19.

Lesson learned

Young people in correctional centres are often not considered during pandemics such as COVID-19. However, it is critical that they receive special attention, especially due to the ease with which infections can spread and the difficulty in recognizing the disease in closed settings. All vulnerable populations in society need to be considered and provided for during pandemics and other emergencies without stigma, however, the needs of those in correctional centres are often ignored.

Recommendation

Because the mandate of UNFPA is to ensure that every young person’s potential is fulfilled, young people in correctional centers should be a target group when planning interventions.



Left: Dignity Kits to be presented to young people in the correctional centres Right: A caretaker receiving a Dignity Kit

3.5 e-Workshop on autism and SRHR

In commemoration of World Autism Awareness Day, which falls on April 2, the UNFPA Ghana Country Office, through the UN Joint Programme on Empowering Adolescent Girls, organized the first Autism-SRHR meeting to create an interactive platform for young people with autism, their parents, caregivers, and programme implementers. A one-hour e-workshop was organized in partnership with Autism Ambassadors of Ghana (AAG) to identify the major SRHR challenges facing young people with autism and their caregivers.

Following the Autism-SRHR sitting, the UNFPA Country Office partnered with Autism Ambassadors of Ghana to organize the e-workshop, "The Transition to Adulthood". The objectives of the online workshop were to:

- Increase public awareness of autism and the SRH needs of adolescents with autism;
- Facilitate national dialogue on autism and SRHR; and
- Raise awareness of the prevention of SGBV and COVID-19 among vulnerable groups.

In addition to the e-workshop, a press release was issued on autism and SRH. An autism-SRH chat was organized on Twitter, and IEC materials on autism were distributed via online platforms.

Results

The e-workshop was attended by **90 participants**, including staff, interns, and Yole fellows of the UNFPA Ghana Country Office, a representative of the Canadian High Commission to Ghana, member organizations of the African Youth and Adolescents Network on Population and Development (AfriYAN) Ghana, other youth groups, and healthcare professionals. Flyers were distributed to promote the event and support advocacy for a safe environment for adolescents with autism, which contributed to high attendance levels.

The workshop was successful in **increasing participants' knowledge** of the concept of vulnerability and SRHR. It also improved participants' knowledge of programming and service provision for persons with disabilities. The results of pre- and post-workshop tests showed an overall increase in knowledge about autism and SRHR, and all participants were able to identify ways to deliver messages on COVID-19 to adolescents with autism.

Above all, there was a clear understanding that everyone needs information on SRHR and SGBV prevention, including persons with autism. This understanding will likely eventually contribute to less public stigma towards adolescents with autism.

At the end of the e-workshop, a press release was issued and disseminated through UNFPA's online platforms and its network of professional communicators, the Media and Communication Advocacy Network (MCAN).

Over 35,000 people participated in the Autism-SRH Twitter chat on World Autism Awareness Day. The chat was hosted on UNFPA Ghana's Twitter account (@UNFPA-Ghana) and was an occasion to share information, dialogue, and respond to questions from the public on autism, SRH, and SGBV. Before the chat, a Twitter chat kit was developed and disseminated widely as an early orientation for young people to enhance their participation. Participants in the chat made important contributions based on the knowledge they had gained from the e-workshop. A new hashtag, #AutismSRHR, was used to follow the chat and track how it trended.

Lessons learned

A key lesson learned was that it is very effective to combine advocacy for autism with information on SRHR and COVID-19. Online workshops and chats were also found to be very effective when well packaged and promoted.

Recommendations

- To ensure proper feedback, all participants should complete a pre- and post-workshop survey.
- Participants of future e-workshops should be issued with certificates as proof of their participation and knowledge gained. Completing the post-workshop survey should be required to receive the certificate.

4.



Reducing unintended pregnancies and sexually transmitted infections (STIs) during the COVID-19 pandemic

4.1 Integrated SRH/FP/SGBV community outreach

Ghana was projected to experience a spike in teenage pregnancies during COVID-19 if appropriate measures were not taken. Vulnerable and marginalized groups, including women, girls and young people, especially those in under-resourced communities, continue to bear the impact of COVID-19, including limited access to reproductive health information, contraceptives, and domestic violence prevention. To mitigate these challenges, a door-to-door community outreach activity was conducted during the period of restricted movement, aimed at reaching young people, women, and adolescents with SRH information and SGBV prevention messages.

The objectives were to:

- Provide 5,000 women, girls, and young people with information on SRH, including contraception and SGBV;
- Distribute 5,000 IEC materials on domestic violence, rape and incest, reproductive health, and contraceptive use;
- Distribute 10,000 condoms to target groups;
- Raise awareness SGBV reporting, particularly the DOVVSU hotline; and
- Promote youth leadership, participation, and engagement in the COVID-19 response.

The outreach was conducted by 96 YoLe fellows, staff, and volunteers from youth groups and tertiary institutions. All volunteers participated in a virtual capacity building session on community entry and SRH prior to the outreach activity. The volunteers were grouped into four teams, and WhatsApp groups were created for the teams to receive regular briefings. The teams wore UNFPA-branded t-shirts for easy identification.

Results

A total of **5,754 women** in various parts of Accra were reached with information on SRH, SGBV, prevention of pregnancy, the DOVVSU hotline, and COVID-19. Volunteers distributed **28,800 condoms** to target groups and face masks were given to those they encountered to support COVID-19 prevention. The outreach approach resulted in meaningful youth participation in the delivery of SRH and SGBV information and commodities to women, girls, and young people.



Volunteers interacting with community members during the outreach activity



A group of outreach programme volunteers

Lessons learned

People were generally receptive to the information and made an effort to disseminate the information to others. Some hawkers and traders joined small groups of people gathered around the volunteers to discuss COVID-19, SRH, and SGBV. People who were at home called neighbours and relatives to join in the discussions. Others voluntarily posted the IEC materials with bold inscriptions of the DOVVSU hotline number on their walls and doors.

Some volunteers received reports of SGBV during the community engagements. They discussed the situation with the complainants and resolved some cases, while other cases were referred to DOVVSU. Women were more interested in information about domestic violence; most of the men who were encountered were not interested.

Many people said they did not believe the coronavirus exists. One woman also said she did not believe there was HIV and AIDS in the community since she had always had unprotected sex, but had not been infected with HIV.

There are still religious and social barriers to the acceptance of contraceptive methods. Some people were reluctant to take the condoms due to personal and religious beliefs. Some young people were shy and reluctant to take the condoms because they were afraid their parents would find the condoms and question them about their sexual activity. However, a few young people requested condoms and admitted they were sexually active. Women typically requested female condoms and sought information about family planning to clear up doubts, myths and misconceptions.

“A woman stepped out of her shop and started inquiring about our mission even before we had the chance to get to her. We later realized she was religious and did not want the condoms. However, after engaging with her, she willingly requested for condoms to place in her shop to hand out to young people who frequent her shop regularly.”

— UNFPA community outreach volunteer

Some community members were mainly interested in the items being distributed, and when supplies ran out they lost interest in listening to the information. It was also quite difficult to maintain social distancing while items were being distributed.

Recommendations

- More community outreach activities like this should be conducted to reach more people.
- More supplies are needed to reach all beneficiaries, and female condoms should always be included.
- UNFPA needs to communicate and coordinate with the local health facility during outreach activities so that women who prefer long-acting family planning methods, and those who need direct health worker intervention, can be referred.

- Opaque bags or backpacks should be used to carry the supplies instead of see-through hand-held bags.

Some volunteers recommended awarding certificates of participation to all volunteers.

4.2 Door-to-door SRHR/SGBV outreach

A similar community outreach activity was conducted by 23 YoLe Fellows and UNFPA interns who went door to door in 19 communities in the Accra and Tema areas. This outreach was prompted by a projected spike in teenage pregnancies from increases in sexual assault, rape, incest, and decreased access to contraceptives and reproductive health information during COVID-19 restrictions. The UNFPA Country Representative joined the YoLe Fellows and UNFPA interns in this outreach effort.

YoLe Fellows distributed packages containing face masks, hand sanitizer, male and female condoms, IEC materials on SGBV, and materials that communicated the need to stay home to avoid contracting COVID-19. This intervention targeted families and households in and around communities where UNFPA YoLe Fellows and interns live.



Left: YoLe Fellows display IEC materials on domestic

Right: A young man listens attentively to information being provided by a YoLe fellow

Results

A total of **237 households** in **19 communities** benefited from the outreach, with **1,605 people** (60 per cent male and 40 per cent female) receiving contraceptive commodities and SGBV and COVID-19 information. The outreach also provided an opportunity to raise awareness of the domestic violence hotline.

Lessons learned

Myths and misinformation continue to prevent people from accessing contraceptives. Four people in the Dansoman Mount Olivet area alleged that foreign policies, including the use of contraceptives, seek to reduce Africa's population, and believed that the UN was giving out condoms as part of this hidden agenda. This myth needs to be addressed in public education and the development of IEC materials.

Some volunteers were unable to communicate effectively with people in the community due to language barriers. Better planning would have assured that volunteers were assigned to communities where they could communicate in the local language. In addition, some people were afraid to touch the IEC materials as they claimed that COVID-19 could be on the surfaces.

Recommendations

- Similar outreach interventions should be continued and expanded to other parts of Accra and Ghana at large.
- Community interventions during times of restricted movement should be expanded to include services for women who need long-acting reversible contraceptive methods (LARCs).
- Parents and guardians should be supported to recognize and assert their roles in educating young people about sexuality and the prevention of unintended pregnancy.
- Innovative outreach activities, especially in contexts such as COVID-19, should be conducted more frequently because of the relief it provides to beneficiaries.
- An emergency reproductive health and rights response system should be put in place.
- Setting up physical service points in communities to cater to the needs of domestic violence survivors should be explored during COVID-19 and other times of crisis.



Scan to watch Yole Fellows' community outreach activities

4.3 E-workshop on family planning

The repercussions of COVID-19 for SRHR and family planning are enormous. The pandemic has disrupted typical approaches to family planning programming while uncertainty, fear, and panic can affect the ability of women, girls, and boys to access contraceptives at health facilities or to purchase condoms and birth control pills from pharmacies. Family planning programming is also affected by supply chain disruptions,

which has slowed deliveries of contraceptives and added uncertainty to lead times and delivery dates. The pandemic could lead to commodity stockouts, discontinued use of contraceptives, and low trust in the health system, which could in turn lead to higher numbers of unintended pregnancies, unsafe abortions, and preventable maternal deaths. Yet, family planning remains critical, especially during emergencies.

Therefore, UNFPA organized an e-workshop that brought together key stakeholders to discuss challenges with family planning programming due to COVID-19 and to collectively identify innovative ways to ensure continuity in service provision.

In total, **243 participants** aged 18 to 56 years (70 per cent female and 30 per cent male) attended the e-workshop. Participants represented the Ghana Health Service (GHS), private health institutions, NGOs, and CSOs. The following presentations were made:

- Impact of COVID-19 on family planning service provision and policy directives at the macro level;
- Impact of COVID-19 on the supply side of family planning service provision; and
- Impact of COVID-19 on the demand side factors, particularly at the community level.

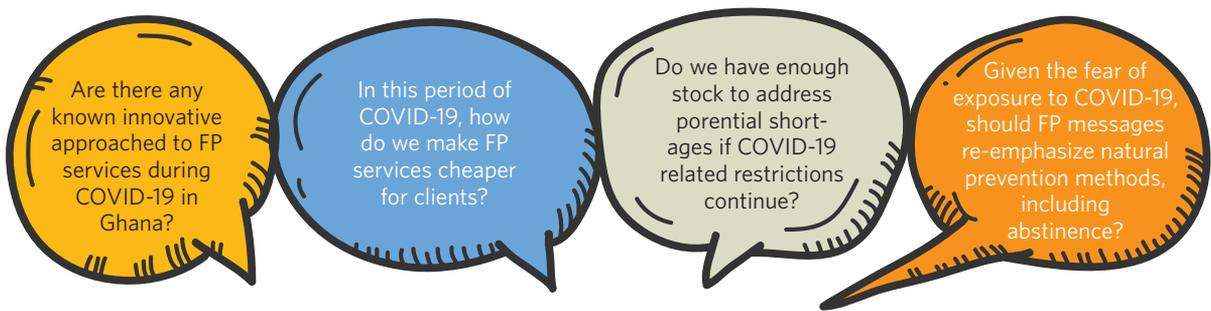
Results

A total of **243** members of the family planning community gained a better understanding of the direct and indirect effects of COVID-19 on the provision of family planning services. Strategic and innovative strategies to continue family planning services during the COVID-19 pandemic were identified, including the use of telemedicine. There was an increased commitment from stakeholders, especially CSOs, to intensify advocacy to make family planning a priority in the emergency response to COVID-19. CSOs also committed to advocate for the integration of family planning, abortion, post-abortion care, and other SRHR services in the National Health Insurance Scheme (NHIS) package. The Ghana Health Service committed to ensure that all guidelines related to COVID-19 are followed by healthcare providers to encourage service uptake and reduce the spread of the virus.

Lessons learned

Setting up a planning committee with key stakeholders, including the Ghana Health Service, ensured that appropriate content was developed and discussed during the workshop. The involvement of seasoned family planning practitioners also brought a range of enthusiastic participants onboard. Proper planning and advertising well ahead of the workshop led to high participation.

The short duration of the workshop and the well-guided discussion kept participants active throughout the workshop, leading to deeper appreciation of the content.



Some concerns raised during the workshop

Recommendations

- Telemedicine should be leveraged to reach young people effectively with SRH information, family planning services, and counselling.
- Interventions to ensure a stable supply of family planning commodities during the pandemic should be identified and implemented. This would help scale up contraceptive use among women and girls and reduce the number of unintended pregnancies, unsafe abortions, and preventable maternal death.



Scan to watch the family planning e-workshop

4.4 E-classroom series on the Adolescent Girls' Programme

The UNFPA Country Office hosted a four-part e-classroom series to increase young people's knowledge of various SRH and SGBV-related topics, and take stock of innovative activities by youth and adolescents to improve the SRH of young people, especially adolescent girls, before and during the COVID-19 crisis. The first two sessions were held on Zoom on May 14 and June 12, 2020 in partnership with key stakeholders, including AfriYAN Ghana, Grace Health and Planned Parenthood Association of Ghana (PPAG). The theme of the workshops were "Ideas and Action: Adolescents and Youth Confronting SRH Challenges" (Parts 1 and 2), and the objectives were to:

- Meaningfully engage young people on critical SRH issues, including assertiveness and SGBV in digital spaces;
- Promote actions that contribute to the overall improvement of adolescent girls' SRH;
- Create space for innovation for adolescents to identify and share solutions to SRH challenges;
- Disseminate SRH information in a fun, safe space; and
- Build a network of adolescent health ambassadors across UNJP intervention areas.

About 330 young people aged 15 to 35 from 14 regions took part in the e-classroom series. The following individuals served as resource persons:

- Ishmael Kwasi Selassie, Youth Programmes Coordinator of the PPAG
- Sarah Abena Benewaa Fosu, Founder of Yebetumi and representative of AfriYAN Ghana
- Molly Urwitz, Partnership Associate at Grace Health and UNFPA staff member

Results

Post-workshop surveys showed that over half of participants were focal points for SRHR advocacy for young people in their regions, and over half had benefited from a UNFPA intervention prior to the classroom series. As a result, 77.32 per cent of respondents could demonstrate knowledge of social change, and 87.83 per cent could describe and provide examples of social change in their communities. However, only 80.87 per cent identified themselves as social change agents in their communities.

Participants were also able to link their various activities to social change in their communities. “Abolition of slavery”, “the fight for independence”, “the feminist movement”, “talk against FGM”, “the wearing of masks”, “comprehensive sexuality education (CSE) in education curriculum”, “education on reproductive health within communities”, “the campaign to end child marriage”, and others, were all cited as examples.

About a quarter of the young people reported that they trusted youth clinics and the internet as a source of SRH information, and over half had accessed the internet for SRH information. Over 80 per cent of respondents identified antenatal clinics (ANC) for adolescents, adolescent decision-making about sex, and using digital media for SRH advocacy were key takeaways from the workshop. Other important takeaways were that COVID-19 had reduced access to SRH information and services, and that efforts to provide SRH services need to be increased.

Lessons learned

The e-classroom series provided an opportunity for many young people from programme intervention areas and beyond to benefit from interactive, knowledge-building sessions in a comfortable space. Even though participants had to purchase an hour of data to take part in the online sessions, they found them extremely beneficial. UNFPA Ghana reimbursed participants who successfully completed the post-event survey.

Recommendation

Participants should commit to engage in one or more areas of the e-classroom series with individuals in their circle of influence, applying the various innovative methods featured in the sessions.

5.



Addressing maternal health during the COVID-19 pandemic

5.1 E-workshop on maternal health and fistula

An e-workshop organized by the UNFPA Country Office, “Discussing the Implications of COVID-19 on Maternal Health Services”, was held on May 22, 2020. The workshop brought together **278 members of the maternal health community from 10 countries**, including the US, UK, and Nigeria. The aim of the workshop was to raise awareness of the need for continuity in essential maternal health services and interventions during the COVID-19 pandemic. It was also an opportunity to highlight the effect of COVID-19 on maternal health services, including support for women with obstetric fistula.

The e-workshop was moderated by Bridget Asiamah, Technical Analyst of the UNFPA Campaign to End Fistula. Workshop speakers included:

- Ruby Naa Ago Larbi Mensah Tagoe, a senior midwife at Tema Metropolitan Assembly Maternity and Children’s Clinic who shared her experience delivering maternal health services during COVID-19;
- Francisca Eshun, a nursing mother who shared her experience giving birth during the period of restricted movement and the challenges and related anxieties;
- Dr. Kofi Sekyere, Public Sector Strengthening Quality Advisor at Marie Stopes International, who discussed the continuity of essential maternal health services and interventions during COVID-19;
- Seth Cochran, Founder and CEO of Operation Fistula in the UK, who shared data on the organization’s work in tracking and supporting fistula cases around the world, and pledged his company’s support for Ghana’s COVID-19 response; and
- Hannah Gariba, a fistula patient who shared her journey of developing obstetric fistula about 10 years ago, undergoing two unsuccessful surgeries, and hoping for a third one that might be more successful.

Results

- Participants’ increased their knowledge and understanding of the direct and indirect effects of COVID-19 on maternal health services.

- Strategies to continue the provision of maternal health services during COVID-19 were identified, including ensuring that health workers and mothers are kept safe through the provision of PPEs and adherence to COVID-19 preventive measures.
- Increased commitment of stakeholders, especially private organizations and CSOs, to intensify advocacy to make maternal health a priority in the emergency response to COVID-19.

Lessons learned

This activity was part of a commemorative week packed with various activities, which put a strain on event organizers. Using technology was very effective at reaching a large audience in various countries even though there were challenges with playing pre-recorded interviews and keeping the programme to the allocated time.

Recommendations

- Live interviews should be conducted during online events or the technology for playing back pre-recorded interviews should be improved to ensure the session runs smoothly.
- More education on obstetric fistula is needed and technology should be used to reach more people.
- More partners should be engaged to ensure maternal health services continue to be supported during the COVID-19 pandemic.

5.2 Twitter chat on obstetric fistula

Obstetric fistula (OF) is a devastating childbirth injury caused by prolonged, obstructed labor. It affects millions of women all over the world, and primarily occurs among girls and women living in poverty and regions of the world where there are inadequate medical services. In Ghana, it is estimated there are between 711 and 1,352 new cases of obstetric fistula each year. Obstetric fistula greatly affects the lives of those who have it, from expensive surgeries to stigma and isolation. It also affects spouses, relatives, and the community at large.

To draw attention to this devastating condition, May 23rd is observed as the International Day to End Obstetric Fistula (IDEOF). UNFPA collaborated with the National Obstetric Fistula Task Force Team, the Ghana Health Service, and its partners to commemorate the day with a chat on Twitter about obstetric fistula. The objectives were to:

- Raise awareness of essential maternal health services and prevent childbirth-related complications, such as obstetric fistula; and
- Reinforce preventive measures and address issues around COVID-19.

A total of 278 members of the maternal health community participated in the Twitter chat, which was held on May 21, 2020. The topic of the chat was the same as the theme for IDEOF 2020: "Ending Gender Inequality, Health Inequities and Fistula Now!" Participants advocated for ending obstetric fistula, addressed the myths and misconceptions

surrounding the condition, and explained how the elimination of obstetric fistula would contribute to the achievement of the SDGs.

The chat was guided by questions posted on the Twitter handle. After followers attempted to respond to each question, answers were posted on Twitter.

To augment the Twitter chat, daily social media messages were posted over the course of a week to raise awareness of maternal health, including obstetric fistula during the COVID-19 pandemic.

On May 23, Dr. Claudia Donkor, the UNFPA Programme Analyst for Reproductive Health and Humanitarian Assistance and focal person for obstetric fistula, together with fistula surgeon Dr. Gabriel Ganyaglo, participated in a live radio discussion on Starr FM (103.5 FM) to discuss the topic, "Obstetric fistula: where are we as a country?"

Results

#EndFistulaNow was one of the **top three trending hashtags** on the day of the chat and Twitter analytics showed that **over 34,000 people** had been reached. The chat gave

participants the chance to receive accurate information about obstetric fistula, and to commit to do their part to end obstetric fistula and end stigmatization of those with the condition. The social media messages and radio interview also reached a lot of people with information and education.

Lessons learned

Once participants learned about obstetric fistula, their interest in ending this condition increased.

Recommendation

The IDEOF should be observed by UNFPA Ghana every year to raise awareness of the condition and increase action to end it. More education about obstetric fistula is needed using online and other media platforms.

Questions posted on the Twitter chat on obstetric fistula

1. What is obstetric fistula?
2. What are some myths that surround obstetric fistula?
3. How can we deal with the stigma and shame associated with obstetric fistula?
4. What does this year's theme, "End gender inequality! End health inequities! End Fistula now!", signify?
5. Which SDGs will not be achieved if obstetric fistula continues to exist?
6. What measures are required to #EndFistulaNow especially during this pandemic?
7. Can obstetric fistula be corrected? If so, how?



5.3 Celebration of the International Day of the Midwife

UNFPA and partners celebrated the International Day of the Midwife (IDM) on May 5, 2020 by advocating for better midwife-led care for pregnant women and their newborns during the COVID-19 pandemic. The theme was, "Midwives with women: celebrate, demonstrate, mobilize, unite – our time is NOW!"

The objectives were to:

- Celebrate the successes of midwifery in the continuum of care;
- Demonstrate how to provide midwifery care to prevent COVID-19 infection and protect mothers and their newborns;
- Mobilize midwives, women and their partners to advocate for continuous, trusted services for mothers and their newborns and universal access; and
- Unite midwives to inform, educate, and communicate accurate information about COVID-19 and to reduce fears and anxieties around maternal care.

A series of activities were planned to commemorate the day and were launched by the Deputy Minister of Health, Hon. Bernard Oko Boye, on Zoom and Facebook. The activities included:

- Video messages from the Minister of Health, the UNFPA Country Representative and other social leaders were shared on social media channels on the day of the celebration.
- A webinar was hosted to discuss how prepared midwives were during the pandemic, in terms of services, supply logistics and availability, stigmatization, safety guidelines, and public support.

- A panel discussion was held on Citi TV on the role of the midwife during the COVID-19 pandemic featuring Dr. Ismail Ndifuna of UNFPA and a midwife from the Ghana Health Service.
- An online training on the Safe Delivery App was held on May 7, 2020 at the Ministry of Health, sponsored by UNFPA in collaboration with the Maternity Foundation, the Ministry of Health and midwifery associations. The training was streamed live on the Facebook page of the Ghana Registered Midwives Association (GRMA). Lauren Bellhouse of the Maternity Foundation led the training.
- A Ghanaian midwife from Ridge Hospital was [featured on CNN](#) telling the story of frontline workers during the COVID-19 pandemic.
- A [Twitter chat](#) was organized to discuss the theme of the 2020 IDM.

Scan to watch the UNFPA Country Representative's message on the IDM



Results

About **4,000 people** watched the launch of the IDM live on Facebook and Zoom. The webinar was also quite well attended. The online training on the Safe Delivery APP benefited **120 midwives** from five countries. The Twitter chat was also quite successful, with midwives participating from various countries.

Lessons learned

Unity among midwives was evident and clearly noted in the online workshop and other activities. President of the GRMA, Netta Forson-Ackon, highlighted five key needs of midwives:

- Psychological counselling for midwives and other health workers.
- Regular supply of PPE and other supplies, including infrared thermometer guns to help protect midwives and their clients, provided to private and public maternity homes through well-defined distribution processes.
- Greater uptake of telemedicine and urgent support to redesign care to allow for supervised home deliveries.
- Robust public education is urgent to end the stigmatization of midwives and other health workers.
- Strict adherence to screening clients and caregivers before allowing them into a health facility.

Recommendations

- The International Day of the Midwife should be celebrated every year to draw attention to the needs of midwives in Ghana, and to continually press for universal coverage of midwifery services in all parts of the country.
- More webinars and discussions are needed to support the activities of midwives, especially during the COVID-19 pandemic when it is vital to observe safety precautions.
- The needs of midwives as identified by the President of the GRMA need to be taken into consideration when planning future UNFPA activities in Ghana.

5.4 Donation to Mercy Women's Catholic Hospital

UNFPA Ghana donated PPE and 300 Dignity Kits to the Mercy Women's Hospital in Mankessim in the Central Region of Ghana. The Medical Superintendent of the hospital, Dr. Justice Osei, received the PPE, which included surgical gloves, goggles, face shields, and other supplies. Mothers in the maternity ward also received Dignity Kits with joy.



Dr. Justice Osei (left) receiving the Dignity Kits and PPE from Dr. Claudia Donkor of UNFPA (right)



A mother of twins with a Dignity Kit

5.5 Feature articles

As part of UNFPA's public education and awareness raising about COVID-19, the Country Office published several feature articles in state newspapers in Ghana. The aim was to reach the public with in-depth information that they could read, reference, and share with others. Some of the articles highlighted UNFPA's COVID-19 response, including activities on maternal health and obstetric fistula. The articles were discussed on radio and television shows. Some of the feature articles are shown below.



Gender

Responding to obstetric fistula amid COVID-19

By Rosemary Ardayflo

“As a Senior Nursing Officer, I have worked with so many women and girls with obstetric fistula and I would not wish this condition on anyone. It is a humiliating condition and those who suffer from it deserve our respect, empathy and help. My prayer is that everyone with obstetric fistula will be repaired and that we can clear the backlog of existing cases.

I also pray that people become aware of this condition and we all work hard to prevent it from happening in the first place, so that in the near future Ghana will no longer report cases of obstetric fistula. That is my desire, as we commemorate the International Day to End Obstetric Fistula, amid COVID-19.

These are the words of Ms Rose Mantey, a Senior Nursing Officer and a Nurse Midwife in charge of the Fistula Centre of Mercy Women's Hospital in Mankessim in the Central Region. A seasoned nurse, Ms Mantey is passionate about and dedicated to restoring the dignity of women and girls with obstetric fistula.

Devastating disease

Obstetric fistula is a devastating childbirth injury caused by prolonged, obstructed labour, which affects millions of people all over the world. This complication occurs most often among girls and women living in poverty and in regions of the world where there are inadequate medical services.

Globally, two to three million women in Sub-Saharan Africa and Asia develop obstetric fistula.

In Ghana, it is estimated that 1,300 new cases of obstetric fistula occur each year, amounting to an incidence rate of 1.8 per 1,000 deliveries.

International Fistula Day

The consequences of fistula go beyond the individual woman and affect spouses, relatives and the community at large.

To draw attention to this devastating condition, every year, May 23 is commemorated as the International Day to End Obstetric Fistula, to promote action towards the prevention and treatment of obstetric fistula.

The theme for this year is: "End



- Ms Rose Mantey

gender inequality! End health inequities! End fistula now!"

Although a lot has been done over the past years to create awareness of fistula in Ghana, including media engagements and advocacy campaigns, there is still ignorance about this condition.

Against this backdrop, the United Nations Population Fund (UNFPA) is collaborating with the National Obstetric Fistula Taskforce Team, the Ghana Health Service and its partners

in this year's commemoration to sensitise the populace to the condition, taking into consideration the current COVID-19 pandemic.

According to the agency, it is essential to advocate and create awareness about the need to ensure the continuity of essential maternal health services and interventions, amid COVID-19, to prevent childbirth-related complications such as obstetric fistula.

Stigma and shame

In a statement, the Chairman of the National Obstetric Fistula Taskforce in Ghana, Prof. Anyetee T. Lassey, said the devastating condition had multiple impacts on its sufferers, including the indignity of constantly leaking urine or faeces or both through their birth canals.

"The associated stigma and shame are horrendous", he stated.

Prof. Lassey indicated that as the world grappled with the coronavirus pandemic, the chances of focusing on it to the detriment of other essential health services, including sexual and reproductive health services, were real and high.

"Most pregnant women and girls are apprehensive about accessing maternal health

services for fear of becoming infected with the coronavirus, increasing the probability of prolonged and/or undetected obstructed labour, which causes obstetric fistula. We need to encourage all pregnant women and girls to seek the services of a skilled birth attendant during this pandemic," Prof. Lassey stressed.

He observed that Ghana had made modest gains in preventing and managing fistula cases, adding that the country must ensure the

continuity of maternal health services in amid COVID-19 to reduce the incidence of obstetric fistula, "while the National Obstetric Fistula Task Team and the Ghana Health Service, continue to repair the backlog of unrepaired already existing fistula cases."

Essential health services

In his statement, Dr Patrick Kuma-Aboagye noted that women and girls silently suffered indignity and shame simply because they had obstetric fistula.

"Their sufferings nudge us to continue to put measures in place to prevent others from developing this devastating childbirth-related complication, even as we tackle the coronavirus pandemic," he said.

The Ghana Health Service, he stated, was committed to ensuring the continuity of essential health services, which included sexual and reproductive health services, for all amid the fight against COVID-19.

Dr Kuma-Aboagye indicated that healthcare providers had been provided with personal protective equipment to ensure that they were safeguarded as much as possible from the infection.

In turn, this would offer reassurances to patients as they access health services, along with their observation of the mandatory precautionary procedures of handwashing, using hand sanitisers, wearing face masks and observing physical distancing, he said.

He encouraged everyone to access maternal health services to ensure that complications such as obstetric fistula are prevented.



- Prof. Lassey

"The devastating condition has multiple impacts on its sufferers, including the indignity of constantly leaking urine or faeces or both through their birth canals."

- Prof. Anyetee Lassey

Gender

UNFPA gives PWDs sanitary items, family planning education

By Doreen Andoh

THE United Nations Population Fund (UNFPA) has underscored the need for sexual and reproductive health education, provision of services and commodities to be heightened in the era of the pandemic.

The UN agency said the COVID-19 pandemic threatened efforts to achieve global and national sexual reproductive health and family planning gains.

The Deputy Representative of the UNFPA, Dr Agnes Ntibanyurwa, addressing persons with disability (PWDs) at an outreach and donation programme in Accra last Wednesday, said the pandemic also threatened to reverse already made gains over the years in improving contraceptive uptake and reducing domestic violence and other forms of violence.

"It is reducing our efforts to achieve the three UNFPA transformative results of zero unmet need for family planning; zero preventable maternal deaths and zero sexual and gender-based violence and harmful practices.

Donation

Dr Ntibanyurwa, who also

distributed over 500 packages containing soap, hand sanitisers, nose masks among other sanitary items to each of the Ghana Federation of Disability Organisations, said the UNFPA remained committed to supporting the government to explore innovative ways to continue to reach women, girls, adolescents and all vulnerable groups with essential information.

Greater risk

She said the effect of the pandemic on vulnerable populations such as the PWDs was even more devastating due to peculiarities of their impairments they presented and the already existing inequalities in accessing services.

She mentioned the inequalities to include, communication barriers; environmental barriers in accessing public health information, challenges in adhering to public health safety protocols such as hand washing and physical distancing.

"Moreover, depending on underlying health conditions, PWDs are at a greater risk of

developing more severe cases of COVID-19 if infected because the disease exacerbates existing health conditions," she said.

Education

Educating the PWDs on COVID-19 prevention and family planning, a Senior Public Health Nurse, Ms Diana Bona, said family planning was critical to living a good family life and preventing sexually transmitted diseases.

That, she said, was because family planning knowledge and

"Moreover, depending on underlying health conditions, PWDs are at a greater risk of developing more severe cases of COVID-19 if infected because the disease exacerbates existing health conditions."

services enabled families and individuals to have control on the number of children they wished to have and how to space them healthily.

The Executive Director of the Ghana Federation of Disability Organisations, Rita Kyeremaa Kusi, expressed gratitude to UNFPA for the continuous support to the federation to ensure they were not left behind in the COVID-19 response and public health interventions.

She mentioned access to



6.



Making a difference: UNFPA's special initiatives

6.1 Celebrating health workers during the COVID-19 pandemic

May 15th is the International Day of Families and is commemorated globally to draw attention to the social, economic, and demographic issues affecting families. In 2020, the celebration came at a time when families worldwide were dealing with the strain, stress, and health burdens of COVID-19. This includes health workers who have had to stay away from their families to care for those infected with the virus, which has had a great toll on them and their families.

UNFPA used the International Day of Families to celebrate all frontline workers in Ghana, specifically those stationed at the Pentecost Convention Centre in Gomoa Fetteh, a designated facility for the isolation and care of persons with COVID-19. The centre holds the largest number of COVID-19 patients in the country, at one point recording 500 occupants. It also has the largest number of health workers caring for patients with confirmed cases of COVID-19.

The objectives of the celebration were to:

- Commemorate the International Day of Families; and
- Celebrate frontline workers by expressing appreciation for and showing solidarity with health workers in mandatory quarantine.

Results

The event began with a flashmob outside the Pentecost Convention Center performed by Roverman Productions. Health workers joined in the dancing and singing at the end of the performance. The flashmob took place in a strategic central area where everyone at the centre could either see or hear the music and poetry.

The UNFPA Country Representative spoke to the crowd, stressing the important role of health workers in the fight against COVID-19 and the sacrifices staff and patients have made to stay away from their families and prevent the virus from spreading.

All staff and patients were feted with refreshments and music as a gesture to this extended UNFPA family. Dr. Ayisi, the head of the Centre, expressed her appreciation to UNFPA and for remembering them on a day when families are celebrated.



Dr. Ayisi expressing appreciation to UNFPA on the International Day of Families

Lessons learned

Although the performance was conducted in a central place to ensure it could be enjoyed by all, some patients could not view it as they were in rooms facing away from the car park and were unwilling to come to the designated safe space to participate in the celebration. However, they were informed about the activity and this was a source of encouragement to them.

The use of entertainment and artistic expression made for a good celebration, as was recruiting a professional team such as Roverman Productions. It took a lot of resources and logistics to celebrate the day successfully in the Central Region, which was quite a distance from the UNFPA office in Accra. However, it was worth the cost as it brought a lot of encouragement to the staff and patients at the Center.

Recommendations:

- In future, reminders should be given to management to ensure that all patients and staff have the opportunity to participate. For example, patients who cannot view a performance or other event should be informed about it in advance and encouraged to participate.
- Celebration of the International Day of Families should be institutionalized within UNFPA and used to encourage health workers and promote healthy family life.



Health workers and UNFPA staff and volunteers dancing at the celebration

6.2 Provision of essential items and Welcome Packs to the COVID-19 isolation center

Many positive COVID-19 cases in Ghana have been identified through enhanced contact tracing. Patients who have the capacity to self-isolate at home are encouraged to do so, but many must be quarantined in government-supported centers, one of which is the Pentecost Convention Centre at Gomoa Fetteh in the Central Region. In May 2020, UNFPA provided 200 Welcome Packs to patients entering the isolation center.

Later that month, 300 Dignity Kits were distributed to COVID-19 patients to support their well-being. The Dignity Kits contained items such as shorts/underwear, soap, toothpaste, and sanitary pads, as well as essential items like hand sanitizers and bleach. In June, the Center received another set of essential items and welcome packs, including toilet rolls, towels, toiletries, and bathroom slippers. In total, UNFPA supported patients at the Pentecost Convention Isolation Center with **700 Welcome Packs/Dignity Kits** and **1,000 essential items**.



UNFPA staff presenting Dignity Kits to staff of the COVID-19 isolation center, Pentecost Convention Center, Gomoa Fetteh

Lessons learned

The general sentiment among patients encountered at the Center was discontent with how they were treated in their communities when they tested positive. Their positive test status and arrangement for their quarantine were not properly communicated, which made them very afraid. One woman recounted that an ambulance with military personnel arrived at her house, which led to her being stigmatized. Although she appreciated the supportive care she received when she arrived at the isolation center, the manner in which she was brought there made her apprehensive and gave the impression that she was being sent to a “prison”. She felt that if she had received adequate information from the beginning this would have lessened her anxieties.

Patients expressed appreciation for the work of the staff, from doctors and nurses to military personnel who provided security. They acknowledged their efforts in providing counselling, food, daily morning exercises, and temperature checks. They admitted that their time spent at the Center was not as bad as they had imagined.

Some of the health workers also shared their concerns and challenges. They were concerned about the stigma associated with testing positive for COVID-19, which tends to discourage people from getting tested, while those who receive positive results migrate to other communities without receiving treatment and spread the virus. They pointed to the challenges associated with contact tracing, as well as the impact of the pandemic on health workers.

Recommendations

To help mitigate the stigma associated COVID-19 and the reluctance of people to submit to quarantine, a documentary on daily life at the Pentecost Convention Isolation Center should be produced for public viewing. This would align with the Risk Communication and Community Engagement intervention in UNFPA’s COVID-19 Response Plan.

**Scan to watch UNFPA’s donation
to the COVID-19 isolation center**



6.3 E-workshop series

To maintain social distancing and keep UNFPA partners and target populations informed about SGBV and family planning during the COVID-19 pandemic, as well as COVID-19 precautions, UNFPA organized the following e-workshops. The results, lessons, and recommendations from these workshops are described in more detail in other sections of this report.

E-workshop on autism and SRHR

Held on March 31, 2020, this e-workshop was organized by UNFPA with support from Global Affairs Canada and in collaboration with Autism Ambassadors Ghana. By the end of the workshop, 90 people had been trained on the SRHR needs of persons living with autism, as well as SGBV and prevention of COVID-19.

E-classroom series on the Adolescent Girls' Programme

Two of the four workshops in this series took place in May and June 2020. UNFPA Ghana Country Office organized the e-classroom series with support from UNFPA Canada and in collaboration with civil society groups and the youth network, AfriYAN Ghana. These two workshops successfully trained 350 persons on SRHR, social change, and SGBV.

E-workshop on sexual and gender-based violence

UNFPA collaborated with the Coalition of Persons Against SGBV and Harmful Practices (CoPASH) and DOVVSU to host this e-workshop on April 22, 2020. The possibility of an increase in SGBV cases as a result of the COVID-19 pandemic was discussed with over 250 participants from 10 countries. Presentations were made by the FIDA Director, Dr. Addotey; a board member of CoPASH, Doreen Gyewu; and the DOVVSU Coordinator, Superintendent Owusuwaa Kyeremeh.

Youth Impact Series e-Workshops

In May and June 2020, UNFPA Ghana collaborated with the UN Youth Group (UNYG) to organize four e-workshops on Zoom called the Youth Impact Series. The first workshop, "The impact of COVID-19 on young people", was attended by over 250 participants. Panelists included the UN Resident Coordinator, Sylvia Lopez-Ekra; UN Youth Envoy, Jayathma Wickramanayake; African Youth Envoy, Aya Chebbi; Focal Point for Youth Leadership and Participation at UNFPA Headquarters, Irem Tumer; and a member of the Youth Action Movement, Caesar Kogoziga.

The second workshop in the series, "COVID-19: A New World of Learning for Young People", was led by UNESCO. The webinar featured the Director of Centre for National Distance Learning and Open Schooling (CENDLOS), Dr. Joshua Mallet; a student of the University of Ghana, Hamidatu Kassim; and a lecturer at the University of Ghana, Mr. Herbert Krapa. Award-winning journalist Bernard Avle was the moderator.

The third workshop, "Expanding the youth innovation space", was held May 28, 2020 with over 300 participants. Speakers included Mr. Oliver Boachie, Special Advisor at the Ministry of Environment, Science, Technology and Innovation; Chinenyenwa Okoro Onu, Social Entrepreneur; Dr. Gordon Kwesi Adomdza, Founding Leader of Ashesi Design Lab at the Ashesi University; Joshua Opoku Agyeman, President of the Internet of Things Network Hub, and Zulaiha Dobia, co-founder of Divaloper.

Webinar on the impact of COVID-19 on family planning services

This webinar was held on May 19, 2020 on Zoom. Speakers included Annie Coolen, the Country Director of Marie Stopes International; Rose Adufu, a Principal Nursing Officer at the Korle Bu Teaching Hospital; and Dr. Isabella Sagoe-Moses, a Director of the Family Health Division at the Ghana Health Service. It was moderated by the Chief of the Commodity Security Branch at UNFPA Headquarters. The webinar had 243 participants.

Webinar on the impact of COVID-19 on maternal health services

This webinar took place on May 22, 2020 to commemorate the International Day to End Obstetric Fistula (IDEOF). Over 200 participants took part in this webinar, in which a mother described her experience giving birth during the COVID-19 pandemic. An obstetric fistula survivor also shared her experience. The webinar was moderated by Bridget Asiamah of UNFPA Headquarters.

7.



Delivering as one: UN Inter-Agency initiatives to respond to COVID-19

7.1 Operational response: internal arrangements for UNFPA staff

(a) Staff support

Due to the partial lockdown (restricted movement) in Accra, the Country Office assessed the need for more staff support to keep the office functioning at full capacity. Additional personnel were recruited using fast-track procedures. In all, three interns and three individual consultants (former UN volunteers) were recruited to support the Country Office during the COVID-19 pandemic.

(b) Special salary advance for staff

In line with UNFPA Headquarters COVID-19 guidelines, interested staff members applied for a salary advance to meet their needs within the period of restricted movement. Salary advances were granted based on the requirements of the special conditions.

(c) Staff care programme

The Staff Care Officer at the UNFPA Country Office introduced a weekly activity calendar in various areas, including Connection, Rest/Calm and Support for Managers. The weekly care programme is ongoing.

(d) Updated list of staff and dependents

The list of staff and their dependents was updated and submitted to the United Nations Department for Safety and Security (UNDSS).

(e) Amendment of Security Residential Measures (SRM)

Due to the COVID-19 pandemic, the UNDSS was requested to amend the Security Residential Measures (SRM). The amendment included ensuring uninterrupted electricity supply for staff. Staff experiencing irregular electricity supply were provided with a 5–7 KVA generator to help alleviate this constraint and allow them to work from home as needed.

(f) Emergency flights

A flight for UN/WFP staff and dependents became operational with Ghana as the hub. Dependents of Country Office staff were able to return home despite international borders being closed. When one dependent arrived, however, he was detained by the Ghana Immigration Service together with another staff member from Cameroon who had arrived to visit his mother. The Country Office intervened and secured their release the following day.

The Ghana Country Office has been assisting other country office staff who transit in Accra en route to their duty posts. The Country Office also supported the dependent of a staff from a sister agency who needed medical evacuation at short notice.

(g) Electronic Fund Transfer (EFT)

All payments to vendors are currently being done through EFT. It is worth noting that the Cedi payment EFT was introduced by UNDP when the pandemic started, which allowed the Finance team to work remotely.

(h) Joint office disinfection

UNFPA shares a common compound with the WFP since their offices are located next to each other. In a spirit of collaboration and joint effort, UNFPA and WFP have jointly disinfected the offices and the common compound twice during this pandemic.

(i) Fast-track procurement procedures

The UN Head Office activated fast-track procurement procedures for all country offices. UNFPA Ghana Country Office used this process and found it very beneficial.

7.2 UN synergies and joint efforts in responding to COVID-19

The UN agencies in Ghana make up the UN Country Team. Under the guidance of UN Headquarters, the UN Country Team combined their efforts to provide a joint response to COVID-19 in Ghana. First, the UN Country Team supported the Government of Ghana to develop the Country Preparedness and Response Plan. This included the formation of the National COVID-19 Response Team and support for its activities.

Second, the UN Country Team instituted a system-wide procurement management system, which led to the procurement of PPE, logistics and materials to support the

UN Clinic and Isolation Centre. Third, telecommuting was introduced to the UN travel policy in response to COVID-19.

UNFPA has played an active role in the Medical, Psychosocial, Communication and Operations Strategic Working Group (SWG).

In addition to these efforts, the UN Country Team worked together to produce the following plans and documents:

- COVID-19 Business Continuity Plan (BCP);
- Programme Criticality Assessment;
- Common Country Analysis; and
- Monthly bulletin on the programme response to the COVID-19 pandemic.

7.3 Youth Impact Series with UNYG

The effects of COVID-19 on young people range from unemployment and higher risk of SGBV to school closures and the inability to access health services. Such situations can lead to frustration, anxiety and depression, which young people may not express openly. The need to raise awareness of the role of young people in minimizing the negative impacts of COVID-19 is critical and cannot be overemphasized.

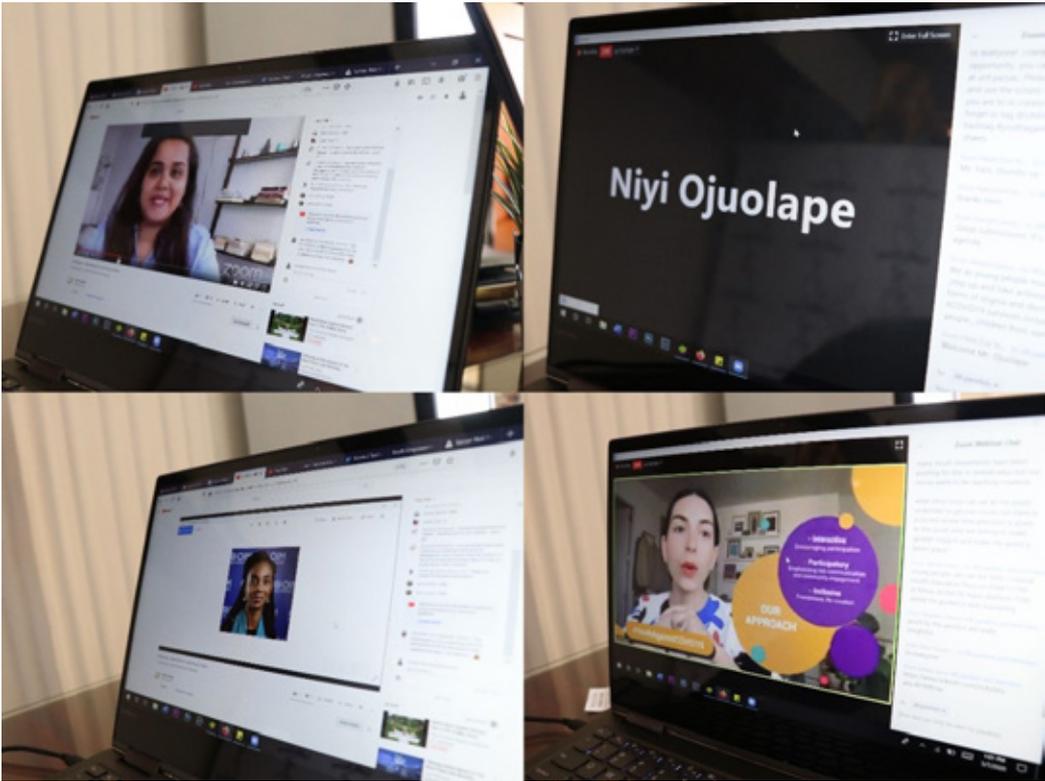
To address this situation, UNFPA launched a series of one-hour e-workshops called the “Youth Impact Series”, which brought young people together to hear experienced speakers discuss their challenges, and to build their capacity to become agents of change in their communities during and after the COVID-19 pandemic. The objectives of the workshop series were to:

- Increase young people’s understanding of COVID-19;
- Increase awareness among young people on the prevention of COVID-19 using available resources; and
- Address key challenges affecting young people during and after the COVID-19 pandemic.

The series launched in a webinar on May 7, 2020, organized by the UN Inter-Agency Group on Youth in Ghana and hosted by UNFPA. Five speakers, including the UN Resident Coordinator, delivered speeches that covered the following key points:

- COVID-19 has devastating effects on young people who are already dealing with challenges, including SGBV, an inability to assert their SRHR, unemployment and limited education opportunities;
- Young people are pushing back with innovative efforts during the pandemic and need to be supported;
- The voices of young people need to be heard and their opinions must count when interventions are being planned; and
- There is a digital divide in which over 70 per cent of Africa’s population is offline, unable to access information and education online while schools are closed.

Following the speeches, the moderator facilitated a Q&A session.



Screen shots of participants at the launch of the Youth Impact Series

Results

Over 350 participants took part in the launch. They included young people from Ghana and at least **10 other countries**, including Nigeria, Switzerland, Kenya, India, China, Japan, and Norway. The event attracted international attention, reaching a wider audience of than expected. Young people were very interested in the issues raised by the speakers and followed up with many questions. This was an indication that the event was very beneficial.

Lessons learned

Due to the large number of speakers, more time was allocated to presentations, leaving less time for the Q&A session. Some of the speakers also had other engagements and had to leave the webinar before it was over. Many questions therefore went unanswered. For example, the majority of questions were addressed to the AU Youth Envoy who had to leave the meeting early.

Although over 1,000 people registered for the workshop, only about 350 people attended the webinar. This was found to be due to time differences around the world. However, streaming the webinar live on YouTube enabled the webinar to be viewed at any time, and since the launch, the video has been viewed over 250 times.

Recommendations

- The workshop series is an important innovation that should be continued. Future workshops should have fewer speakers to allow more time for engagement with participants and to respond to their questions.
- Unanswered questions from the launch of the workshop series could provide the agenda for subsequent workshops.
- YouTube should be used again to reach more people after the live workshop, and other online media platforms could also be used to re-broadcast the event.

Scan to watch the launch event



8.



Resource mobilization efforts

8.1 Immediate response from UN Headquarters

Since 2020 workplans were developed before the COVID-19 pandemic, the impact of the pandemic and UNFPA's response were not factored into the plans. Ghana registered the first two confirmed cases of the virus in the second week of March. Since then, the number of positive cases has risen to over 30,000 by the end of July. In response to the growing number of confirmed cases, the government has instituted restrictions and protocols to manage the spread of the virus in the general population. These restrictions and protocols have directly affected the implementation of workplans developed by implementing partners and those that were to be directly implemented by the UNFPA Country Office.

The situation called for reprogramming some of the planned activities to ensure planned targets were achieved without compromising the quality of implementation. Reprogramming in the Global Programming System (GPS) required a budget revision for each reprogrammed activity. To ensure a coordinated response to the COVID-19 pandemic from the UNFPA execution plan, management decided on a common source — a single Charge of Accounts (COA) from core resources to respond to the needs of the outbreak identified by government and other partners.

Funds were mobilized from across five projects of core resources (GHA07A03, GHA07A07, GHA07A10, GHA07A12 and GHA07A13) and two projects from non-core resources (GHA07AJP and FPRHCGHA) to raise a total of USD 525,000.00 for the Country Office to execute the COVID-19 pandemic response plan. This includes \$170,000.00 from core resources and \$355,000.00 from non-core resources.

The mobilized funds helped to provide essential items and Dignity Kits to vulnerable populations, including women and girls living in urban slum areas in the Greater Accra Region, who were already vulnerable to SGBV before the COVID-19 pandemic, and faced even higher risk due to restrictions following the outbreak. Those who were infected by the virus and staying at treatment centers were also provided with some essential items and Dignity Kits to support personal hygiene and recovery. Part of the funds were also used to procure PPE, which were donated to frontline health workers to boost their confidence in providing essential services.

8.2 Reprogramming and reallocation of funds

An amount of USD 300,000 was reprogrammed under the Adolescent Girls' Programme to respond to COVID-19, including public advocacy and raising awareness of SGBV, the provision of Dignity Kits and essential items to vulnerable populations as an

entry point to SGBV and SRH education, refurbishing and equipping shelters, strengthening the Domestic Violence Hotline, and supporting an integrated COVID-19 response for *kayayei*.

The Canadian Government, in support of a costed extension under the UNFPA-UNICEF joint programme to empower adolescent girls, allocated CAD 2 million to strengthen the provision of integrated services to respond to SGBV and child protection in the context of COVID-19 from 2021 to 2023. With this allocation, the total amount allocated for the three-year costed extension has increased from CAD 10 million to CAD 12 million.

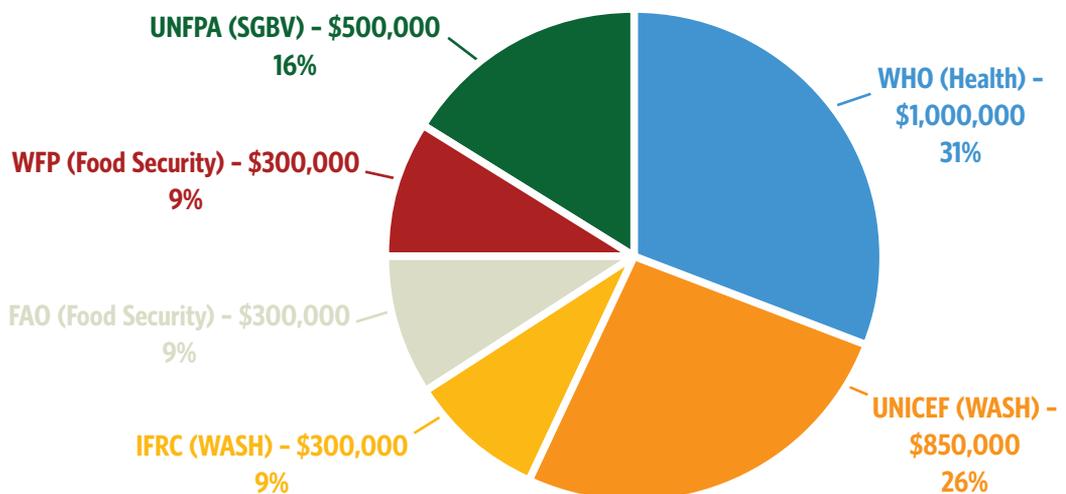
8.3 Responding to calls for proposals

The World Bank: Pandemic Emergency Fund

A joint proposal from the UN, the International Federation of Red Cross (IFRC), and the Government Response to COVID-19 Pandemic in Ghana, was submitted to the World Bank Pandemic Emergency Facility. The UNFPA component focused on SGBV with interventions supporting the Government of Ghana to strengthen leadership in the SGBV response and expand programming aimed at enhancing the access and use of good quality essential SGBV services.

The Pandemic Emergency Facility (PEF) is an innovative, insurance-based financing mechanism developed by the World Bank to provide surge financing to countries affected by a large-scale outbreak. The funds are intended to prevent an outbreak from reaching pandemic proportions. The PEF funding is available to accredited responding agencies. In Ghana, these are WHO, UNICEF, UNFPA, WFP, FAO, and IFRC working closely with government. Available funding for the Government of Ghana and agencies to support the COVID-19 country response is about USD 3.3 million (grant).

Budget distribution



The Multi-Partner Trust Fund

A joint UN proposal, under the leadership of the UN Resident Coordinator, was submitted to the UN Secretary General's COVID-19 Response and Recovery Multi-Partner Trust Fund. UNFPA, together with three other UN agencies (UNDP, WHO and UNICEF), submitted a proposal as part of the UN inter-agency funding mechanism to support low- and middle-income programme countries to respond to the crisis and recover from the associated socio-economic shocks. The Multi-Partner Trust Fund (MPTF) is part of the UN Secretary General's special initiative launched on April 3, 2020 to ensure a cohesive UN response to the pandemic. The proposal had three main pillars: health and nutrition, social protection and essential services, and SGBV. The UNFPA component focused mainly on Pillar 3, SGBV, where support would be provided to fill gaps in providing essential assistance to mitigate SGBV, stigma and discrimination of populations that are not reached or newly vulnerable urban populations. Thus, the focus would be on empowering potential victims with relevant knowledge to access and use basic essential services.

Key strategies by UNFPA include:

- Conducting rapid assessments and surveys to generate data on the impact of COVID-19 on vulnerable populations (*kayayei* and potential victims of stigma and discrimination) to ensure gender- and human rights-responsive interventions.
- Facilitate community engagement to ensure that potential victims know how to avoid SGBV and stigma and report when it happens; as well as provide psychosocial support to help potential perpetrators find alternatives to negative behaviour.
- Strengthen existing systems and the capacity of critical staff to prevent and respond to SGBV and stigma-related cases.
- Provide basic essential services (Dignity Kits, health care, shelter, and psychosocial support services) to guarantee the dignity of potential victims and survivors of SGBV.

Under this output, UNFPA focused on the slums of Accra, targeting the most vulnerable women and girls, including *kayayei*, in densely populated areas, slums and poor neighbourhoods in COVID-19 hotspots like Madina, Tema Station, Agbobbloshie, and Old Fadama.

UNFPA, UNDP, and UNICEF, with their extensive knowledge, experience, and proven capabilities in coordinating multi-sectoral approaches to addressing SGBV and human rights, would implement the project with national partners, including the Ministry of Gender, Children and Social Protection (MoGCSP), the Department of Social Welfare, DOVVSU, Ghana Police Service, and non-state actors, such as the media, traditional and religious authorities, and CSOs. Of the USD 1,000,000 received, USD 242,193 was allocated to UNFPA.

Prudential Life Insurance Company

One of the biggest concerns worldwide during the COVID-19 pandemic has been reduced funding for SRH programmes as available funds are diverted to fight the spread of the disease. Mobilizing resources is therefore crucial and should be a primary con-

cern during this time. In a bid to ensure that vulnerable populations, especially *kayayei*, are protected during the pandemic, UNFPA Ghana enabled and empowered some of them to make informed decisions about their SRHR, reaching out to the private sector in the spirit of partnership to raise funds.

The Country Office applied to Prudential Life Insurance Ghana's COVID-19 Relief Fund to raise USD 35,000 (Ghc 196,000) for the provision of meals, Dignity Kits, SRH educational materials and vocational training to 500 *kayayei* in the Tema Station Area. The application was successful and helped forge a partnership between Prudential Life Insurance Ghana and UNFPA Ghana. With the funds, the Country Office provided 500 Dignity Kits containing bleach, sanitary pads, underwear, bathing soap and body lotion, and 500 nourishment packages containing uncooked food items like beans, rice, gari, and tinned fish. Some of the funds were also used for SRH education and entrepreneurial skills training for 500 *kayayei*.

HQ: ED's Discretionary Funds

A proposal was submitted by UNFPA Ghana to mobilize funds for a robust community mobilization and SGBV advocacy project. The implementation of this project was necessitated by the fact that during lockdown, the incidence of SGBV increased and affected the lives of many women and girls. The adverse effects of SGBV are not only devastating for survivors of violence and their families, but also entails significant social and economic costs. In some countries, violence against women is estimated to cost countries up to 3.7% of their GDP - more than double, what most governments spend on education.

The primary goal of the intervention was to accelerate SGBV prevention, mitigation and response during the COVID 19 crises and recovery phases in Ghana. The key interventions were implemented primarily in the Greater Accra region. An amount of \$90,000 was mobilized from the ED's discretionary funds to carry out several strategies including the engagement of influencers from traditional, religious and political constituencies, etc. to sensitize the public on COVID-19, SGBV and existing mitigation measures through traditional and social media.

Funds were also utilized in the provision of dignity kits and IEC materials to women and girls in urban slums, as entry point to SGBV education; refurbishment and equipping of shelters for survivors of SGBV; and finally for facilitating a robust functioning SGBV hotline through provision of equipment, training of hotline operator assistants on psychosocial counselling, and strengthening linkages with national digital information centres to facilitate rapid response for survivors of SGBV.

These interventions have indeed assisted with the fight against SGBV especially during COVID-19 in Ghana.

9.



Moving forward on UNFPA's COVID-19 response in Ghana

9.1 Next steps

COVID-19 is not over, and Ghana continues to report new cases. Even though restrictions were gradually lifted between April and July 2020, there is still a pressing need for individuals, families, groups, and organizations to adhere to safety guidelines. UNFPA is resolute in supporting the Government of Ghana to take appropriate steps to protect public safety. Technical and financial support to the National COVID-19 Response Team will continue. Direct support to vulnerable populations, persons who are being treated for COVID-19, and health personnel will also continue. Lessons learned from various activities will feed into future programmes and activities to support better planning and execution.

9.2 Programmatic plans

Planned programme activities will continue with necessary adjustments to meet expected targets. The SGBV multimedia campaign will continue and be expanded. The DOVVC hotline will be advertised further, and UNFPA YoLe Fellows will be trained to handle minor cases and refer major cases to the nearest police station. The Youth Impact Series of e-workshops will also continue and will be advertised to attract more participants, especially representatives of youth groups.

Continuous support to COVID-19 isolation centers will continue with the distribution of Dignity Kits to patients and workers. Education on COVID-19 prevention will also continue in various communities with an emphasis on destigmatizing those who test positive. Ghana has a high rate of recovery of persons who test positive for COVID-19, which has the potential to make the public lose sight of the need to observe safety protocols. Moving forward, people who have recovered from COVID-19 will be encouraged to share their experiences in e-workshops and through various media channels.

UNFPA Country Office staff will continue telecommuting and working effectively in safety. When needed, additional interns and consultants will be engaged to support the staff. UNFPA will continue to collaborate with other UN agencies and tap into their experience and resources. The support of various partner organizations, including CSOs and FBOs, will continue to be sought.

9.3 Resource mobilization

Resource mobilization will continue and more proposals will be developed to raise funds and other resources for the COVID-19 response. Resource mobilization will consider other programmatic areas to ensure other interventions are not ignored while the COVID-19 response is underway. Through resource mobilization, UNFPA will seek to build partnerships for future activities and accelerate programme implementation.

9.4 Advocacy to implement the Nairobi commitments

UNFPA continues to work towards achieving the “Three Zeros”, which were detailed in the outcome document of the 52nd session of the UN Commission on Population and Development:

1. Zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable, and safe modern contraception;
2. Zero preventable maternal deaths and maternal morbidities such as obstetric fistulas by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortions to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programs, and to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights; and
3. Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation.

The Country Office will continue to advocate for the achievement of these goals, working with various partners, including the media, CSOs, FBOs, and social leaders. These goals will feature prominently in programme activities, and discussions and e-workshops will be held to address and work towards these goals in the context of COVID-19.

General Recommendations

UNFPA recommends that:

- Partnerships should be developed with government agencies, NGOs, FBOs, youth groups, the media, traditional leaders, and other identifiable groups, and that partners should work together to keep COVID-19 at bay.
- Dignity Kits containing face masks, disinfectant, soap, hand sanitizer, and non-perishable food items should be given to target groups to help them prevent COVID-19 infection and meet their basic needs, including food.
- “Vulnerability” should be better defined by the government and other agencies to ensure that no vulnerable person or group is excluded when designing interventions. Careful consideration should be given to the elderly, the homeless, including kayayei, persons with disabilities, children with special needs, caregivers of those infected with COVID-19, and the very poor who cannot be identified in groups.
- Encouragement should be given to COVID-19 patients, frontline and backline health workers to boost morale and enhance recovery.
- Information, education, and communication (IEC) on COVID-19 should be well structured and delivered effectively alongside messages on human rights, family planning, SGBV, and SRH. No area should be missed, and no thematic area should be missed either.
- Funding to fight COVID-19 at the district level should be channeled through District Assemblies and Members of Parliament (MPs) to ensure coordination. UNFPA needs to support District and Regional Health Directorates to deliver COVID-19 interventions and general health services effectively.

Acknowledgements

The contributions of the following are gratefully acknowledged:

Editor in Chief

Niyi Ojuolape

Deputy Editor in Chief

Agnes Ntibanyurwa

Editor

Doris Mawuse Aglobitse

Contributors

M. Bawa Amadu, Ismail Ndifuna, Esi Awotwi, Robert Mensah, Mammah Tenii, Eric Okrah, Selina Owusu, Dela Gle, Claudia Donkor, Adjoa Yenyi, Jude Domosie, Michael Ige, Mutaru Goro Iddrisu, Vitus Atanga, Faisal Bawa, Efua Turkson, Irene Danquah, Agneta Oloo, Jean-Philip Lawson, Akosua Agyepong, Abigail Ashun-Sarpy, Naa Amy Wayne, Ambra Yirenskyi, Edith Asamani, Brian Ahanotu, Dorcas Manortey, Bisola Olapade, Nesserre N'dou, Konan Armel.

Operations Support

Daisy Gaye, Norine Quaye, Godwin Adzaku, Abdallah Iddrisu, Jonathan Nussetor, Amanda Odame, Emmanuel Adare, Mercy Love Alfa, Florence Beweleyir, Kingsley Morcher, Martha Hans-Bello, Moses Tetteh-Odjeablah, Mustapha Osman Bagonluri, Abdulai Marco, Samuel Mantey, Nasir Issahaque.

Appreciation to the entire Ghana Country Office Staff particularly Drivers, Interns, Volunteers, National Service Personnel and Youth Leadership Fellows whose contributions made the COVID-19 response programme a success and the report worth reading.

We are indebted to Patience Dapaah for collating this report and Sandy Pederson for proofreading.

Photography

Jean-Philip Lawson, George Koranteng, Lavelle Oloye, Julius Mortsu & UNFPA Ghana 2020 Youth Leaders (YoLe) Fellows and Interns

All rights reserved @unfpaghana 2020



UNFPA

