



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

COVID-19 in Ghana

*A Looking Glass into Structural Inequalities and
Political Distrust*

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Executive Summary

COVID-19 hit Ghana in a context of heightened political polarization (due to the December 2020 elections) and has brought bare the country's structural inequalities in terms of access to basic services (e.g. water, education and social protection) and political representation. The politicking by political parties has furthermore exacerbated the mistrust of citizens in political institutions. Within this context, specific groups of people have been particularly vulnerable to the socio-economic consequences of the COVID-19 pandemic.

This report systematically reconstructs and analyses the state and non-state responses to COVID-19 in Ghana and their impact on the wellbeing of Ghana's poor and vulnerable. Our conceptualization of wellbeing is drawn from McGregor & Pouw (2017, p.1134-5) who portray wellbeing as a multidimensional concept consisting of material wellbeing (e.g. income, housing), relational wellbeing (e.g. social relationships) and subjective wellbeing (or a person's evaluation of quality of life). The qualitative research consisted of four-phases:

- 1) Socio-economic and political context analysis
- 2) Mapping of Covid-19 mitigation responses by state and non-state actors
- 3) Identification of specifically vulnerable groups for in-depth case-studies:
 - a) head-porters (*Kayaye*), Accra
 - b) residents of Chorkor, Accra
 - c) market women, Bolgatanga
- 4) Equity Assessment:
 - a) short term impact on three dimensions of wellbeing of the identified vulnerable groups
 - b) longer term impact on work and income, access to basic services and political empowerment of the poor and vulnerable

Our findings demonstrate that for poor and vulnerable citizens, the socio-economic impact of the pandemic has been higher than the impact on health. Vulnerability is embedded in existing inequalities between Northern and Southern regions of the country, formal and informal employment, gender and social class. Absence of national database on household poverty, insufficient information on the urban poor in particular, existing structural inequalities, and patron-client distributional pressures heightened by a looming presidential and parliamentary elections in Ghana's competitive political system undermined the intended impacts of measures adopted by the Government of Ghana to mitigate the economic impact of the pandemic and reach the poor. Among the vulnerable groups included in the research most did not benefit from the poorly conceived and inefficiently implemented utility subsidies (water and electricity) or widely publicised and politicised food distribution. Key coping strategies therefore were the use of savings (for those who had) to cover basic needs or cutting down on meals. There was also support from non-state actors (e.g. NGOs, corporate bodies, faith-based organisations etc.) in the forms of food, medicines (Vitamin C) and shelter for some vulnerable groups (e.g. *Kayaye*). The results have been further alienation of the most vulnerable and political mistrust among those who needed the interventions the most, particularly among populations that are far removed from the Centre of the state like market women in Bolgatanga in the north eastern part of Ghana.

The equity analysis of Ghana's COVID-19 response brings forth the following recommendations:

- Need for data on the poor to support effective targeting. The Ghana National Household Registry (GNHR) could be a good way forward. Data collection by the GNHR should be done so as to include those who do not have a (fixed) home.

- Need to involve local stakeholders including CSOs in planning responses to pandemics and distribution of resources to mitigate the effects of crises, given their reach and connection with local communities. For example, market women should be involved in designing COVID-19 measures for marketplaces. Participation should however be genuine and throughout the policy making process. If actors such as CSOs are only used to provide lists of *kayayei* but later on no response or follow up is made, distrust in state institutions' mandate to protect the poor will increase.
- Need to politically recognise the discrepancies between the North and the South and ensuring equitable distribution of resources. In this regard it must be acknowledged that COVID-19 has affected citizens in the entire country and not only the areas with high case counts (e.g. Accra, Kumasi and Obuasi). In fact, in Accra where most of the social protection measures were implemented people recorded less loss of income compared to other regions such as Upper West (IPA, 2020).
- Need to rethink Ghana's decentralized system by re-building the state capacity and enhancing the autonomy of state bureaucrats manning districts and municipalities to lead the response of the state in respect to providing direct support to citizens in a crisis context.
- Need to recognise the importance of small-scale cross-border trade as key to Ghana's sales and trade industry and related need for enhanced cooperation with neighboring countries in order to protect both health and livelihoods of populations on both sides of the border.
- Need to make service delivery more equitable and take into consideration the impact on people's relational as well as subjective wellbeing. Poor people are for example not equally benefitting from recent water and the electricity subsidy and E-learning programmes should be more inclusive.
- Need to promote savings among low income earners and ensure regulations that build citizens confidence in the banking system. NGOs should support community-based savings schemes for low income earners.
- Need to create a social protection floor for those who do not have the ability to save to fall back on through for example providing a basic income.
- Need to stimulate the creation of workers and community-based associations which at least provide governments with a conversation partner and opportunity to voice concerns (e.g. in the case of the *Kayayei* association and fishermen association) even though they do not often lead to change in policies.

Table of Contents

Executive Summary	3
Table of Contents	5
Chapter 1. Background to the Study	7
Introduction	7
Theoretical and Analytical Framework	7
Objective and Research Questions	8
Methodology	9
Chapter 2. Ghana's Political and Socio-Economic Context	10
Ghana's Political Context	10
Ghana's Socio-economic context from a inequality perspective	11
Chapter 3. Mapping of COVID-19 Responses	14
3.1. Overview of Ghana's Mitigation Measures, Policy Responses and Actions by State-actors	14
3.1.1. Imposition of restrictions to contain the spread of the virus	14
3.1.2. The Health Response	18
3.1.3. Screening, contact tracing and testing	20
3.1.4. Isolation, Testing and Treatment	21
3.2. Socio-Economic Impact of Regulations	22
3.3. Government Responses to Mitigate Socio-Economic Impact	24
3.3.1. Economic Measures/Stimulus Packages	24
3.3.2. Social Interventions	26
3.4. Sources of Funding for Government Responses	29
3.5. COVID-19 Response from Non-state Actors	31
3.5.1. Development Partners	31
3.5.2. The Private Sector and Individual Philanthropists COVID-Response	33
3.5.3. Civil Society Organisations (CSOs) and Non-government Organisations (NGOs)	33
3.5.4. Political Parties and Candidates	35
3.4. Effect of COVID-19 on structures and systems of power	35
Chapter 4. Equity Assessment	39
4.1 Identification of Vulnerable Groups	39
4.1.1. Chorkor Community	41
4.1.2. Kayayei	42
4.1.3. Market women in Bolgatanga	43
4.2 Short-term Equity Assessment	44
4.2.1. Impact on Material Wellbeing	44
4.2.2. Relational Wellbeing	44
4.2.3. Subjective Wellbeing	45
4.3 Long-term Equity Assessment	46
4.3.1. Work and income	46

4.3.2. Access to basic services46

4.3.3. Political Empowerment.....47

Chapter 5. Conclusion and Recommendations.....48

Conclusion48

Recommendations49

References50

Chapter 1. Background to the Study

Introduction

This report is part of an INCLUDE Knowledge Platform comparative study which encompasses 12 country case studies on COVID-19 and its impact on inequality in Africa. The aim of the research is to systematically reconstruct the mitigation and policy responses to the COVID-19 pandemic by state and non-state actors and their impact on marginalized groups in African societies. This report documents the case of Ghana in West Africa and has adopted a qualitative research approach. After mapping the key state and non-state responses and the equity issues they raise, we will shed light on the impact of COVID-19 on the wellbeing of three specifically vulnerable groups: *Kayayei* (head porters) in Accra, residents of Chorkor, a slum in Accra and market women in Bolgatanga, in the Upper East region.

Theoretical and Analytical Framework

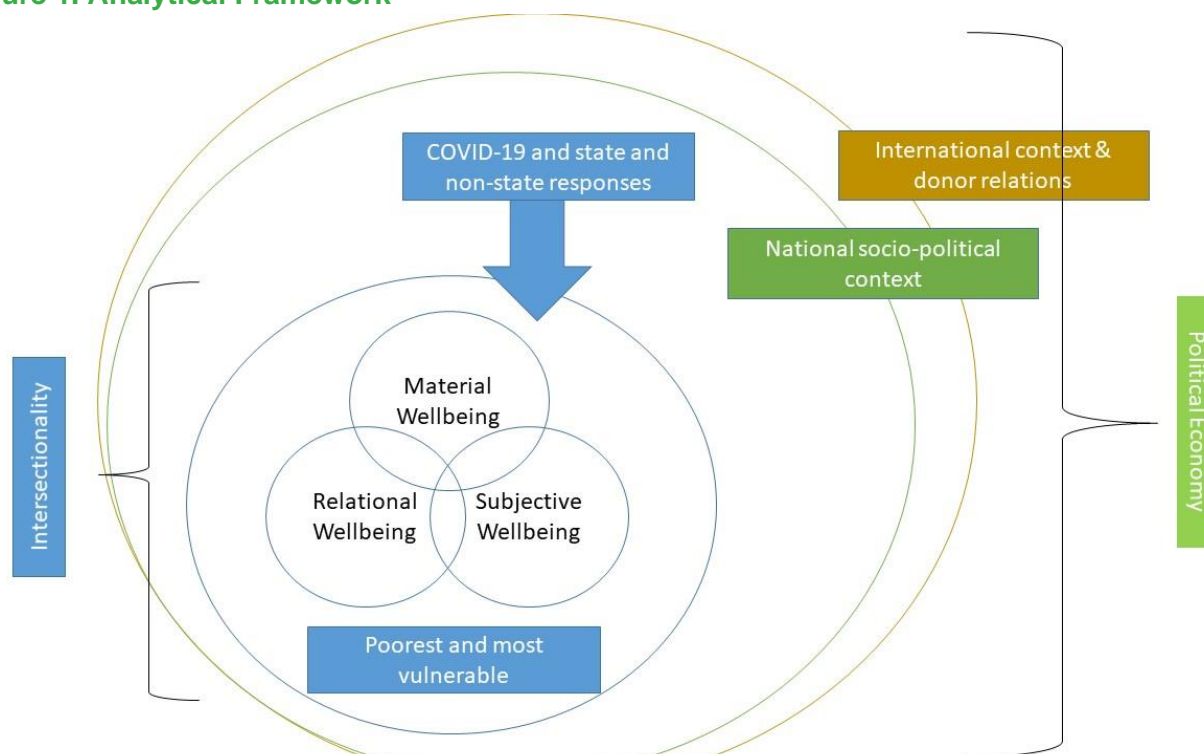
There has been a rise in scholarship and policy attention on inclusive development and the importance of not only addressing poverty but also inequality (see e.g. Piketty, 2014; Bourguignon, 2015; OECD, 2014). However, the concept of equity in secular philosophy dates back to ancient Greece with Plato who pointed out the dangers of inequality for political stability (Attinc et al., 2006, p.76). Since the 1970s the focus was shifted from looking at final welfare to creating equality in liberties (Rawls), opportunities (Roemer, Dworkin) and capabilities (Sen) (Attinc et al., 2006, p. 77). In a nutshell, social equity based on Rawls, Sen, Dworkin and Roemer's theories roughly entails an equal starting point, or equal set of opportunities or capabilities. However, in practice creating a level playing field or equal opportunities still does not always result into more equal societies. Firstly, by taking the gaze away from the end result, equality of opportunity-theories have been used to justify inequality, as it is argued that existing inequality is the result of differences in individual effort or merit or lack thereof (Natasnon, 2016). Secondly, when translated into policies a focus on equality of opportunities often implies creating "universal" basic services such as public healthcare or free basic education. Although egalitarian in theory, in reality, such programmes often overlook existing structural inequalities which discriminate certain people of accessing these public goods. In the context of COVID-19 and related policy responses, such "egalitarian" approaches have been widely adopted, excluding certain groups of citizens in the process.

In order to understand the extent to which COVID-19 policies have taken equity into account it is therefore necessary to re-center the end result in the analyse. More precisely, rather than only looking at the design of policies, which in theory could seem egalitarian, we will focus on their impact on the wellbeing of poorest and most vulnerable. Our conceptualization of wellbeing is drawn from McGregor & Pouw (2017, p.1134-5) who portray wellbeing as a multidimensional concept consisting of material wellbeing (e.g. income, housing), relational wellbeing (e.g. social relationships) and subjective wellbeing (or a person's evaluation of quality of life). This allows the research team to analyse the impact of COVID-19 and related state and non-state responses on: (1) income and other material sources of wellbeing such as housing and access to basic services (e.g. water); (2) social support networks and safety-nets as well as associations and organisations of the (working) poor; (3) the individual perceptions of the impact on wellbeing and; lastly (4) the collective wellbeing of the vulnerable groups we have identified

Digging deeper, in order to understand why certain groups of people are more vulnerable to the current crisis and their differentiated nature of resilience, the research team adopted an intersectionality lens in the analysis. The intersections of existing economic, political and social inequalities allow the research

team to understand why specific groups of people are especially vulnerable to the COVID-19 health and related socio-economic crises (Chaplin et al., 2019).

Figure 1. Analytical Framework



Source: Developed by authors based on McGregor & Pouw (2017)

Objective and Research Questions

Building on the theoretical and analytical framework and the INCLUDE terms of reference, the research team derived the following objective: to systematically reconstruct, document and analyse how state and non-state actors in Ghana take equity into account in the formulation and implementation of policy responses and interventions during the COVID 19 pandemic; and how they have had an impact on the wellbeing of Ghana's poor and marginalised (in the short and potential longer term).

The key research questions were as follows:

- 1) **What has been the impact of COVID-19 responses of state and non-state actors on the wellbeing of Ghana's poor and vulnerable?**
 - a) How have COVID-19 responses affected their income and work?
 - b) How have COVID-19 responses affected access to basic services (education, water and electricity)
 - c) How have COVID-19 responses affected their social relations and social capital?
 - d) How have COVID-19 responses affected their political agency and bargaining power?

The four dimensions of wellbeing were operationalised as follows in the analysis:

- Material wellbeing operationalised as work and income as well as access to basic services (notably education, water and electricity)
- Relational wellbeing operationalised as social relations and social capital
- Subjective wellbeing operationalised as the subjective evaluation of the quality of life (prior and post COVID-19)
- Collective wellbeing operationalised as political empowerment

Methodology

The research was conducted in line with existing COVID-19 restrictions and protocols. The research team conducted a document analysis of key government policies, presidential speeches, reports from CSOs, NGOs and development partners as well as media output on response to the COVID crises. In addition, a literature review of existing studies and surveys on the impact of COVID-19 in Ghana was conducted. This secondary data was then complemented with key stakeholder interviews with government officials at both national and district levels, NGOs, development partners, local Civil Society Organisations (CSOs), trade unions and workers-associations. Lastly, to understand the impact on the wellbeing of the poor, the research team conducted focus group discussions as well as interviews with head-porters (*Kayaye*) in Accra, residents of Chorkor and market women in Bolgatanga. The research consisted of the following phases:

- 1) Socio-economic and political context analysis
- 2) Mapping of Covid-19 mitigation responses (by state and non-state actors)
- 3) Identification of specifically vulnerable groups for in-depth case-studies of social and spacial equity issues:
 - a) head-porters (*Kayaye*)
 - b) residents of Chorkor
 - c) market women/cross-border traders in Bolgatanga
- 4) Equity Assessment:
 - a) how the identified policies/programmes have affected the wellbeing of the identified vulnerable groups in the short term?
 - b) how the identified policies/programmes have affected work and income, access to basic services and political empowerment of the poor and vulnerable in the longer term?

Chapter 2. Ghana's Political and Socio-Economic Context

Ghana's Political Context

Ghana's experience with COVID-19 occurred at a time the country was preparing for the eighth Presidential and Parliamentary elections since the commencement of the Fourth Republic Constitution in 1992. The December 2020 elections passed off peacefully and contributed to consolidating Ghana's democracy as beacon of hope in Africa. Indeed, though contestations remain on the outcome of the elections, the resort to the use of legal and judicial processes by the main opposition National Democratic Congress (NDC) has stirred up Ghana's reputation as one of the few African country's with a history of almost three decades of democratic consolidation. There is consensus among political actors and civil society organisations that Ghana's electoral management systems are adequate (CDD-Ghana, 2016a) although mistrust of the electoral management body has plummeted since 2012 (Afrobarometer Surveys 2016 -2020); and that electoral choices of majority of Ghanaians are issue-based (Harding, 2015; Lindberg and Morrison, 2008). Ghana's voter turnout has been relatively high, averaging 71 % between 1992 and 2016 (Afram & Tsekpo, 2017).

Ghana's multi-party elections have over the past 28 years imbued electoral politics with a well-institutionalised party system (Whitefield, 2009) with popular support and participation in elections (Ninsin, 2016; Daddieh, 2011; Gyimah-Boadi, 2009). Although Ghana has multi-party democracy, only two political parties; the incumbent New Patriotic Party (NPP), a centre-right and liberal conservative political party and the National Democratic Congress (NDC), a centre-left social democratic party have real chances of winning elections under the current Fourth Republican dispensation. Indeed, these two political parties have alternated political power in 2000, 2008 and 2016 after each serving two four-year terms. Ironically, the centre right NPP is credited with most of the social protection programmes in the country including National Health Insurance Scheme (NHIS), the school feeding and basic school bursary programmes, the youth employment and the LEAP cash transfer programmes and more recently the free senior high school programme.

However, patronage politics and hyper-partisan competition between the two dominant parties means that access to services and resources is sometimes politically determined, rather than technical or developmental considerations. The state tends to systematically redistribute resources towards members of the government, ruling party, and influential leaders, while weakening the political and economic bases of (real or perceived) members of the political opposition. Furthermore there exists geographical inequality in political representation depending on the incumbent political party. Abdulai and Hulme have pointed out that in the past during NPP governments (2001- 2008) the Northern regions *"were largely excluded from the more powerful positions in cabinet and the 'inner core'"* (Abdulai and Hulme, 2014, p.9). However, having northerners in high offices in recent years such as President John Mahama (2012-2016 who previously served as the Vice President (2009-2012)) and Vice President Mahamud Bawumia (2017 to Date) have not changed much. Sadly, the Savanna Accelerated Development Authority (SADA) established to spearhead the development of the north during President Mahama's era was bedevilled with corruption.

Ghana remains a unitary state but has a decentralised governance system embedded in the 1992 Constitution and the Local Government Act (Act 462) of 1993. Under Ghana's decentralisation system, legislation, policies and guidelines determine the relationships that exist between central- and local-government entities. The central government maintains the policymaking role and a vertical relationship with local-government institutions. The sub-national governments (Metropolitan, Municipal and District

Assemblies (MMDAs)) act as implementing entities and have primary responsibility for planning, financing and delivering services to local people. The MMDAs operate on the principle of improving accountability and fostering greater participation of citizens in public decision-making, as well as better targeting of public services to the poor (Alam & Koranteng, 2011; Zakaria, 2015; World Bank, 2018). However, in reality decision making power remains centralised in Ghana as there is only a shift of responsibilities and tasks to lower-level government entities (Bossert and Beauvais, 2002)¹. Municipal governments remain poorly equipped in terms of budget planning, preparation, execution and accounting, with many demonstrating weak compliance with regulatory frameworks, including procurement and contract management (World Bank, 2018).

Ghana's open political and civil space recognises the presence of a vibrant civil society and free media (Arthur, 2010). This is despite recent attacks on the media and attempts by the state to exert control over civil society through legislation. Generally, the government does not demonstrate sufficient accountability to local civil society organisations as donor relations have prioritized upward accountability towards development partners². There are however attempts to engage CSOs, in particular, trade unions and professional organisations. For instance, the Trade Union Congress (TUC) does have some leverage over political decision making and has also been involved in COVID-19 response formulation³.

The 1992 Constitution guarantees every citizen of Ghana the right to partake in political activities and to vote and to be voted for. However, in spite that women constitute over half of the population (52 %, 2020) and registered voters (52.4%, 2020) (Electoral Commission of Ghana, 2020), women are severely underrepresented. In 2016, only 136 out of 1144 (11%) of Parliamentary candidates were women. Of the 136 women candidates, 36 (13.1%) were elected as Members of Parliament out of 275 parliamentary seats contested. In 2016, one out of the seven Presidential candidates was a woman. Similarly, the December 2020 Elections had 126 women out of 914 (15 %) Parliamentary candidates competing for 275 seats. Out of this number, 40 won the elections, increasing slightly the number of women parliamentarians in Ghana. Three (3) out of the 12 Presidential candidates (30 %) were women and represented minority political parties that have no chance of winning elections in Ghana.

The significant difference in the December 2020 elections was the appointment of a woman as the running mate for the larger opposition NDC. The appointment of Professor Jane Naana Opoku Agyemang, a former Minister of Education and the first woman Vice Chancellor of a University in Ghana generated interest and support from women rights advocates.

The Constitution of Ghana also enshrines the rights of the estimated two million Persons with Disability (PWDs) but participation in politics remain low. There are no affirmative actions or systems favouring the participation of PWDs and although the 2006 Disability Act mandates all public facilities including polling stations to provide access to PWDs, compliance remains low.

Ghana's Socio-economic context from a inequality perspective

Ghana was one of the few Sub-Saharan African countries that achieved Millennium Development Goal 1- halving extreme poverty- ahead of the 2015 timeline. However, the latest poverty data for Ghana (GSS, 2018,) shows almost no reduction overall in the national poverty rate since 2012 and inequality keeps

¹ Interview with representative of Africa Education Watch

² Interview with representative of Africa Education Watch

³ Interview with representative of TUC

rising across all regions of the country. In 2016/17, nearly a quarter (23.4 %) of the Ghanaian population were classified as poor persons, with as many as 2.4 million Ghanaians (8.2 %) considered extremely poor (GSS, 2018). This was despite the country's persistent economic growth and progress in poverty reduction and other human development indicators such as level of school enrollment. The country has seen improvements in both income and non-income dimensions of development, yet inequalities have been on the rise; a situation that draws scholars to conclude that Ghana's development is not inclusive (Oduro et al., 2018).

Ghana's Gini coefficient increased consistently between 1991 to 2016, from 38.4 to 43.5 (although there was a drop of 0.4 points between 2005 (42.8) and 2012 (42.4)) (World Bank, 2020)⁴. In comparison with other Sub Sahara African countries however, Ghana has a relatively low Gini-Coefficient. The alarming issue with Ghana is that it is one of the few countries on the continent where income inequality has systematically increased over the last 3 decades (UNDP, 2017). Scholars have argued that Ghana's growing inequality has been driven by the following six factors: jobless export-driven growth; poor public financial management; significant regional and rural-urban disparities; unequal access to and quality of public services; gender inequality; and political capture and corruption (UNDP, 2017; Oduro et al., 2018).

First, Ghana's economic growth has largely depended on the export of commodities (coco, gold, industrial diamonds and oil) without adding value (Oduro et al., 2018). The services and industry sectors that drive the economy have little job creation potential and have also led to (yet another) debt crisis because the economy's vulnerability to fluctuations in commodity prices. These elements put together have resulted into an economy which is not addressing equity with 90% of the employed people working in the informal economy and seven out of ten jobs estimated to be "vulnerable" (Oduro et al., 2018, p.9: GSS, 2019). The service sector is the largest in terms of employment (43.5%) and also contributes the most to the GDP (56.2%). Whilst the agricultural sector is the second largest sector employment-wise (38.3%), its contribution to GDP remains relatively low (18.3%). The manufacturing sector employs the least people (18.2%) but has a higher contribution to the GDP (25.5%) compared to agriculture (GSS, 2018; GSS, 2019).

Secondly, and related to this is the country's poor financial management in the context of decreased ODA, as Ghana became a Lower Middle Income Country in 2010 and the difficulties with obtaining sufficient tax-revenue both from small scale informal businesses as well as large companies who evade paying taxes (Oduro et al., 2018, p.6). Ghana's tax to GDP ratio (12.57 %; 2018) is one of the lowest among its peers. Abdulai and Hulme (2014) have also pointed out the channeling of ODA funds are prone to political interference with Northern regions being systematically side-lined.

Thirdly, the regional and rural-urban disparities in terms of income and non-income dimensions of development further exacerbated this situation (UNDP, 2017). Multidimensional poverty is much higher in Northern regions than in the South.

Table 1. MDP headcount % per region

Western	Central	Greater Accra	Volta	Eastern	Ashanti	Bong Ahafo	Northern	Upper East	Upper West
47.6%	47.6%	22.5	58,2%	44%	31.1%	49.4%	80.8%	68.0%	65.5%

Source: GSS (2020)

⁴ <https://data.worldbank.org/indicator/SI.POV.GINI?locations=GH>

The fourth driver of inequality is the unequal access to public services. Access to health and education is for instance skewed to southern urban areas and the formal employment opportunities are also centered on major cities. This has pushed many young Ghanaians to move from rural areas to cities in the South or the Ashanti region, where they have little job-prospects. One of these groups are the *Kayayei*, girls from poor Northern families who migrate mainly to Kumasi or Accra to work as head porters in the cities' commercial hubs. Youth unemployment is estimated to be as high as 48% and many find themselves in the state of "waithood" with related feelings of alienation from political institutions and little expectations from government (Honwana, 2012; BBC, 2015). Labour market vulnerability is furthermore highest among youth from the Upper East and Northern Region (Adeniran et al., 2019). But access to public services is not only tainted by spatial inequalities but also by social inequality. Ghana's NHIS for example has, despite its stated equity goal, only reach 2% of the country's poor and the majority of people still pay out of pocket for health care (Oduro et al., 2018, p. 7). So, Ghana's ambitious universal health care scheme which was initiated in 2003 has had a disappointing outcome as various social, cultural as well as political barriers are restricting the poorest of benefitting from it. Access to education has also not made the aspired progress despite the government's efforts. Poor children and especially girls face disproportionate barriers to obtaining primary education. Moreover, the quality of education is also related to social, gender and spatial inequalities. The three northern regions have lower education attainment as well as higher education Gini coefficients compared to the rest of the country (Senadza, 2012). "Forty-eight percent of the richest urban males in Ghana leave junior secondary school having learned the basics in mathematics, compared with only 7% of the poorest rural girls" (Oduro et al., 2018: 8).

Gender-inequality is the fifth driver of inequality but also crosscuts the other drivers already mentioned above. Women in Ghana are unequally represented in political institutions, have lesser access to land and other assets, they are paid 63% less than their male counterparts and are more likely to have informal and precarious jobs whilst they take up 10 times more of the care work in the households (Oduro et al., 2018, p.10).

Lastly and very relevant to this study in the context of the December 2020 elections (see political context), political capture and corruption is driving inequality. The countries bi-partisan political system characterized between the two major parties, NDC and NPP, has become increasingly pervasive and is having growing influence over decision-making both inside and outside of political institutions. This has made inclusive policy-making more and more challenging (Oduro et al., 2018, p.10).

The above-mentioned drivers of inequality are important in the context of COVID-19 and for the purpose of this study as the same obstacles that have been found to hamper the Ghanaian government's efforts to tackle the health crisis in an equitable manner. Furthermore, more and more research has pointed towards the negative impact of inequality on wellbeing.

⁵ <https://www.bbc.co.uk/sounds/play/p035w9bs>

Chapter 3. Mapping of COVID-19 Responses

On March 12 2020, Ghana recorded its first two cases of COVID-19. In a swift response, the Government of Ghana outlined five key objectives to; (i) limit importation of the virus; (ii) contain the spread of the virus (iii) provide adequate care for the sick; (iv) limit the social and economic impacts of the virus ; and (v) expand domestic capacity and deepen self-reliance.

This section of the report maps both the responses of state and non-state actors to the pandemic, the impact of the crisis on Ghana's economy and the structures and systems of political power, particularly in the context of the 2020 elections.

3.1. Overview of Ghana's Mitigation Measures, Policy Responses and Actions by State-actors

3.1.1. Imposition of restrictions to contain the spread of the virus⁶

Following the confirmation of the two cases of COVID-19, the President of Ghana announced a ban on all public gatherings including conferences, workshops, funerals, festivals, political rallies, church/mosque activities and other related events to reduce the spread of COVID-19 at a press briefing on the state of COVID-19 on March 15 2020. Basic schools, senior high schools and universities, both public and private, were immediately closed. Private burial with not more than 25 people in attendance was however permitted. All workplaces and commercial places were mandated to have basic WASH materials (i.e. hand sanitisers, running water and soap) at the entrance for handwashing (President Akufo-Addo, 2020).

Entry into Ghana by other nationals (except for resident permit holders) travelling from countries which have recorded at least 200 coronavirus cases was banned; mandatory 14-day self-quarantine for persons who are otherwise allowed to enter the Ghanaian territory, and suspension of public gatherings including sporting events, conferences, and workshops. The Imposition on Restrictions Act (Act 1012) was passed by Parliament on March 21 2020 under a Certificate of Urgency against protest by the Minority in Parliament that it gave too much power to the executive and constituted an encroachment on the freedoms of citizens. The Act gives legal backing for the imposition of restrictions on persons in the event of disaster, emergency or similar circumstances, for public safety and protection with no specific mention to COVID-19. The President cited that the Bill was consistent with section 169 of the Public Health Act, 2012 (Act 851) but critics have argued that the Constitution and other Acts (e.g. Public Health Act, Immigration Act and National Disaster Management Act) have adequate provisions to cover such situations and therefore a new law was not necessary. Indeed, these existing laws had provided guidance prior to the passage of Act 1012 (FAAPA, 2020). Later in the day on March 21 at the National Address to update the country on the pandemic, the President placed additional stringent restrictions on travel by ordering the closure of Ghana's land, sea, and air borders to human traffic effective midnight, March 22 2020.

⁶ Section 3.1.1. is based on the presidential addresses 1-23

The President of Ghana on his third National Address on March 28 2020 announced a partial lockdown on Greater Accra metropolitan Area (including Kasoa in the Central Region) and Greater Kumasi Metropolitan Area effective March 30 2020 to contain the spread of the virus. Travel between regions were equally banned to prevent importation of the virus from affected regions. The lockdown was introduced at the time the country had recorded 141 cases with five (5) fatalities and evidence of community spread. Security agencies were deployed to strategic locations within Accra, Kumasi and Kasoa to ensure compliance. There were reports of the use of force which in some cases led to abuse of civilians. For instance, about 171 *Kayayei* who were disguised as cargo travelling from Accra to northern Ghana were intercepted and returned to Accra (CNR, 2020).



Figure 2: Kayayei Escaping the Lockdown
(Source: Citinewsroom.com)

Three weeks into the lockdown, the Government of Ghana began to ease restrictions. The President of Ghana lifted restrictions on movement within the affected areas bringing an end to the three weeks lockdown. Government justified that the decision was supported by science, but this was received with mixed reactions. Civil society, and professional groups including the Ghana Medical Association reacted in shock to the President's decision noting the rise in cases to from 141 to 1024. There were evidences of community spread as 82 % of 1024 cases had no travel history and therefore the belief that easing the lockdown could spark further spread. In a study conducted by the CSO Platform on SDGs (August 2020), majority of respondents reported that government's restrictions were adequate to contain the spread of the virus and should not have been relaxed. The opposition NDC expressed doubts about the motivations for the President's actions in managing the crisis.

On the other hand, the lifting of the restrictions was received with excitement by vulnerable groups including people living in slums, head porters (*Kayayei*) and small and medium scale business owners. The Trade Union Congress and persons in academia called the decision progressive highlighting the dire consequences of a prolonged lockdown on the economy and vulnerable people especially, informal sector workers who survive on daily earnings⁷. The easing of restrictions on movement, social and economic activities continued amidst public anxiety. By September 2020, all restrictions had ended except for partial closure of schools, closure of land borders and social centres such as night clubs and beaches.

Contrary to suggestions that the relaxation of the restrictions was going to cause hikes, Ghana continued to record high recoveries and lower new cases. By November 4, 2020, Ghana had less than 1200 active cases which dropped further to less than 900 in December creating a false sense that the pandemic was nearly over (see figure 2).

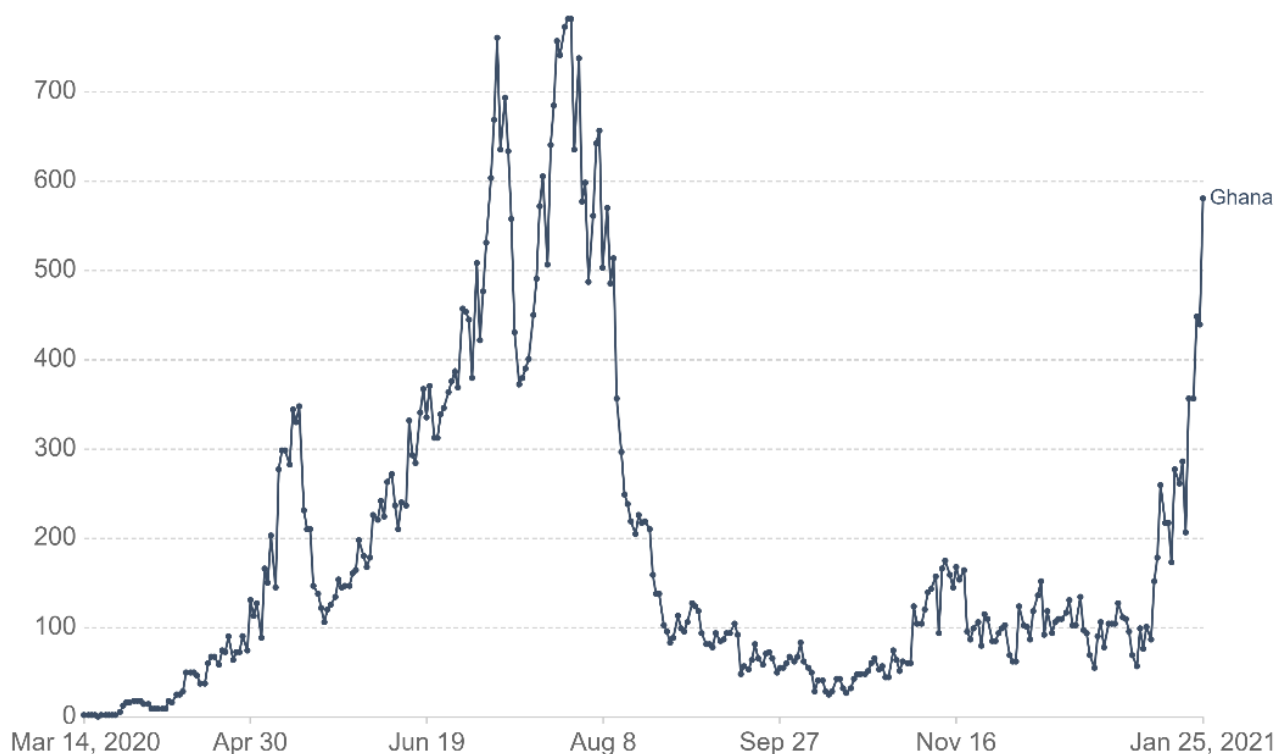
⁷ Interview with TUC representative and UNIWA representative

Figure 3. Daily new COVID-19 cases in Ghana

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 26 January, 09:02 (London time)

CC BY

Source: Our World in Data 2020

With the sharp rise in new infections since late December 2020, the government has re-introduced some of the measures as shown on Table 2. The second wave of the virus appears more deadly with over 80 fatalities in January 2021 alone and more severely ill persons which could have detrimental effect on Ghana's already vulnerable health system. By January 31, 2021, the country's active cases stood at 5,515 with a total case count of 67,782 and 424 deaths since March 2020 (GHS, 2021).

Table 2. Announcements of Easing of Restrictions in Place

Date	Easing of Restriction	Effective Date	Case Count
31 May	Religious activities (churches & mosque) to resume for an hour services with not more than 100 congregants under strict COVID-19 protocols.	June 06 2020	8,070 cases and 36 deaths
	Final year University and other tertiary education students to report back to complete academic year. University lectures are to take place with half class sizes.	June 15 2020	
	Final year senior high school (SHS3) students, together with SHS 2 Gold Track students were to go back to school. A maximum of 25 students for the SHS.	June 22 2020	
	Final year junior high school students were to report back to school. JHS class size is limited to 30 students.	June 29 2020	
	Private burials to continue with up to 100 in attendance.	Immediate	
	Restaurants, providing seated services, could operate under appropriate social distancing arrangements and hygiene protocols.	Immediate	
	Individual, non-contact sports, conferences, workshops, weddings, and political activities, except rallies, can now take place, but with limited numbers not exceeding one hundred persons present, with the appropriate social distancing and hygiene protocols.	Immediate	
	Exemptions marketplaces, workplaces, public transport, and constitutional and statutory bodies such as the Electoral Commission, the National Commission for Civic Education and the National Identification Authority from the restrictions.	Immediate	
27 July	Restriction of number of worshippers eased and hours of worship extended to two.	August 1 2020	32,437 cases and 168 deaths
30 th August	Kotoka International Airport opens to international flights	September 1 2020	44,205 and 276 deaths
3 Jan 2021	Re-opening of all schools	January 9 2021	55,220 cases (879 active cases) and 336 deaths
31 Jan 2021	Re-introduction of ban on funerals, parties, theatrical gathering, weddings and concerts. Beaches, night clubs, cinemas, pubs and land borders continue to be closed.		67,010 (5358 active cases) 416 deaths

Sources: National Addresses by the President 1-23

3.1.2. The Health Response

Public Health Promotion: In its Press Release on January 31 2020, six weeks prior to Ghana recording its first case, the Ministry of Health (MOH) advised the public to observe the following (MoH, 2020);

- ✓ Regular washing of hands with soap and water;
- ✓ Use alcohol hand rub when available;
- ✓ Avoid touching of nose, eyes and ears when one encounters a sick person or potentially infected surfaces; and
- ✓ Seek immediate treatment if symptom is suspected, among others.

In addition to these measures, the President mandated wearing of facemasks and social distancing in all human interactions, but this was a challenge in densely populated urban communities such as Chorkor (even more so because of school closures). The way water and food were distributed furthermore created incidences in which people could not respect social distancing because of fear of missing-out due to limited supply. This was met with police repression in Chorkor whilst in fact the service provision was poorly designed in line with COVID-19 regulations.

The Ministry of Transport was directed to collaborate with private and public transport unions and operators to ensure enhanced hygiene conditions in all commercial vehicles and terminals and transport unions agreed to reduce the number of passengers per commercial vehicle to allow for social distancing; while the Ministry of Local Government and Rural Development (MoLGRD) was instructed to coordinate with the MMDAs to ensure enhanced conditions of hygiene in the markets across the country. With the support of non-state agencies, public places such as lorry stations, were provided with WASH materials (mainly running water and soap) to promote handwashing. Bonful et al. (2020) found that majority (80%) of lorry stations in Accra had at least one Veronica Bucket with flowing water and soap, but the number of washing places at each station was not adequate. Some marketplaces in urban areas were sanitised but government did not provide WASH materials on a structural basis (see Amankwaah and Ampratwum, 2020). In the Bolgatanga central market, for instance, women provided their own WASH materials. Vendors were either relocated or operated in batches to ensure social distancing which caused shuffles in some places such as in Bolgatanga where traders believed selection procedure was not transparent.⁸ Markets in Obuasi in the Ashanti Region, an epicentre of the disease were closed for one week to allow for fumigation and a decongestion plan to be put in place⁹.

The Ministry of Gender, Children and Social Protection together with non-state actors distributed alcohol-based sanitisers to between 20 000 and 30 000 people.¹⁰ The wearing of masks was also mandated and arbitrarily enforced within some jurisdictions with the help of the security agencies. In Accra, for instance, the media reported that persons without facemasks were prevented by the police from accessing the Central Business District (CitiTube, 5 Mei 2020). Compliance with these measures were however high between March and June 2020 and begun to fade as restrictions were eased. A survey by the GHS showed declined in compliance with mask in selected locations in Accra from wearing from 44 % in August to 5 % in November (Nana Akufo- Addo, 2020a). These restrictions have however been reinforced - since the second wave of the pandemic. Security agencies have been deployed to effect arrest of persons violating the COVID protocols.

⁸ Interview with Social Protection officer Bolgatanga Municipal Assembly

⁹ Interview with Obuasi Assembly member

¹⁰ Interview Official of Ministry of Gender, Children and Social Protection

Information dissemination was intensified by the MOH/ Ghana Health Service (GHS) at both national and local levels. Much of this though was concentrated in epicentres which were largely urban (i.e. Accra, Kumasi and Obuasi). Radio and television advertisements, health promotion materials (i.e. leaflets, posters and brochures) and Daily Press Briefings (broadcasted on radio, television and social media pages) by the Ministry of Information in collaboration with other government agencies (e.g. GHS, Ministries, etc.) to provide update and address concerns, in particular fake news in circulation. The Press Briefings in addition to live updates on GHS webpage and social media pages fed the media and the general public with information on case management. The National Commission for Civic Education (NCCE) in collaboration with MMDAs undertook community sensitisation using information vans and community radio particularly in epicentres in peri-urban areas. Resources were however insufficient to reach all communities according to the social protection officer of the Bolgatanga Municipality who were only able to reach 261 households¹¹. Active COVID-19 Helplines provided citizens with information on first line of action when contacted¹². Some of the information materials were disability friendly. For instance, Press Briefing held by the Ministry of Information had sign language interpreter but not in braille.

An online survey conducted by Serwaa et al. (2020) to assess the public knowledge, risk perception and preparedness to respond the COVID-19 in the early stage of the outbreak in Ghana found that;

- ✓ 62.7% had “good” knowledge about the outbreak;
- ✓ 68.3% had a high risk of contracting the COVID-19 infection; and
- ✓ 81.4% had a moderate preparedness skill to prevent and control the disease.
- ✓ 77.1% perceive the internet as the major sources of information.

A study conducted by Civil Society Platform on SDG (2020) reported a high degree of awareness of government measures to contain the virus but noted huge violations of the restrictions. Majority of respondents in the study cited the President’s periodic National Address as the major source of information on government responses to the pandemic. This was consistent with the experiences of the urban respondents engaged in this study (e.g. residents of Chorkor and *Kayayei* in Accra) who cited television (specifically, the President Address and the GHS/MOH Press Briefing as the main source of information on COVID-19). By January 31 2021, the President had addressed the nation 23 times. The frequency of the President’s address reduced with improvement in the country’s situation and Press Briefing was totally put on hold, but this has resumed since the hikes in number of cases.

Saba et al. (2020) in a study assessing the knowledge, perceptions and attitudes of residents in Northern Region of Ghana and their preparedness to prevent and contain the virus found equally high levels of awareness in rural, peri-urban and rural centres. However, there were significant variations between the time rural and peri-urban/urban communities first heard of the various measures. Mass media (television, radio and internet) were the main source of information with majority (63%) of the rural respondents in Northern Region of Ghana depending on radio, while the peri-urban/urban respondents (51%) relied on television. All respondents were aware of COVID-19 and 91.7% could mention at least two symptoms of the disease but 18% believed there was no cure in Ghana and 69 % believed they will contract the virus.

¹¹ Interview with f Social Protection officer Bolgatanga Municipal Assembly

¹² Interview with officer from Ministry of Gender, Children and Social Protection

3.1.3. Screening, contact tracing and testing

In collaboration with other government departments (e.g. Customs and Immigration), the GHS trained and provided resources (e.g. thermometers) to screen travelers at the ports of entry.¹³ Travelers who recorded temperature of more than 37 degrees Celsius were further screened. Subsequently and prior to the closure of all borders, all international travellers were put under mandatory quarantine and tested at a cost to the taxpayer. This enabled early detection, isolation and treatment of cases. The GHS Helplines required citizens who showed symptoms to call and be picked by an Ambulance to be transported to Isolation Centres for screening. While this process was smooth at the beginning, it became fraught with challenges as the number of cases surged overtime. There were instances where patients transported themselves using modes that violated the COVID-19 protocols (e.g. using public commercial transport) after waiting in vain for an ambulance. This was no surprising as Ghana has less than 400 functional ambulances for a population of 30 million. A team of contact tracers were recruited and trained to compliment GHS internal capacity to undertake enhanced contact tracing. This process of enhanced contact tracing was minimised when the partial lockdown was eased¹⁴.

Employing innovation to enhance contact tracing and testing

In April 2020, the Ministry of Communication in collaboration with GHS launched the COVID-19 App to help track people with the virus, and those who had contact with them. The App allows people to input data including their telephone number and information of any symptoms they had with the coronavirus. The COVID-19 App was unavailable immediately for download. A similar App called COVID-19 TECHBOT was also developed by an academic at the School of Allied Health at the Kwame Nkrumah University of Science and Technology. These Apps were supposed to help health officials trace contacts of people infected with COVID-19 but their uptake remain unknown.

At the onset of the virus, Ghana's capacity to test was very limited. There were only two laboratories (University of Ghana Noguchi Memorial Institute for Medical Research in Accra and the Kumasi Centre for Collaborative Research of the KNUST) with the capacity to test at the time but has since increased to sixteen. These include twelve (12) public and four (4) private facilities with nine based in Accra; two based in the North (Tamale and Navrongo)¹⁵ and the remaining in Kumasi, Takoradi and Ho in the Volta region (GHS, 2021). Testing in public facilities remain free, although results are associated with long periods of delay. With only two testing facilities, Ghana employed technology to transport samples from places afar to the laboratories. The Zipline Company which oversees medical drones in Ghana started transporting COVID-19 test samples from April 2020, easing the stress associated with waiting for many days before status is transported to testing sites (Asantewah Nkansah, 2020). In the case of the Bolgatanga regional hospital, however, respondents indicated that samples were sent with ambulances or hospital vehicles. The fact that initially the two main testing facilities were situated in the South complicated the work of health care workers in the North in terms of controlling the virus. This was raised as one of the key challenges by a nurse working in the regional hospital in Bolgatanga as there were significant backlogs in getting test results back once they were sent to Kumasi¹⁶.

Ghana also adopted a pooled testing approach to help reduce the backlog. The pooled testing increased daily tests making Ghana the second country on the continent after South Africa to have conducted more

¹³ Initially, only the countries 13 ports of entry, one by air, two by seaport and ten by ground were manned by Port health authorities but 31 more (making 44) were later identified and secured with interventions.

¹⁴ Interview with GHS official

¹⁵ Interview with nurse at Bolgatanga regional hospital

¹⁶ Interview with head nurse Bolgatanga Regional Hospital

tests. Between March and mid-July, Ghana conducted over 370 000 tests making it one of the countries in the WHO Africa Region with the most tests per 100 000 population (WHO, 2020). A total of 674,812 tests had been conducted by the end of January 2021 (Nana Akufo Addo, 2020b).

Since September 2020, a mandatory antigen test at a cost of \$150 per passenger and a negative polymerase chain reaction (PCR) results (not more than three days old prior to travel) is required from international travellers. Critics have raised questions about the effectiveness of the rapid antigen test in detecting the virus compared to the gold standard PCR. The cost of the antigen test has particularly been criticised as expensive. On January 31 2021, the President of Ghana (working in collaboration with ECOWAS assembly of heads of states) announced a reduction of the cost of the antigen test to \$50 per passenger for ECOWAS national (Nana Akufo-Addo, 2020b).

3.1.4. Isolation, Testing and Treatment

At the onset of the pandemic, two health facilities, the Tema General Hospital and the Greater Accra Regional Hospital at Ridge had designated facilities for isolation and treatment. These two facilities had a combined capacity of seventeen (17) beds with the Tema General Hospital more equipped (with negative pressure ventilation and ventilator equipment than the Greater Accra Regional Hospital) (Serwa Ayi, 2020). This has however increased to sixteen with one in each region in Ghana and complimented by many isolated centres designated across the country by corporate bodies, CSOs and faith-based organisation as discussed below. The treatment facilities include the newly constructed 100-bed Ghana Infectious Disease Centre at the Ga East Hospital commissioned in July 2020¹⁷. All treatment facilities are urban-based, a reflection of the already existing rural-urban bias in distribution of health facilities.

The University of Ghana Medical Centre (which was brought on stream to support case management) launched the CovidConnect App to provide virtual medical care to persons isolating at home in April 2020. The CovidConnect App is a new virtual monitoring app with a back-end care coordination center that gives subscribers access to needed clinical support from a team of medical experts and provides users access to credible sources of information on Covid-19. The App enables patients to access a team of experts from the comfort of their homes but again, its uptake of this technology remains to be seen (University of Ghana, 2020).

Ghana's already fragile health system has been put to test by COVID-19. Reports of shortage of Personal Protective Equipment (PPEs) and overstretched treatment centres made headlines at the peak of the pandemic. Respondents in Bolgatanga mentioned that the consequence of the backlogs in testing for Northern regions was the fact that no PPEs were distributed as it seemed as though there were no COVID-19 cases. Health workers had to buy their own PPEs and, in some cases, treated a COVID-19 patient with a regular nose mask. As of the end of July, over 2000 health workers had contracted COVID-19 out of which six (6) died due to COVID complications (AS, 2020). At the same time, many more health workers were unable to work as they waited for test results in isolation centers, jeopardising care for the growing number of patients requiring hospital care (Reuters, 2020). The GHS however confirmed inadequate supply and shortages in some facilities due mainly to distributional challenges and was resolved with the setting up of a District Logistic Committees. As local production of PPEs increased and District Logistic Committees were instituted to ensure equitable distribution of PPEs, these challenges improved¹⁸. Our respondent in the regional hospital of Bolgatanga however mentioned that, yet again, they had *to hang around* until the government took notice of them and provided them with PPEs. Other

¹⁷ Interview with GHS official

¹⁸ Interview with GHS official

challenges included dealing with recalcitrant patients which required collaboration with the security agencies to enforce compliance.

Herbal or traditional medicines constituted an important part of the Ghanaian healthcare system with about 70% of the population depending on herbal remedies for their healthcare (WHO, 2019). Since the outbreak of the virus, many Ghanaians have been resorting to self-made or purchased herbal medicines to either treat or boost their immunity against the virus.

The high use of herbal medicines has partly been influenced by existing cultural practices and the absence of modern medicine to cure the virus. Yet some respondents believed that the fear of being stigmatised compelled people who show symptoms to resort to herbal treatment rather than visiting the hospital.

Ghana has since 2020 been integrating herbal medicines into mainstream healthcare. In June 2020, an investigative journalist Anas Aremeyaw Anas uncovered manufacturing of fake corona virus herbal medicines in Ghana leading to the arrest of suspects (Graphic Online, 2020). In February 2021, the Food and Drugs Authority (FDA) announced approval of a herbal medicine, *Cryptolepis sanguinolenta*, known locally as Nibima for clinical trials for the treatment of COVID-19.

Although all class of Ghanaians have reported using herbal medicines, people of poor socio-economic background are more likely to resort to herbal medicines given that barriers to access is lower compared to orthodox medicines. Both *kayayei* and residents of chorkor as well as respondents from Obuasi reported high use of herbal medicines for protection against the virus. The RECOVER survey (2020) yet found that 10% of respondents said they skipped or delayed needed healthcare visits. This is also true in Bolgatanga where a head nurse of the regional hospital stated a significant decrease in hospital attendance during the height of the COVID-19 outbreak. A member of the Obuasi district assembly furthermore stated that the majority of residents resorted to herbal treatments to boost their immune system and fear of contagion caused people to seek out medical treatment late. Elderly residents in Chorkor recounted their experiences in trying to manage their chronic illness (diabetes) on their own. Among the poor this has however been the norm even prior to COVID-19 because they cannot afford out of pocket payments due to low coverage or inefficient NHIS. As explained by a head nurse at the Bolgatanga regional hospital: *“whilst the national health insurance should cover basic medical treatments hospitals are underfunded and therefore need to ask for additional fees to be able to deliver services. We check-out many people who should actually be followed-up longer because they cannot pay. It is very sad. Adding: “Many poor people prefer buying medicine over the counter at pharmacies than seeing a doctor”.*

3.2. Socio-Economic Impact of Regulations

Ghana’s already vulnerable economy (due to a recent history of macroeconomic crises) has been exacerbated by COVID-19. The IMF (Marc,2020) estimated that Ghana’s GDP will grow at only 1.5% in 2020, down from the pre-COVID-19 projection of 6.8% but this was further revised to 0.9 % (Ofori-Atta, July 2020). The budget deficit was expected to increase to 6.6% of GDP (after accounting for \$1.45bn in emergency relief funds from the IMF and World Bank) against a pre-COVID-19 projection of 4.7%. Expected financial gap in the government budget was estimated around 2.9% of revised GDP (approx. \$2.2bn). Ghana’s debt may appear lower than other countries but has a high proportion of external debt to private creditors, which will be subject to high volatility. Decreases in remittances (estimated around 7.8% of Ghana’s GDP) was expected to have knock on effects for dependent households. Government

and development partner funding for health services is likely to increase whilst education and social protection budgets are at risk of being displaced.

These macro-economic figures resonated in the labour market with huge job losses. The COVID-19 Business Tracker Survey conducted by the Ghana Statistical Service (GSS) reported that about 770,000 workers (25.7% of the total workforce) had their wages reduced and about 42,000 employees were laid off during the country's COVID-19 partial lockdown. The pandemic also led to reduction in working hours for close to 700,000 workers (GSS, 2020b). A TUC representative however stated that the national figures underestimate the real impact in terms of job losses.¹⁹ The Greater Accra Region recorded the least households with lower income whilst the Upper West, Bono and Bono East recorded the highest number of households experiencing decreases in income. Decreases in family income was highest among generally informal non-farm family businesses (83%) whilst wage workers were less affected (55%) (GSS, 2020a). Regrettably, the GSS survey results have not been disaggregated by gender. Some of the sectors which were most affected in terms of job loss were tourism, bars and nightclubs, artisans and craftsmen such as carpenters and private school teachers in low costs private schools.²⁰

The imposition of lockdowns furthermore led to significant increases in food prices in the affected areas. The Ghana Statistical Service reported 14.4% increase in food and non-alcoholic beverages in April compared to March 2020. Overall, food inflation contributed 59% to the rise in inflation to 10.6% in April from 7.8% in March 2020, the highest since rebasing of the CPI. The spike in food inflation was attributed to panic buying especially for the cities that were under lockdown (Tellimer, 2020). Market women in Bolgatanga however mentioned that the border closures also had an impact on price hikes. Some food stuffs bought across the border at reduced prices became scarce. According to the GSS (2020a), 52.1% of households decreased their food consumption due to higher prices and lower incomes. The arrangement to ease congestion in public transport also resulted in increases in transport fares to compensate for the reduced capacity.

Box 1. Impact of closure of land borders on informal traders

The prolonged closure of land borders has had a detrimental impact on small-scale informal traders and market women who depend on cross-border trade with Burkina Faso or Togo for their livelihoods. Although transportation of commercial goods is allowed this was only true for large scale traders and truck drivers. Small-scale informal traders were excluded from cross-border trade due to the cumbersome COVID-19 regulations, such as having a recent negative COVID-19 test and the increases of transport prices due to restrictions on the amount of people allowed to use public transport.¹ Some small-scale traders joined forces, aggregating their goods and paying fees to truck drivers to transport and clear their goods. These processes have led to price hikes of up to 50% in border towns (Luke et al., 2020, p.2) and related inflation. According to the RECOVR survey (2020) 60% of the respondents stated they were buying less food due to increased prices in Ghana. It has also made petty traders more vulnerable to malpractices of middlemen causing some traders to lose the goods they purchased. Whereas the women used to be in control over the goods they purchased because they could travel themselves they are now dependent on others at a higher cost both economically and in terms of vulnerability. The fact that the international airport was opened whilst land borders remained closed was perceived to be unfair by one of the market women in Bolgatanga. Indeed, businessmen with larger capital could more quickly resume international travel via plane whilst market women with limited capital had to stop and reinvent their livelihood strategy, highlighting the gendered impact of the restrictions.

¹⁹ Interview with TUC representative

²⁰ Interview with TUC representative

The initial socio-economic impact of the pandemic was felt harder by vulnerable groups with lower resilience to cope with shocks due to the intersectionality of vulnerabilities e.g. informal employment, women and girls, disabled people, people living in urban slums, informal settlements or impoverished Northern regions.

In response to these adverse effects on citizens, the government of Ghana introduced measures to promote the resilience of the economy and cushion the socio-economic impact on people. These included stimulus packages to businesses, utility subsidies and provision of food to the poor, among others. It is without gainsaying that the decision to introduce some of these social protection measures was partly motivated by the December 2020 elections and similar initiatives by neighbouring countries. For instance, the President announced the utility subsidy following similar actions in neighbouring Togo and calls from the opposition NDC flagbearer for the December 2020 elections for such interventions.

According to the GSS (2020) ,8.7% of the population received support from either government, religious institutions or others. 3.9% of the respondents received cash transfers whilst 5.3% received free food (with religious bodies (33.3% been the predominant source followed by government (28.6%). A RECOVER survey found that 2.8% received cash or food support from the government whilst 14% benefitted from free water and electricity (IPA, 2020). Our findings indicate that many of the measures did however not reach the most vulnerable and various groups were excluded despite their “universal” nature as we will discuss below.

3.3. Government Responses to Mitigate Socio-Economic Impact

3.3.1. Economic Measures/Stimulus Packages

- i. **Production of PPEs**- the government guaranteed \$10 million soft loans from the Exim Bank of Ghana to four local manufacturing companies to produce face masks, medical scrubs, hospital gowns and head gears to meet local demands. Fabrics used for making these PPEs were procured from local textile companies such as ATL, Volta Star Textiles and GTP.
- ii. **Reduction in communication tax** from 9% to 5% in recognition of increased use of technology to conduct business and boost human interaction.
- iii. **Incentives to Health Workers** including tax holiday to all health workers from April to December and allowance of 50% of basic salary to all frontline workers. A standard definition of frontline workers has been agreed with stakeholders including labour unions²¹. To qualify for the allowance, a frontline worker must have encountered a COVID-19 in each month. Suspicion was raised by Northern healthcare workers that the allowances was being given based on partisan lines, revealing existing mistrust of politicians and legitimacy of politics in general.

²¹ Interview with GHS official

- iv. **Stimulus Package to Micro, Small-scale and Medium Enterprises (MSMEs)**- The Government of Ghana set up the GHS1 billion Covid-19 Alleviation Programme (CAP) provide soft loans to MSMEs in Ghana through the National Board for Small Scale Industries (NBSSI). An average of GHS2000 loan has been provided to over 170,000 MSMEs (including 110,000 women-owned business) across the country at an annual interest rate of 3% compared to the average of 30% commercial rates (Ggea.net, 2020). The repayment period of the loan is two years. The MasterCard Foundation in collaboration with NBSSI has provided additional funding to scale up the intervention at 7% interest per annum. The eligibility criteria included being a registered company and been in business at least 6 months before the COVID-19 which had the potential to eliminate micro enterprises in particular self-employed workers. Some District Assemblies worked with the relevant agencies (NBSSI and Registrar General's Department (RGD) to enable MSMEs without proper documentation access the Fund. For instance, the La Nkwantanang Municipal Assembly lobbied NBSSI to replace the requirement for Business Registration Certificate with Business Operating Permit and provided technical support to applicants from the Municipality to complete the application process. A new Business Operating Permit was however issued at GHS100 at a cost to the applicants²². The Union of Informal Sector Workers Association (UNIWA) supported an estimated 10,000 of their members with registering and applying to the CAP loan and 200 to the Nkusuo loan (a joint MasterCard-NBSSI programme). UNIWA reported content with the relatively straight forward application procedure adding that the loan created a window of opportunity for informal businesses to formalize; an agenda it has been pushing forward for some years now with the support of the TUC²³. During the focus groups in Bolgatanga, only one out of the ten respondents mentioned they applied for the loan. Three never heard of it and six heard of it but did not know how to apply. One respondent from Bolgatanga also argued the loans were most likely given on partisan basis. Respondents in Chorkor reported they got to know of the government initiative rather late and missed the closing date for applications. They were not aware of the joint MasterCard-NBSSI programme which offered the loans at slightly higher interest rates.
- v. **GH50 million stimulus packages to Private Schools**- Over 1000 private school provided with loans to enable them to meet their obligations including payment of workers compensation. An estimated 80% of private schools have been unable to meet basic salaries of teachers and supporting staff during the nine months closure of schools (March to December 2020) (Ghanaweb, 2020a). According to a TUC representative interviewed, this measure was only taken in October implying that between March and October many teachers of low costs private schools were left without a salary.²⁴²⁵

"In a way the pandemic has created a momentum for us to move towards formalizing the informal businesses, which is part of our executive's objectives. Prior to the pandemic we were already talking to the government about how to make the registration as easy and simple as possible and it seems now with the CAP registration process they have done this."

Deputy Secretary UNIWA, TUC

"I heard of it (the CAP loan) but did not receive it. They have never come to talk to us about it so I did not know how to apply."

Market woman, Bolgatanga, Upper East

²² Interviews with La Nkwantanang Municipal Assembly official and Obuasi Municipal Assemblyman

²³ Interview with UNIWA representative

²⁴ Interview with TUC representative

²⁵ Interview with CSOs director

- vi. **GHS2 billion Ghana Care Guarantee Scheme (GCGS)**- in addition to the GHS1 million CAP, the Government of Ghana launched a GHS2 billion guarantee scheme to support universal banks in Ghana to offer financial support to small and medium enterprises (SMEs) to recover from COVID-19 shocks (Ghanaweb, 2020b). The scheme is being administered by the Ghana Incentive-based Risk-sharing System for Agricultural Lending (GIRSAL), to help SMEs to borrow from banks at lower rates and with longer period. SMEs in Ghana constitute about 85% of businesses and contribute about 70% to Ghana's GDP.
- vii. **Tax incentives**- The Ghana Revenue Authority waived income tax on withdrawals from Provident Funds and Personal Pension Schemes, tax deductions for donations in support of COVID-19 and a waiver of penalties to taxpayers. It also extended by two months, the deadline for filing annual returns and field auditing.
- viii. **Favourable Monetary Policies** - the Bank of Ghana in response to the pandemic reduced the monetary policy rate by 1.5% to 14.5% and 2% in reserve requirement to stimulate the economy and shield the impact of COVID-19. In May 2020, the Ministry of Finance launched the Digital Financial Policy developed in partnership with a Consultative Group to assist the poor. It also in collaboration with the Ghana Interbank Payment and Settlement Systems Ltd (GhIPSS) waived or reduced online transaction charges to reduce cost of transacting business electronically and to discourage the use of cash. Fees for low-value remittances and wallet size limits for mobile money transactions were removed to improve access to financial services under the lockdown and social restrictions.

3.3.2. Social Interventions

i. **Provision of food to vulnerable people during the lockdown**

- the Minister of Finance reported that government spent GHS54.3 million (\$9.4m approx.) to feed an estimated 470,000 families in Accra and Kumasi during the three-week lockdown (AllAfrica, 2020). The intervention was coordinated by the Ministry of Gender, Children and Social Protection (MOGCSP) with the support of officials of the National Disaster Management Organisation (NADMO) and District Assemblies.

"We heard government was sharing food, but we didn't see or get some. Sometimes, by the time you get to the park where they usually do the distribution it will be finished. Sometimes we went to queue, but the food finished before our turn".

Kayayei, Agbogloshie- Accra

The Gender Ministry reported distributing between 400,000 and 450,000 daily hot meals to needy people during the three-week period (Kojo, 2020). Targeting was done through Non-governmental Organisations (NGOs), Faith-based Organisation (FBOs), District Assemblies and orphanages among others due to non-availability of data. The Ministry's Helpline of Hope received requests for assistance but the logistics of distribution was met with challenges due to high demand and limited resources.²⁶ The Ministry also stated that priority was given to *Kayayei* and PWDs. In addition to daily hot meals, 500 capacity hostel was secured to provide accommodation for some *Kayayei* according to the Gender Ministry (Kojo, 2020). However, a coordinator of the *Kayayei* Association at Agbogloshie in Accra confirmed receiving requests from the MOGCSP to compile a list of *Kayayei* in Accra and Kumasi, but no further contact was made after it was submitted. In a FGD with *Kayayei* at Agbogloshie, only three out of the 26 discussants confirmed receiving the daily hot meals on two and three occasions respectively. The Ministry confirmed challenges with targeting due to non-availability of data on the poor.

²⁶ Interview Official of Ministry of Gender, Children and Social Protection

- ii. **Cash Transfer to the Poor** -The Livelihood Empowerment Against Poverty (LEAP) is a cash transfer programme established in 2008 and By June 2020 had enrolled 334,084 beneficiary households made up of 1.4 million individuals. The programme targets elderly people (65 years

“Beneficiaries were paid 65th and 66th payment cycle in one time to avoid travelling to the bank twice and providing a financial buffer for potential lockdown. And they also received an extra 10 GHC to buy hand sanitisers, soap etc. People in urban areas received [additional] 7GHC to cover transport and those in rural areas received 20GHC.”

Official from Ministry of Gender, Children and Social Protection

and above), severely disabled without productive capacity, orphaned and vulnerable children and extremely poor of vulnerable household with pregnant woman or women with infants. This means that about a million (42%) of Ghana’s 2.4 million extreme poor population are not covered by the LEAP. The programme, currently funded by Government of Ghana, the World Bank and the UK Government, was adapted to respond to the pandemic. Cash transfers were increased to include transportation and cost of WASH essential (e.g. facemasks and sanitisers) as

well as to pay up two cycles in one go. The programme has also funded implementation of mobile money systems to pay-out beneficiaries to reduce the human contact. The Leap Management Secretariat (LMS) in cooperation with development partners developed an alternative payment strategy directly via the bank²⁷. The LMS official stated the implementation was effective yet there was no comprehensive monitoring and evaluation of whether the change affected payments of the cash transfers in terms of delays and people reached. The RECOVER survey found that 6 out of 8 LEAP beneficiaries included in the sample experienced delays in payments (IPA, 2020).

- iii. **Daily Hot Meal to Final Year Students, Teachers and Staff:** the Ghana School Feeding Programme (GSFP) was established in 2005 to provide one hot meal to students in basic schools in poorest communities. With the closure of schools, the programme was put on hold and around 3 million children were left without their daily hot meals, in a situation where many families were already struggling to put enough food on the table. However, the President of Ghana directed for the programme to resume from August 24 to September 18 by shifting the distribution of daily hot meals to all final year Junior High School (JHS) students and their teachers/staff who had resumed school. A total 584,000 students and 146,000 teachers/staff benefited from the programme (Nana Akufo-Addo, 2020d). A CSO leader interviewed, lamented the decision to stop the school feeding programme despite lobbying to continue providing meals at community levels such as occurred in some districts in Nigeria²⁸.

²⁷ Interview with LMS officer

²⁸ Interview with CSOs director

- iv. **Free Water Supply** – the Government of Ghana announced free supply of water to all citizens to facilitate access to water to support good hygienic practices (e.g. hand washing). The subsidy which was initially announced for three months (April-June 2020) was extended to December 2020. Majority of Ghanaians do not have pipe-borne water at home. In 2019, only 10.6 % (GLSS, 2019), of Ghanaians had pipe-borne water in home and the GSS household and job tracker recorded that only 21.1% of respondents had regular access to water (GSS, 2020). The Ministry of Sanitation and Water Resources (MSWR) in collaboration with the Ghana Water Company Limited (GWCL) therefore deployed water tankers to supply water to poorer communities. For instance, residents of Chorkor had three 10,000 liter water tankers and standpipes erected at vantage points to receive daily of 30,000 liters of water between April and June (Ghanaian Times, 2020). However, residents bemoaned inadequate supply stating that supply further reduced over the period (Amankwaah and Ampratwum, 2020). This initiative was however limited to few poorer communities in urban centers. Majority of rural communities rely on boreholes and other sources of water not affected by the subsidy. None of the focus group discussants in Bolgatanga had access to free water as they either pay for water or fetch it from sources (e.g. boreholes, rivers, streams, or dugouts). And despite the significant impact on people's livelihoods due to the prolonged border closures in the Northern regions, no water tankers were deployed to these regions. *Kayaye*i interviewed even stated they were paying more for water during the pandemic. Whilst they paid 70 pesewas per a bucket of water pre-COVID, it increased to GHS1 (US\$0.60) as landlords argued the government did not provide the water infrastructure for them. People relying on public washhouses such as some of the Chorkor residents interviewed equally did not experience decreases in user-fees.
- v. **Electricity Subsidy** – The Government of Ghana absorbed the cost of 50% of electricity consumption for all citizens for three months (April- June 2020) and 100% for lifeline customers (cover persons who consume 0 to 50-kilowatt hours per month) since March 2020) (Dapaah, 2020). An estimated 1.7 million lifeline customers are benefiting from the free electricity supply (Amoh, 2020). Similar to the subsidy on water, poor people have generally not profited from electricity subsidies as they are either not connected to the grid or live in compound houses with multiple households on one metre which artificially increases their electricity consumption above the lifeline level. Only one out of 11 of the respondents in Bolgatanga profited from the subsidy whilst the *Kayaye*i stated that their rent (which is inclusive of electricity usage) was not decreased in accordance with the electricity subsidy.
- vi. **E-Learning** – the Government of Ghana with support from Development Partners (e.g. USAID, Right to Play etc.) launched E-learning platforms to provide virtual education to basic and secondary school children. The Ghana TV Learning is a 24 hours virtual learning platform for basic and secondary school children -Kindergarten, Primary and Junior and Senior High School children. The **Ghana Learning Radio Reading Programme** employs both English and Ghanaian languages to provide distance learning instruction for Kindergarten through to fourth grade students. It also provides health and safety behaviour-change messaging for students, focusing on handwashing, physical distancing, and child protection as well as messages to prevent bullying, sexual assault, and early pregnancy. The radio learning programme particularly targets children in households with no access to television and internet. At Tontro, a rural community in the Eastern Region, school children occasionally gather together around available radio or TV to



Figure 4 : Resident Fetching Water from the Deployed Tankers

learn but adult residents of Chorkor mentioned their children have shown no interest in both media. A CSO leader was very critical about the government education response stating that it increased inequalities on three dimensions interrelated: income, geographical and gender. Children enrolled in elite private schools (approximately 10%) have been able to continue learning through virtual lessons through ZOOM and blackboard. Those in low-cost private schools (20%) and public schools (70%) however had to resort to government provided e-learning platforms which brings in the issue of spatial inequality as children in rural areas have less access to televisions and the fact the channel was equally accessible through digital media such as desktops, laptops, tablets and smart phones implied households also needed to have functioning internet to benefit from the 24 hours e-learning television programme. Due to this gap in accessibility a radio programme was later rolled out but in the words of the CSO leader: this was rather an afterthought and it was poorly developed and implemented. The third inequality relates to girls, who prior to COVID-19 were more likely to drop-out of school. Girls are also involved more in household chores at home leaving them with less time to spend on e-learning. Prolonged school closure risked an increase in the number of out of school children and reversal in equitable access, linked to increased adolescent pregnancy, marriage and work. Surveys conducted in May/June estimate that while 60% of children were continuing to learn at home using their books, remote education provision via TV, radio and online channels was only reaching 30% of children (about 3 million children), with children from poorer families, girls, children with disabilities and children in rural remote areas most likely to be left behind (IPA, 2020; CSO Platform for SDGs, 2020).

3.4. Sources of Funding for Government Responses

The Government of Ghana in March 2020 announced an allocation of \$100 million budget to respond to the pandemic. It also sought Parliamentary approval to withdrawal approximately \$219 million from the Ghana Stabilisation Fund and reduced spending on goods and services and capital expenditure by about 0.3% of GDP to make up for the financial gap caused by COVID. The Government also set up the Ghana COVID-19 Fund under the leadership of the immediate past Chief Justice, Sophia Akuffo to raise funds for the poor. District Assemblies were also directed to use their receipts from the District Assembly Performance Tool (DPAT) to respond to COVID-19²⁹.

The chunk of funding for the pandemic came from multilateral sources such the IMF and the World Bank. Bilateral partners such as the UK, US and Germany have also provided funding to help Ghana manage the pandemic.

²⁹ Interview with La Nkwantanang Municipal Assembly Planning Officer

Table 3. Government of Ghana's Direct Sources of Funding for COVID-19

Source	Amount	Expenditure Component
IMF	\$1bn	To address fiscal and balance of payments needs
World Bank	\$100m (Grant)	<ul style="list-style-type: none"> • Case Detection, Confirmation, Contact Tracing, Recording and Reporting (\$4.5m) • Containment, Isolation and Treatment (\$12.7m) • Social and Financial Support to Households-(\$0.7m) • Health System Strengthening (\$3.6m) • Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (\$3.4m). • Community Engagement and Risk Communication (\$7.4m) • Implementation Management, Monitoring and Evaluation and Project Management (\$2.7m) • laboratory equipment and chemicals, essential medical equipment, and supplies, including test kits and PPEs.
World Bank	\$130m (IDA Credit Facility)	<ul style="list-style-type: none"> • To fund Ghana's COVID-19 Emergency Preparedness and Response Project. It is to support Ghana in mitigating the resurgence of the COVID-19 pandemic and to safely reopen the economy.
Ghana Stabilization Fund (GSF) (Oil Revenue)	GH¢1.25b (approximately \$219m)	To fund the Coronavirus Alleviation Programme (CAP) <ul style="list-style-type: none"> • GH¢280m for food packages and hot meals (GH¢2m or \$350,000) per day for 400,000 people. • GH¢40m will go to the National Buffer Stock Company • GH¢200m will be used to pay for bills on water and sanitation • GH¢241m will cover tax waiver for health personnel • GH¢80m will be spent on allowances for health staff • GH¢2m will cover the transportation for health workers • GH¢600m will be disbursed as soft loans to businesses
Ghana Covid-19 Trust Fund	\$9.3m (July 2020) (Boye & Nkwanta, 2020)	<ul style="list-style-type: none"> • To assist the poor and vulnerable. • The Fund also receives non-cash donations such as food and PPEs for onward distribution to the poor and vulnerable.
Ghana Exim Bank	\$100m	<ul style="list-style-type: none"> • Loan to four local companies to produce face masks, PPEs and medical scrubs

3.5. COVID-19 Response from Non-state Actors

3.5.1. Development Partners

Development Partners including the UK, Germany, US and the UN Agencies have provided support to the Government of Ghana and citizens to mitigate the impact of the pandemic. For instance, in June 2020, the US reported investing nearly US\$17 million in Ghana in response to COVID-19 (US Embassy in Ghana, 2020). The UK provided £4m to the LEAP cash transfer in 2020 for payments to existing LEAP beneficiaries and additional 124,200 poorest with one-off payments under the emergency LEAP to mitigate the impact of the pandemic. The WFP also committed US\$ 1.9 million to provide five months of the LEAP cash transfers to 75,000 daily wage earners and smallholder farmers (out of the 124,200 additional poorest people) in the Greater Accra, Ashanti and Western Regions (WFP, 2020). The remaining are mainly elderly women in alleged witches camps in the North (1200), persons with disabilities, vulnerable victims of floods in the North (3,000) and Accra as well as other vulnerable groups such as extreme poor identified by the Ghana National Household Registry (GNHR) data in Upper East (13,000), Upper West (15,000), Northern (15,000). The additional 124,200 beneficiaries are non-LEAP members who have been severely impacted by pandemic. The support is to address food security and nutrition needs while they recover from the negative socio-economic effects of COVID-19 on their livelihoods (WFP, 2020). The GNHR is an ongoing initiative to establish a single national household register from which social protection programs will select their beneficiaries.³⁰

Data captured by GNHR as of 9th November 2020;

Upper West – 618,378 individuals.

Upper East – 1,066,812 individuals.

North East – 533,888 individuals.

Savannah – 535,900 individuals.

Northern – 1,467,007 individuals
(data collection still on-going).

(Source – GNHR data)

Most of contributions of Development Partners were targeted at improving the health response and providing social protection to the most vulnerable. Table 5 below provides a summary of other notable Development Partners response.

³⁰ Interview with social protection officer DFID Ghana

Table 4. Some Development Partners COVID-19 Responses in Ghana

Development Partner	Response
UK Government (DFID)	<ul style="list-style-type: none"> • \$15 million through the Ghana Accountability for Learning Outcomes (GALOP) to address immediate education challenges posed by COVID-19. • £4 million cash transfer to the poorest through the LEAP programme • Technical assistance for epidemiological modelling of COVID-19 • £800,000 grants to CSOs to promote public health messaging, coordinate reliefs for vulnerable people and assess government response. • Technical assistance to local manufacturers to meet local demand for PPEs³¹
USAID	<ul style="list-style-type: none"> • Support to develop content for virtual learning programme (via radio, TV and internet) for estimated 9 million basic school children. • Support to strengthen Ghana's health systems including supply of PPEs (US Embassy in Ghana, 2020)
Germany	<ul style="list-style-type: none"> • On April 23, the German Embassy announced to support COVID-19 rapid response measures in Ghana with up to €13.4 million (approximately US\$15,076,340) (Ghana Business News, 2020). • Germany provided €650,000 grant to boost capacity of Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR) as rapid response to C-19 (KCCR, 2020).
World Health Organisation	<ul style="list-style-type: none"> • 9,000 surgical masks, 180 goggles, 800 face shields, 350 N95 masks, 9,200 examination gloves and 750 gowns to the Ministry of Health (MoH) in Ghana (Reliefweb, n.d.)
French Embassy	<ul style="list-style-type: none"> • RNA extraction kits to Ghana's Noguchi Memorial Institute for Medical Research. • PPEs (masks and hydro-alcoholic gels) to two Ghanaian associations' projects in poor districts of Accra and Tamale and conducted education campaigns in those regions to help control the spread of the virus (French Embassy in Ghana, 2020).
UNICEF	<ul style="list-style-type: none"> • 150,000 non-medical masks, 300,000 gloves, 1500 litres of hand sanitisers and 200 contactless thermometers to the Judicial Service Staff working in the Child-friendly Gender-Based Violence Courts and to the Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service (UNICEF, 2020). • Provided over 3,000 sets of PPEs to the Social Welfare Department of the Ghana police to equip front line legal officers protecting young children and women from all forms of abuse and violence (UNICEF, 2020).
China	<ul style="list-style-type: none"> • Medical supplies e.g., PPEs and testing kits (UN Ghana, 2020). • Chinese medical doctors to support Ghana fight the pandemic (Xinhuanet, 2021).

Source: Compiled by authors

³¹ Interview with DFID Advisers

3.5.2. The Private Sector and Individual Philanthropists COVID-Response

The most significant of private sector contribution was the establishment of the Private Sector COVID-19 Fund which funded the construction of a 100 bed Infectious Disease Centre. The 100-bed Infectious Disease Centre was opened in July 2020 by the Vice President of Ghana to support care for the sick. The construction of the facility which lasted three months was a collaboration between the Fund and the Built Environment Professionals, the Ghana Institute of Architects, the Ghana Institute of Surveyors, the Ghana Armed Forces Engineers Regiment, the Ministry of Health and GHS among others. The National COVID-19 Trust Fund contributed GHS6.8 million (\$1.16 million) to the initiative. The Private Sector Fund also provided daily hot meals to 140,000 *Kayayei* and PPEs to health facilities, both within Accra and Kumasi (B&FTOnline, 2020).

In addition to the above, many private enterprises responded to the pandemic with donations of cash, food and PPEs to COVID-19 Trust Fund, health workers and vulnerable groups such as *Kayayei* and the homeless as well as journalists. Small scale businesses like restaurants, supermarkets and manufacturing companies equally showed sympathy to the less privileged. For instance, the Potbelly Shack Restaurant in Accra with donations from the public provided up to 400 packs of cooked food daily to health workers, the homeless and porters (*Kayayei*) during the lockdown (Potbelly Shack, 2020).



Figure 5 : Distribution of Food to the Poor in Accra (Source: Potbelly Shack)

3.5.3. Civil Society Organisations (CSOs) and Non-government Organisations (NGOs)

A number of CSOs/ NGOs (both local and international) responded to COVID-19 but the GSS Household and Job Tracker (2020) noted that support from NGOs was indicated as the least common coping mechanism (1.3%). The responses of CSOs/NGO fall under three thematic areas as follows:

- i. **Public Health Promotion and Safeguarding** – local CSOs/NGOs/trade unions with partnership with international organisations (i.e. Development Partners and International NGOs (INGOs)) designed Information, Communication and Educational (IEC) materials such as brochures, flyers and posters and disseminated information on COVID-19 protocols. They partnered with state institutions such as the GHS, National Council for Civic Education (NCCE) and district assemblies as well as among themselves to sensitise the public. Medium for information dissemination included radio, television and information vans. Most of the interventions were directed at vulnerable groups most affected by the pandemic such as elderly people, PWDs, *Kayayei* and slum communities. For instance, the Ghana Federation of Disability Organisations (GFDO) partnered with the Christian Health Association of Ghana (CHAG), network of faith-based health service providers and Ghana Health Service to design disability friendly health promotion materials. The GFDO also lobbied the Ministry of Health and the Ministry of Information to include sign language during Press Briefings. Some CSOs (e.g. Action Aid) embedded messages about gender-based violence to raise awareness and publicise helplines. The STAR-Ghana Foundation (with funding from the UK and EU) between April and August, funded eight (8) CSOs with direct reach of 638,956 and eight million through the media. Among the CSO funded was CARITAS Ghana, a faith-based network that reached an estimated 180,000 citizens with COVID-19 public health messages in places of worship, transport stations, marketplaces, and virtual platforms such as Whatsapp, Youtube, Facebook and Twitter (STAR Ghana, 2020). STAR-Ghana Foundation

also supported FIDA (Federation of Women Lawyers) Ghana to provide outreach and legal support to victims of domestic violence during the pandemic.

- ii. **Provision of Relief Services** – CSOs in Ghana also provided directly or coordinated relief items for the poor and vulnerable. For instance, the *Kayayei* Association of Ghana (KAG) located at Agbogloshie, a suburb of Accra reported collaboration with ORA Foundation and others to provide dry food packs and facemasks to *Kayayei*. CARITAS Ghana raised almost GHS2 million to support 180,000 vulnerable people with food, PPEs and temporal shelter. Other CSOs that provided direct relief to citizens include Action Aid Ghana, CSO Platform on SDGs and Catholic Relief Services (CRS) among others.

- iii. **Advocacy** – majority of CSOs in Ghana specialise in advocacy for good governance, improved services and social justice. Accordingly, a number of CSOs in addition to providing direct relief monitored government's response and provided feedback as well as used the evidence to hold government to account. In July 2020, the CSO Platform completed two rounds of survey to assess citizens' perception of Government's response to COVID-19 and their impact. Findings of the two surveys and recommendations were shared widely with stakeholders including government and the media. These included the need for improved targeting of the social protection interventions. Caritas Ghana's participatory monitoring and evaluation activity improved the responsiveness of 16 MMDAs in the area of social service delivery for vulnerable persons. The West Africa Civil Society Institute (WACSI) held a webinar in August 2020 to discuss government's disbursement and (mis)management of COVID-19 funds; examine notable gaps in accountability, transparency and leadership oversight, as well as explore strategies to strengthen fiscal accountability systems and mechanisms.ⁱ The GFDO lobbied NBSSI to lower requirements to facilitate access of PWD owned business to access the CAP loans. In response, the NBSSI designated official to support PWDs applicants through the application process and access the fund.

"ORA Foundation was a saviour. They initially provided about GHS6000 and food packages for supply to *kayayei*. We initially received 700 bags of 5kg rice and other cooking items, but they kept coming with more. They even came in with additional support when the fire outbreak destroyed the homes of *kayayei* at Fadama during the lockdown."

Coordinator, KAG

Box 2. COVID-19 Response Projects Implemented by AAG and CSO Platform on SDGs

Action Aid Ghana Response

The Action Aid of Ghana (AAG) provided relief items (e.g. food, facemasks and sanitisers) to single mothers, elderly people, children, PWDs and young adolescents in communities within Ghana's poorest regions including regions in Northern Ghana and Volta Region. It also targeted smallholder farmers to build resilience by providing seedlings and other inputs for planting and soft loans (at no interest) through Village Savings and Loans programmes. It provided training and sensitisation on public health and domestic violence including sexual harassment which was estimated on the rise during the pandemic. Action Aid also improved access to WASH by rural communities by constructing boreholes and supplying PPEs, Veronica buckets, soaps and sanitisers among others. Distribution of relief items were done in collaboration with NADMO, District Assemblies COVID-19 Taskforce and Community-based Organisations (CBOs) and NGOs. In Obuasi for instance, Action Aid partnered with Social Support Foundation to provide WASH materials to vulnerable residents.

CSO Platform on SDGs

The CSO Platform COVID-19 Response Fund raised GHS 119,712.62 (\$20,000 approx.) cash donations from its membership and individual philanthropists to provide food items and supplements, 5000 facemasks and 9000 copies of IEC materials and WASH materials (Veronica buckets, sanitisers etc.) to 1,437 beneficiaries including the aged, street children, PWDs and mental health patients. The relief items included 230 bags of 25kg rice, 210 gallons of 5L oil, 230 bags of water and some vitamin C. It also supplied 5000 pieces of facemask and 9000 copies of SAV Stickers IEC Materials 13 District for distribution to the target groups mentioned above.

3.5.4. Political Parties and Candidates

Political Parties in Ghana also provided support in the form of food, PPEs and other supplies to health workers and vulnerable citizens to mitigate the impact of the pandemic and associated restrictions. The larger opposition NDC formed its own COVID-19 Technical Team to coordinate its response.

Individual aspirants and Members of Parliament have also provided relief items targeted mostly at voters in their constituencies. There have been allegations of relief items distributed on partisan lines, but these could not be confirmed.

COVID-19 has featured prominently in the electioneering activities. In August 2020, the two major players in the 2020 Election (NDC and NPP) launched their manifestos with both paying attention to COVID-19 impact and recovery.

3.4. Effect of COVID-19 on structures and systems of power

Civil Society Organisations have raised concerns that the Imposition of Restrictions Act, 2020 (Act 1012) was passed under a State of Urgency and lacked broader consultation. In addition, the Act has strong provisions that opens the door to overreach and promote violations of fundamental rights and freedoms in Ghana. It makes no mention of Covid-19 and provides no end date of the restrictions which raises concern that the Act could be applied under different circumstances unrelated to Covid-19 to restrict freedoms and abuse citizens' rights. These concerns were raised by the minority in Parliament but was nevertheless passed by the majority using their numbers. The discriminatory application of the sanctions imposed by the Act has also created a general sense of bias in the minds of Ghanaians. For instance, while some religious leaders and ordinary citizens were punished for violating restrictions, (i.e. holding

church services for more than 25 people and not wearing masks respectively), the President only cautioned political party faithful's who committed the similar offences during electioneering activities. Government ignored concerns from sections of the population including the Ghana Medical Association about the gross violation of COVID-19 protocols during political rallies. Indeed, government dismissed suggestions that political rallies have contributed to the second wave of the pandemic.

The Electoral Commission's (EC) was compelled to postpone indefinitely, plans to compile new voter register. Similarly, the ruling New Patriotic Party (NPP) suspended its internal elections for parliamentary aspirants while the National Identification Authority (NIA) issuance of the Ghana Card which was one of the two eligible identification cards for the voter registration was also put on hold. These developments raised questions and fears over possible constitutional crisis if Ghana was to postpone the elections; a decision taken by other African countries (e.g. Botswana, Chad, Ethiopia, Gabon, Gambia, Kenya, Liberia, Nigeria, South Africa, Tunisia, Uganda and Zimbabwe). Ghana's 1992 Constitution is silent on the extension of mandate of the President nor does it provide guidance on what to do during a pandemic (Nyineyi, 2020).

Conversely, there were also public anxiety over possible early lifting of restrictions to pave way for the electoral activities to resume which was soon confirmed with the lifting of the lockdown and clearance to the EC, NIA and NCCE to carry on with their mandate. These incidences heightened Ghana's already polarised political atmosphere with the opposition NDC and some sections of Ghanaians including the Ghana Medical Association criticising government for prioritising elections over human lives. On the other hand, the Trade Union Congress and workers in the informal sector were elated over the decision to lift the lockdown citing the dire consequences it could have on workers who live on daily wages. In a national address prior to the start of the voter registration exercise, the President of Ghana stated that;

“On 7th January 2021, when my mandate as the current President expires, a duly elected person must be ready to be sworn in as President of the Republic. There is no other way, and in order to forestall any needless constitutional controversy, which could throw our nation into jeopardy, we must vote on 7th December 2020 (Nana Akufo-Addo, 2020c).”

Citing countries such as South Korea, Poland, Mali and Malawi, who have all held elections in the midst of the pandemic, President Akufo-Addo (June 2020) stated that;

“it is not beyond Ghana to join these nations in organising a successful general election, even in the midst of the pandemic” (President Akufo-Addo, 2020c).

Ghana's highly polarised political context and the December 2020 elections raised questions around whether some government decisions, particularly the social interventions were politically motivated to give President Akufo Addo undue advantage over other candidates. The President campaign for re-election was ran on the back of past records of delivery which included the state's response to COVID-19. Globally, President Akufo Addo received accolades for his effective management of the pandemic which perhaps enhanced his chances of winning the election. Likewise, the former President Mahama and a candidate for the December elections and parliamentary candidates seized the opportunity to distribute relief items alongside campaign messages. The NDC has also seized every opportunity to criticise government interventions which heightened a sense of mistrust and in some cases created fear and panic. For instance, the NDC led a campaign calling on parents of final year Junior High and Senior High students to defy government's order and withdraw their children from their respective schools following an outbreak of the virus in Accra Girls Senior High School. Also, while the long waiting periods

for test results generated rumours that government was massaging the results, the pool testing brought in the resolve the delay was equally not spared criticisms about its efficacy.

The centralisation of the Management of COVID-19 aside that the epicentres were mainly Accra and Kumasi could also be explained by the desire to give the President and as a Presidential candidate for the December elections visibility. The Presidential National Address appear to have caught on well with citizens with a general sense of satisfaction with President Akufo-Addo's leadership as reported by many surveys. Yet, the approach reinforced public perceptions of corruption among the executive. There were allegations of excessive use of sole sourcing and engagement of NPP sympathisers as caterers by the Ministry of Gender. The Finance Minister's report to Parliament on expenditure for the daily food supply to the poor was met with public outcry and a call for probe into the expenses particularly by the minority party in Parliament but this demand is yet to be fulfilled. Managers and distributors of COVID-19 relief items were perceived to be corrupt by interview respondents in Chorkor and *kayayei* at Agbogloshie, although none of these respondents pointed out any direct instance of corruption on the part of these state officials and institutions.

Another power relation that deserves highlighting is that between the state and civil society. Ghana's COVID-19 response has not involved civil society besides the TUC which has been consulted by government on various occasions. Early March the tripartite Social Partnership Council was held to discuss the COVID-19 response. The TUC stated that:

"we as labour thought we should go into lockdown, but the meeting did not agree with us. Subsequently we wrote to the president and the president immediately invited us, TUC to a private meeting with him in which we put forth our case for a lockdown. After that the president asks us to do some work for him. Which we did and after that work he then announced a lockdown. Before he lifted the lockdown, the TUC leadership was invited again by the president to talk about how we could make things more comfortable for workers³²".

Although TUC has been able to influence government responses other local CSOs have not been consulted. Development partners such as DFID and UNICEF however have closely cooperated with government on adjusting the LEAP cash transfers payment system and, on the school, reopening procedures, respectively. In this regard a CSO leader stated that:

"the Ministry of Education would normally prefer to select institutions (to be part of the committees) that come to say yes to what they say and not more critical organisations. UNICEF is a development partner, they are not accountability agents, they will not be critical. And also, they do the financing, so they need to be involved. Across the continent governments are not encouraged to involve CSOs in decision making they are encouraged to inform CSOs when decisions have been taken³³".

This raises important questions regarding downward accountability in a context where political institutions are already losing legitimacy as in Ghana (Bratton & Giymah-Boadi, 2015).

³² Interview with TUC official

³³ Interview with CSOs director

Throughout the research, the mistrust towards government and political parties and politicians in general was apparent especially among respondents from Bolgatanga. As the social protection officer of the municipality of Bolgatanga put it:

“awareness raising has been very difficult because there are people that think that COVID-19 does not exist. That it is a way of government to put money in their pocket”.

Among the market women in Bolgatanga voices were often raised when asked the question: How do you assess the government’s response to the pandemic? Some responded in disillusionment as below;

“the needy should get something but we didn’t get anything”; whilst others were angry because once again “they had been deceived” and “that politicians only make sure they and their families can eat”.

Some residents of Chorkor also stated that the food packages and the CAP loans were distributed on partisan lines and that is why they did not benefit. On the other hand, sections of Ghanaians reacted with anger to the rise in cases blaming it on electioneering activities in the run up to the December 2020 elections. A general sense of loss of faith in government’s fight against the pandemic explains the low level of compliance even as a more deadly second wave appears to be on the horizon.

Lastly, COVID-19 has brought to fore the weaknesses in Ghana’s decentralised governance system wherein decisions are taken at the centre of the state and lower level government institutions (e.g. district assemblies) function as implementing agents, often with limited resources. Various respondents argued that the COVID-19 task force at district level did not have sufficient resources. This led to delays in formulating and implementing responses as well as procuring the necessary equipment and resources as everything happens at the centre. Interestingly, the social protection officer in Bolgatanga stated that they could not expect more resources from the government as they have to “take care of all municipalities” and hoped development partners would step in. Northern regions have been so accustomed to development partners providing basic services that it has affected the perception of the responsibilities of the state even within the local governance apparatus. Among the market women however, the government was still mentioned as the main actor who should step up to support them; although they (as a stronghold of the opposition NDC) showed little confidence that this would happen due to their general mistrust in the Ruling NPP government and its politicians.

Furthermore, confirming existing inequalities as stipulated above, various key informants argued that COVID-19 has increased existing inequalities between the North and the South not only in terms of poverty and service delivery but also in terms of political representation. Northern regions have been less visible in COVID-19 policy formulation and implementation. With the prolonged border closures with Burkina Faso and Togo having a severe impact on the economic activity and livelihoods of people in the already impoverished populations.

Chapter 4. Equity Assessment

As demonstrated above, measures taken to contain the spread of COVID-19 as well as those designed to mitigate the negative socio-economic consequences have had differentiated effects on Ghanaian citizens, with some being especially vulnerable due to the intersectionality of their socio-economic and political identities. In the following, we will give a brief overview of three particularly vulnerable groups which we have identified, and which will be our focus in the subsequent equity assessment. In the assessment below, the research team examines short-term impact of COVID-19 and related socio-economic consequences on three dimensions of wellbeing: material, relational and subjective. This will be followed by an exploration of the long-term impact on existing inequalities.

4.1 Identification of Vulnerable Groups

A wide and diverse range of poor people have been adversely affected by COVID-19 and the government's efforts to contain it, ranging from informal workers in the tourism sector, to day labourers in construction sites and small scale farmers who were unable to sell their crops due to restrictions on mobility. In the scope of this study and to be able to reveal the perspectives of the poor, the research team chose to select three groups of vulnerable people. The selection was based on:

- geography: both the South, where the highest numbers of COVID-19 cases were recorded and the North, characterised by structural inequalities and higher poverty rates
- gender: female workers were deliberately included as they were especially vulnerable due to their dual work-family responsibilities, both affected by COVID-19
- age: young as well as older informal workers were included to reveal differentiated vulnerabilities

Based on these three criteria the following groups were identified:

Table 5. Vulnerable Groups Selected for Equity Assessment

	Chorkor Residents	<i>Kayayei</i>	Market Women
Number of respondents	17	26	10
Gender	8 male and 9 female	All female	All female
Number with children	17	16	10
Location	Accra metropolitan Area	Work in the Central Business District of Accra and live in Agloboshie, Accra Metropolitan Area	Bolgatanga, Upper East Region
Type of work	Traders-8 Fishermen-4 Pensioners -4 Student-1	Head porters who carry goods for market women or for buyers in the market	Market women selling various goods (food, provisions, cloth, cosmetics, ...) they have shops and "roam" (sell on the street) 1 market woman was also (a now unemployed) private school teacher
Prohibited from working during lockdown	Yes, exceptions to food vendors	yes, all	No. The market was closed on two market days but market women went to sell on non-market days to compensate (there was no lockdown in Bolgatanga)
Received support from government?	1 received food 5 benefitted from free water 1 had top ups in their pensions 50% reduction in electricity for three months	3 received food with on two to three occasions	1 received reduction of electricity bill for 3 months, Rest lived in rented accommodation with rent inclusive of utility bills.

4.1.1. Chorkor Community



Figure 6. A Photo of Chorkor Community taken by the Researchers

Chorkor is a densely populated fishing village falling under the constituency of the Accra Metropolitan Assembly (AMA). Most residents are from the Ga-Dangme ethnic group or migrants from other areas in Ghana or neighbouring countries. The Ga-Dangme are a minority group in Ghana and indigenes of the Greater Accra Region. Chorkor is an important fish landing site and are famous for their smoked fish (the neighbourhood gave the name to the chorkor oven) but fish populations have been decreasing resulting in residents now also engaging in other livelihood activities such as petty trading.

Chorkor was especially vulnerable to COVID-19 due to: high population density making social distancing difficult; informal housing which generally lack connection to water pipelines or electricity; and the halt of economic activities during lockdown in Accra.

4.1.2. Kayayei



Figure 7. Kayayei (Source: Modernghana.com)

Kayayei are female head porters who work in Ghana's large cities such as Kumasi and Accra and are predominantly migrants from Ghana's Northern regions. The women are often young and see *Kayayei* as a temporary livelihood strategy to be able to save money to get married, enter skill training, finish their education or start their own businesses. Their work involves carrying goods for market women to and from their stalls or for shoppers at the market. They often group together at specific places in front of the market and they share rented apartments in the city (in Accra many live in Aglogbloshe) or sleep on the street (Yeboah et al., 2015). The *Kayayei*'s lives are intertwined with movement between the city and their home villages where they sometimes leave their children with relatives. A *Kayayei* earns approximately 30 Ghana Cedis a day or the equivalent of 5 US dollars.

The *Kayayei* were especially vulnerable during the COVID-19 pandemic due to: decrease in economic activity during lockdown and afterwards because of the "slowness" of the market; impossibility to travel back home due to restrictions of mobility between regions; poor housing situation which did not allow them to benefit from government water or electricity subsidies; predisposition to various types of abuse due to existing gender inequalities.

4.1.3. Market women in Bolgatanga



Figure 8. Bolgatanga Market (Source: Business Day Ghana)

Despite the importance of Ghana's markets in terms of employment creation and economic activity, market women are still in many ways discriminated against and excluded from policy-making on local and national levels (Osei-Boateng, 2019)³⁴. Whilst there are considerable differences between market women in terms of socio-economic status, ethnic backgrounds and levels of education, the informal nature of their work underpins their shared vulnerability. This makes them vulnerable to shocks as they are not covered by social protection programmes. Although market women most often do not fall into the category of the extreme poor, they are among a group who “*fall between the social protection gap*”³⁵. The Central Market in Bolgatanga is a key economic hub for cross-border traders (Burkina Faso and Togo) as well as trade with the Southern regions of the country. It is open every three days.

The market women in Bolgatanga were specifically vulnerable to COVID-19 due to: decrease in income due to prolonged border closures with Togo and Burkina Faso; informality of their businesses leaves them without social protection; COVID-19 social protection measures (e.g. food distribution) did not reach Northern regions and because most lived in rented houses they did not benefit from electricity or water subsidies; as mothers they are affected by school closures and related halt of the school feeding programme; limited representation and political marginalisation as citizens of Northern Ghana.

³⁴ 28.1 % of Ghana's informal workers work in trade or sales (GSS 2011) with women representing 22.4% and men 5.7%. 88 % of street traders are women and Ghana's trade sector is good for 6.3% of the country's GDP (Osei-Boateng 2019).

³⁵ Interview social protection officer DFID Ghana

4.2 Short-term Equity Assessment

4.2.1. Impact on Material Wellbeing

Similar to various previous studies, the research team found that the pandemic has had a larger economic than health impact on all three vulnerable groups included in the research (see e.g. Durizzo et al., 2020; Rahman and Matin, 2020 and Sumner et al., 2020). Respondents of focus-groups among Chorkor residents, *Kayayei* and market women in Bolgatanga all mentioned a significant decrease of income.

During the three weeks lockdown in Accra, *Kayayei* and most of residents of Chorkor engaged by this research could not go to work. Even those that could sell, such as food vendors closed for two weeks due to low patronage. Many of the respondents in Chorkor mentioned they used up all their savings and some had to shift to buying goods on credit and repaying once they made their sales. This coincides with findings from surveys conducted by GSS (2020) and IPA (2020). GSS found that 47.4% of respondents relied on their savings as coping mechanisms whilst IPA (2020) stated that almost half of the respondents had to deplete their savings to cover basic needs and up to 58.6% in the Upper East. For *Kakayei*, the situation was even bleaker as most do not have savings to fall back onto as they live from hand to mouth. In Bolgatanga no lockdown was imposed but some market women were relocated to allow for more social distancing whilst others had to close their shops because they had no goods to sell due to border closures. They were also forced to increase their prices due to increase purchasing prices slowing down sales. Due to fear of contagion, there are also significantly less buyers attending market with many women complaining their sales have dropped significantly. Most women also stated they fell back on their savings and some have shifted to roaming or street vending because they could no longer afford their market stall. Not only did the border closure prevent traders from buying new goods, some women who had already purchased goods but were not able to retrieve them resulting into a considerable loss of income.

“Even though we can now work, it’s not like before. The market is not as busy as before and the few shoppers are not engaging us. We roam from morning till evening but barely go home with GHc5-10 per day. Before CORONA we could go home with between GHc20-40 per day.”

Kayayei, Agloboshie, Accra

“My shop is now empty, and I have used all my money to feed my family. Now I have nothing again. I used to have a small place to sit but now I do not sit anymore but roam.”

Market woman, Bolgatanga, Upper East

“We barely make GHc40-50 a day compared to ghc200 pre COVID-19. People are afraid of catching the virus and so are avoiding street food. So, I have stopped hawking.”

Chorkor resident, Accra

4.2.2. Relational Wellbeing

Poor people have not only been affected in economic terms. The contagious nature of the virus and preventive measures such as social distancing, wearing of face masks, restriction of mobility and closures of school to name a few have also changed the social relations of people at work and at home or among friends.

While *Kayayei* are used to gathering to work and share living spaces with up to 18 colleagues, the confinement in their tiny apartments during lockdown were extremely hard on them. The restrictions of movement between regions severely affected their relations with their family and children. Some tried to return home clandestinely in cargo trucks, but they were captured and sent back to Accra raising lots of public discontent initiating the government to provide food support to the urban poor of

“On a normal day, everyone is out working and only comes back at night. However, during the lockdown because we could not go out all of us were crowded in the room with no space to move. It was really traumatising.”

Kayayei, Agloboshie, Accra

which ironically only three (3) out of 26 *Kayayei* interviewed benefitted. Those that were able to return home were confronted with other difficulties as their parents and families (who normally rely on the meagre income they sent from the South) now found themselves with more mouths to feed.

The focus groups with Chorkor residents mostly raised the issue of having the children out of school and roaming about also at night with residents expressing fears of increased teenage pregnancy. Others pointed out that some kids were put to work by their parents and now sold things in the streets while other children opted for bead-making to make income instead of patronising the E-learning platforms. One respondent however mentioned she was happy the schools were closed because she could not have been able to pay the tuition fees for the three children. In Chorkor, people generally send their children to low-cost private schools due to lack of public schools. Respondents were generally not open for discussing their lives at home and personal relations. This was also true for the market women in Bolgatanga. When asked about the impact on social relations and even after probing about relations at home the women diverted to talk about the relations at the market with their clients and colleagues which all had changed due to social distancing measures. In the north, the issue of stigmatisation of COVID-19 patients was also raised; with one woman lamenting that a market woman who had recovered from COVID-19 had been bullied out of the market and stones had been thrown at her children.

4.2.3. Subjective Wellbeing

Obviously, the impact on both the material and relational wellbeing of the people interviewed resonate in the way people feel about their lives. The market women in Bolgatanga all stated their lives were better a year ago. In their self-assessment of their current situation they referred to a halt whilst last year they were moving, selling and things were “smooth”. Because most have now depleted their savings, they do not know what to do again. This uncertainty was also found in our conversations with *Kayayei* who stated they were only doing this work for survival. These findings resonate with the research by Durizzo et al. (2020, p.5) who conducted a telephone survey of 1034 urban poor in Accra of whom 37% stated they were feeling down, depressed or hopeless.

“We were excited that the lockdown was lifted early so we could go out and feed ourselves and get away from the crowded rooms.”

Kayayei, Agloboshie, Accra

“The kids are at home. We feed them from morning to evening.”

Market women, Bolgatanga, Upper East

The pandemic however did not completely dent their aspirations. Among the market women in Bolgatanga, traders and fishermen in Chorkor as well as *Kayayei* in Agloboshie, there was a forward-looking energy with all groups hoping for government or philanthropists to support them with start-up capital to (re)start their businesses. The Chorkor residents expressed anxiety about the loss of income due to loss of their businesses or need to resort to buying on credits which provokes stress because one finds him/herself in the constant situation of having to re-pay a debt. Both market women in Bolgatanga and Chorkor residents reported witnessing a number of cases of people clearly falling into more vulnerable employment either because they lost their place to sell and now were “roaming” or because they had no capital which forced them to buy on credit with all the stress and uncertainty related to being indebted. Many also raised the issue of children being out of school as being a factor of stress often related to the fact that they now also had to feed another mouth whilst children in some public schools used to get one hot meal a day at school.

4.3 Long-term Equity Assessment

Apart from the direct short-term impact on the wellbeing of the poor, COVID-19 or rather the measures taken to manage the health crises will have long term implications on existing inequalities in Ghana. The analysis below focuses on the longer-term impact on work and income, access to basic services and political empowerment.

4.3.1. Work and income

As stipulated above, COVID-19 has affected people's livelihood strategies in various ways. The most remarkable finding from the interviews and focus group discussions with people within the vulnerable groups is the fact that many have been pushed into even more precarious forms of work which makes them less resilient for when the next crises comes along due to the depletion of their savings. In response to this reality, the Ghanaian government, influenced by the TUC, has pledged to roll out a training and retraining programme for workers affected by COVID-19 as well as an unemployment insurance for formal sector workers. Preliminary insights also warn for the rise in child labour, as many children were seen supporting their families during school closures.

Whilst the CAP loans seemed to have given an incentive for some informal businesses to formalise, it is unclear what the long-term benefits will be of this formalisation as existing social protection systems such as pension schemes are working sub-optimally. Furthermore, the findings suggest that most CAP beneficiaries are located in the South increasing existing regional inequalities.

On the positive side, the pandemic has reemphasised the importance of saving money among many of the poor people interviewed.

4.3.2. Access to basic services

It is perhaps this topic in which Ghana's inequalities have been most accentuated and it is also here where the government has made the least considerations in terms of equity. The mitigation measures adopted by the government in the field of education, water as well as electricity were all blind sighted in terms of the realities of the poor.

The subsidies for water were only largely accessed by households who were connected to the national water pipeline whilst the same counts for electricity. Whilst water tankers were deployed in Chorkor and other communities in the South, this did not occur in the North. And even if water tankers were provided many residents did not want to go through the hassle of getting water due to the large crowds. For the elderly people, this was certainly out of the question. Although government officials stated that people selling water would be fined, many respondents stated they paid the same or even higher prices for water. Those using public washrooms saw no reduction in charges in spite of accessing free water.

Similar issues occurred with the electricity subsidies. Almost all of the poor people interviewed lived in rented houses of which their electricity bill was added to their monthly rent. None of them noted a decrease in rent due to the electricity subsidies. This implied that house owners were cashing in on the subsidies at the expense of the vulnerable. This demonstrates the unequal power relations between landlords and tenants and the lack of legal protection for the poor.

The way the government responded to the school closures also exemplified the disconnection between policy makers/implementers and poor and vulnerable population. Whereas the government rapidly broadcasted a 24-hour learning television channel, the fact that it was only available on digital TV was

regrettable considering that many poor households either had no television or certainly no satellite dishes to access the digital broadcast channels. While significant lobbying by CSOs resulted in the introduction of the radio-programme, the content and continuity were disappointing, demonstrating a lack of political will. The North-South inequalities were also very apparent here as the connectivity to television, internet or even electricity was significantly lower in the Northern regions. In addition, the fact that the school feeding programme was abandoned entirely because of school closures was regrettable as many parents counted on these daily meals during “normal” times and now, faced with economic hardship, had to feed much more mouths on a smaller family budget.

4.3.3. Political Empowerment

Despite aspirations for the opposite, COVID-19 seems to have strengthened existing unequal power relations rather than address them. The northern regions of the country have been very much disadvantaged by the governance of government’s responses. Although one might argue this to be natural due to the fact that the spread of COVID-19 was much higher in Accra and Kumasi, the reality is that poor people in the North too have suffered a lot in both material, relational and subjective terms. Yet, very little measures were made available to them. The sense of disappointment towards the government and politicians in Bolgatanga was rampant and the distrust very high. Some market women in Bolgatanga stated that they demonstrated to voice their concerns but added that nobody listened. Others said they did not see the advantage of demonstrating on empty stomach and it was often mentioned that “others” got some support, but they did not get anything. The long-term political implications of this sense of exclusion cannot be underestimated as it feeds into the Northerners’ deep story, a term used by Hochschild (2016) of political neglect, which in other country’s has led to the rise of right-wing extremist regimes.

“The Gender Ministry came here at the onset of the pandemic to write names of vulnerable people including pensioners but never came back.”

Household of two pensioners, Chorkor

This sense of voicelessness was also found among the *Kayayei* and Chorkor residents. There was a shared perception that nobody would listen if they were to voice their concerns. The exception was the fishermen who were part of an association. They mentioned they attended a meeting at the Accra Metropolitan Assembly to discuss the issue of the pandemic but added that only a few of their concerns were taken seriously and little was implemented. Similarly, the Minister of Gender, Children and Social Protection visited Chorkor to request a list of the elderly but later nothing more was heard from them. The association of *Kayayei* was also asked to compile a list of possible beneficiaries but never heard back from the ministry. These unfulfilled promises also resonated in Bolgatanga with market women expressing how politicians only come to promise things during election campaigns and later only think of their own “stomachs”.

Chapter 5. Conclusion and Recommendations

Conclusion

Recent epidemics have seen the worsening of deprivation for the extremely poor and vulnerable groups due to the disproportionate economic impacts and failure to provide inclusive social protection. For some people this has meant exhausting the little savings or going to bed on an empty stomach while others have been pushed into precarious employment for survival. This has been the case for informal sector workers such as traders in Bolgatanga, residents of Chorkor and *Kayayei* in Ghana's capital Accra.

Ghana's President has earned international accolades for the swift response and exemplary leadership skills as well as effective measures to contain COVID-19 which saw the country ranking second to South Africa for the proportion of test per 100,000 population, low fatality rate and social interventions. From measures to stop importation of the virus, testing, isolating and treating the sick, the Ghanaian government with the support of Development Partners, private sector and other non-state actors responded swiftly to manage the pandemic. This research analysis finds that the mitigation measures were appropriate to a large extent but some of them could have been modified overtime or better targeted. For instance, the prolonged closure of land borders has affected economic activities of small-scale traders particularly women in the northern parts of the country and has exacerbated their already vulnerable conditions. In addition, the closure of schools will significantly increase inequality. The question rises whether installing COVID-19 prevention infrastructures in schools (as being done now) and border-crossings would not have had a more equitable outcome? This question could probably have been addressed with a broader stakeholder consultation, but this was missed. Except for the TUC, CSOs and other citizens groups who are closest to citizens were not involved in the design and implementation of the responses. The findings of this study suggest that international donors rather than local CSOs have been key partners in developing the COVID-19 response plan, undermining processes for downward accountability.

Given the large informal economy in Ghana, the social cost of a longer lockdown would have been too high. Similarly, hardships imposed by the restrictions to curtail the spread of the virus have been high without effective social interventions to mitigate same. The government's attempt to mitigate the impact of these measures on the poor and vulnerable has been affected by existing structural inequalities, the lack of data on the poor and a Presidential and Parliamentary elections held in December 2020 among others. The results have been further alienation of the most vulnerable and political mistrust among those who needed the interventions the most, particularly among populations that are far removed from the centre like market women in Bolgatanga. Perhaps, political considerations were more paramount in the decision to centralize governance of response than the fact that Accra was an epicenter, but the effect has been less involvement of District Assemblies and CSOs who are closest to the citizenry.

Essentially, the measures were poorly targeted, and a centralized approach further affected service delivery. In 2018, about 18% of Ghanaians had no access to electricity, according to the World Bank; but even those who had access lived in rental houses with landlords as gatekeepers and made the ultimate decision on whether or not to grant the subsidy. The study established that *Kayayei* and some residents of Chorkor as well as market women in Bolgatanga paid rent inclusive of electricity usage during the period the subsidy was implemented. Again, residents of Chorkor, market women in Bolgatanga and *Kayayei* reported buying water due to lack of access or inadequate supply even when the state continues to provide free access. It is therefore fair to conclude that perhaps both the electricity and water subsidy

accrued benefits to wealthier households who have water and electricity infrastructure than the poor it was meant for consistent with the findings of Amankwaa and Ampratwum (2020).

Recommendations

The above analysis of Ghana's COVID-19 from an equity perspective points to the following recommendations:

- Need for data on the poor to support effective targeting. The Ghana National Household Registry (GNHR) could be a good way forward. Data collection by the GNHR should be done so as to include those who do not have a (fixed) home.
- Need to involve local stakeholders including CSOs in planning responses to pandemics and distribution of resources to mitigate the effects of crises, given their reach and connection with local communities. For example, market women should be involved in designing COVID-19 measures for marketplaces. Participation should however be genuine and throughout the policy making process. If actors such as CSOs are only used to provide lists of *kayayei* but later on no response or follow up is made, distrust in state institutions' mandate to protect the poor will increase.
- Need to politically recognise the discrepancies between the North and the South and ensuring equitable distribution of resources. In this regard it must be acknowledged that COVID-19 has affected citizens in the entire country and not only the areas with high case counts (e.g. Accra, Kumasi and Obuasi). In fact, in Accra where most of the social protection measures were implemented people recorded less loss of income compared to other regions such as Upper West (IPA, 2020).
- Need to rethink Ghana's decentralized system by re-building the state capacity and enhancing the autonomy of state bureaucrats manning districts and municipalities to lead the response of the state in respect to providing direct support to citizens in a crisis context.
- Need to recognise the importance of small-scale cross-border trade as key to Ghana's sales and trade industry and related need for enhanced cooperation with neighboring countries in order to protect both health and livelihoods of populations on both sides of the border.
- Need to make service delivery more equitable and take into consideration the impact on people's relational as well as subjective wellbeing. Poor people are for example not equally benefitting from recent water and the electricity subsidy and E-learning programmes should be more inclusive.
- Need to promote savings among low income earners and ensure regulations that build citizens confidence in the banking system. NGOs should support community-based savings schemes for low income earners.
- Need to create a social protection floor for those who do not have the ability to save to fall back on through for example providing a basic income.
- Need to stimulate the creation of workers and community-based associations which at least provide governments with a conversation partner and opportunity to voice concerns (e.g. in the case of the *Kayayei* association and fishermen association) even though they do not often lead to change in policies.

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