



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

Ghana country study on COVID-19 measures and impacts

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Executive Summary

Ghana, a lower middle-income country since 2010, has a number of social protection programmes for its most vulnerable populations including the Livelihood Empowerment Against Poverty programme and National Health Insurance Schemes. When the first case of COVID was identified in the country on 12th March, 2020, the state expanded its social protection programmes and was supported by non-state actors to deliver a range of programmes to Ghanaian citizens. In the early days of the pandemic, the state instituted a number of containment and preventive measures to stop the spread of the virus. These included the closure of land and air borders, with the latter lifted in September, a three week lock-down in late March/early April, a ban on public gatherings including school, weddings and funerals as well as fumigation exercises in markets. In addition, both the state and non-state actors stepped into high gear to implement a variety of programmes to mitigate the negative impact of the pandemic.

With respect to public health, the state passed some legislative instruments such as the Imposition of Restrictions Act which included a number of Executive Instruments with accompanying penalties some of which were quite punitive. In addition, it provided access to basic services, specifically water and electricity with the former aimed at aiding in citizens adhering to the COVID-19 safety protocols regarding handwashing. Water was provided free for all citizens from March to December 2020 and electricity was provided free for lifeline customers and at a 50% rebate for all others for a 6 month period. Non-state actors provided personal protective equipment, especially masks to lots of low income citizens across the country. In addition, they developed information, education and communication materials in different local languages.

Due to the existing state of Ghana's healthcare system, there was a lot of apprehension about the system's ability to take on COVID-19 cases. As it is, the health worker-population ratio which remains extremely high. Ghana had a doctor-population-ratio of 1: 8,431 and a 1: 627 nurse-population ratio in 2017 (Ghana Health Service, 2017). To encourage them to give their best, the state provided a number of incentives for healthcare workers. These included tax exemptions for 6 months, insurance coverage and a 50% increase in basic salary for frontline workers who came into contact with COVID-19 patients as well as free transportation services during the lockdown. In addition, 65, 000 community health nurses were hired to help with contact tracing. Additional intensive care beds were also provided in existing hospitals and announcements made to build 88 additional district hospitals (yet to materialise). The COVID-19 private sector fund did an amazing job of building an infectious disease centre over a 100 day period. Non-state actors also provided support for testing infrastructure which greatly expanded the number of facilities able to provide the test for citizens.

The pandemic had a major impact on the country's economy. The poor were made even more vulnerable and those living above the poverty line were in danger of being thrown below the poverty line. Of especial concern was how low income citizens who eked a living on the streets would survive the three week lockdown. Here again, non-state actors stepped in. The largest project was the Feed-a-kayayoo campaign spearheaded by the COVID-19 private sector fund and supervised by KPMG. A total of 144, 000 meals were provided during the first 10 days in April after which the government stepped in and spent the equivalent of \$6, 000, 000 providing food for a large number of low income citizens. Average citizens also did their bit. Many WhatsApp groups were set up to provide food for the needy during this period. However, the ad-hoc nature of many of these efforts meant that not all citizens needing the service got it. In particular, needy citizens living with hearing impairments often missed the provision of these services since the announcements for it were not made in a disability-friendly manner.

A lot of effort was also put into helping with business recovery. Non-state actors provided funding for the COVID-19 Recovery and Resilience (CoRe) programme which offered training support for businesses. Banks also cut policy rates to make loans more accessible and affordable. The state offered two major programmes in partnership with the private sector: the Coronavirus Alleviation Programme Business

Support Scheme (CAP BuSS) and the Coronavirus Alleviation and Revitalisation of Entrepreneurs Support (CARES). The CAP BuSS plans to disburse the equivalent of approximately \$150 000 000 to micro, small and medium scale enterprises. All grantees will be offered a one year moratorium on repayment after which they will have 2 years to pay off the loan. The CARES programme comprised a stabilisation programme that was to run till December 2020 and a revitalisation project that is to last through 2023. The revitalisation project is designed to engender structural transformation in Ghana's economy. The Ministry for Business Development also provided some funding for persons with disability who run enterprises. In addition, exemptions were made to enable citizens draw down on part of their pensions without paying a penalty.

The extent to which all of these efforts had a positive impact on all categories of Ghanaian citizens can be debated. While efforts were technically made by the CAP BuSS to support women, many of the criteria for receiving funds such as records and Tax Identification numbers inadvertently discriminated against women who tended to have less formal business operations. In addition, in neither the CAP BuSS nor CARES is there an explicit discussion of inclusion. Similarly, the rebates on basic services assumed erroneously that all citizens had universal access to these services. However, this is not the case. The rich are much more likely to have direct access to these services in their homes and were by extension the ones who benefitted most from the state rebate. Yet, many citizens were in dire straits and needed support. Three-quarters of Ghanaians lost income either because they lost their jobs or because their incomes were slashed. In addition to the fact that the state's efforts at ameliorating the hardships faced by all Ghanaians were inadequate, in some cases, they made things worse. This is particularly true with respect to the rather draconian punishment attached to the Executive Instruments that were passed to enable the state monitor and restrict our movement as needed. A careful, scholarly analysis is needed to ascertain the true extent to which these various efforts of both state and non-state actors inured to the benefits of all Ghanaians. In addition, in recognition of the multidimensional nature of each citizen's life, it is imperative that policy makers begin to adopt an intersectional, inclusive approach to policy development and implementation.

List of Abbreviations

CAP BuSS-	Coronavirus Alleviation Programme Business Support Scheme
CARES-	Coronavirus Alleviation and Revitalisation of Enterprises Support
FCUBE-	Free and Compulsory Universal Basic Education
GDP-	Gross Domestic Product
GLSS-	Ghana Living Standards Survey
GNI-	Gross National Income
GSFP-	Ghana School Feeding Programme
GSS-	Ghana Statistical Service
IDS-	Institute of Development Studies
IPV-	Intimate Partner Violence
KCCR-	Kumasi Centre for Collaborative Research
LEAP-	Livelihood Empowerment Against Poverty
MELR-	Ministry of Employment and Labour Relations
NBSSI-	National Board of Small Scale Industries
NGOs-	Non-Governmental Organization
NHIA-	National Health Insurance Authority
NHIS-	National Health Insurance Scheme
OVC-	Orphaned and Vulnerable Children
PPE-	Personal Protective Equipment
PWDs-	Persons with Disabilities
SGBV-	Sexual and Gender Based Violence
SRHR-	Sexual and Reproductive Health Rights
TIN-	Tax Identification Number
UNDP-	United Nations Development Programme
UNFPA-	United Nations Family Planning Agency
VAT-	Value Added Tax
WFP-	World Food Programme

Chapter 1. Introduction

This report provides insights into the variety of measures that the Ghanaian state and its citizens took to mitigate the impact of the Coronavirus epidemic. It draws primarily on a careful analysis of media reports from 1st March, 2020 till 30th September, 2020 and in so doing tracks the measures that were deployed during the height of the pandemic. Given the fact that it was unclear what the range of measures were in real time, the media was an obvious choice given that individuals and organisations often turn to media houses to advertise their events. As such, the media had a much broader view of the happenings in real time than any other source could have provided. One major constraint in using this approach was the fact that journalists rarely reflect on issues of inclusivity and intersectionality. To address this, an indepth interview was held with a female representative of the Ghana Federation of the Disabled to enable us explore issues of gender and disability. The report is structured as follows. This first section continues with a brief overview of the Ghanaian socio-economic context as well as the nature of the pandemic and its implications for the healthcare system. The second section focuses on state and non-state public health responses. In the third section, the emphasis is on healthcare responses offered by the state as well as non-state. The fourth section details the socio-economic measures implemented by the state and non-state. The penultimate section analyses the impacts of the various mitigation efforts on income, work, access to basic services as well as political empowerment writ large. The final section offers concluding remarks on the extent to which the measures designed to alleviate the negative impact of the pandemic addressed the needs of all citizens regardless of their socio-demographic characteristics.

1.1 Ghana in Brief

Ghana is the second largest economy in West Africa. Its population is estimated at 30 million of which women account for 51 per cent (Ghana Statistical Service, 2016). The country is a stable multi-party democracy, however, since the return to constitutional rule in 1992, two parties have dominated the political space. Although relatively stable, there are pockets of ethnic and chieftaincy tensions in some parts of the country. The country also experiences episodic violent clashes during and after national elections which comes every four years. For the past three decades, Ghana has held peaceful elections earning the moniker as a beacon of democracy in West Africa. However, women continue to struggle to attain the same socioeconomic and political rights as men. Women's participation in public spaces is hampered by sociocultural norms (UNDP, 2020). Ghana's neoliberal environment also limits the extent of state intervention in the market. Welfare support for the poor, the majority of whom are women exists but only in a theoretical sense. Ghana's Livelihood Empowerment Against Poverty programme for example, barely improves the living conditions of its recipients (Debrah, 2013). The national population census of 2010 showed that 74.1 percent of the population 11 years and older were literate. However, there is a wide gap between women and men and also between rural and urban areas. While 80.2 per cent of men were literate, the rate for females was 68.2 per cent. Similarly, while total of 84.1 per cent of urban dwellers were literate the rate was 62.8 per cent in rural areas (Ghana Statistical Service, 2013).

Ghana attained lower middle-income status in November 2010 after its economy was rebased between 2007 and 2010. The country's Gross Domestic Product (GDP) was 66,984 billion USD in 2019¹ and the country has a Gross National Income (GNI) of USD 4,650 per capita and an annual growth rate of 6.3 per cent. Ghana's GDP per capita increased by 11 per cent between 2013 and 2017 (Ghana Statistical Service, 2018). The sectoral contribution to GDP comprises the services sector (44.1%) with tourism contributing 5.5 per cent in this category, manufacturing (32.0%) and agriculture (17.3%). In terms of the sectors' contribution to employment, the services sector accounts for almost half (49.0%) of total employment while agriculture and manufacturing account for 29.3% and 21.8% respectively. Despite the

¹ <https://data.worldbank.org/?locations=GH-XN>

increasing growth figures and GDP, the country experiences jobless growth and high youth unemployment (Aryeetey & Baah-Boateng, 2016).

The country's economic structure is highly gender segregated. In terms of labour market participation, 64.7 per cent of the economically active population are women while 71.4 per cent of men are active in the labour market (Ghana Statistical Service, 2016). Women dominate in the informal sector, particularly in trade (e.g. food marketing and cross border trade) services and agricultural sectors (Abraham, Ohemeng, & Ohemeng, 2017; International Labour Organisation, 2018). In the formal sector of the economy, women are segregated in sectors that have been described as female-dominated (e.g. health, education, hospitality, etc.). Here, they occupy the lower rungs in their work places and also face high levels of casualisation (Torvikey, 2018). The Global Gender Gap report indicates that 27 per cent of women compared to 20 per cent of men are in part time work in the country (World Economic Forum, 2018). This disparity also shows in income where men's annual income on average is USD 5,452, compared to women's USD3,873. The Global Entrepreneurship index shows that 40 per cent of women in Ghana are represented in the manufacturing sector. Similarly, 4 in 10 businesses belong to women (Mastercard Index of Women Entrepreneurs, 2019). However, women in the manufacturing sector earn less profit from their activities than their male counterparts who earn 82 per cent more monthly profit (World Bank, 2019). Women in Ghana spend 2 hours and 35 minutes on unpaid care work compared to men who spend only 40 minutes (Ghana Statistical Service, 2016: 3). The pandemic will thus overburden women more than men.

There is a high prevalence of Sexual and Gender Based Violence (SGBV) in the country with 23.1 per cent of women having experienced abuse in 2015 (Institute of Development Studies (IDS); Ghana Statistical Service and Associates, 2016). Women are often blamed when they experience sexual and gender-based violence; 65.3 per cent of women and 52.6 per cent of men blame rape on women's clothing.

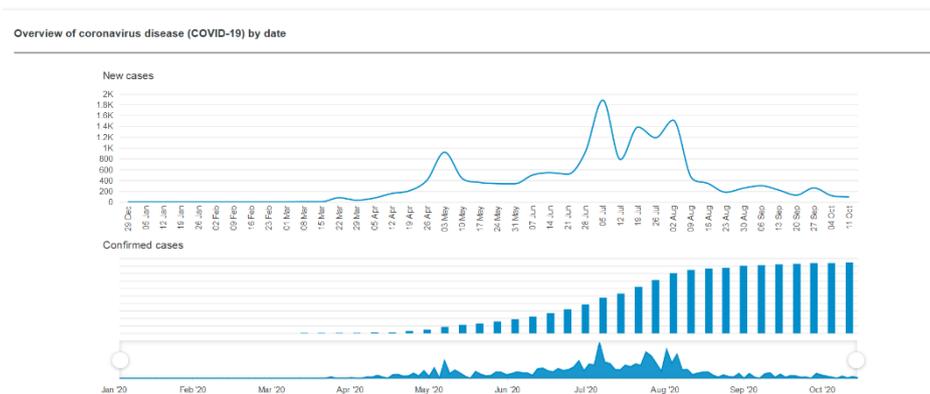
Data from the Ghana Living Standards Survey Round 7 show a national extreme poverty incidence rate of 8 per cent. Although extreme poverty incidence is a rural phenomenon (15.5 per cent nationally), it is highest in the rural savannah (36.1 per cent). Regionally, the Upper West Region records the highest forms of extreme poverty incidence in the country with 45.2 per cent of the population recorded as being extremely poor. In terms of the gendered nature of poverty incidence, 17.6 per cent of female headed households and 25.8 per cent of their male counterparts are reported to be poor (Ghana Statistical Service, 2018). The national Gini coefficient was 43.0 per cent in 2016/2017 which is an increase over the 2012/2013 figure of 42.3 per cent. This implies the inequitable distribution of growth and wealth and increasing inequality. This trend is stark in rural areas which saw an increase of 1.8 per cent in 2016/2017 over the 2012/2013 figure of 40 per cent. In urban areas, however, there was a very slight downward trend from 38.8 per cent in 2012/13 to 37.9 per cent in 2016/17. The sectoral poverty incidence shows higher rates among those self-employed in the agricultural sector (42.7 per cent) while households headed by retirees (1.6 per cent) and public sector workers (4.8 per cent) recorded the lowest poverty incidence. Poverty rates are also relatively higher in households where heads had no formal education (37.0 per cent) and declines significantly with higher education (0.9 per cent for tertiary education level headed households).

In addition to gender, the main elements feeding into inequality are location, (dis)ability and age. Location refers to regional differences – mainly the North versus South, where the former is poorer and historically underdeveloped - and to locality with rural communities experiencing higher levels of inequality than urban areas. Persons Living with Disability and the youth are also exposed to multiple forms of vulnerabilities which affect them disproportionately. Food security remains a challenge in many areas in the country. The rate of malnutrition is illustrative. Nationally, 18 per cent of children are severely stunted with higher figures in the Northern (29 per cent) and Volta (21 per cent) Regions (Ghana Statistical Service, 2018). Other markers of social differentiation are elaborated in Appendix I.

1.2 COVID-19 Context

Ghana recorded its first two cases of COVID-19 on 12th March, 2020, prompting a range of mitigation measures (detailed below). The number of cases peaked at the end of April, then remained relatively stable until end of June when infection rates rose sharply with several peaks throughout July before stabilising at a much lower infection rate (**Fout! Verwijzingsbron niet gevonden.**). The socioeconomic dislocations and disruptions caused by the pandemic have differential impacts on various social groups, and with deleterious effects for social inclusion and equality. As part of the containment and prevention measures, borders were closed² and markets temporarily shut down³ affecting the livelihoods of people who earn a living from these sectors.

Figure 1. Overview of COVID-19 cases in Ghana



Source: WHO, accessed 15/10/2020

With the uncertainties about the trajectory of the pandemic, there were major concerns from the start of the pandemic that the health system will not be able to cope with the numbers. The structure of the health sector can be assessed through the health worker-population ratio which remains extremely high. Ghana had a doctor-population-ratio of 1: 8,431 and a 1: 627 nurse-population ratio in 2017 (Ghana Health Service, 2017). While both financial and physical access to quality healthcare are challenging for many people in the country, there are social programmes that aim to ensure universal access to primary health care. The National Health Insurance Scheme (NHIS) started when the Health Insurance Act 2003, Act 650 was passed. Subsequently, the Insurance Authority (NHIA) was established with a mandate to implement the scheme. The NHIS requires registration and annual membership registration to enable cardholders to access free health care in government health facilities and designated private facilities. Children under five years, pregnant women, persons with mental disorders, indigents and Livelihood Empowerment Against Poverty (LEAP) beneficiaries are exempted from registration and renewal fees. The scheme is financed with 2.5 per cent of Value Added Tax (VAT) imposed on goods and services in the country. The country also implements a free maternal health policy for pregnant and lactating mothers to access a number of services in state and designated private health facilities. While both the NHIS and Free Maternal Health Policies aim at enhancing universal primary health care access to the population, rates of coverage are low. For instance, nationally, only 49 per cent of women between age 15-49 have health insurance coverage (Ghana Statistical Service, 2018). In addition, the lack of infrastructure, services and drugs and other essentials are some of the enduring challenges to the efficient and effective running of the scheme.

² <https://www.modernghana.com/news/990812/coronavirus-ghana-to-shut-down-airport-close> (21 March 2020)

³ <https://www.bbc.com/pidgin/tori-51945455> (18 March 2020)

1.3 Existing Social Protection Programmes

There are a number of other existing social protection programmes which put Ghana's COVID-19 responses in perspective. The Ghana School Feeding Programme (GSFP) is an initiative to provide one hot and nutritious meal to children in public primary schools each school day. The programme covers selected schools in all Districts in the country. In 2018, the programme covered 2.1 million school children.⁴ However, the programme stopped with school closures⁵ due to the pandemic. Other policies and programmes in the education sector, such as the Free and Compulsory Universal Basic Education (FCUBE), free senior high school education, capitation grant and the free distribution of school uniforms, exercise books and textbooks have been implemented over the years.

The Livelihood Empowerment Against Poverty (LEAP) is a social security programme for poorer households which started in 2008 and which continues to expand. The programme covers selected households with social groups such as Orphaned and Vulnerable Children (OVC), persons with severe disability without any productive capacity, extremely poor pregnant women, and elderly persons who are 65 years and above. In 2016, 213,044 households across all 216 districts of Ghana were beneficiary households of the programme. Fifty-six per cent of beneficiaries of the LEAP programme are female. In addition to cash transfers, the programme provides health insurance to beneficiary households across the country. The aim is to reduce short-term poverty and vulnerability and to advance beneficiaries' long-term socioeconomic development.

Before the onset of the pandemic, the beneficiaries received between GHS32 (approximately \$6) and GH54 (\$10) monthly which was disbursed quarterly. To cushion the beneficiary households against the socioeconomic impacts of the pandemic,⁶ the payment process was quickened and households received payments in advance. To reduce the face-to-face contact with the beneficiaries, Z-wich electronic platform was introduced to transfer cash to the beneficiaries⁷. However, there is a great disparity between women and men in their use of digital money platforms. For instance, the Findex survey in Ghana shows that only 34 per cent of women compared to 44 per cent of men owned mobile money accounts in 2017 (Demirgüç-Kunt, Klapper, Singer, Ansar & Hess, 2018).

⁴ <https://www.graphic.com.gh/news/general-news/govt-increases-school-feeding-from-1-1-million-to-2-1-million.html#:~:text=the%20number%20of%20beneficiaries%20of,ken%20ofori%20atta%20has%20> (19 July 2018)

⁵ <https://www.bbc.com/pidgin/tori-51904164> (16 March 2020)

⁶ <https://www.ghanaweb.com/GhanaHomePage/business/LEAP-beneficiaries-receive-double-payment-to-cushion-them-against-coronavirus-pandemic-988027> (23 June 2020)

⁷ <https://www.ghanaweb.com/GhanaHomePage/business/Govt-begins-paying-LEAP-beneficiaries-with-E-zwich-1049692> (2 September 2020)

Chapter 2. Public Health Responses to COVID-19

2.1 State Public Health Responses

2.1.1 Immediate Safety Measures

Three days after the first case was identified in the country, the President delivered the first of his speeches detailing measures being taken to address the pandemic. In that very first speech held on 15th March, a ban on public gatherings was imposed with all social activities – funerals, festivals, workshops, conferences, political rallies, church activities and schools – halted. Travel restrictions for non-Ghanaians entering into Ghana were imposed on the 16th March and by the 22nd March, land, sea and air borders were closed. The most important measure aimed at containment through enforced physical distance. A three-week partial lockdown was imposed on the capital city of Accra and its environs of Tema and Kasoa as well as Kumasi, the second largest city in the country from the 27th March through 19th April. On the 11th May, hotels, bars and restaurants were allowed to open with social distancing protocols in place. Churches were also reopened with stringent safety protocols including limits on numbers and time spent in church while all other large gatherings that draw more than a hundred people continue to be banned. Restrictions were also placed on numbers of people that could ride public transport at a time. These restrictions were lifted after careful consideration of the likelihood of transport infection of COVID-19.⁸ Inland air transport has also resumed. The international air space re-opened on the 1st of September; land and sea borders continue to be closed. Each person arriving by air needs to present a COVID-test taken 72 hours prior to departure as well as a second upon arrival.⁹

Another major incentive announced in the early days of the pandemic aimed at increased hygiene and at physical distancing by enabling the urban population to remain at home through the provision of access to basic services, specifically water and electricity. For the months of April, May and June, the government provided rebates on these two services. Free electricity was provided for those described as lifeline consumers, that is to say those who consume less than 50kwh per month while those who consume more than 50kwh received a 50% rebate. Water was provided free to all citizens. Water was provided for free to ensure that there were no financial disincentives to adhering to the hand washing safety protocols. The free access to water was eventually extended till December 2020¹⁰ while electricity was extended till September 2020.

2.1.2 Legislative Instruments

Since the first case of COVID-19 was identified in Ghana, the President has passed the Imposition of Restrictions Act, 2020 (Act 1012) which includes a number of Executive Instruments such as the E.I. 63 passed on March 23, 2020 and E.I. 164 No 10 which was signed and gazetted on June 15 2020. E.I. 63 is the Emergency Communications Instrument 2020 and allows for the establishment of an emergency communications system which will allow the state to trace all contacts of persons suspected of or actually affected by COVID-19 and identify places visited by such persons. E.I. 164 mandates the wearing of face masks, face shields and any other face covering material for people when they are in public spaces. Failure to comply with this law subjects the offender to a fine of not less than GH¢ 12,000 (\$2000) and not more than GH¢ 60,000 (\$10000) and/or imprisonment of not less than 4 years and not more than 10 years.¹¹ In reality, given how punitive this law is, this law will not be enforced as is evident given the number of people blatantly violating the law in public spaces.

⁸ <https://ghanahealthnews.com/coronavirus-and-public-transport-saga/> (12 August 2020)

⁹ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-Borders-beaches-and-pubs-remain-closed-Akufo-Addo-1035343> (17 August 2020)

¹⁰ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-Akufo-Addo-extends-free-water-package-to-end-of-year-1067404> (23 September 2020)

¹¹ <https://www.graphic.com.gh/news/general-news/failing-to-wear-face-mask-can-land-you-10-years-in-prison.html> (18 June 2020)

2.2 Non-state Public Health Responses to COVID-19

2.2.1 Provision of Personal Protective Equipment (PPE)

In the weeks immediately following the announcement of the virus' arrival in Ghana, a whole range of non-state actors rallied together in support of state efforts to provide personal protective equipment to individuals including prisoners (face masks and hand sanitisers), communities/markets/shops/health facilities (handwashing stations) and health care professionals (masks, sanitisers, gowns). This included the COVID-19 private sector fund (see Section 5 also),¹² alumni associations and various NGOs.¹³

2.2.2 Information, Education, Communication Materials

Another key component of the work that non-state actors did was to provide information about the virus, modes of transmission, symptoms and the various safety protocols one needed to take, as well as the various measures being implemented by the state. Given the fact that multiple languages are spoken in the country, this material had to be translated into several languages. Some companies deployed the platforms that they had for this purpose. Farmerline which digitises agricultural information for farmers was particularly important in this regard. Working with volunteers who spoke different languages, they provided educational material on their digital communication platforms.¹⁴ Language barrier has been a major problem for patients and health professionals during healthcare delivery. Vodafone Foundation also supports this effort through its Healthcare Medical Centre which is resourced with medical doctors who speak a host of local languages including Ga, Twi, Ewe, Fante and Hausa as well as French, Spanish, Russian and Mandarin. A total of 50 doctors devote time to this service which operates daily from 8am to 8pm.¹⁵

In addition to health information, another crucial bit of information dissemination had to do with anti-stigmatisation. As community spread took place and recovered patients returned home to loved ones, it became evident that some communities were stigmatising both individuals and their families. To address this concern, the COVID-19 Private Sector Fund, in collaboration with the Ghana Psychological Association, the Ghana Medical Association, the National Commission for Civic Education, the Global Media Alliance and with funding from the Ghana Petroleum Authority trained over 280 security personnel as part of the Private Sector Fund's initiative to minimize incidents of stigmatization against COVID-19 recovered persons, frontline workers and their family members.¹⁶

¹² <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Anti-stigmatisation-campaign-976495> (10 June 2020)

¹³ <https://www.afrikids.org/about-us/in-the-news/afrikids-ghana-donates-over-ghs1m-worth-of-ppes-food-to-support-covid-19-fight-northern-ghana/> (30 June 2020)

¹⁴ <https://farmerline.co/2020/06/22/distributing-essential-services-to-farmers-during-covid-19> (22 June 2020)

¹⁵ <https://www.myjoyonline.com/news/health/bridging-language-gap-in-healthcare-delivery-vodafone-healthline-call-centre/> (30 June 2020)

¹⁶ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/COVID-19-Anti-stigmatization-Campaign-Private-sector-fund-trains-300-security-personnel-on-stigmatization-1006351> (13 July 2020)

2.2.3 Domestic Violence Prevention and Protection

In recognition of the likelihood for increased cases of intimate partner violence during the period of the lockdown when survivors could be locked down with perpetrators with nowhere to flee as well as the general likelihood of increases in the incidence of violence given the stresses imposed by COVID-19, a number of international agencies have provided support for domestic violence prevention and protection activities. The United Nations Family Planning Agency (UNFPA) in collaboration with the Domestic Violence Victims Support Unit set up a hotline for survivors. To prevent cases of violence, Plan Ghana launched a Sexual and Reproductive Health Rights (SRHR)/Sexual and Gender- Based Violence (SGBV) campaign as part of their activities towards 'COVID-19 Gender Emergency response Programme'. The goal of this campaign is to ensure that vulnerable groups, especially women and girls have access to SRHR services and are protected from SGBV in the midst of the pandemic.¹⁷ Vodafone Ghana also refurbished part of the facilities of the Ark Foundation, Ghana to serve as a first point of contact and isolation for clients with COVID prior to resettlement at the shelter.

¹⁷ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Plan-International-Ghana-launches-rights-campaign-992029> (28 June 2020)

Chapter 3. Healthcare Sector Responses to COVID-19

3.1 State Healthcare Sector Responses to COVID-19

To improve the management of the virus in the country, the state introduced a number of measures quite soon after the virus was identified in the country. First, economic incentives were used to reward healthcare personnel for sustaining their work. The government announced the provision of incentives for the roughly 7, 000 frontline healthcare workers already on the 5 April. This included insurance coverage for all of them, tax exemptions for first three months and then another three amounting to a total of GH¢ 174, 000, 000 (approximately US\$ 30, 000, 000)¹⁸ as well as a 50% increase in basic salary for any frontline worker who comes into contact with a COVID-19 patient. Each frontline worker is entitled to the salary top up regardless of how many COVID-19 cases they see in a month. During the three-week lockdown, the state also provided free transportation for these frontline workers.

Second, additional employment was created for community health nurses who were hired as contact tracers, each of whom was to receive GH¢150 (US\$25) a day although there was some contention about the government adhering to its end of the bargain with respect to salaries for the contact tracers. Overall, a total of 65, 000 health personnel have been employed to deal with the COVID-19 outbreak.¹⁹

Third technical solutions were introduced to improve the healthcare infrastructure. For example, to improve the speed at which testing took place, Zipline drones were deployed to deliver samples for testing by mid -April (17th April). Towards the end of April (26th April), investments in healthcare infrastructure were announced. This included 88 district hospitals to be built across the country,²⁰ additional intensive care unit bed facilities in the Greater Accra Region and a new treatment centre to be built in the Ashanti Region. While the district hospitals have not yet materialised, the other infrastructure have been completed.

3.2 Non-state Healthcare Sector Responses to COVID-19

The private sector responded to the pandemic rapidly with the establishment of the COVID-19 private sector fund (ghanacovid19fund.com). Started by ten Ghanaian businessmen and women, the fund aimed to raise GH¢ 100,000,000 (approximately US\$ 15,500,000) to pursue its mission “To provide a prompt response to the hardship and suffering arising out of the COVID-19 pandemic”. The 4 September 2020, the fund had received donations from individuals, including children and local/international companies, totalling GH¢ 43.16 million which were used to finance technical solutions in the healthcare sector.

One of the major goals, for example, was to construct over a hundred-day period a 100-bed Infectious Disease and Isolation Centre as well as a 21-bed intensive care unit and a biomedical laboratory at the Ga East Municipal Hospital. The fund delivered this promise and the centre was inaugurated by the Vice President on the 25 July, 2020.²¹

¹⁸ <https://www.ghanaweb.com/GhanaHomePage/business/Parliament-approves-GH-174m-tax-free-income-for-front-line-health-workers-1034014>. (14 August 2020)

¹⁹ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Coronavirus-We-ve-recruited-65-000-new-health-personnel-Dr-Bawumia-1016506> (25 July 2020)

²⁰ <https://www.ghanaweb.com/GhanaHomePage/business/2020-Budget-All-88-hospitals-will-be-built-by-Ghanaian-Companies-Finance-Minister-1014673> (23 July 2020)

²¹ <https://www.myjoyonline.com/news/health/bawumia-commissions-100-bed-infectious-disease-centre-sponsored-by-ghana-covid-19-private-sector-fund/> (25 July 2020)

The testing capacity has also been increased significantly through non-state actors' investments. In the early days of the pandemic, the Noguchi Memorial Institute for Medical Research located at the University of Ghana was the key testing facility. It has received support of different sorts including testing kits, reagents and even meals for frontline workers from a range of actors including Newmont Ghana, the Consolidated Bank of Ghana, the COVID-19 private sector fund, the Ghana Chamber of Mines, the Church of Pentecost and others. Over time, with support from other agencies, other facilities have been brought on board to support the work of Noguchi. This includes support from the mining company Newmont Ghana to the Kumasi Centre for Collaborative Research (KCCR). In the near future, this will enable KCCR to set up two laboratories which will be equipped with PCR and ancillary equipment as well as reagents to increase the country's testing capacity.²² Similarly, the African Development Bank provided a \$69 million grant to Ghana to among other things provide more testing kits to increase the population tested from 1% to 3% by the end of the year.²³

²² <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Newmont-Ghana-signs-GHC-3M-MoU-with-KCCR-to-support-fight-against-COVID-19-1021009> (29 July 2020)

²³ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-African-Development-Bank-Group-supports-Ghana-with-69-million-grant-1016065> (24 July 2020)

Chapter 4. Socio-economic measures to alleviate the impact of COVID-19

4.1 State Socio-economic Measures to Alleviate the Impact of COVID-19

A range of socio-economic measures were implemented during the lockdown and in the months afterward. These were targeted at different constituencies (households, businesses) and were provided by a range of state and non-state agencies including the Ministry of Finance, the Ministry of Gender, Children and Social Protection, the Bank of Ghana, Commercial Banks, the Ghana Revenue Authority and Commercial Banks and the Ministry of Labour and Employment Relations.

4.1.2 Enhanced Livelihood Empowerment Against Poverty (LEAP)

Hardship among beneficiaries of the Livelihood Empowerment Against Poverty (LEAP) social security programme was alleviated by the allocation of an additional sum of money and a shift in payment (payments in advance instead of arrears) to allow them to purchase personal protective equipment and offset the rising costs of items. Moreover, they were offered a transportation subsidy.

4.1.3 Food Security Programme

During the lockdown, one of the major concerns was the issue of food security especially for those who needed to work on a daily basis to be able to raise enough money to purchase their daily meals. For such people eking out a living, the lockdown threatened not only their livelihood but their very existence. Both the state and non-state actors rose to the challenge to provide such individuals with at least one hot meal a day as well as dry food portions. The most well-advertised of the non-state efforts was that led by the COVID-19 Private Sector Fund. This fund created the Feed-A-Kayayoo Campaign to ensure that citizens, primarily low-income migrant female workers did not risk starvation during the lockdown. To ensure optimal accountability, KPMG were the project administrators. The project was a temporary gap stopper, running from 1st April 2020 to 12th April 2020 when the government commenced its own feeding project. Over that period, they served 144,000 meals.²⁴ When the government took over, a total amount of GH¢ 54.3 million was spent on the food programme during the three -week lockdown.²⁵ Many other citizens supported various feeding initiatives. During the lockdown, there were various such efforts created on WhatsApp and coordinated by NGOs that already work with vulnerable populations. Of all the various initiatives implemented by both state and non-state actors, the food security programme seems to be the one that had the highest number of beneficiaries who felt the impact of all of that effort in terms of direct assistance. The COVID-tracker (GSS 2020: 5) found that roughly 10 per cent (8.9%) of the sampled households had received at least one form of assistance from an institution. The majority who received assistance received free food valued at roughly 50Gh¢ (approximately \$10). The United Nations World Food Programme (WFP) also supported the government's effort to provide for COVID-19 patients in isolation by contributing 10,800 bags of specialized nutritious food (made from blended cereals and soy flour, mixed with extra minerals and vitamins) worth GH¢ 300,000. The supply was enough to cover three months of feeding for 4,000 patients.²⁶ While there were definitely lots of efforts to ensure that the vulnerable had basic food supplies during the period of the lockdown, these efforts were really rapid response solutions to a humanitarian crisis. As such, there was no systematic effort to ensure that these supplies were available to all vulnerable populations. In an interview with a member of the Ghana Federation of the Disabled at the Network for Women's Rights NETRIGHT) annual event, she disclosed that as a person with a hearing impairment, she was unable to access the food supplies that were offered

²⁴ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Anti-stigmatisation-campaign-976495> (10 June 2020)

²⁵ <https://www.ghanaweb.com/GhanaHomePage/business/GH-54-3m-free-meals-budget-can-be-accounted-for-Kwaku-Kwarteng-1015246> (24 July 2020)

²⁶ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/WFP-provides-specialized-nutritious-foods-for-treatment-of-coronavirus-patients-in-isolation-centres-976417> (10 June 2020)

in her community. The announcements for such events were rarely done ahead of time using a variety of mediums. Instead, the good Samaritans showed up with the food and either by word of mouth or the ensuing commotion, citizens were alerted to their presence. Those who were hearing impaired, however, lost out.

4.1.4 COVID-19 National Trust Fund

This public trust was established on the 29 March, less than two weeks after the first case was identified in Ghana. Under the chairperson of a former chief Justice of Ghana, Hon. Justice Sophia Akuffo, the trust is to be funded by contributions from the public in support of government's efforts to meet the welfare needs of sub-groups at risk during the pandemic. To date, dozens of companies and individuals have contributed to this fund which has helped support the vulnerable in the months that the nation has been battling the pandemic.

4.1.5 Coronavirus Alleviation Programme Business Support Scheme (CAP BuSS)

To mitigate the impacts of the virus on business, the government established the Coronavirus Alleviation Programme Business Support Scheme (CAP BuSS). To finance the scheme, the government drew on resources saved from its oil revenue receipts garnered over the last decade (See Appendix II). Given that that these resources had been saved under strict rules to ensure that the next generation could benefit from it, assessing some of these monies required Parliamentary approval as well as amendments to the Petroleum Revenue Management Act. The rationale for bending the rules was to allow the government undertake urgent expenditures in relation to the Coronavirus pandemic. The scheme provides a total amount of GH¢1 billion, approximately \$150 000, 000 (600 million provided by the state and 400 million by partner banks) to small and medium scale enterprises. Funds are disbursed using two models, the Adom Scheme loans and the Anidasuwuo loan scheme. The former is disbursed to micro and small scale enterprises while the latter is disbursed to medium scale enterprises that require GH¢300, 000 or more to sustain their businesses.²⁷ The loans have a one year moratorium on repayment after which recipients have two years to repay the loans. The scheme is run by the Government in collaboration with the National Board of Small-Scale Industries (NBSSI), business and trade associations as well as a number of commercial and rural banks.

4.1.6 Coronavirus Alleviation and Revitalisation of Enterprises Support (CARES) Obataanpa programme

In addition to the CAP BuSS, the government announced in the 2020 Mid-Year Budget Review that it has designed a bigger programme to help businesses rebound from the economic disruption country caused by the virus. To make this happen, an amount of GH¢ 100 billion (approximately US\$15 billion), 70% of which is to come from the private sector will be spent between 2020 to 2023. There are two parts to the CARES programme, the first part which is to last through the end of the year is designed as the stabilization phase of the programme. Among other things, it will provide local companies with the resources to enable them produce 50% of the goods and services that the government procures annually.²⁸ The second phase of the programme is a revitalization phase that is designed to accelerate the Ghana Beyond Aid transformation agenda, an agenda designed to engender structural transformation in Ghana's economy and in so doing reduce the nation's dependence on donor funds.²⁹

²⁷ <https://www.ghanaweb.com/GhanaHomePage/business/102-361-applicants-benefit-from-GH-1bn-stimulus-package-1029637> (10 August 2020)

²⁸ <https://www.ghanaweb.com/GhanaHomePage/business/Ofori-Atta-unveils-GH-100bn-plan-to-ride-out-coronavirus-storm-1015297> (24 July 2020)

²⁹ <https://www.graphic.com.gh/business/business-news/we-ll-use-part-of-agyapa-to-fund-obaatanpa-ofori-atta.html> (7 September 2020)

4.1.7 Business Relief Support

The Ministry for Business Development has also set aside a sum of GH¢2 million (approximately \$350,000) specifically for persons living with disability to expand their businesses during this period of the pandemic. The support is only for PWDs working in the areas of fashion, agriculture, commerce, food and beverages.³⁰

4.1.8 Other Measures

The Bank of Ghana cut its key rate to 14.5% on March 18 and reduced their policy rate by 150 basis points.³¹ In tandem with the Bank of Ghana's reduced policy rates, the commercial banks also reduced their policy rate.³² In addition, commercial banks have advanced over GH¢ 3 billion to businesses since the pandemic. The reduction in policy rates ensures that these monies are available to businesses at more affordable rates. Similarly, the Ghana Revenue Authority announced tax incentives and pension reliefs. Tier three pension schemes attract a tax if they are withdrawn before a minimum of five years for workers in the informal sector and ten years in the formal sector. As a result of the financial distress wrought by COVID-19, however, an exemption was made to this rule to enable individuals who have either lost jobs or seen their businesses collapse address their financial needs.³³ Finally, the government, through the Ministry of Employment and Labour Relations (MELR), plans to collaborate with its Social Partners (Labour and Employers) to establish a National Unemployment Insurance Scheme. This scheme would provide temporary financial support to laid off workers and also help them access re-training to enable them find jobs in new fields.³⁴

4.2 Non-state Socio-economic Measures

A number of international non- governmental organisations have also teamed up with state and non-state actors to deliver retraining programmes for young people in a post COVID-19 world. A key example is the COVID-19 Recovery and Resilience (CoRe) Programme. The programme is run by the Springboard Road Show Foundation, a Ghanaian Foundation which has run a weekly virtual university on Ghanaian radio for a decade and is funded by Mastercard Foundation and Solidaridad. The Programme aims to support over 692,000 young people in the country with the necessary skills to survive the disruptions caused by the pandemic as well as thrive afterwards. The programme which runs from June to November 2020 is a combination of mentoring, coaching and counselling interventions, all of which would be delivered online.³⁵ Similarly, the United Nations Development Programme (UNDP) in an intervention dubbed Volunteer Credits seeks to offer business advisory services and capacity building programmes to 4,311 business establishments and households. This is to enable them recover from the negative impact of COVID-19.³⁶

³⁰ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/PWDs-in-Northern-Region-receive-GH-200-000-business-support-1067518> (23 September 2020)

³¹ <https://www.ghanaweb.com/GhanaHomePage/business/GH-3bn-loaned-to-businesses-after-coronavirus-restrictions-BoG-986233> (22 June 2020)

³² <https://www.ghanaweb.com/GhanaHomePage/business/GH-3bn-loaned-to-businesses-after-coronavirus-restrictions-BoG-986233> (22 June 2020)

³³ <https://thevaultzmag.com/index.php/vaultz-daily-brief/covid-19-parliament-amends-income-tax-act-to-allow-tier-three-pension-withdrawals> (1 May 2020)

³⁴ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-Govt-to-pay-laid-off-workers-temporary-incomes-1014835> (23 July 2020)

³⁵ <https://www.graphic.com.gh/business/business-news/springboard-partners-two-institutions-to-launch-covid-19-recovery-programme-aims-to-support-692-000-young-people.html> (29 June 2020)

³⁶ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-impact-UNDP-to-rescue-4-311-firms-1056595> (10 September 2020)

Chapter 5. Impacts of COVID-19 Mitigation

5.1 Impact on Income and Work

We explored the impact on income at three levels; the income of the state, the income of companies and the income of citizens. The impact of COVID-19 on the nation's economy was immediate. Although the virus was first identified in mid-March, the Composite Index of Economic Activity recorded negative 2.2% growth in March, in sharp contrast to the 7.1% growth in February. This negative growth rate had implications also for state income. The state's income has decreased dramatically by any measure one uses. The taxes generated from international trade by the first quarter of the year was GH¢ 829.7 million, which was 40% lower than the budget target of GH¢ 1.2 billion. Similarly, the Bank of Ghana reports that the domestic goods and services tax was 18.2% lower than what was expected. Government receipts including grants was also about 25% lower than what was expected, at GH¢ 10.3 billion instead of the targeted GH¢ 13.9 billion. By the half year point, the amount of money the government had mobilized was 26 percent lower than what was forecast at the time of the budget in November 2019. The economy is expected to grow at its slowest pace in the next four decades as a result of the pandemic. With respect to the impact of the pandemic on companies, the Ghana National Chamber of Commerce and Industry gives us some insight. By mid-May, the Chamber disclosed that about 108 businesses had lost roughly GH¢ 39.8 million as a result of the pandemic. It is in recognition of these losses that the CAP BuSS and CARES programme were unveiled by the Ghanaian government.

The CAP BuSS is commendable for its emphasis on supporting women and people with disability. These are two social groups with little savings to rely on in times of crises such as that wrought by COVID-19. Organisations such as the Tax Justice Coalition, Ghana have therefore stressed the importance of government focusing on supporting women's businesses.³⁷ However, in spite of the good intentions, Oduro and Tsikata (2020: 37) point out how three of the eligibility criteria for support undermines the goals of the programme. One key criterion for eligibility is for the business to employ between 1 and 99 people. That immediately disqualifies self-employed workers without employees. Given that far more women (55.7%) than men (42.4%) are in this category (Tsikata and Darkwah 2018: 122), the CAP business support scheme inadvertently discriminates against women. One way to resolve this is to categorise apprentices as employees since although they are unpaid, they contribute to productive work. Doing so will increase the number of women who are eligible to participate in the scheme (Oduro and Tsikata 2020). A second criterion, that of establishing the vulnerability of one's business as a result of COVID-19 requires record keeping. This is a tall order for the most vulnerable of businesses where the owners are basically eking out a living and have very little to show by way of records.

A third criterion is a Tax Identification Number (TIN). To get a TIN, one needs a passport, a driver's license, a voter's ID card or the national ID card. Passports and drivers' licenses are by default forms of identification for the elite for whom these forms of identification are essential to facilitate travel. For the masses, a voter's ID card and a national ID card are more practical forms of identification. At the time the CAP BuSS was initiated, efforts had not been made to ensure that all citizens had the requisite identification to enable them acquire their tax identification numbers. In fact, personnel at the National Board of Small Scale Industries were actively working with the Ghana Revenue Authority to get individuals who needed tax identification numbers what they needed.³⁸ Obviously, this meant that those without the requisite documents were going to have to wait a while before they could enjoy the benefits of the scheme. Similarly, there were discrepancies between names registered on applications and the

³⁷ <https://www.ghanaweb.com/GhanaHomePage/business/Tax-Justice-Coalition-advocates-Gender-Consideration-in-coronavirus-support-scheme-1016557> (25 July 2020)

³⁸ <https://www.ghanaweb.com/GhanaHomePage/business/NBSSI-grants-first-1-000-beneficiaries-coronavirus-stimulus-package-990745> (26 June 2020)

names associated with the phone numbers listed on the applications, a problem that stems from citizens' lack of requisite documentation to establish mobile money accounts in their own name.³⁹

The difficulties with both the tax identification numbers and the mobile money accounts therefore at best hinder and at worst limit the opportunities that all citizens have for accessing this stimulus package. As at the end of August, more than 120,000 individuals from all over the country had benefitted from the government's Coronavirus Alleviation Programme Business Support Scheme.⁴⁰ However, there are no details as to how many of these individuals are women and how many are people with disability to enable us ascertain the extent to which the programme's ostensible interest in inclusion has actually been met. Another major lacuna in the design of the CAP BuSS worth mentioning is the relatively poor attention paid to a large segment of Ghana's working population, farmers without whom the food security needs of the country can be undermined. Global attention has been drawn to the ways in which food systems have been unsettled by the pandemic and every effort should be paid to ensure that farmers survive and thrive in the post-COVID era. The Peasants Farmers Association of Ghana has appealed to government to roll out part of the stimulus package to target smallholder farmers, so as to improve agriculture production and to help improve food security. Recipients of the CAP BuSS have also lamented the meagre amounts disbursed to them, lower than what they had requested. To be able to ensure that businesses survive the pandemic, it is imperative that the amounts provided as a stimulus package are large enough to serve the purpose for which they were disbursed.⁴¹

The CARES Obataanpa programme is also not without criticism. First of all, it is reliant on the benevolence of the private sector for the majority of its funding. While the exigencies of the pandemic may have energised the private sector to rally around the government in support of many schemes, there is no guarantee that this benevolence will continue into the future. Such heavy reliance on the private sector to fund the scheme is therefore problematic. Secondly, the second phase of the programme is hinged on the delivery of an agenda that has already been criticised for being mostly rhetorical and without clear policy direction (Kumi 2020). The extent to which this programme will deliver on its promise is thus questionable. Third, while in the implementation of the CAP BuSS programme, there is at least a recognition of targeting vulnerable groups such as women and persons with disability, there is no such explicit discussion in the CARES Obataanpa programme. Given that often even when such pronouncements are made, little is done to actually ensure that it is not simply rhetorical, to have it absent in the CARES Obataanpa strategy suggests a fundamental problem with the state's conception of its responsibility towards all its citizens.

The majority of households, roughly three-quarters (77.7%) representing 22 million Ghanaians had also experienced a decrease in income since mid-March (GSS 2020a: 1). To cope with the effects of COVID-19, more than half (52.1%) of households reduced food consumption (GSS 2020a: 1). The Ghanaians least likely to feel the economic impact of COVID-19 were those employed in the formal economy. Formal sector workers with resources and skills to go digital made a smooth transition to an online working environment. Public sector workers were also for the most part likely to have their jobs intact. Teachers in public schools for example were paid throughout the period of the pandemic, even during the lockdown. Teachers in private schools, on the other hand, have not been so lucky. Some have lost their jobs while others have had to contend with slashed incomes. In September, the government announced a GH¢ 50 million relief package for private schools. Hopefully, some of that money will go towards salaries for teachers in private schools.⁴² Trained, unemployed nurses might have actually benefitted from the

³⁹ <https://www.ghanaweb.com/GhanaHomePage/business/20-000-CAP-applicants-funds-denied-due-to-MoMo-disparities-NBSSI-1024039> (3 August 2020)

⁴⁰ <https://www.ghanaweb.com/GhanaHomePage/business/Over-120-000-businesses-benefit-from-CAP-BuSS-stimulus-package-NBSSI-1045483> (28 August 2020)

⁴¹ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Beneficiaries-of-stimulus-package-in-UER-ask-for-more-1031770> (12 August 2020)

⁴² <https://www.ghanaweb.com/GhanaHomePage/business/Disbursement-of-GH-50-million-stimulus-to-private-schools-approved-NBSSI-1059118> (14 September 2020)

pandemic. Prior to the pandemic, a large number of them had been sitting at home unemployed. Once the pandemic hit, however, they were recruited quickly to help contain the spread of the disease. However, the terms and conditions under which they work is not yet clear. It has come to light that the daily wages that those who were employed as contact tracers were promised have not been paid regularly. In addition, it is unclear whether they will be retained in the public health care sector once the pandemic is over. This notwithstanding, one cannot deny the fact that workers in the healthcare sector writ large including producers of pharmaceuticals, phytoceuticals, antibacterials as well as face masks and other personal protective equipment have experienced job increases.⁴³ Indeed, the government supported the local production of personal protective equipment with a \$10 million loan to some four companies in April.⁴⁴ Mugisha (2020) has predicted rather optimistically that businesses that have taken on the responsibility of producing the goods and services that the country would otherwise have imported might become the fulcrum around which Ghana's industrialisation drive might actually turn. This optimism is echoed by other business executives in the country especially bankers who suggest that this pandemic will help the country achieve the government's Ghana Beyond Aid Agenda.⁴⁵ It is true that a lot of companies have risen to the challenge and produced a quite impressive range of products during this period including hand sanitisers, face masks, personal protective gowns as well as hand washing stations of different kinds including solar powered ones. There have also been some impressive innovations including a prototype ventilator and testing kits. Yet, only time will really tell if this will be a permanent shift away from the country's heavy dependence on imports for its day to day needs.

The majority of workers, especially the 80% who work in the informal economy, have been hard hit. For them as well as some others in the private formal economy, the pandemic has dealt a terrible blow. Work in some sectors of the economy such as the hospitality and tourism industry as well as the personal care and cross-border trading sector literally ground to a halt and workers in this sector, many of whom are women suffered the consequences. It is difficult to ascertain the exact impact of this pandemic on the world of work. A few surveys have been conducted by various agencies to ascertain the nature of the impact. The most representative of these is a survey conducted by the Ghana Statistical service in collaboration with UNDP and the World Bank. This survey of 4311 firms gives us a fairly robust understanding of the economic costs of the pandemic. The study conducted between May 26 and June 17 showed that about 770,000 workers representing 25.7% of the workforce had their wages reduced while about 42,000 employees (4.1% of the firms' workforce) were laid off. Business owners predicted that in the worst-case scenario, 15% of workers would lose their jobs (GSS 2020b). Self-employed workers, while not captured in the survey, can be expected to do equally poorly in these circumstances.

While technically the CAP BuSS and CARES programme are designed to restore companies to their buoyancy prior to COVID-9 thus making it possible to begin to pay their workers their regular wages, nothing substantive has been offered to those who have lost their jobs. Although the Minister of Finance has made mention of an unemployment insurance scheme, it has not yet been implemented. Those who have lost jobs therefore have only their savings as a buffer. For those who were already vulnerable prior to COVID-19, those who are beneficiaries of the Livelihood Empowerment Against Poverty (LEAP) programme, some attempt had been made to improve their ability to cope with the harsher economic reality caused by the pandemic. The original amounts paid to the LEAP beneficiaries were quite small; GH¢32 for one vulnerable person, 76 for two, 88 for 3 and 106 for four and more qualified beneficiaries a month (LEAP Management Secretariat, 2020). Although it has been doubled to between GH¢ 64 and

⁴³ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-impact-90-decrease-in-revenue-for-various-market-sectors-report-1026865> (6 August 2020)

⁴⁴ <https://ghanatalksbusiness.com/2020/04/govt-gives-four-local-companies-10-million-dollars-to-produce-ppes/> (24 April 2020)

⁴⁵ <https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-reinforcing-Ghana-Beyond-Aid-agenda-Bank-of-Africa-Boss-990895> (26 June 2020)

GH¢ 140 every quarter of the year⁴⁶, this amount is still not enough to provide a bare minimum existence in contemporary Ghana and the additional costs associated with COVID-19 makes it imperative that the amounts are increased and a system that ensures that these vulnerable populations have access to productive work is devised for them.

COVID-19 has impacted not just the nature of productive work but also that of reproductive work. The burden of reproductive work in Ghana falls heavily on women. This is evident in time-use surveys in the country that show routinely that women spend many more hours undertaking reproductive work tasks than men do. Women spend 316 minutes per week cooking while men spend less than a tenth of that time (30 minutes) doing the same. Similarly, while women spend 221 minutes per week on childcare, men spend a fifth of that time (48 minutes) on the same task. The same differences are observed with laundry tasks; women spend 62 minutes a week on laundry, men spend 11 minutes on the same task (Amporfufu et al., 2018: 13). In many households across the country, young women, some even children assist the wives in the home with reproductive work. These women who may or may not be kin are often not paid and when they are, it is quite poor remuneration. In addition, they work for very long hours daily, including weekends (Tsikata 2011). Their tasks will have increased during the lockdown when all family members were permanently at home. Even after the lockdown, all school going children have been at home requiring full time care, a burden that will be borne heavily by these domestic workers. In the homes where there are no domestic workers, older females will bear the brunt of domestic workers. For these females who have to attend school online, the reproductive work demands on them will decrease the amount of time they could devote to their education which could ultimately affect performance.

5.2 Impact on Access to Basic Services

In discussing basic services, we focus on basic services that the state is supposed to provide such as water, electricity, education and health as well as COVID-19 related health information. Ghanaians do not enjoy universal access to the basic services of pipe borne water and electricity. For example, roughly half of the population have access to pipe borne water (Oduro and Tsikata 2020: 31) and there is a huge rural/urban divide in this regard. There simply are not that many pipe lines laid in rural Ghana to provide water to rural homes. Even with urban communities, there is yet another class divide where those in the wealthier quintiles have far more access to pipe borne water than those in the poorer quintiles. In addition, the state subsidies on basic services offered during the pandemic only accrues to those with meters of their own. Here again, income differences become evident. On average, only 6% of the households in the poorest expenditure quintiles actually paid water bills compared to 42% in the wealthiest households (Oduro and Tsikata 2020:32). Thus, the water subsidy provided to ensure that citizens could adhere to the safety protocol of frequent hand washing without financial burdens was not enjoyed evenly across the board; ironically, those who could least afford the costs imposed by adherence to the protocols were the ones least likely to receive support to adhere to them. Water tankers were sent into different communities during the lockdown to ensure that those without access to pipe borne water could still access water but after the lockdown, how these citizens access water and at what cost has not been addressed. Even if private water tankers pass the free subsidy on to consumers, consumers without access to pipe borne water will still have to cover the transportation costs associated with the delivery of the subsidised water. As evident in statistics from the Ghana Statistical Service, only 22% of Ghanaians benefitted from the subsidies on water (GSS 2020c:1). In contrast to water, there is much wider access to electricity with roughly 82% of households⁴⁷ with access to electricity. However, there are gender and locational differences in access to electricity. As with water then, wealthier male headed households in the south were much more likely to benefit from this subsidy than poorer, female headed households in

⁴⁶ <https://www.ghanaweb.com/GhanaHomePage/business/LEAP-beneficiaries-receive-double-payment-to-cushion-them-against-coronavirus-pandemic-988027> (23 June 2020)

⁴⁷ <https://data.worldbank.org/?locations=GH-XN>, (10 September 2020)

the north of the country. Overall, 75% of the population benefitted from the electricity subsidies (GSS 2020c:1).

With respect to education, the President announced the closure of all schools across the country three days after the first case was identified. Schools were re-opened in mid- June for only final year students. Prior to the re-opening, the President announced a whole series of measures put in place to combat the spread of the virus in schools. The schools were properly fumigated ahead of the arrival of the students and the school clinics were well equipped with the necessary medications and testing materials including 900 thermometer guns. To ensure that students and teachers adhered to the E.I. 164 that made mask wearing mandatory in public spaces, 600,000 face masks were also distributed to schools. Finally, in keeping with the need to adhere to the other safety protocols provided by the state, 1,700 Veronica buckets, 200,000 litres of hand sanitizers, 3400 litres of liquid soap.⁴⁸ Two hundred people were deployed in early July to monitor the COVID-19 situation in schools and although there were a number of cases identified in schools across the country leading to calls by parents for closure of schools, the students wrote all of the examinations before returning home. The examination fees of the more than 300,000 students sitting for the exam which came to an amount of GH¢ 75.4 million was absorbed by the state.⁴⁹ For students writing the completion examination for middle school, teachers and students in both public and private schools were fed one hot meal a day during the period. A total of 584,000 students and 146,000 teachers benefitted from the exercise.⁵⁰

On August 30th, during the 16th update provided by the President, he announced that incoming final year students would go to school for 10 weeks beginning October 5th with all others set to resume school in January next year. The COVID-19 tracker study shows that roughly a third of all students (35.0% of basic school children and 28.0% of students in secondary school) have had absolutely no form of education while they have been at home (GSS 2020a: 4). Children of the elite who attended high end private schools transitioned fairly smoothly to online learning that gave them time with their teachers and opportunities to do homework. The state in an effort to cater to the wider public provided content to be played on television and radio in 30 minutes of repeated sessions. However, in the extent to which pupils were able to access these services, it became clear that the educational inequalities that predated COVID-19 were only made worse by the pandemic. The biggest challenge faced by children for home learning is access to basic tools such as computers or phones; 25.6% for basic school children and 32.7% for students in senior high school followed by the lack of access to the internet for 14.8% of those in basic school and 18.4% for those in senior high school (GSS 2020a:4).

While poor children in urban areas might be able to access the educational programmes on traditional media outlets such as radio and television, this requires both access to television and electricity, both of which are dependent on the wealth of the household into which a child is born and the part of Ghana in which they live. The most common form of distance education undertaken by children was educational television shows; a quarter of children in basic school and a third in senior high school relied on this method. However, television ownership is not universal. It was greatly dependent on the part of Ghana in which one lived. Almost twice as many households in southern Ghana owned televisions (61%) than their counterparts in the north (32%). In addition, while 16.3% of the poorest female headed households had televisions, the same was true for 23.9% of the poorest male headed households. The figures were much higher for the wealthiest families although there was still a gender divide with 69.8% of the wealthiest female headed households owning televisions compared to 86.6% of the wealthiest male headed households (Oduro and Tsikata 2020: 21). Access to electricity is similarly constrained. A full third of households in rural Ghana do not use electricity for lighting purposes compared with only 8% of

⁴⁸ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Here-are-the-measures-taken-to-combat-the-spread-of-coronavirus-in-Ghana-as-schools-reopen-980269> (15 June 2020)

⁴⁹ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/FULL-TEXT-Akufo-Addo-s-12th-update-on-measures-to-contain-coronavirus-986110> (21 June 2020)

⁵⁰ <https://www.ghanaweb.com/GhanaHomePage/business/President-Akufo-Addo-hints-of-relief-package-for-private-schools-1053127> (7 September 2020)

households in urban Ghana, (Oduro and Tsikata 2020:19). Young girls are greatly disadvantaged in all of this. Even if they had access to technology and electricity, their ability to participate would be hindered by the reproductive labour expected of them especially given the current circumstances where reproductive labour responsibilities have increased. Lengthy school closures are also likely to result in an increase in teen pregnancy rates.

Another set of services that have been negatively impacted by the virus is the health sector. While more health personnel may have been deployed to tackle the virus, the general fear of catching the virus in hospital settings has reduced hospital attendance for even essential services. For example, almost thirty percent of children (27%) under the age of 5 who were due for a vaccination between March 16 and mid-June missed the vaccination (GSS 2020a: 3). In 56% of these cases, the child missed the vaccination because of the parents' fear that they could contract the virus if they visited a health facility. Pregnant women have also missed attending antenatal clinics for fear of contracting the virus. Health workers and midwives reported a significant decline in the numbers of pregnant women attending antenatal clinics during the first three months after the pandemic hit Ghana.⁵¹

Linked to health are social services, specifically services for domestic violence victims. Around the world, the lock-down period saw an increase in cases of domestic violence. In a survey, 4.7% of the respondents indicated that at least one member of the household had experienced violence from another member of the household during this period (GSS 2020a). This does not give us any indication of the types of violence and whether it is between partners or between parents and children. In spite of this lack of statistics on the increase or otherwise of intimate partner violence in Ghana due to COVID, the pre-existing incidence of domestic violence and more importantly attitudes towards domestic violence does not lead us to believe that the case in Ghana would be different. The most recent measure of intimate partner violence (IPV) in Ghana (2018) puts the rate at 43% of women having experienced intimate partner violence (Oduro and Tsikata 2020: 8). According to the Multiple Indicator Cluster Survey of 2017/2018, 16.5% of men and 32.4% of women aged between 15 and 49 believe that a man is justified if he beats his wife for any of the five following reasons; going out without telling him, neglecting the children, arguing with him, refusing sex with him or burning the food. These figures are higher among the rural population and the poor.

The vast majority of Ghanaians, 93.1%, are worried about the effects of COVID-19 (GSS 2020a). Given these statistics of the incidence of IPV, the general acceptability of violence and the additional stress caused by the economic downturn, it is not far-fetched to believe that many more Ghanaian women are at risk of being abused in this period. Meanwhile, state services for survivors of domestic violence are woefully inadequate. The longest run shelter which provides a complement of services to survivors is run by an NGO that had to close down a number of years ago due to lack of funds. It was only reopened after a core group of people led a campaign that called on donors both home and abroad to provide monthly contributions to sustain the centre. Thankfully, the shelter was in full operation at the start of the pandemic and even received funding from Vodafone Ghana to create a transit shelter for survivors of domestic violence yet to be tested for COVID-19.

Finally, in this section, we address access to public education on the pandemic. This has been much more extensive for the literate, wealthier population than for the masses. For the literate, wealthier population, information is available online in English on various platforms including a daily update available on a WhatsApp platform managed by the Ministry of Communication. Lower income populations without English language skills do not have as much access to the general information put out by the government on the state of affairs regarding the pandemic. Similarly, while the President has provided fairly regular updates of measures taken against the virus, the 16th of which was delivered on 30th August, 2020, these addresses are in English and while a sign language interpreter is provided to ensure that the

⁵¹ <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-impact-of-coronavirus-on-primary-healthcare-in-Ghana-the-case-of-expectant-mothers-989410> (24 June 2020)

hearing impaired population can access the information, not much else is done for the non-English speaking population. Although the nationally representative sample of citizens surveyed in June 2020 for the COVID-19 tracker demonstrated quite extensive knowledge on modes of transmission of the disease, it is unclear how much more citizens know.

5.3 Impact on Political Empowerment

In interrogating the impact of COVID-19 on political empowerment, we discuss the impact of COVID-19 on first governance and power relations and secondly, state-citizen relations. Our key interest here is in discussing the implications of different measures designed to address public health concerns on the fundamental rights of Ghanaian citizens as well as the extent to which the different measures introduced impacted differently on the various social groupings of the population.

5.4 Impact of COVID-19 on Governance and Power Relations

Both Act 1012 and Executive Instruments 63 and 164 passed by the Parliament to address COVID-19 have been roundly criticised by legal scholars for a number of reasons. First of all, they argue that Ghana already has a law, the Emergency Powers Act 1994 (Act 472) which provides room for dealing with an emergency such as that which the Coronavirus epidemic produced and there was therefore no need to create more laws to deal with the epidemic (Addadzi-Koom 2020; Appiagyei-Atua 2020). Secondly, the procedure by which the President imposed restrictions on the citizens violated Section 1(1) of Act 472. According to that Act, the President needed to first declare a state of emergency before imposing the various restrictions that affect the fundamental rights of Ghanaians as citizens. Thirdly, contrary to Act 472 which gives the Council of State and Parliament powers to act during an emergency, Act 1012 locates these powers in solely the President (Appiagyei-Atua 2020).

E.I. 63 has also been criticised for its potential to violate the rights of citizens. This EI derives its authority from section 100 of the Electronic Communications Act (Act 775). In this section of the Act, telecommunications companies operating in the country are obliged in the case of an emergency to among other things put their services at the disposal of the state for mass dissemination of information as well as provide the National Communications Authority with all caller/called numbers and location log files to the National Communications Authority. The provision of caller/called numbers and location log files to the National Communications Authority made it possible for the state to contact trace citizens who had come into contact with COVID-19 patients. Citizens worry, however, that in not linking the obligations of the telecommunication firms specifically with COVID-19 in E.I. 63, the use of these mass surveillance tools could become normalized.

5.5 State-Citizenship Relations

During this pandemic, the state's relationship with its citizens has at once been positive and negative. With regard to the former, the state has sought to be accountable to the citizenry providing fairly regular updates, usually on Sunday evenings on ongoing measures taken to mitigate the impact of the pandemic. So far, there have been 16 of them with the most recent one held on August 30. The regularity of the speeches and the format it takes has led to the development of memes, one of them being "Fellow Ghanaians" which is how the President usually starts his speeches.

The state also demonstrated responsibility for its citizens in the various measures undertaken to address the pandemic. However, there is a clear class dimension to whether or not citizens are able to receive the full benefits due them in this period. As already indicated, this is due largely to the fact that the poor do not have the requisite documentation such as Tax Identification Numbers or infrastructure such as paid meters for water and electricity in order to be able to access loans or rebates on basic services respectively. Some other measures were designed more explicitly to favour the rich than the poor. A clear case in point is the manner in which different groups of citizens were handled in the early days of the pandemic. Ghanaians returning home aboard airplanes who were by far the most likely carriers of the

virus at that point were quarantined in hotels at the expense of the government prior to the total closure of the air borders. On the other hand, female migrant workers from northern Ghana who carry loads in the market for a fee and attempted unsuccessfully to go home up north before the lockdown were caught and ordered back south by the police. This sparked public outrage which led the government to provide them with food and accommodation in less glamorous locations.

Similarly, the draconian sanctions for violating E.I. 164 will be felt more directly by the poor who first of all are more likely to be caught violating the law given that they are the ones more likely to earn a living in open workspaces and are secondly less likely to have the resources to pay the fines. In fact, when E.I. 164 laid out punishments for individuals driving alone in their cars, the elite were quick to debate this publicly. The draconian nature of the fines is very likely to fuel corruption as citizens would find it easier to pay a bribe than the fine. The poor who can ill afford even the bribe are likely to be manhandled by the police either verbally or physically, a situation that harkens back to the military years of the 1980s when there were many cases of state sponsored violence. Finally, given that this pandemic occurred during an election year in Ghana, it provided yet another opportunity for the political class to use gifts as a means of buying votes. In addition to the distribution of phones and African fabrics that have become a part of the electioneering process (Bauer and Darkwah 2019), this year saw the addition of branded Veronica buckets for hand washing and food distribution. Rather than move away from the monetisation of campaigns in Ghana, the pandemic solidified the rather problematic distribution of largesse during the election season.

Chapter 6. Conclusion

The lives of Ghanaians have been turned upside down with the pandemic. The majority have experienced job losses or reductions in income even if they have a job, schools have been closed with about a third of children (the poorest in the country) completely abandoning any form of education in the interim, a fifth of the children due for vaccinations have gone without it out of parents' fear of catching the virus. The government has embarked on a number of measures to mitigate the short- and long-term impacts of the virus with a range of public health and economic recovery programmes introduced in the first six months of the pandemic. While the government has not stated emphatically that the virus no longer poses a threat, evidence from surveys suggest that a fair number of Ghanaians are optimistic about the future. Although about a third found it difficult to predict the future, nearly half (48.6%) believe that their households will be much better or somewhat better off and only 14.2% believed their lives would be somewhat or much worse (GSS 2020a: 5). The rest were uncertain about what the future would hold. This uncertainty lies perhaps in the lack of government attention to the provision of social safety nets or income protection for its citizens as has prevailed elsewhere in the world.

While the state's concerns about the provision of essential services are to be commended, the long-term resilience of citizens to the negative impacts of COVID-19 lie in the state's provision of social safety nets for those who fall between the cracks wrought open by the pandemic. Even more important is the fact that the state's response to the pandemic was fundamentally gendered reflecting the male-centric nature of states. In its response to the pandemic, the state focused primarily on productive work with little attention to reproductive work/the care economy. When attention was paid to the care economy, it was through indirect forms of support for unpaid care such as the support for utilities, school feeding for the final year students for whom school was in session and the food assistance programmes. Direct support for carework such as care services for persons with disability or cash for care were absent. Given the fact that carework is primarily female in our context, this is a huge missing piece in the Ghanaian state's response to the pandemic and a reflection of its gender-blind policies.

Yet another major lacunae in the government's policies was its lack of attention to the fact that its citizens have a variety of socio-demographic characteristics that shape their resilience to the kind of shock that the pandemic has wrought. While on the face of it, the poor are the most vulnerable, some segments of the poor population are even more vulnerable and require special attention to ensure that they are not left to their own devices in the pandemic. The poor in rural communities, the poor in the poorer regions of Ghana, the poorly educated poor, poor women and the poor with disability all have differing needs that require state attention. Lumping the poor together as one amorphous blob denies them true access to the social protection that the state seeks to provide its citizens.

The state in its ability to deploy large numbers of healthcare workers and provide a whole range of essential services such as subsidies for water and electricity, free examination fees, stimulus packages and so on has shown clearly that it can do far more for its citizens than it ordinarily does. Given that the pandemic has only killed 316 people so far,⁵² a number that is far lower than the numbers that routinely get killed in Ghana from more common ailments such as malaria, one will hope that in the post COVID-19 era, both the state and non-state actors will rally as it did during the pandemic to provide Ghanaian citizens with far more than prevailed in the past so that each citizen's life chances can be improved.

Moving forward, it is imperative that the state adopts a truly inclusive approach to its policy making so as to ensure that all of its citizens are adequately catered for in a post-COVID era. The various ministries of government charged with the responsibility of developing policies and programmes for citizens need to take an intersectional approach in both the development and implementation of programmes. In particular, the revitalisation component of the Coronavirus Alleviation and Revitalisation of Enterprises

⁵² <https://ghanahealthservice.org/covid19/>, accessed October 25 2020.

Support (CARES) to begin in January 2021 should be designed in a way that ensures that individuals with varying socio-demographic characteristics are supported. In addition, the structural transformation that is to be engendered by the CARES scheme needs to be sustained beyond 2023. In the past the president of Ghana has made remarks about a Ghana beyond aid. The pandemic has made it even more obvious that this needs to happen. The CARES programme is one of the few programmes designed to move the government beyond mere rhetoric on the matter and it will be important that this important step is followed through to the letter. In structurally transforming the economy, care must be taken not to leave any citizens behind in terms of access to the benefits that such transformation engenders.

It is also important that the state undertakes a study to examine the true impact of its myriad responses to the COVID-19 pandemic. The state made a great effort to shield its citizens from the negative impact of the pandemic, for which it was praised both locally and internationally. However, as this analysis has alluded to, the humanitarian crisis required a rapid response that failed in many respects to address the specific needs of people with a variety of needs due to their socio-demographic characteristics. Poverty is felt and experienced differently depending on the other socio-demographic characteristics that individuals have. To be able to better address the needs of citizens, especially poor citizens therefore, it is important that the state assess how useful different groups of poor people in Ghana found its massive effort at addressing their needs during the pandemic.

References

- Abraham, A. Y., Ohemeng, F. A. N., & Ohemeng, W. (2017) Female labour force participation: evidence from Ghana. *International Journal of Social Economics*, 44 (11), 1489-1505.
- Addadzi-Koom, M. E. (2020). Quasi-state of emergency: assessing the constitutionality of Ghana's legislative response to Covid-19, *The Theory and Practice of Legislation*, 1-17. DOI: 10.1080/20508840.2020.1777648
- Amporfufu, E., Sakyi, D., Boakye Frimpong, P., Arthur, E., & Nonvignon, J. (2018). *The Distribution of Paid and Unpaid Work among Men and Women in Ghana: The National Time Transfer Accounts Approach*. Counting Women's Work Working Paper 3.
- Appiagyei-Atua. K. (2020). Ghana's President Has Invoked a New Law Against COVID-19. Here's Why It's Disquieting. *The Wire*, April 11 2020.
- Aryeetey, E., & Baah-Boateng, W. (2016). Understanding the African Lions-Growth Traps and Opportunities in Six Dominant African Economies Understanding Ghana's Growth Success Story and Job Creation Challenges.
- Bauer, G., & Darkwah, A. K. (2019). "Some Money has to be Going...": Discounted Filing Fees to bring more women into Parliament in Ghana. In *Gendered Electoral Financing: Money, Power and Representation in Comparative Perspective*, edited by Ragnhild Muriaas, Vibeke Wang and Rainbow Murray. London: Routledge. Pp. 133-154.
- Darfour, B., & Rosentrater, K. A. (2016). *Agriculture and food security in Ghana*. ASABE Annual International Meeting, Paper No. 162460507, 1-11 (doi: 10.13031/aim.20162460507)
- Debrah, E. (2013). Alleviating poverty in Ghana: the case of livelihood empowerment against poverty (LEAP). *Africa Today*, 59 (4), 41-67.
- Delle, S. (2019). *Making Futures: Young Entrepreneurs in a Dynamic Africa*. Abuja: Cassava Republic.
- Demirgüç-Kunt, A., Klapper, L., Singer, D., Ansar, S., & Hess, J. (2018). *The Global Findex Database 2017: Measuring Financial Inclusion and the Fintech Revolution*. World Bank: Washington, DC.
- Ghana Health Service (2017). *The Health Sector in Ghana – Facts and Figures 2017*. Accra: GHS
- Ghana Statistical Service (GSS) (2013). *2010 Population and Housing Census: National Analytical Report*. Accra: GSS
- Ghana Statistical Service (GSS) (2016). *Ghana Time Use Survey, 2009: How Ghanaian Women and Men Spend their Time*. Accra: Ghana Statistical Service.
- Ghana Statistical Service (GSS) (2016). *2015 Labour Force Survey*. Accra: Ghana Statistical Service
- Ghana Statistical Service (GSS) (2018) *Ghana Multiple Cluster Indicator Survey 2017/2018*. Accra: Ghana Statistical Service
- Ghana Statistical Service (GSS) (2018): *Ghana Maternal Health Survey 2017*. Accra, Ghana: GSS, GHS, and ICF.
- Ghana Statistical Service (GSS) (2018). *Poverty Trends in Ghana (2005-2017) Ghana Living Standards Survey Round 7*. Accra: Ghana Statistical Service

- Ghana Statistical Service (GSS) (2019). Ghana Living Standards Survey: Main Report. Accra: Ghana Statistical Service
- Ghana Statistical Service (GSS). (2020a). *Brief on COVID-19 Households and Jobs Tracker Wave 1*. Accra: Ghana Statistical Service.
- Ghana Statistical Service (GSS). (2020b). How COVID-19 is affecting firms in Ghana: Results from the Business Tracker Survey. Accra: Ghana Statistical Service.
- Ghana Statistical Service (GSS). (2020c). *Brief on COVID-19 Local Economies Tracker Wave 1*. Accra: Ghana Statistical Service.
- Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates. (2016). *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*, Brighton: Institute of Development Studies.
- International Labour Organisation (2018). Women and men in the informal economy: a statistical picture (third edition). International Labour Office – Geneva
- Kumi, E. (2020). From donor darling to beyond aid? Public perceptions of 'Ghana Beyond Aid'. *The Journal of Modern African Studies* 58 (1), 67-90.
- Mastercard Index of Women Entrepreneurs 2019
- Mugisha, F. (2020). COVID-19: Socio-Economic Impact in Ghana. UNDP Ghana Briefing Note No. 1.
- Oduro, Abena, D., & Tsikata, D. (2020). *Gender Analysis of Ghana's COVID-19 Response Measures*. Prepared for Network for Women's Rights (NETRIGHT) Ghana.
- The World Economic Forum (2018). The Global Gender Gap Report. Geneva:WEF
- Torvikey, D. G. (2018) Labour Casualisation, Youth Employment in Ghana's Formal Private. *IDS Bulletin*, 49 (5), 31-44
- Tsikata, D. (2011). Employment agencies and the regulation of domestic workers in Ghana: institutionalizing informality? *Canadian Journal of Women and the Law*, 23 (1), 213-234.
- Tsikata, D., & Darkwah, A.K. 2018. Work and Employment, In *Ghana Social Development Outlook 2018*, edited by E. A. Asante. Accra: ISSER, Pp. 120-149.
- UNDP. (2020). 2020 Human Development Perspectives: Tackling Social Norms; a game Changer for Gender Inequalities.
- World Bank. (2019). Profiting From Parity. Washington DC: World Bank
- Zhang, J., Nonvignon, J., & Mao, W. (2020). How well is Ghana – with one of the best testing capacities in Africa – responding to COVID-19? Washington, DC: Brookings Institute

Appendix 1. Statistical Tables

Note

1. Disability, age and quintiles are not the core of disaggregation for many of the variables.
2. Where there are gaps, the data could not be obtained/do not exist
3. The tables have multiple sources. Footnotes used

Table 1. Selected Country Indicators

Indicator	Value	Year
1. Country Status a) Low Middle Income Country (LMIC)		Since November 2010
2. GDP ⁵³	66,984 billion USD	2019
3. Sectoral composition of GDP in percentage	a) Agriculture (17.31%) b) Manufacturing (31.99%) c) Services (44.14%)	2019
4. Sectoral composition of employment in percentage	a) Agriculture (29.27%) b) Manufacturing (21.78%) c) Services (48.96%)	2019
5. Income Poverty levels ⁵⁴ National Poverty headcount disaggregated by a) Region b) Rural and urban	23.4% 17.6% (female headed households) 25.8% (male headed households)	2016/2017
6. Gini index a) Income disparities in percentage	43.0%	2016/2017

⁵³ <https://data.worldbank.org/?locations=GH-XN>

⁵⁴ Ghana Statistical Service (2018). Poverty Trends in Ghana (2005-2017) Ghana Living Standards Survey Round 7. Accra: GSS

7. Food security: Under five malnutrition ⁵⁵	18 per cent of children are severely stunted with higher figures in Northern (29 per cent) and Volta (21 per cent) Regions	2018
8. Violence against women ⁵⁶	27.7%	2015
9. Attitude to violence against women	23.1 per cent of women and 13.8 per cent of men found wife-beating acceptable, while 65.3 per cent of women and 56.2 per cent of men fully agreed that women were to blame for rape if they wore revealing clothes.	2015
10. Adult literacy rates (male vs female)	National (48.2%) Male (56.3%) Female (41%)	2018
11. Doctor-population- ratio ⁵⁷	1: 8,431	2017
12. Nurse-population- ratio	1: 627	2017

⁵⁵ Ghana Statistical Service (2018) Ghana Multiple Cluster Indicator Survey 2017/2018. Accra: GSS

⁵⁶ Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*, Brighton: IDS.

⁵⁷ Ghana Health Service, 2017

Table 2. Employment structure: Currently Employed Population 15 years and above (%)

Indicators	Total	Gender		Locality		Disability	Age (< 35 yrs. & > 60 yrs.)	Expenditure quintile Poorest 20 %	Total
		Female	Male	Rural	Urban				
Type of work									
Wage employment- Public sector									
Wage employment- Private sector									
Self-employed with employees									
a) Non-agricultural	3.4	3.2	3.6	0.9	5.5				
b) Agricultural	0.7	0.4	1.1	0.9	0.5				
Self-employed without employees									
a) Non-agricultural	26.3	38.0	13.7	15.7	36.7				
b) Agricultural	23.0	17.7	28.7	39.1	7.0				
Contributing family worker									
a) Non-Agricultural	3.7	2.2	5.2	2.4	5.1				
b) Agricultural	9.4	16.8	13.2	23.1	3.5				

Casual worker	5.2	3.0	7.6	4.0	6.5				
Unpaid apprentice	0.7	0.8	0.6	0.6	0.8				
Domestic worker	0.2	0.2	0.1	0.2	0.1				
Labour force participation, 15 years and older (%)	70.9	69.7	72.3	73.3	68.9				
Vulnerable employment, 15 years and above (%)⁵⁸	66.2	77.0	54.0	N/A	N/A				
Time spent on unpaid⁵⁹ domestic work, 10 years and older in minutes	Women (2 hours and 35 minutes)								
	Men (40 minutes)	N/A	N/A	N/A	N/A				
Other									
Total									

Source: Ghana Statistical Service (2019). Ghana Living Standards Survey: Main Report. Accra: GSS

⁵⁸ Oduro and Tsikata, 2020: 6 (calculated using Ghana Living Standards Survey)

⁵⁹ Ghana Statistical Service (2012). Ghana Time Use Survey: How Ghanaian Women and Men Spend their Time. Accra: Ghana Statistical Service.

Table 3. Access to Health Care Services

Indicator	Total (% of population)	Sex		Location		Age (< 35 yrs. & > 60 yrs.)	Expenditure Quintile (poorest 20 %)	Disability
		Female	Male	Rural	Urban			
Access to health facility								
Registered with Health Insurance ⁶⁰	77.7			75.3	78.7			

C: Those likely to benefit from COVID-19 Support Measures or Struggle to Comply with Directives

Table 4. Living Conditions

Indicator	Total %	Location		Age (< 35 yrs. & > 60 yrs.)	Disability	Expenditure Quintile (poorest 20 %)
		Rural	Urban			
Use electricity						48.9
Pay electricity bill						6.8
Have Pipe borne water at home ⁶¹	(10.6)					7.5
Pay water bill	N/A					6
Have private toilet facilities ⁶²	34.8					
Shared toilet facilities ⁶³	65.2					
Single room household	N/A					
Compound house ⁶⁴	57.3					

⁶⁰ Ghana Statistical Service (2019). Ghana Living Standards Survey: Main Report. Accra: GSS

⁶¹ Oduro and Tsikata, 2020: 22 (calculated using Ghana Living Standards Survey 7)

⁶² Ghana Living Standards Survey (2019: 158). Ghana Living Standards Survey: Main Report. Accra: GSS

⁶³ Ghana Living Standards Survey (2019: 158). Ghana Living Standards Survey: Main Report. Accra: GSS

⁶⁴ Ghana Statistical Service (2019: xix). Ghana Living Standards Survey: Main Report. Accra: GSS

Table 5. Proportion of Individuals aged 12 years and older who own, or use computers by region, locality, sex, and age group, disability, and expenditure quintile

Indicators	Total (%)	Female	Male	Urban	Rural	Age (till 35 years)	60 years and above)	Disability	Expenditure Quintile (poorest 20%)
Own Laptop	5.2	2.5	8.1	8.1	1.9	18.5	2		
Own Desktop	1.8	0.5	3.4	2.5	1.1	6.8	1		
Own Tablet	0.9	0.6	1.2	1.3	0.4	2.9	0.3		
Own any one of the devices	7.2	3.3	11.5	10.8	3.1	26.5	2.8		
Used a computer	14.3	9.5	19.5	20.6	7.2	69.7	3.5		
ICT skills (basic knowledge)	21.1	15	27.8	30.5	10.5				
Use mobile phone	74.3	72	76.9	83.1	64.5				
Own mobile phone	63.8	59.6	68.4	74.4	51.8				
TV ownership	60.4	NA	NA	NA	NA				
Radio ownership ⁶⁵	57.2	NA	NA	59	55				42

Source: Ghana Statistical Service (2019). Ghana Living Standards Survey: Main Report. Accra: GSS

⁶⁵ Ghana Statistical Service (2018) Ghana Multiple Cluster Indicator Survey 2017/2018. Accra: GSS

Appendix 2. Major Sources for Ghana's COVID-19 Financing

No.	Source	Amount	Nature of finance: Loan, grant, own sources	Sustainability assessment	Link
1	African Development Bank	US\$69 million	Grant		https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-African-Development-Bank-Group-supports-Ghana-with-69-million-grant-1016065
2	The Netherlands	EUR 100 million	Grant		https://www.ghanaweb.com/GhanaHomePage/NewsArchive/The-Netherlands-and-Ghana-fighting-covid-19-together-overview-funding-and-activities-1017925
3	The Lumiere Group International and the Chamber of Pharmacy	US\$200 million	Grant		https://www.ghanaweb.com/GhanaHomePage/business/Coronavirus-LGI-Chamber-of-Pharmacy-set-up-US-200m-fund-to-support-sector-997633
4	World Bank	US\$100 million	Grant		https://www.worldbank.org/en/news/press-release/2020/04/02/world-bank-group-supports-ghanas-covid-19-response
5	International Monetary Fund	US\$1 billion	Grant		https://www.gnbcc.net/News/Item/4856
6	UNICEF	US\$599,000	Grant		https://reliefweb.int/report/ghana/unicef-ghana-coronavirus-covid-19-situation-report-15-april-2020
7	Stabilization Fund	US\$200 million	Own sources		https://www.gnbcc.net/News/Item/4838
8	Ghana Heritage Fund	US\$591.1 million	Own sources		https://www.gnbcc.net/News/Item/4838