

COUNTRY STRATEGIC PLAN REVISION

REVISION

Ghana country strategic plan, revision 01

Gender and age marker code: |3¹|

	Current	Change	Revised
Duration	<i>01.01.2019 – 31.12.2023</i>	<i>N/A</i>	<i>01.01.2019 -01.12.2023</i>
Beneficiaries	225,000	100,000	325,000
Total cost (USD)	72,047,570	22,063,312	94,110,883
Transfer	50,017,989	19,688,234	69,706,223
Implementation	9,938,966	400,000	10,338,966
Direct support costs	7 693 345	628,492	8,321,837
Subtotal	67 650 301	20,716,726	88,367,026
Indirect support costs (6.5 percent)	4 397 270	1,346,587	5,743,857

¹ The gender and age marker should be reviewed in case of new SO or additional activity.

Country country strategic plan, revision 01

1. RATIONALE

1. The objective of this BR budget revision is to introduce a new Strategic Outcome (SO5) to the CSP, slightly changing the strategic direction with the introduction in the portfolio of a crisis response focus area. SO5 will enable WFP Ghana to respond to crises such as,, namely the effects of the novel coronavirus (COVID-19) pandemic and potential influxes of refugees from Cote d'Ivoire due to upcoming national elections and from Burkina Faso caused by deepening of the Sahel Crisis.
2. The confirmed cases in Ghana is 5,127 as at 12th May 2020; the Government of Ghana instituted a national plan and budget to respond to COVID-19. The global confirmed cases as at 12th May 2020 is 4.18 million. The immediate national focus has been on containing the spread of the virus and enabling the healthcare system to cope. Concerns over the negative impact on the economy and wellbeing has been raised. The combination of lockdown measures, closed borders and broader global economic disruptions is already causing loss of household income due to reduced economic activity, higher prices for basic goods and reduced access to social services. The UN Country Team including WFP Ghana, are contributing to fund the gaps in the national response, based on each agency's comparative advantage.
3. The priorities from the national planⁱ include country-level coordination, planning, and monitoring; risk communication and community engagement; surveillance, rapid-response teams, and case investigation; points of entry; national laboratories; infection prevention and control; case management; operations support and logistics; social support services medical services and supplies, food, nutrition, logistics and telecommunications. UN agencies and other partners are supporting the national plan based on their comparative advantages and division of labour; WFP is collaborating with the Rome-Based Agencies (IFAD and FAO), UNICEF, WHO and to support the national plan with food and nutritional support, supply chain, and behavior change communication.
4. Planning for potential displacement from Cote D'Ivoire and Burkina Faso is based on experience from the aftermath of the 2011 elections where Ghana hosted some 17, 500 Ivorian refugees from 2011 until 2015, about 6,000 of which are still living in Ghana. This revision plans for these caseloads to be supported by WFP and UNHCR with the support of other UN agencies.
5. This budget revision is integral to the UN Sustainable Development Partnership where WFP participates in Results Areas 1 (shared prosperous economy) and 2 (social investment in people). WFP is integral to the Inter-Agency Working Group on Emergencies, the UN Programme Response sub-working group of the Crisis Management Team for the COVID-19 national response.

2. CHANGES

Strategic orientation

6. This budget revision (BR1) is changing the strategic direction of the CSP with the introduction of a new Strategic Outcome (SO5) to ensure that WFP can provide emergency food and nutrition assistance to the most affected populations.

Strategic outcomes

7. Under Strategic Outcome SO5 “Crisis-affected populations are able to meet their basic food and nutrition needs during and after shocks.” SO5 is aligned with WFP Strategic Result 1 (SR1), within the focus area “Crisis response”.
8. WFP’s assistance combines in-kind food rations and cash-based transfers, according to relevant contextual conditions, and will target vulnerable populations such, People Living with HIV, adolescent girls, COVID-affected and displaced vulnerable people including refugees. And WFP will assess the feasibility of channelling some of its assistance through existing national social protection programmes.
9. The current caseloads are formulated to align with planning data from the National Response Plan, as well as past trends on displacement from other countries. WFP will conduct a food security assessment in July 2020, in coordination with Government and other partners. Based on the findings of this assessment, WFP will review the planning assumptions for this operation and adjust the targeting and response strategy after 90 days as needed.

Expected Outputs:

10. COVID-19 Affected populations in epicentres (Tier 1) receive timely and adequate nutritious food and/or cash-based transfers (CBTs) (Output categories A& B) in order to meet their immediate food and nutrition needs” (linked to SDG 3).
Adolescent Girls in Junior High School (Tier 1) receive cash incentives (Output categories A & N) that contributes to their basic food and nutrition needs and improves attendance and retention in schools after the COVID 19 emergency (linked to SDG 2 and 4).
Refugees and displaced persons (Tier 1) receive timely in-kind food assistance (Output categories A & B) in order to meet their immediate food and nutrition needs”. (linked to SDG 2)
COVID-19 Affected populations and adolescent girls in the epicentres, refugees and displaced (Tier 2) benefit from enhanced Social Behavioural Change Communication from partners (output category E) [SDG3]

Key activity (right assistance at the right time)

11. CSP ACTIVITY 6: Provide food and nutrition assistance through in-kind or cash-based transfers to crisis-affected populations, including COVID-19 populations in epicentres, refugees and displaced persons, adolescent girls and other vulnerable groups.

Modality: CBT & In-kind Food

Targeting approach and beneficiary analysis

12. An estimated 100,000 people are expected to need food assistance during this period due to disruptions in access to food as a result of the pandemic and regional insecurity. The most affected are those infected by the COVID-19, daily wage-earning households living in epicentres (including PLHIVs), and adolescent girls in Junior High School in areas most affected by the COVID 19 who have been home as a result of the schools’ closure. These 5,000 adolescents and their households may need to be incentivised to enable them to go back to school. Up to 5,000 people are being planned for nutritional support in containment

facilities; 10,000 daily wage-earning households in epicentres and 4,000 refugee households will be supported. These caseloads have reduced access to urgent food as a result of the COVID crisis. Design criteria in collaboration with partners, will consider gender and age analysis and disparities in terms of food security.

Rations and Transfer modalities

13. In-kind food assistance will be used to address the food needs of the refugees; CBT will be used as an incentive for adolescent girls to return to school once reopens. Daily wage earners in epicentres will receive CBT where feasible; while the caseload under containment will receive locally-produced fortified food. Social and behaviour change communication is embedded across all WFP's food assistance activities. Distributions will be delivered in coordination with national authorities and humanitarian actors providing complementary activities.

Partnerships

14. WFP will implement the emergency response in close collaboration with the Government's Ghana Health Service, WHO, Ghana Refugee Board, National Catholic Secretariat (NCS), UNHCR and the National Disaster Management Organisation (NADMO) and sister UN agencies. NCS has experience in food distributions to Ivorian refugees from 2011 to 2015. WFP has partnered with all these organizations in the past, and continue to enjoy good collaboration with them under existing programmes, and will leverage these partnerships under this period through extended MOUs .
15. In collaboration with UNICEF and WHO, WFP will work to include SBCC for COVID 19, using a combination of interpersonal and community messaging, possibly maintaining and expanding the private sector network of retailers managed by the three local processors of nutritious foods with whom WFP already has service agreement under the regular on-going stunting prevention programme.

Country office capacity

16. WFP mainly will use existing staff to address the additional programme requirements; additional supply chain staff relevant to the activity may be budgeted for under the supply chain matrix.

Supply chain

17. WFP will perform a rapid logistics assessment to update available information on infrastructure. Commercial sector trucks will be contracted to transport food to dedicated storage points or final delivery points (FDPs) managed by Cooperating Partners/WFP staff. Procurement will be mainly local, and will be delivered directly by the suppliers to FDPs. WFP has supported 2 local industrial processors to produce SNFs, and this local supply chain will be leveraged. WFP will liaise with the National Buffer Stock Company to ensure ready supply of commodities to meet the food requirements.

M&E

18. WFP's monitoring and reporting systems will be set up to cover key emergency activities and harmonized where possible with the monitoring and evaluation (M&E) activities of other

agencies and partners in the emergency, and captured through WFP's corporate monitoring and evaluation tool (COMET). The M&E plan will be jointly developed with partners to define roles and responsibilities for outcome, output and process monitoring, frequency, sources etc, and use technology to enable remote data collection wherever possible. The mVAM unit will collect and coordinate data to align emergency and longer-term food security interventions.

19. WFP monitors will assist during food and/or CBT distributions and undertake beneficiary contact monitoring as well as post-distribution monitoring to measure operational performance and maximize accountability. In case of movement restrictions in the communities due to COVID-19, remote monitoring will be undertaken as much as possible. Thematic assessments and review will also be incorporated in the CSP for COVID and non-COVID related activities under the SO 5.

Accountability to affected populations, protection risks, restrictions of gender and disabilities

20. In setting up its emergency operation, WFP will seek to apply the three key components of AAP,² engaging men and women equally, consulting them on programme design and implementation, and setting up appropriate complaints and feedback mechanisms (CFMs). Consultations will also focus on transfer modalities, eligibility criteria, management, logistical arrangements distribution and monitoring, among others.
21. WFP is analyzing the range of protection risks facing affected communities and will develop mitigating measures. These measures seek to guarantee the safety and dignity of affected populations by preventing discrimination and exploitation, ensuring well organized and safe programme sites with basic services , and advocacy with other parties to respect the humanitarian nature of WFP programmes.

Proposed transition/handover strategy

22. Towards the end of the emergency response, more robust food security and nutrition data is expected to be available. WFP will participate with the Government and United Nations agencies in the formulation of a reconstruction plan for the affected areas and to strengthen capacities on emergency preparedness and response.

Risk Management

23. WFP will conduct an in-depth risk assessment of the new activities implemented as part of this revision. The Country Office Risk Register will be updated to reflect the results of this assessment. Progress towards the implementation of mitigation actions will be reviewed through regular risk discussions and communicated to key stakeholders. Timely communication to partners and other stakeholders on revisions to programme response, increase in beneficiary numbers, etc., will be ensured to maintain high credibility of WFP's response. Particular attention will be paid to COVID-19 risks related to employee health and security, supply chain disruptions and access constraints, beneficiary health and safety, partner capacity, governance and oversight, as well as anticipated escalation in food assistance caseload due to deteriorating operational conditions. WFP will monitor the

² The three key components include Information provision (Give account to), Consultation (Take account of), and Complaints and Feedback (Be held to account)

situation in Burkina Faso and Cote d'Ivoire through regular communication with the Regional Bureau, the Country Offices of both countries, as well as with the UNHCR.

Social and Environmental Safeguards

24. WFP-supported agro-food processors are engaged in discussions to put in place practices to reduce use of chemicals in processing and preserving of food and increase reliance on green energy and other fuel-efficient processing technologies, as well as cost-effective transportation and distribution of foods. They also to use bio-degradable packaging material for the nutritional products under the nutrition programme.

25. As part of the voucher redemptions, beneficiaries will be educated on correct disposal methods for the packaging materials of nutritional products they receive. WFP will provide fabric tote bags to beneficiaries for the collection of their entitlements to reduce the use and litter of non-biodegradable plastic bags.

Beneficiary analysis

26. These also include direct beneficiaries who will be receiving household rations for up to 5 members per household.

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY							
Strategic Outcome	Activity	Period	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total
1	1 (CBT)	Current	100000	N/A	75000	50000	225000
		Increase/decrease	0	0	0	0	0
		Revised	100000	N/A	75000	50000	225000
F5	6 (Food, CBT)	Current	0	0	0	0	0
		Increase/decrease	40,000	40,000	10,000	10,000	100,000
		Revised	40,000	40,000	10,000	10,000	100,000
TOTAL (without overlap)		Current	100000	N/A	75000	50000	225000
		Increase/decrease	40,000	40,000	10,000	10,000	100,000
		Revised	140,000	40,000	85,000	60,000	325,000

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY							
Strategic outcome	1			5			
Activity	1			6			
Beneficiary type	Children aged 6–23 months	Pregnant and lactating women and girls	Adolescent girls	Adolescent Girls	COVID Patients	Refugees	Epicentre

Modality (indicate food or CBT)				CBT	SNFs	General Food Distributio n	CBT
Cereals						420	
Pulses						60	
Oil						30	
Salt						5	
Sugar							
LNS					200		
Supercereal Plus							
micronutrient powder							
total kcal/day (to be completed for food and CBT modalities)	108	1043	1043			2100	
% kcal from protein						12	
Cash-based transfers (USD/person/day; use average as needed)	0.18	0.44	0.44	0.5			0.5
Number of feeding days per year	180	180	180	90	90	90	90

Food type / cash-based transfer	Current Budget		Increase		Revised Budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	0	0	4,032	2,620,800	4,032	2,620,800
Pulses	0	0	576	288,000	576	288,000
Oil and Fats	0	0	288	158,400	288	158,400
Mixed and blended foods	0	0	120	144,000	120	144,000
Other	0	0	48	14,400	48	14,400
TOTAL (food)	0	0	5,064	3,225,600	5,064	3,225,600
Cash-Based Transfers (USD)		13,071,808		15,000,000		28,071,808
TOTAL (food and CBT value – USD)	0	13,071,808	5,064	18,225,600	5,064	31,297,408

3. COST BREAKDOWN

TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)		
	Strategic Result 1/ SDG Target 2.1	Total
Strategic outcome	5	
Focus area	Crisis Response	
Transfer	19,688,234	19,688,234
Implementation	400,000	400,000
Direct support costs	<i>(no figures in the grey cells)</i>	628,492
Subtotal		20,716,726
Indirect support costs (6.5%)		1,346,587
TOTAL		22,063,312

TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)						
	Strategic Result 2/ SDG Target 2.2	Strategic Result 2/ SDG Target 2.4	Strategic Result 5/ SDG Target 17.9	Strategic Result 6/ SDG Target 17.14	Strategic Result 1/ SDG Target 2.1	Total
Strategic outcome	1	2	3	4	5	
Focus area	Root Causes	Root Causes	Resilience	Root Causes	Crisis Response	
Transfer	16,686,301	19,847,955	10,184,363	3,299,370	19,688,234	69,706,223
Implementation	2,494,924	4,649,766	1,967,491	826,784	400,000	10,338,966
Direct support costs	2,045,655	2,532,113	1,305,631	431,840	628,492	8,321,837
Subtotal	21,226,880	27,029,835	13,457,485	4,557,995	20,716,726	88,367,026
Indirect support costs (6.5%)	1,379,747.2	1,756,939.3	874,736.5	296,269.7	1,346,587	5,743,857
TOTAL	22,606,627.2	28,786,774.3	14,332,221.5	4,854,264.7	22,063,312	94,110,883

Annex 1: Revised Line of Sight

GHANA CSP 2019-2023

SR 2 – No one suffers from malnutrition (SDG Target 2.2)	SR 4 – Sustainable food systems (SDG Target 2.4)	SR 5 – Countries strengthened capacities (SDG Target 17.9)	SR 6 – Policy Coherence (SDG Target 17.14)	SR 1 – Everyone has access to food (SDG Target 2.1)
ROOT CAUSES	RESILIENCE BUILDING	ROOT CAUSES	ROOT CAUSES	CRISIS RESPONSE
<p>OUTCOME 1: Vulnerable populations, including children and women of reproductive age, in high burden regions have improved nutritional status in line with national targets by 2025</p>	<p>OUTCOME 2: Targeted populations and communities in Ghana benefit from more efficient, inclusive and resilient food systems which support nutrition value chains by 2030</p>	<p>OUTCOME 3: Local and national institutions have strengthened capacity to better target and manage food security, nutrition and social protection programmes by 2030</p>	<p>OUTCOME 4: Government efforts towards achieving Zero Hunger by 2030 are supported by advocacy and effective and coherent policy frameworks</p>	<p>OUTCOME 5 Crisis-affected populations are able to meet their basic food and nutrition needs during and in the aftermath of shocks</p>
<p>OUTPUTS:</p> <ol style="list-style-type: none"> Vulnerable pregnant and lactating women and girls (PLW/G), adolescent girls and children 6-23 months under Government Safety Net Programmes (Tier 1) in areas with highest stunting and anaemia receive nutrient dense foods including locally produced specialised foods through e-vouchers (output categories A, B) in order to prevent malnutrition [SDG3] All pregnant and lactating women and girls (PLW/G), adolescent girls and care-givers of children 6-23 months and their households in high burden areas (Tier 2) benefit from enhanced Social Behavioural Change Communication from Ghana Health Service (output category E) [SDG3] 	<p>OUTPUTS:</p> <ol style="list-style-type: none"> Targeted populations (Tier 2) benefit from strengthened capacities of industrial and community level food processors (output categories C, L) in order to improve access to specialised nutritious foods at affordable prices (SR2) and to safe milled or blended flours at the community level Targeted smallholder farmers (Tier 2) benefit from increased purchases of quality staples by institutional markets and selected processors of specialised nutritious foods (output categories C, F) in order to improve their incomes and livelihoods (SR3) Targeted smallholder farmers (Tier 2) benefit from the use of hermetic silos and proper post-harvest handling practices (output category F) in order to reduce post-harvest losses at farm level (SR3) Smallholder farmers (Tier 3) benefit from enhanced warehouse inventory management of the Government One District One Warehouse programme (output category C) in order to reduce post-harvest losses (SR3) 	<p>OUTPUTS:</p> <ol style="list-style-type: none"> School children (Tier 3) benefit from strengthened capacities of the national school feeding programme (output category C) to provide nutritious school meals through enhanced local sourcing [SDG3, SDG4] Populations in Ghana (Tier 3) benefit from an updated national assessment and mapping of food insecure and vulnerable groups (output category C) in order to improve access to social protection services Populations in Ghana (Tier 3) benefit from an enhanced Food Security & Nutrition Monitoring System integrated with Early Warning System for Emergency Preparedness (output category C) in order to receive timely assistance from the Government Populations in Ghana (Tier 3) benefit from enhanced capacity of Food & Drugs Authority for food safety surveillance and nutrition food labelling (output category C) in order to ensure access to safe and quality food [SDG3] Populations in Ghana (Tier 3) benefit from enhanced research on indigenous foods and dietary guidelines (output category C) in order to improve nutrition-related practices [SDG3] 	<p>OUTPUTS:</p> <ol style="list-style-type: none"> Populations in Ghana (Tier 3) benefit from support provided to national institutions to develop nutrition policy and school feeding legislation (output category J) in order to meet their basic food and nutrition needs (SR1, SR2) Populations in Ghana (Tier 3) benefit from more nutrition-sensitive national social protection programmes in order to meet their basic food and nutrition needs (SR2) Smallholder farmers (Tier 3) benefit from the adoption of pro-smallholder public procurement policies and procedures by government institutions (output category J) in order to increase their livelihoods and incomes (SR3) Smallholder farmers (Tier 3) benefit from technical and policy support to Government and Private Sector (output category C) for a more effective Warehouse Receipt System (SR3) Populations in Ghana (Tier 3) benefit from advocacy on nutrition-sensitive agriculture around the dams of the One Village One Dam flagship programme (output category J) in order to have improved livelihoods and access to nutritious food (SR2) 	<p>OUTPUTS:</p> <ol style="list-style-type: none"> COVID-19 Affected patients in containment and quarantine (Tier 1) receive timely and adequate nutritious food and/or cash-based transfers (CBTs) (Output categories A & B) in order to meet their immediate food and nutrition needs" (linked to SDG 3) Adolescent Girls in Junior High School (Tier 1) receive cash incentives (Output categories A) that contributes to their basic food and nutrition needs and improves attendance and retention in schools after the COVID 19 emergency (linked to SDG 2 and 4) Refugees and displaced persons (Tier 1) receive timely in-kind food assistance (Output categories A) in order to meet their immediate food and nutrition needs". (linked to SDG 2)
<p>ACTIVITY 1: Provide cash/vouchers for Specialised Nutritious Foods and/or micronutrient-dense fresh foods to vulnerable children 6-23 months, adolescent girls, pregnant and lactating women and girls under Government Safety Nets Programmes, and support Ghana Health Service on SBCC for healthy diets in high burden areas (6: Malnutrition prevention activities; Modality: CBT & CS)</p>	<p>ACTIVITY 2: Provide technical support on production of fortified flours, food safety and quality assurance to selected community level and industrial food processors (9: Institutional capacity strengthening activities; Modality: CS)</p>	<p>ACTIVITY 4: Provide technical support including through South-South cooperation to the National School Feeding Programme, MoFA-SRID, NADMO, FDA and GHS on nutritional quality of school meals, food security monitoring, Early Warning System, Disaster Risk Reduction & emergency preparedness, food safety and quality, and food-based dietary guidelines (9: Institutional capacity strengthening activities; Modality: CS)</p>	<p>ACTIVITY 5: Advocate for promulgation and enforcement of policies & legislation related to school feeding, gender, nutrition, food safety, weights, measures and standards, smallholder friendly public procurement, and market support at national institutions (9: Institutional capacity strengthening activities; Modality: CS)</p>	<p>ACTIVITY 6: Provide food and nutrition assistance to crisis-affected populations including COVID-19 crisis-affected patients in containment and quarantine centres, refugees, adolescent to girls to return to schools, and other vulnerable groups; General Distribution; Modality: CBT & In-kind Food)</p>