

# Report on Social Audit on Ghana's **COVID-19** Alleviation Programme (CAP)





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## EXECUTIVE SUMMARY

### Introduction

In response to the devastating social and economic impact of COVID-19 pandemic, the Government of Ghana introduced the Coronavirus Alleviation Programme (CAP) to mitigate the immediate adverse impact of COVID-19 on businesses and households. Although huge public resources have been expended to mitigate the effects of the pandemic (the 2020 supplementary budget showed GH¢1,937 million was spent on direct COVID-19-related expenditures by the end of June 2020), it is not known how effective these interventions have been in alleviating the impact on citizens. There are risks of poor targeting and corruption, which may have short-changed the vulnerable from having full benefits of the CAP. Citizen's perspectives on targeting, the effectiveness and the overall impact of the CAP is crucial to promote transparency and accountability in COVID-19 mitigation measures and to guide future program design and implementation. Thus, the need for social audit of the CAP.

### Methodology

To achieve the objectives of the assignment, a citizen-led social audit mechanism was used to appraise Ghana's CAP implementation. The country was divided into 3 ecological zones (Southern zone, Middle-zone, and Northern); and public hearings were held separately in each of the zones. Social auditors comprised of representatives from 5 groups, namely,

kayayeis (female head porters), small businesses, Persons with Disabilities (PWDs), health workers and members of the general public (CSO reps, youth groups, students, women groups etc.). In total, 301 citizens/ participants (189 women and 112 men) audited the CAP, with the youngest being 15 years old and the oldest, 70 years old. The CAP was assessed on the broader themes of awareness/knowledge, stakeholder involvement, transparency, timelines/regularity, quality, adequacy, effectiveness, efficiency and impact.

### Findings

Overall, a greater proportion of social auditors were somehow satisfied (39.5%) with the CAP, followed by those not satisfied (30.5%) and then satisfied (30%) in that order. Generally, the social auditors were satisfied with Efficiency/Effectiveness and Impact of the CAP, somehow satisfied with Awareness/Knowledge and Timeliness/regularity/quality; and not satisfied with the level of Stakeholder involvement and transparency issues surrounding the CAP. The reasons for social auditors satisfaction of the CAP or otherwise are provided in the summary table below:

### Summary of CAP Qualitative Rating

| Theme                                       | Rating /Reason                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Awareness/ Knowledge of CAP                 | Somehow Satisfied: Information delivery on the CAP was late, inadequate and not clearly spelt out and not targeted to enable full understanding of the various interventions; and therefore, denied some of them the opportunity to benefit, whilst others encountered challenges accessing these benefits.                                                                                                                         |
| Stakeholder Involvement                     | Not Satisfied: Food distribution was on political lines. Moreover, the government did not involve leaders who understood the plight of the PWDs. Similarly, associations in the health delivery services were not involved in planning and determining those who qualify as frontline staff to access benefits.                                                                                                                     |
| Transparency                                | Not Satisfied: Less detailed, untrustworthy and unavailable information about CAP spending and identified sources to check on expenditure, including how much electricity and water subsidies as well as the food distribution are costing Ghanaians. Others include disorderly distribution of food, distribution of food along political party lines, food diversion and poor selection of vulnerable and intended beneficiaries. |
| Timelines/Regularity, Quality, and Adequacy | Somehow satisfied: Challenges such as irregular distribution and poor quantity and quality of food served, inadequate PPEs, and limited or no benefit from the water and electricity subsidies to the vulnerable nearly marred the intended purpose for initiating the CAP.                                                                                                                                                         |
| Efficiency and Effectiveness                | Satisfied: The Government has to a large extent achieved objective for initiating the CAP. Even though there was minimal or no benefits to many citizens as alluded to earlier, they believed the CAP reduced the full adverse effect of COVID-19 on the poor and the vulnerable and motivated health staff to provide care at the danger of their life.                                                                            |
| Impact: immediate or short-term results     | Satisfied: Majority of citizens benefitted from at least one of the interventions.                                                                                                                                                                                                                                                                                                                                                  |

Not satisfied: disappointed, disgruntled, displeased or not content with what has been experienced/received and or persuaded by observation/evidence in respect of the CAP.

Somehow satisfied: to a limited extent or degree (not entirely satisfied, but acceptable, and or not really dissatisfied either) or a bit pleased or content with what has been experienced/received and or persuaded by observation /evidence in respect of the CAP

Satisfied: pleased or content with what has been experienced/received and or persuaded by observation, / evidence in respect of the CAP.

### Recommendations

- Government should avoid making politically exposed persons, spearhead delivery of food and other services, since such persons largely target their party members or areas/communities/suburbs most of their party sympathizers/followers are located, and not necessarily on need or vulnerability.
- Government should adopt a bottom-up approach to planning and implementation of interventions by enabling the participation of religious leaders, opinion leaders, assemblymen, chiefs, leaders of PWD's, beneficiaries and other relevant stakeholders. Also, Government institutions must demonstrate openness and involve CSOs and citizens' groups to lead in the distribution of relief items to ensure efficient and effective delivery.
- Government should prioritise and fast track the data collection/ registration of citizens as part of the implementation of the Ghana National Household Registry (GNHR) to help create a single national register/ data source to improve targeting of the poor and vulnerable.
- Government should ensure that incentives such as the CAP tax waiver and allowances are given across-the-board, and thus, serve as a motivation for all health personnel, since every health personnel including; quasi-government institutions is at risk of contracting the virus.
- Government should do targeted sensitisation on the stimulus package for MSMEs (the business support loan), especially, the illiterates and PWDs (particularly the blind and hearing impaired) and then, streamline the registration process for such groups to enable them have easy access to apply for the business support loans, while at the same time not compromising on default risk.
- Government should improve on monitoring and supervision of CAP related services to curb instances of fraud/diversion, discrimination against the vulnerable and to assess and improve on the quality of services.
- Government should set up a task force to monitor and enforce the implementation of the CAP to ensure that it benefits targeted beneficiaries. The task force should also investigate and punish individuals who are found to engage in shady deals such as selling the free water and or diverting food or intentionally side-lining certain individuals/groups to benefit from interventions because of their political affiliation or other reasons.
- The free water delivery has brought to the fore challenges the Ghana Water Company Limited (GWCL) faces in efficient water production and delivery. The intense pressure on water systems due to a lot more people accessing the lines has culminated in cases where water supply to some areas, which used not to be so before the free water delivery. Regular water supply is very crucial in this COVID-19 era since regular hand washing is encouraged. Thus, it is important for GWCL to as a matter of urgency work to forestall the irregular water supply.

## 1.0 BACKGROUND

Ghana is the second country with the highest number of confirmed cases of coronavirus (COVID-19) in the West African region, after Nigeria; and the seventh country across Africa, behind South Africa, Egypt, Ethiopia, Kenya, Algeria and Nigeria as of 3rd December, 2020. The pandemic has affected and impacted all categories of persons across the Ghanaian social stratum. As of 3rd December, 2020, a total of 51,667 confirmed cases had been reported, with 50,547 recoveries and 323 deaths. The Greater Accra region (28,131 cases) continues to be the epicentre of the pandemic, followed by the Ashanti region (11,127 cases), with all the other regions also recording confirmed cases. In line with measure to contain the spread of the pandemic, the government drew authority from the Imposition of Restrictions Act, 2020 (Act 1012), to impose restrictions on movement of persons in the Greater Accra Metropolitan Area (GAMA) and Greater Kumasi Metropolitan Area and contiguous districts, for a period of three weeks. During this period only essential movements such as going out for food, water, medicine, banking transactions, or visits to public toilet facilities were permitted under these restrictions. By 16th March, all public gatherings such as conferences, workshops, funerals, festivals, political rallies, sporting events, and religious activities were suspended, while formal educational institutions at all levels were closed. National borders were also closed to international travellers, except for cargo transportation.

The COVID-19 pandemic has impacted Ghana severely in multidimensional ways. Growth has slowed down, financial conditions have tightened, and the exchange rate is under pressure. For instance, it is estimated that GDP growth will reduce from 6.8% to 0.9% by the end of 2020. There has been increased unplanned social and health expenditures (cost of preparedness and response Plan); reduced revenue due to significant shortfalls in tax revenue, Foreign Direct Investments, trade volumes and values, petroleum proceeds and import duties; and plummeting growth in the hospitality industry. As a result, the budget deficit is projected to widen this year given expected lower government revenues, higher spending needs in response to the pandemic and debt service difficulties. In addition, there is projected slow growth in key sectors such as agriculture as a result of disruptions in the supply chain and lower demand activities, and reduced productivity and job losses capital flight (as about 25% of local bonds are held by non-resident investors) due to containment measures such as social distancing.

There is considerable impact of these on vulnerable and marginalized citizens such as children, young people, persons with disability and persons already affected by poverty and social exclusion. A survey conducted by the Ghana Statistical Service (GSS) on the impact on the pandemic on social and economic life of Ghanaian revealed among others that; there is general public anxiety, as 93.1% of households reported being worried about the effects of COVID-19, more than a third (77.4%) of households in Ghana experienced a decrease in income and severely affected by increase in prices of food when COVID-19 restrictions were introduced and, more than half (52.1%) of households reduced food consumption. Also, 27.0% of children scheduled for a vaccination missed it due to COVID-19 related reasons. 35.0% of basic school children and 28.0% of SHS were not engaged in any form of learning while they were at home with the biggest challenge faced by 25.6% for basic school children and 32.7% for SHS children for home learning being access to basic tools such as computers or phones.

### 1.1 Ghana's Response to the Impact of COVID-19

The Government of Ghana (GoG) responded to contain the effects of the COVID-19 pandemic in various ways. The country's effort focused on increasing health and social spending to support affected households and businesses. Also, the government committed to designing policies aimed at ensuring recovery that is consistent with strong growth, rapid poverty reduction, and macroeconomic stability over the medium-term. To this end the government of Ghana mobilised funds from multiple sources including an estimated GH¢1,250 million from the Ghana Stabilisation Fund (GSF), adjust expenditures on Goods & Services and Capex downwards by GH¢1,248 million; GH¢1,716 million from the World Bank DPO, GH¢3,145 million IMF Rapid Credit Facility and an amendment of the Petroleum Revenue and Management, PRMA, Act 2011 (Act 815) to allow a withdrawal from the Ghana Heritage Fund. In addition to funds mobilised by the government, the private sector, civil society and the international community contributed money and materials to support the fight against COVID-19. For instance, the government set up a national COVID-19 Response fund and raised over GHS40 million. In April 2020, the World Bank and IMF approved and disbursed \$100 million to be drawn under the Rapid Credit Facility to Ghana to assist the country in tackling the COVID-19 pandemic as short, medium and long-term support and US\$1 billion to help address the country's urgent financing needs, improve confidence, and catalyse support from other international partners respectively.

### 1.2 Coronavirus Alleviation Programme (CAP)

In response to the devastating social and economic impact of the pandemic, the Government of Ghana introduced the Coronavirus Alleviation Programme (CAP) to mitigate the immediate impact of COVID-19 on businesses and households by addressing the disruptions in economic and social activities. The key intervention areas under CAP include;

- Provision of over 300,000 COVID-19 test kits, extra allowance to frontline health workers, income tax exemption for all health sector workers,
- Recruitment of over 1,000 contact tracers
- Supply households with free water, free electricity for over 50 percent of the population
- Provision of GH¢600 million to support small and medium scale enterprises

Data contained in the supplementary budget presented to parliament in July 2020 indicate that by the end of June 2020, the Government had spent a total of GH¢1,937 million on direct COVID19-related expenditures. Out of this, an amount of GH¢1,609 million was sourced from the Contingency Fund and other GoG sources, including the IMF facility, to support households and businesses, and provide relief for water and electricity payment, among others. An amount of GH¢328 million was obtained from the World Bank to support the implementation of the COVID-19 Preparedness Plan activities submitted by the Ministry of Health. These moneys were utilized to provide subsidized water, electricity, dry and cooked food packages, financial support to LEAP beneficiaries and micro, small and medium-sized enterprises (MSMEs) for economic activities (see appendix 1 for summary of COVID-19 related expenditures and expected beneficiaries).

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1. <https://covid19.who.int/table>  
 2. <https://www.ghanhealthservice.org/covid19/>  
 3. <https://www.icnl.org/covid19tracker/covid19uploads/Ghana%20-%20Imposition%20of%20Restrictions%20Act.pdf>  
 4. <https://www.mofep.gov.gh/sites/default/files/acts/Petroleum-Revenue-Management-ACT-815.pdf>

### 1.3 Rationale of the Social Audit

A number of international organisations have raised concerns that there is significant corruption risk during times of crisis. Bottom-up accountability approaches are crucial for ensuring funds allocated for the pandemic reach their intended destination. The COVID-19 crisis poses several problems for Ghana's development generally, and significant governance risks. As the pandemic takes hold on the economy and the social life of the people of Ghana, the government, donors and multilateral organisations are providing large disbursements of funds to tackle the crisis. Yet there are risks of poor targeting and corruption which may have short-changed the vulnerable from having full benefits of the programme.

In relation to the transparency and accountability of relief program and funds, while the government has introduced new or expanded policies to support households and the economy broadly, government has typically not offered substantial details on how these programs are supposed to work, and how it targets the intended beneficiaries. Neither has the citizens been involved in the design and implementation of the program to reflect their concerns. New and off-budget funds have been set up (such as National COVID-19 Response Fund), but the flow of resources in and out is opaque. Although huge public resources have been expended to mitigate the effect of the pandemic, it is not known how effective these interventions have been in alleviating the impact on citizens. A lack of perspectives of citizens deny the state the benefit of independent information to guide program design and implementation. At the same time, the situation results in weak accountability of funds devoted to implementation of the pandemic response programs. During the current pandemic, bottom-up accountability approaches are essential in ensuring funds allocated for the pandemic responses reach their intended destinations, by ensuring accountability and transparency in the use of the funds. Thus, the need for social audit of the CAP.

### 1.4 Objectives of the Social Audit

The overall goal of this action is to promote transparency and accountability in the COVID-19 mitigation measures. Specifically, the objectives include;

1. To empower citizens/beneficiaries with the voice on CAP planning and implementation
2. To assess the quality of CAP service delivery
3. To assess impact of CAP services on beneficiary households and businesses

## 2.0 METHODOLOGY

To achieve the objectives of the assignment, a citizen-led social audit mechanism was used to appraise Ghana's CAP implementation. Prior to the audit, relevant secondary documents on CAP was compiled from identified public agencies. This included type of CAP service, cost, number of household beneficiaries, number of businesses and location. The team gathered information on processes used in identifying targets at the household level and businesses with complete details of CAP expenditures. The data was synthesized into matrices that detailed the type of services and funds allocated and or spent on these services. The secondary information informed the indicators we developed in alignment with the objectives of the audit. The CAP was thus assessed on the broader themes of awareness/knowledge, stakeholder involvement, transparency, timelines/regularity, quality, adequacy, effectiveness, efficiency, and impact as defined below:

- Awareness/knowledge: Awareness, Sources and Adequacy of information on the CAP. Stakeholder Involvement: Extent of Stakeholders (community structures/leaders/ social groups representative) Involvement/ Participation in Planning and Implementation of CAP.
- Transparency: Availability of Financial Information in the public domain and openness in selection/targeting of beneficiaries of CAP.
- Service: Timelines/ Regularity, quality, and adequacy, cost (time, money, and effort) it takes to access CAP services.
- Efficiency and Effectiveness - Approach of using churches, mosques and traditional leaders to say distribute food as against NADMO and other government agencies, Achievement of intended objective.
- Impact (immediate or short term results) - Examples of stories of successes or failures for accessing or not accessing the CAP.
- Challenges: Experiences of difficulties/challenges in accessing CAP services.
- Recommendations: What could have made the CAP better or anything worth repeating or discontinuing?

### 2.1 Geographic Scope and Participants

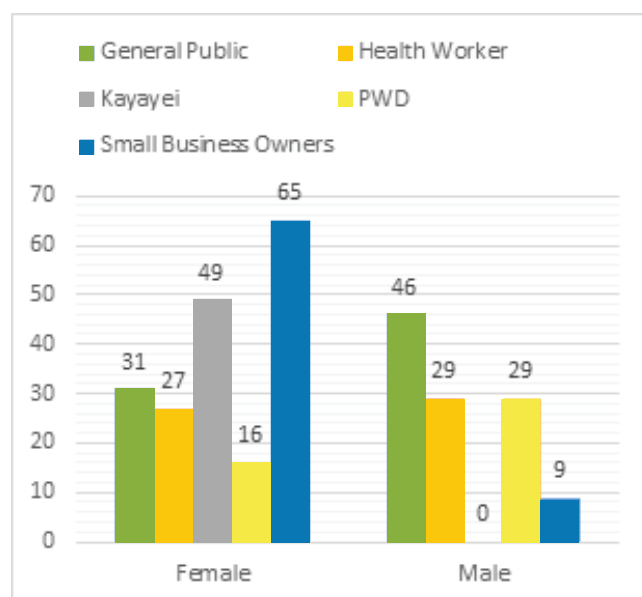
The country was divided into 3 ecological zones; the Southern zone, Middle-zone, and Northern belt. In terms of specific location, the audit focussed on Greater Accra and Kumasi respectively for the southern and middle zones, which were the epicentres and experienced partial lockdowns and associated humanitarian/relief support as part of government's extensive mitigating measures that were rolled out under CAP. Participants for the Greater Accra were mainly from Accra Metropolitan Assembly (AMA) and Ashaiman Municipal Assembly (AsMA), whereas in Kumasi they were mainly from the Kumasi Metropolitan Assembly (KMA). In the northern zone, Savelugu Municipality was selected due to its peri-urban nature, to allow for comparison between Accra and Kumasi which a more cosmopolitan. Savelugu is one of the major districts that 'supplies' female head porters popularly known as kayayei in Ghana, mostly to Accra and Kumasi. Also, during the lockdown many of such female head porters returned home and at the same time suffered hardships emanating from the curtailment of sources of livelihoods. Thus the Kayayei in Savelugu were returnees from Kumasi and Accra during the lockdown.

The consultants worked with members of Social Audit Committees (SACs) in the respective zones to identify and mobilise appropriate targeted participants, comprising of representatives from poor and vulnerable groups, health personnel, CSOs, youths, market women etc. Participants were grouped into five, namely, kayayeis (female head porters), small businesses, Persons with Disabilities (PWDs), health workers and members of the general public (CSO reps, youth groups, students, women groups etc.). To ensure effective participation of target beneficiaries in the sensitization and audit of the CAP services, participants were divided into 2 batches with one group attending the first day and second group on day two. In total, 301 citizens/participants, comprising 189 women and 112 men were directly engaged in the exercise, with the youngest being 15 years old and the oldest, 70 years old.

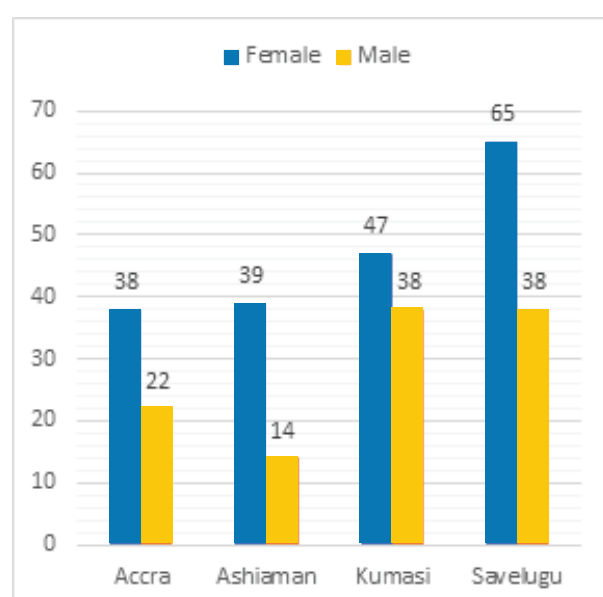
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5. Corruption and the corona virus: <https://www.transparency.org/en/news/corruption-and-the-coronavirus#>  
 Corruption risks and remedies in a crisis : <https://baselgovernance.org/blog/corruption-risks-and-remedies-crisis-insights-adb-webinar>  
 Corruption in the time of COVID-19: A double-threat for low income countries <https://www.u4.no/publications/corruption-in-the-time-of-covid-19-a-double-threat-for-low-income-countries>  
 Fighting corruption during the coronavirus: <https://globalinitiative.net/analysis/corruption-coronavirus/>

**Figure 1: Social Audit by Sex and Group**



**Figure 1: Social Audit by location and sex**



## 2.2 Social Audit Approach

In line with the objectives of the CAP social audit, a two-pronged approach was used in undertaking the audit: 1) Sensitisation on CAP and 2) Public hearing. Details are explained below:

**Sensitisation on CAP:** To address the first objective of empowering citizens/beneficiaries with the voice on CAP planning and implementation, the first approach sought to sensitize social audit participants on the CAP. Before the audit, participants were sensitized on the relevant government COVID-19 interventions by providing detailed financial and non-financial information on government's flagship intervention to mitigate social and economic impact of COVID-19 on households and small businesses. The sensitization focused on information contained in the CAP implementation related documents, and supplementary budget presented to parliament by the Minister of Finance in July 2020. In addition, representatives from CAP implementing institutions, including National Board for Small Scale Industries (NBSSI), Ghana Health Service (GHS), Electricity Company of Ghana (ECG) and Ghana Water Company Limited (GWCL) provided further insights and clarifications regarding the implementation of the program.

**Public Hearing:** To address the second objective (assess the quality of CAP service delivery) and third objective (assess impact of CAP services on beneficiaries' households and businesses) of the CAP social audit, the second approach resorted to the use of public hearings to obtain public testimony or comments on services related to CAP. The public hearing was twofold; the first involved the same participants who participated in the sensitisation, and it took place same day and immediately after the sensitisation. 5 groups (kayayeis, small businesses, Persons with Disabilities (PWDs), health workers and general public), comprising between eight to fifteen participants each, appraised and rated the various CAP services focusing on the broader themes of awareness/knowledge, stakeholder involvement, transparency, timelines/regularity, quality, adequacy, effectiveness, efficiency, and impact. Participants also expressed their level of satisfaction with the interventions under the CAP per each of the themes and provided recommendations for improvements. The level of satisfaction (either not satisfied, somehow satisfied or satisfied) was defined as follows:

- Not satisfied: disappointed, disgruntled, displeased or not content with what has been experienced/received and or persuaded by observation/evidence in respect of the CAP.
- Somehow satisfied: to a limited extent or degree (not entirely satisfied, but acceptable, and or not really dissatisfied either) or a bit pleased or content with what has been experienced/received and or persuaded by observation/evidence in respect of the CAP
- Satisfied: pleased or content with what has been experienced/received and or persuaded by observation, / evidence in respect of the CAP.

A final public hearing was convened following the completion of the draft report with participants comprising of relevant government agencies (such as the Ministry of Health, Ghana Health Service, Ghana Water Company), a section of the groups who participated in the first public hearing and development partners. The essence of the last public hearing was to give the key stakeholders (relevant government officials) the opportunity to respond to the key issues raised in the social audit findings, to validate and to provide inputs to be incorporated in the final report.

6. Kayayei is a Ghanaian term for a female/ women head porters. A kayayei is thus a woman or girl who carries other people's loads on the head for a fee. Many of these women have migrated from a rural community to Ghana's urban cities in search of work.

## 3.0 FINDINGS

### 3.1 Awareness/ Knowledge of CAP

In periods of unexpected disease outbreaks such as COVID-19, timely, adequate and accurate information flow from trusted sources is critical. Information is required to build and increase citizens knowledge about preventive and containment as well as alleviation measures that people can take advantage of to safeguard and improve on their lives and livelihoods.

The social audit revealed that 91% of participants from all the three ecological zones were aware of the CAP. Their knowledge of the CAP was as a result of frequent flow of information, mostly disseminated through the mass media (radio and television) by the President and his Ministers, social media, friends, religious centers, markets centers and the district assembly. Majority were more aware of the food, electricity and water relief interventions.

*"I heard about the free water and reduction in electricity through friends and the radio, and I understood it well to enable me to benefit from it" – Kayayei, Savelugu*

*"As for the information it was just flowing, except that we didn't benefit from the food distribution". Kayayei, AMA*

*"Information about the various interventions became predominant during the lockdown period in Greater Accra and Greater Kumasi. That was when we heard that the government was going to give free food and subsequently free electricity and free water"- PWD, Kumasi*

All participants except health workers and small business owners thought that the information provided on the interventions to cushion the suffering of households and businesses was adequate and aided citizens to access them. Others adduced varied reasons for the limited information content. For instance, health workers and business owners deemed information and knowledge about the stimulus package for MSME, insurance package which was never rolled out for the frontline workers and food and water distribution modalities as insufficient and understanding limited to many. The information did not trickle deep down to people as a result of lack of clarity, none involvement of NCCE and limited use of local platforms and dialect, which affected citizens without electronic devices. Some claimed limited understanding of the category of electric power consumption they belong to, food distribution and for others, the procedure for applying and checking on the status of their business support loan application.

*"Information on water and electricity subsidy was duly provided but, that of the health benefits lacked clarity" – General public, AMA.*

*"The local dialect could be preferable since that will make information much clearer"-Health worker, Kumasi*

*"I will say the information on CAP was not adequate because it was only on TV but, the government could have used NCCE or mobile vans we have in communities. Information through the use of these mobile vans would have descended to the people more than the use of TV since not everyone has a TV set available at the time" - PWD, Kumasi*

In Savelugu, health workers were not happy about the insufficient information concerning their benefits, i.e. tax exemption for health workers, 50% basic salary for frontline health workers and the insurance package for health workers.

*"When it came to who qualified to be a frontline health worker and who was to benefit from the insurance relief, it was not explicit to most of us,*

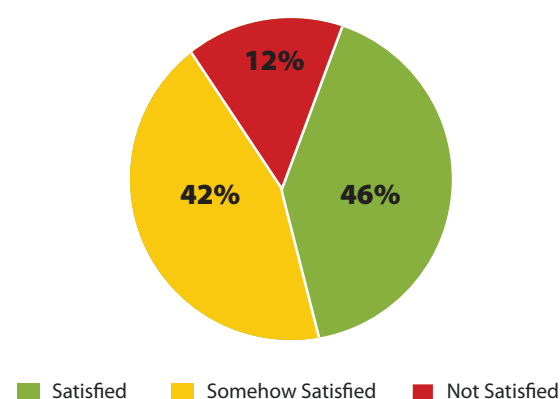
*leaving us in limbo" Health worker, Savelugu.*

Some PWDs, especially the blind and hearing impaired were oblivious of information provided on the CAP, due to failure of government to deliberately provide information through appropriate channels that serve their special need. By implication, this group of people with special needs are unable to appreciate the intervention and thus, this invariably adversely affected their uptake of the interventions.

*"The blind and hearing impaired were left out of the information dissemination process". How do you expect me a blind person to see what is on TV, and my colleagues who are hearing impaired to hear the radio announcements? They should have provided some of the information in brails and also used sign language interpreters - PWD, Kumasi*

Overall, 46% of participants were satisfied with information on CAP, while 42% were somehow satisfied. Reasons for the rating according to social audit participants is largely because information delivery on the CAP was late, inadequate and not clearly spelt out and not targeted to enable full understanding of the various interventions; and therefore, denied some of them the opportunity to benefit, whilst others encountered challenges accessing these benefits.

**Figure 1: Rating of Citizens Awareness/Knowledge of CAP**



During the last public hearing to validate the findings of the zonal public hearings, participants from Savelugu Kumasi and Ashaiman generally agreed to the key findings and indicated that the information presented in the key findings are factual.

## 3.2 Stakeholder Involvement

One tenet of good governance is citizen's participation in decision making, policy implementation and monitoring to ensure that resources are efficiently used and benefits of interventions get to those it is intended for.

The audit shows that planning and implementation of CAP involved mostly government and political stakeholders such as DCEs/MCEs, assembly members, the Department of Social Welfare and National Board for Small Scale Industries (NBSSI). Others such as national religious leaders and the leadership of health workers were also involved. The participation of most community and group leaders was either limited, or were not consulted at all as asserted by 72% of the social auditors. Politicians were seen to have hijacked the whole exercise, especially food distribution. Non-involvement of community leaders is believed to have contributed to the disorderly manner in which food was shared, limiting access for vulnerable. For instance, the PWD group in Kumasi indicated their leaders were not involved in the initial planning and distribution of the food items and facilitating access to the stimulus package for their businesses. As a result, the PWDs opined that only about 10% of their members benefited from the food distribution, while those with businesses competed with the general public, making it difficult to access the CAP due to their conditions.

*"Instead of using the community leaders who are front liners of the community, politicians were rather used to distribute the food and other benefits" - General public, AMA.*

*"Our community system is structured that the assembly members are key to support our communities, but the interventions were politicized. They didn't involve the assembly man and religious leaders. General public, AMA.*

*"In my facility, administrators were rather made to be frontline health workers to the neglect of the critical clinicians who are charged with the responsibility of attending to the health needs of patients." - Health worker, Savelugu.*

*"PWDs were left out in terms of the implementation process. Those who were given the nod to implement CAP did not understand our plight. Also, a clear-cut direction was not given as to how PWDs will access the stimulus packages. Sometimes we had to struggle with those who are strong and it was impossible at a point to do that. If our leaders were involved in the planning and implementation, this would not have happened to our members"-PWD, Kumasi.*

However, there were exceptions. Few PWDs also indicated that their leaders were contacted, albeit very late. Some participants (28%) such as some kayayeis in Savelugu asserted that meetings were held between government officials and their leaders.

. But their participation was very minimal, which accounted for the poor selection and shortages during the distribution of meals. The assertion is that if religious, traditional and other community and group leaders were involved, the food distribution would have been effective.

*"I heard some people came to talk with our leaders before they started the distribution of the food at some locations"-Kayayei, Savelugu.*

*"Chiefs, the Muslim community and Christian council, Police and fire service, these were the people who got deeply involved at the initial stage of the distribution of PPEs so somehow they were involved" - Health worker, Kumasi.*

Also, there was a high level of involvement of leaders of disability association and Ghana Union of Traders Association (GUTA) and Chamber of Commerce in the implementation of the business support scheme in Savelugu and Kumasi respectively. The NBSSI, the service provider responsible for administering the business support, informed the leadership about the scheme through the disability association and GUTA who mobilized their members for the awareness creation. Subsequently, the PWD association mobilized potential beneficiaries and encouraged

members who are into business to apply.

*"For us the traders, we have leaders who gather us and explain things to us. Our leaders had conversations with those who brought this program (CAP) and were consulted especially they talked to our leaders"- Business owner, Kumasi.*

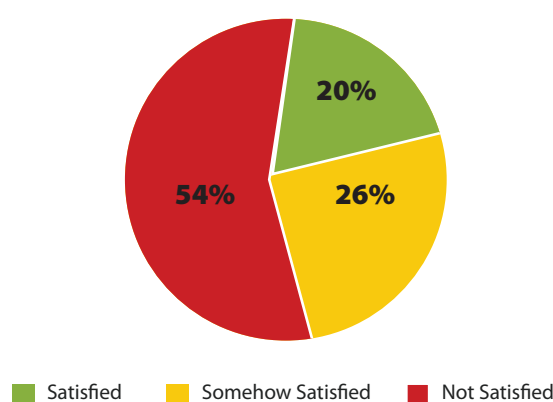
*"Once you registered your business with the chamber of commerce, you get direct information from us because we received information directly from the CEO of NBSSI through virtual (zoom) meeting she had with us. She thought us how to assist our members to apply for the loan"- Business owner, Kumasi.*

That notwithstanding, PWDs observed that they should have been consulted in coming out with the application criteria, and that their peculiar circumstances should have been taken into consideration in developing the criteria for accessing the loan. A PWD confirmed this during the last public hearing.

*"Because leaders of PWDs were not involved our needs and concerns were not prioritized" - PWD, Ashaiman.*

There is also the indication that traders and business that are not registered under any associations or do not belong to any recognized associations are mostly constrained with information flow to assist them to follow procedures for accessing the stimulus package.

**Figure 4: Rating of Stakeholder Involvement in CAP Implementation**



Generally, 54% of participants were NOT SATISFIED with their community/group leader's participation in the planning and implementation of CAP. Participants opined that leaders who were consulted are those with political affiliations or are political party actors and therefore food distribution was on political lines. Moreover, the government did not involve leaders who understood the plight of the PWDs, as well as, associations in the health delivery services to plan and determine those who qualify as frontline staff to access benefits outlined.

The representative from Savelugu and the Kumasi health directorate during the last public hearing stated that most of the important stakeholders were not involved in the planning nor distribution of items, confirming the low satisfaction of low stakeholder involvement in CAP implementation.

### 3.3 Transparency

#### 3.3.1 Disclosure of CAP expenditure

The audit showed that knowledge about the CAP expenditure was mixed. Several participants (46%) comprising of kayayeis, PWDs and some members of the general public indicated that they had not heard of the funds expended on any of the interventions. They also mentioned that they did not make any attempt at getting information on the amount. They were unsure about where and how to access that information. Others such as kayayeis and PWDs perceived themselves as lesser citizens and therefore had no right to seek information. For instance, the kayayeis asserted that they may be despised and disrespected in their quest to access financial information.

*"We are not respected as kayayeis and so we will not even bother to go looking for information on how much government spends on support programs. All we were interested in was to know when and where distributions would be done so we can also go for our share"- Kayayei, Savelugu*

*"I have something to say. Looking at all of us (PWDs) here, who are we? Whom do we approach for this kind of information"-PWD, Ashaiman.*

On the contrary, others (42%) as health workers and small business owners had heard about the funds but, few could indicate the exact amount involved in any of the interventions. They also have not attempted to know the expenditures. They noted among others that, information on the expenses on specific interventions under the CAP was not detailed, it was too technical to understand.

*"The honourable minister for information, Mr. Oppong Nkrumah has been giving information on expenditure on radio and TV, but as to the authenticity we would not be able to verify. – Health workers, Kumasi.*

*"It is not elaborate. The minister of Gender for instance mentioned a huge figure but did not give the details on what and what, and for my community and what was spent is not communicated to us"- General public, AMA.*

*"I heard about some GH¢54 million was spent on the food distribution. I read it in the newspapers. I also heard that some GH¢600 million was allocated for the implementation of CAP"- Business owner, AMA.*

Interestingly, some participants (12%) comprising health workers and PWDs were not interested in the financial transparency of the CAP and did not bother seeking information. Their interest lies in having access to the benefits of the CAP and nothing else.

*"We know the government is spending a lot but have not made any attempt to enquire about the expenditure and even check whether there is value for money. Once we are benefitting from the support we have not bothered to ask about how much is being spent"-PWD, Savelugu.*

#### 3.3.2 Openness in selection and targeting of beneficiaries

The CAP, as observed was directed at the right category of persons be it, vulnerable persons, businesses owners or health workers. Even though the socio-economic impact of COVID-19 affected all and sundry, these groups were the hardest hit and had to be cushioned to reduce their suffering and to motivate the health workers to work. Majority (67%) of the participants registered their displeasure with, the manner in which food was distributed, diversions of food items and bias in the selection of frontline workers and business owners.

In respect of food distribution, participants had several complaints. They opined that even though the government targeted the vulnerable for the food distribution, in reality, most did not benefit.

This was so because the selection process was arbitrary and not well done to reach the intended targets, leading to some unintended individuals benefiting.

*"On the ground, when I bumped into them, they were distributing the food in an area and everybody was coming from their home and taking the food. No form of authentication to know whether you are vulnerable or not. It's like if you're strong and you're able to push yourself through the queue you take some and go away"-Health worker, Kumasi.*

*"I went to one of the distribution centers with a lady who has had both her arms amputated but, because she did not belong to a certain group or association, they failed to give us some. So, to me the selection was kind of bias"-PWD, Kumasi.*

But some PWDs in Kumasi felt the selection was right.

*"We have a membership list together with their details, so when the food came, we called each of them to come for theirs. But, it was not enough for all of us, so, we shared it in batches" PWD, Kumasi.*

*"In my area the selection was okay" PWD, Kumasi.*

Likewise, 63% of the participants asserted that there was discrimination in the selection of beneficiaries for food and financial support for health workers, due to improper planning and targeting. Besides, the procedure for the food distribution enabled only the strong to access and leaving many vulnerable people unattended.

*"People like us were targeted but, we did not receive any items" – Kayayei, Kumasi*

*"There was some sort of discrimination. I was seen by the distributors as physically challenged but was not attended to. There are many PWDs in my area but no one bothered to attend to us"-PWD, AMA.*

*"It was discriminatory, those who managed to get the food said it was the case of "survival of the fittest" if you were not strong enough to struggle for the food, you were left out"-Kayayei. AMA.*

Again, political affiliation with the ruling government and "whom you know" influenced food distribution. According to participants, the food was distributed to party members or to people who support a particular parliamentary candidate.

*"Politics was introduced when it came to the distribution of cooked foods. They will now dictate where and who should be given"-Health worker, Kumasi.*

*"The food was given to the DCEs to share in most of the communities. Before even the food gets to the community, they will ask for the names of members of their political parties first. So before the food moves from the assemblies to the field, they have an idea who they are going to give the food to." -PWD, Kumasi.*

There were rumors and instances of pockets of diversion and fraud in the selection of beneficiaries and distribution of cooked and uncooked food.

*"During the distribution exercise to PWDs, I witnessed the person in charge diverted some quantity of the food items. Also, some persons got more than others."-Business owner, Ashiaman.*

*"With regards to sharing the food items, there was huge misappropriation. I heard a whole MCE gave the food items that was supposed to be given to the vulnerable to his wife to sell in Kumasi market. The news was all over, and it was even covered by some radio and TV stations. We were made to believe that the food was stuck at the regional office not-knowing it was being diverted to the market. It was later that we got to find out. it was the Tafo MCE" – PWD, Kumasi*

Classification of frontline workers was problematic to most health workers and thought to be discriminatory. At the height of the pandemic, all health workers considered themselves as frontline workers but felt discriminated against in the implementation of the package. For instance, some health workers did not receive T&T after participating in training on the management of COVID-19 in Savelugu, whilst nobody in the district benefited from the 50% basic salary package for frontline health workers.

*"...discrimination in the definition of frontline workers was very unfair." – health worker, Kumasi.*

*"As for the package for the health care workers, it was not fair at all. Some*

*"As for the package for the health care workers, it was not fair at all. Some workers were exempted because they were not on the field. I raised it with the assembly and nothing was done to rectify the issue. So, they have to sit down and plan very well because I withdrew?? from the service"- health worker, AMA.*

Despite health workers discontent with the biases in targeting, majority of the participants in the non-health group believe the selection and targeting was "okay", because the health staff deserved what they received.

*"I think the health workers deserve it, because, they worked day and night to fight the disease (COVID-19)"-Business owner, Kumasi.*

Participants had mixed opinions in respect of the stimulus package for business owners. Some participants observed that there was no discrimination in the selection of beneficiaries and access to the loans. since it was an online application and did not demand for party card or any fees before applying. The challenge, however, was the bureaucratic application process and qualification requirements like TIN, business certificate, type of identification etc. which led to the disqualification of some applicants. For instance, an applicant in Savelugu was disqualified because she unknowingly used an invalid voter ID card for her application. The TIN requirement also meant that interested applicants without TIN had to travel to Tamale to obtain one at a fee, thus, incurring transportation cost and/or pay middle-men to acquire it for them.

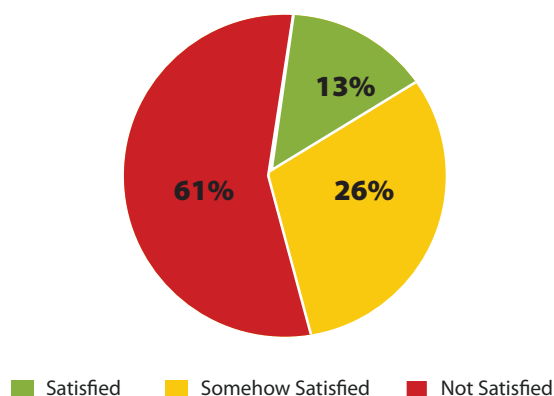
*"People were collecting money for the TIN. I paid GH¢20 for the TIN"-business owner, Kumasi.*

This notwithstanding, some participants were dissatisfied. Because even though they have submitted their applications, they were yet to receive the loans.

*"Some have already received the loan, but others have not. Some had GH¢ 4000 and GHS 5000 and, I think some did not get because they provided wrong information. I know someone, who applied for GH¢ 30,000 but mistakenly, they keyed in GHS 3,000 into the computer; and was given GH¢ 300.00"- Business owner, Kumasi.*

Generally, participants (61%) were NOT SATISFIED with transparency in the implementation of CAP. The reasons are several, including; less detailed, untrustworthy and unavailable information about CAP spending and identified sources to check on expenditure. They also cited disorderly distribution of food, distribution of food along political party lines, food diversion and poor selection of vulnerable and intended beneficiaries.

**Figure 5: Rating Transparency in CAP Implementation**



### 3.4 Timelines/Regularity, Quality, and Adequacy

The partial lockdown period saw government providing to all household's free water, subsidy on electricity bills and free cooked and uncooked food in areas purported to house vulnerable people such as kayayeis, truck pushers and petty traders. At least one hot meal was to be served daily throughout the three-weeks lockdown. They implemented these at the time people needed it the most. However, in reality, there were pitfalls.

#### 3.4.1 Timeliness/Regularity

Majority (61%) of participants noted that the food distribution was irregular and did not follow the time schedules for distribution. Thus, the food arrived late most of the time. But others were of the view that despite news of some delays in the food delivery, they believe generally, the interventions were timely.

*"The food was not regular and did not come at the expected time. At the end we spent money on food because of delay in the food distribution. Regular and timely distribution would have saved us our money to buy other essential items"-Kayayei, Kumasi.*

*"I think everything was on point considering the timing because the COVID-19 affected everyone and, anytime you have it is okay. For the food, it comes once. – business owner, Kumasi*

The intervention on water and electricity was timely and useful but not beneficial to all. Even though the water supply was supposed to be free, some people did not have constant water supply, and those without water connected to their homes such as kayayei bought water from vendors. Because of this, they still pay the same amount because the vendors claimed they pay for electricity to pump the water. Also, some participants mentioned that their electric power run out quickly during that period, while others who are lifeline consumers continued to buy because many households use the same meter.

*"For me, the electricity and water were timely."-PWD, AMA.*

*"Even though we heard water and electricity were free they were not free as we paid to access such services"-Kayayei, Kumasi.*

*"Before COVID-19 though we had pipe water flowing at midnight on Tuesdays and Fridays, at least it was consistent. However, we realized that since the free water delivery started, our water has not been regular (we have water once in two months) and consistent power outages"- Health worker, Savelugu.*

#### 3.4.2 Adequacy and Quality

A large number (60%) of participants mentioned that the quantity and quality of the interventions such as food, PPEs, water, electricity, loans and tax wavier were adequate and good. However, disaggregating the interventions painted a different picture. Many participants noted that the cooked food was inadequate and the quality very poor compared to the uncooked food. Mostly, they distributed rice, beans and kenkey. Even though participants preferred un-cooked food items to cooked ones, they indicated that the quantity of the un-cooked items was also small to sustain any household for the three-week lockdown period.

*"The food brought to my house was not good at all. It was inadequate and tasteless" Business owner, AMA.*

*"It was inadequate. three cups of gari for the entire lockdown period! We have to survive on this with our families. The cooked meals were not even adequate for one person in my opinion."-PWD, Ashiaman.*

*"We would have preferred uncooked food other than the cooked food because I will get much quantity and my preferred taste (such as ingredients used) when I cook relative to when someone cooks for me "-Kayayei, Kumasi*

The intervention for health workers was deemed very relevant, despite the problem they had with the definition of frontline workers. Also, there were challenges with the quality and adequacy of PPEs such as nose masks which often run short of supply, putting workers and clients at risk of COVID-19.

*"Health benefits were adequate, government did well" -Health worker, Kumasi.*

*"Even though the PPEs supplied were adequate, the quality for us who work at the hospital was not good. In some facilities, the provision of PPEs was not timely. As for the quality, we have all agreed that they were not of good quality especially the nose masks"- Health worker, Savelugu.*

Concerning the business loan, the rating was mixed. Whilst some participants mentioned that the amount given was adequate to revive their business, others thought otherwise. The misunderstanding of the application process and delay in obtaining TIN made it impossible to apply for the loan.

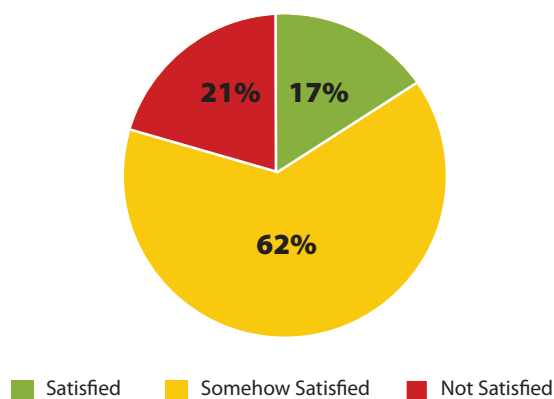
*"For me, I think the loan was okay, because even if you sell some television and you received GH¢ 10,000, the television will not spoil or destroy. But getting the money can be used to pay your workers or something different like paying light"-Business owner, Kumasi.*

*"What I got could only buy seven (7) bags of 25kg (GH¢42.00) fertilizer, which was less than what I needed"-PWD, Savelugu.*

*"The alleviation fund is not adequate because it is too small. I was given GH¢540.00 as support to my business though I applied for GH¢2,500.00" – Business owner, Savelugu*

Majority of participants (62%) were SOMEHOW SATISFIED as far as timelines/regularity, quality, and adequacy of the CAP intervention is concerned. This is because, although the CAP was timely, services received partly meet the expectations of beneficiaries. Challenges such as irregular distribution and poor quantity and quality of food served, inadequate PPEs, and limited or no benefit from the water and electricity subsidies to the vulnerable nearly marred the intended purpose for initiating the CAP.

**Figure 6: Rating Timeliness, Adequacy and quality of CAP**



Participants agreed to the information presented as a representation of facts. In Ablekuma residents didn't have water connected to their houses and had to either pay for it or buy it. For Savelugu, they had pipes but water wasn't flowing through them. They had water once in two months and consistent power outages.

## 3.5 Efficiency and Effectiveness

### 3.5.1 Relevance of CAP

Almost 3 million Ghanaians are extremely poor people, and many live on merger daily subsistence eked from daily labour. These vulnerable persons may go without food on days that they do no work. In this respect, the effect of the three-week lockdown period and other safety protocols such as social distancing and ban on gathering was going to be dire if government did not roll out any intervention for sustenance. The introduction of CAP was therefore timely to support households and business in one way or another.

Majority of the participants attested that the CAP was needful and therefore very relevant in addressing their basic needs of citizens in particular the vulnerable despite the few difficulties in the implementation. Participants felt it was thoughtful of the government to have introduced these interventions. The food distribution as well as the free water and or subsidized electricity in particular was useful and therefore applaud the government for rolling them up.

*"I think the thought and introduction of the interventions alone is a plus and I will score them 65%" - General public, Accra.*

*"If the intervention by the government wasn't available, hunger could have killed more people than the virus. The distribution of water and electricity was useful" - health worker, Kumasi.*

*"Although I didn't get, but I think it was very good. At that time, nobody was working so if somebody or government decides to support you with food, you get to appreciate" - Kayayei, AMA.*

*It was useful. The 50% subsidy on electricity helped" - PWD, AMA.*

Nevertheless, a few participants especially Kayayeis indicated that the CAP was not relevant. They said so on the basis that, it was not beneficial to them, since they could not access the food and bought water and electricity, even though they were targeted to enjoy these services.

*"We still purchase the water from community bathrooms. We do not see the usefulness of government spending money on water in this period because we are not benefiting" Kayayei, Kumasi.*

*"The Programme was useful to some people and not useful to others" Business owner, Ashaiman.*

### 3.5.2 Efficiency

Despite its relevance, 48% of participants noted that the approach to targeting, selection and distributions of services such as food was inefficient and contributed to eliminating vulnerable people from accessing food as expected. Comparing strategies employed by NADMO and other government institutions to that of Churches, Mosque and NGOs, participants concluded that the latter used better methods of reaching those who needed support. Besides, there was orderliness and people were treated with dignity. Furthermore, government collaboration with religious leaders and traditional authority in the distribution of PPEs helped avoid discrimination.

*"All we saw on TV and social media was the rush for meals in Accra and Kumasi, we think if they had used other channels like churches and mosques to distribute food, they wouldn't have been any chaos" - Business owner, Savelugu.*

*To be sincere, with the experience, if we used the various institutions within the community – market women, community Imams – it would have been better because they live in the community and know their members*

*With NADMO, there was some politics because NADMO coordinators are politically appointed and hence distributed interventions based on belongingness to a political party. NADMO is a disaster-related agency. The distribution concerns the Department of Social Welfare (DSW) so why were DSWs not involved? Even with COVID committees at the district level, directors of health and social welfare are acknowledged as members of the committees but are left behind during fieldwork" - PWD, AMA.*

*"The NGOs first wrote our names and later came to share the food to all members whose names were captured." - Kayayei, Kumasi*

Others believe it was unnecessary and improper to compare these institutions since food distribution by the government was on a large scale for the whole of Greater Accra and Kumasi.

*"The government did it for the whole country but, the individual's ones like the churches can't be compared because, the approach (style) may be different and due to that I can't compare" - Business owner, Kumasi.*

### 3.5.3 Effectiveness

According to 51% of participants, the Government has to a large extent achieved objective for initiating the CAP. Citizens believed the CAP reduced the full adverse effect of COVID-19 on the poor and the vulnerable and motivated health staff to provide care at the danger of their life.

*"I think government achieved its objective looking at the impact the pandemic could have had on us" - PWD, Kumasi.*

*"As for the water and electricity it was very effective because except for preventing COVID this year we didn't record any cholera case. I have not recorded any case of cholera" - Health worker, AMA.*

*"Hot meals came at the right time and the loans came late. The amount given to MSMEs in the informal sector was inadequate. For instance, giving an applicant GH¢GHS 200.00 or GH¢ 400.00 instead of GH¢ 1,200.00 applied for isn't enough to be invested into a business but in all, the objectives set by the government were largely achieved." General public, Savelugu*

However, others (49%) indicated that the objectives of the CAP were not truly achieved because most vulnerable group could not benefit from the programme.

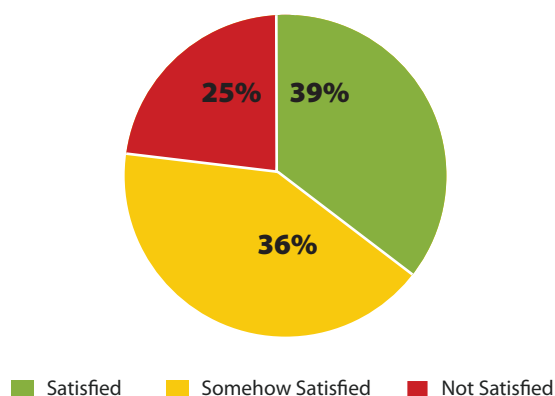
*"To me, the objectives were not achieved as the direct beneficiaries did not access the interventions when you go to the grounds" - Kayayei, Kumasi*

*"I believe the government did not achieve its objective. The reason for the CAP especially water and electricity was not achieved. How many Kayayei and PWDs got the intervention" - PWD, Ashiaman*

*"That is how we call them "THINKER", the drug addicts. These people are vulnerable and, when it comes to Manhyia, they are the first people to be considered when giving out things for free. With the sharing of food, I can tell you that we witnessed it twice and those drug addicts didn't get food. So, we went to the assemblyman and, informed him that even these people who are supposed to get the food did not get some. They went to people's homes begging for food" - General public, Kumasi*

Overall, 39% of participants were SATISFIED with the effectiveness and efficiency of the intervention.

**Figure 7: Rating Effectiveness and Efficiency of CAP implementation**



### 3.6 Impact: Immediate or Short Term Results

Having spent millions of Ghana cedis on the CAP, it is necessary to find out whether it is impacting the lives of the citizenry and, how? Majority of participants (81%) opined that the CAP was impactful on their households and businesses in several ways.

*"At the height of the pandemic, many people were not working and, payment of electricity and water bills would have brought untold hardships to them had government not intervened"-Kayayei, Accra.*

*"The daily food supply and free water also helped reduced our risk of contracting the virus since we do not roam looking for food and water to bath"-Kayayei, Savelugu.*

*"Hygiene techniques have been improved through free water- Health worker, Kumasi.*

The free water and subsidy on electricity helped to ease the financial burden on beneficiaries and their businesses and, enabled them to save money and invested into other purposes such as feeding, farming and income-generating activities.

*"The water subsidy has had a positive impact on me. I save GH¢ 20 a month. My electricity spending of GH¢ 120 (also spent on food and drink business) has reduced to GH¢ 60 a month"- PWD, Ashiaman.*

*"Yes, it has had its rightful impact as it was meant for. Why am I saying that? For instance, the free water, electricity and other stuff, has relieved some of the burden on single parents out there, because water and electricity have been catered for by government. So, there is a positive impact on some people "-General public, Kumasi*

*"It is helping a lot. We used to buy a drum of water for GH¢3.00 every week but now can save that money for other expenses." PWD, Savelugu*

Also, the loan for small business is helping many businesses, including that of PWDs to stay afloat, invest in expansion and increased profit.

*"My wife's cold store business was not flourishing during the lockdown period. But, she has been able to revive the business through the loan from NBSSI. So, I believe that the time given us to start paying the loan, we will be able to pay"-PWD, Kumasi.*

*"I applied for GH¢ 2000 and received GH¢ 1200. I invested into my momo business. God bless our chairman (the PWD association) for his assistance. I wouldn't have had this if not for him. I also know of someone who has invested the loan into his business"-PWD, Ashiaman.*

For those in the health sector, the 50 percent waiver coupled with the provision of free water and the 3month electricity subsidy increased the disposal income even though it made them realize how small their salaries are.

*"This has made us to realize that really what we were receiving is very small as salaries and so the month we didn't receive this tax waiver you see that when the money comes, it is small. I have been able to save something which I couldn't have saved and also to support my family. I think it has helped us"- Health Worker, Accra.*

The intervention also had positive effects on students and their parents. The hot meals provided kept students in school in particular those in JHS there-by increasing the frequency of students being in class. At the secondary level, parents made saving from transportation cost of their wards.

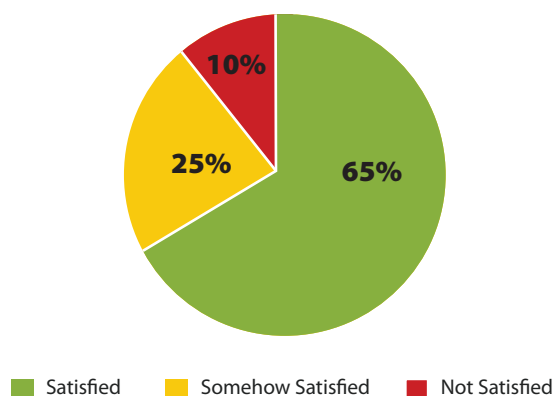
*"During this COVID era, government absorbed all day's students of SHSs into boarding house and, this has reduced the transportation cost for most students since some were travelling miles and paying huge sums to get to school"- PWD, Kumasi.*

Despite the positive effects of the CAP, few participants had misgivings because they and or the people they know did not experience the benefits of the intervention.

*"People are still charging for water because they say it's not government who pay their bills"- PWD, Kumasi.*

Based on these testimonies, 65% of participants were SATISFIED with the impact of the CAP. Because, majority of citizens benefitted from at least one of the interventions.

**Figure 8: Rating of Impact of CAP on the Citizenry**

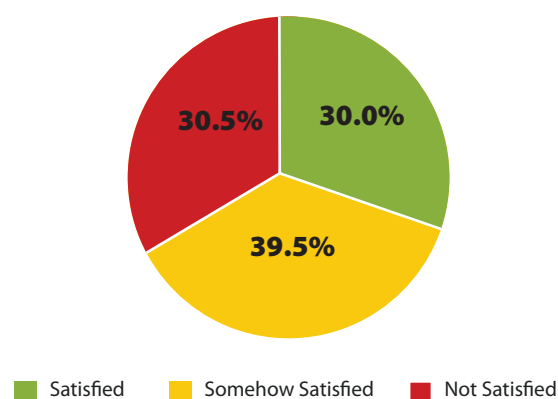


### 3.7 Overall Rating of the CAP

Qualitatively, it is evident from the explanations above and the summary table below that satisfaction level of social audit participants were generally mixed, with two each of the themes/ indicators rated as satisfied (Efficiency/Effectiveness and Impact), somehow satisfied (Awareness/Knowledge and Timeliness/regularity/quality) and not satisfied (Stakeholder involvement and transparency). However, a deeper look quantitatively at the number of participants given specific rating show that overall, a greater proportion (approximately 40%) are somehow satisfied with the CAP. There was just a 0.5 percentage point difference between the rating for not satisfied (30.5%) and satisfied (30%) as depicted in figure 9 below.

| Theme                                       | Rating             | Reason                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Awareness/ Knowledge of CAP                 | Somehow Satisfied: | Information delivery on the CAP was late, inadequate and not clearly spelt out and not targeted to enable full understanding of the various interventions; and therefore, denied some of them the opportunity to benefit, whilst others encountered challenges accessing these benefits.                                                                                                                             |
| Stakeholder Involvement                     | Not Satisfied:     | Food distribution was on political lines. Moreover, the government did not involve leaders who understood the plight of the PWDs. Similarly, associations in the health delivery services were not involved in planning and determining those who qualify as frontline staff to access benefits.                                                                                                                     |
| Transparency                                | Not Satisfied:     | Less detailed, untrustworthy and unavailable information about CAP spending and identified sources to check on expenditure, including how much electricity and water subsidies as well as the food distribution are costing Ghanaians. Others include disorderly distribution of food, distribution of food along political party lines, food diversion and poor selection of vulnerable and intended beneficiaries. |
| Timelines/Regularity, Quality, and Adequacy | Somehow Satisfied: | Challenges such as irregular distribution and poor quantity and quality of food served, inadequate PPEs, and limited or no benefit from the water and electricity subsidies to the vulnerable nearly marred the intended purpose for initiating the CAP.                                                                                                                                                             |
| Efficiency and Effectiveness                | Satisfied:         | The Government has to a large extent achieved objective for initiating the CAP. Even though there was minimal or no benefits to many citizens as alluded to earlier, they believed the CAP reduced the full adverse effect of COVID-19 on the poor and the vulnerable and motivated health staff to provide care at the danger of their life.                                                                        |
| Impact: immediate or short-term results     | Satisfied:         | Majority of citizens benefitted from at least one of the interventions.                                                                                                                                                                                                                                                                                                                                              |

**Table 1 Summary of CAP Qualitative Rating**



Before highlighting the challenges in accessing the CAP and the recommendations, it is important to note that it appears from the findings that there is seemingly a lack misalignment between assessment for the 1st 3 parameters (awareness, stakeholder involvement, transparency) and the last 2 (efficiency and effectiveness, impact). One is tempted to question why awareness, transparency and stakeholder involvement were considered unsatisfactory, but, effectiveness and impact are considered satisfactory. These are not far-fetched in social audit, especially in this current context where citizens rated each of the parameters/themes (awareness, stakeholder involvement, transparency, timeliness, efficiency, impact) independent of the other. One may not be satisfied with how transparent the selection of beneficiaries were done, because in the view of the social audit participant someone who is supposed to benefit was not selected although that person falls within the eligible group (which may include the social audit respondent/participant). For instance from the citizens testimonies above, distribution of food for instance only focused on the vulnerable groups/individuals who have links with a political party, although there are vulnerable groups who should have also been prioritized/considered. In this respect, the person doing the rating will rate satisfaction with transparency low. However, in terms of effectiveness or impact the person may be satisfied considering the fact that at least for those who had the chance of been selected, they had the full benefit of the intervention, and thus cushioned them from the adverse impact of COVID-19.

### 3.8 Challenges in accessing the CAP

As with any new programme/intervention, the CAP is undoubtedly without any implementation challenges/difficulties. The social auditors shared their experiences in respect of the challenges/difficulties in accessing CAP services:

- Poor Targeting: Distribution of the food and PPEs was not well coordinated and managed because of poor targeting and selection, which to a large extent is attributable to the non-availability of current and or reliable data for effective targeting of vulnerable.
- Contentious definition and discrimination in the selection of frontline health workers: Because of the contentious definition and discrimination in the selection of frontline health workers, some frontline health workers are yet to receive their allowance.
- The contact tracers had the priority of accessing PPEs, instead of the main frontline health workers, which was discriminatory.
- Reduced electricity bills and free water were not accessible to all citizens.
- Cumbersome procedures, no clear-cut direction and limited information on the criteria for accessing the stimulus package for MSMEs, especially for PWDs
- The challenges in obtaining the TIN made it impossible for most people, PWDs to apply for the loan.
- No feedback on loan status with NBSSI.
- Low level of relevant stakeholders in the planning and implementation of CAP.
- Lack of monitoring and evaluation to ensure that the free water was not on sale to citizens and food reach the targeted beneficiaries.
- Political party interference in the CAP.
- Untimely supply and low quality of PPEs.

### 3.9 Recommendations

Social auditors made the following recommendations to government on how to improve the current CAP service delivery and also to inform similar programme in future, by either highlighting what in their opinion could have made the CAP better or anything worth repeating or discontinuing:

- Government should de-politicise CAP service delivery: There were a few instances where social auditors complained about political actors been in charge of distributing the government provided food, and thus, leading to discrimination. Government should avoid making politically exposed persons, spearhead delivery of food and other services, since such persons largely target their party members or areas/communities/suburbs most of their party sympathizers/followers are located, and not necessarily on need or vulnerability.
- Government should adopt a bottom-up approach in planning and implementation of social interventions: Government should apply a bottom-up approach to planning and implementation of interventions by enabling the participation of religious leaders, opinion leader's assemblymen, chiefs, leaders of PWD's, beneficiaries and other relevant stakeholders.
- These leaders will be the best conduit to channel relief items such as food to targeted beneficiaries. As alluded to by one of the social auditors, when government involve our group leaders in planning and implementation, it will help the government to better understand our plight, what are specific needs are, and also give the government a better idea of where to locate vulnerable groups. Additionally, Government institutions must demonstrate openness and involve CSOs and citizens' groups to lead in the distribution of relief items to ensure efficient and effective delivery.
- Government should prioritise and fast track the data collection/registration of citizens as part of the implementation the Ghana National Household Registry (GNHR) to help create a single national register/ data source to improve targeting of the poor and vulnerable. The CAP social auditors opined that selection process for beneficiaries was arbitrary done, leading to instances where in the case of the food distribution, most of those who really need it (the poor and vulnerable) did not benefit. The GNHR if completed, will contribute in no small way to improve the design of social intervention programmes, streamline and make more efficient the targeting system by using the same common targeting mechanism in the identification of potential beneficiaries for interventions like the CAP.
- Government should improve on the training aspect of health staff and other staff that could attend to any crisis and ensure that incentives such as the CAP tax waiver and allowances are given across-the-board, and thus, serve as a motivation for all health personnel, since every health personnel including; quasi-government institutions is at risk of contracting the virus. To this end, government should consider Private Health Institutions and Quasi-government institutions as frontline workers so that they can also benefit from the CAP health package.
- Government should do targeted sensitisation on the stimulus package for MSMEs (the business support loan), especially, the illiterates and PWDs (particularly the blind and hearing impaired) and then, streamline the registration process for such groups to enable them have easy access to apply for the business support loans, while at the same time not compromising on default risk. Besides, this group are at disadvantaged when the application process is mainly online. Thus, it is recommended that to ensure all other disadvantaged groups have relevant information on the loan application and are able to easily access the loan, NBSSI should embark on more outreach programmes and collaborate with multiple institutions, especially financial institutions so that the disadvantaged individuals could easily walk to such agencies closer to them to apply and make enquiries on the loan.
- Government should investigate the payment for TIN and sanction wrongdoers because TIN registration/application is free. The Ghana Revenue Authority (GRA) should collaborate with the National Commission for Civic Education (NCCE) to intensify education/sensitisation on the free TIN registration/application, especially targeting disadvantaged individuals (illiterates and PWDs).
- Government should improve on monitoring and supervision of CAP related services to curb instances of fraud/diversion, discrimination against the vulnerable and to assess and improve on the quality of services. Government should set up a task force to monitor and enforce the implementation of the CAP to ensure that it benefits targeted beneficiaries. The task force should also investigate and punish individuals who are found to engage in shady deals such as selling the free water and or diverting food or intentionally side-lining certain individuals/groups to benefit from interventions because of their political affiliation or other reasons.
- Government should sustain the subsidy on electricity consumption and free water for households to ease the hardships imposed by COVID -19. The free water and electricity subsidy support for all households is good because it has to a large extent reduced the burden on all citizens, especially the poor. Government should sustain the subsidy on electricity consumption and free water for households to ease the hardships imposed by COVID -19. The free water delivery has also brought to the fore challenges the Ghana Water Company Limited (GWCL) faces in efficient water production and delivery. Indeed, during the last public hearing as part of this current CAP social audit, GWCL confirmed concerns of social auditors that water supply for some time now has not been regular, which used not to be so before the free water delivery. There has been a lot of pressure on water systems due to the fact that lot more people are accessing the lines since it's been made free. The intense pressure has therefore culminated in cases where water supply to some areas is cut off for several days, which used not to be so before the free water delivery. Regular water supply is very crucial in this COVID-19 era since regular hand washing is encouraged. Thus, it is important for GWCL to as a matter of urgency work to forestall the irregular water supply.

## Appendixes

### Appendix 1: Status of COVID-19 Expenditures as at End-June 2020

| Source     | Funding                                                                                        | Allocation (GH¢ million) | Payments (GH¢ million) | Balance (GH¢ million) |
|------------|------------------------------------------------------------------------------------------------|--------------------------|------------------------|-----------------------|
| GoG        | CAP Contingency Fund                                                                           | 1,204                    | 621                    | 582                   |
|            | Allocation from the Budget to Support COVID-19 Measures                                        | 100                      | 23                     | 77                    |
|            | Government Electricity Relief                                                                  | 1,020                    | 693                    | 328                   |
|            | Allocation from Budget to support Fumigation and management of landfill sites                  | 122                      | 122                    | 0                     |
|            | Allocation from Budget for Procurement of logistics and fumigation towards reopening of school | 150                      | 150                    | 0                     |
|            | <b>Sub-Total</b>                                                                               | <b>2,596</b>             | <b>1,610</b>           | <b>986</b>            |
| World Bank | GARID CERC                                                                                     | 362                      | 232                    | 130                   |
|            | Fast track COVID-19 Facility                                                                   | 195                      | 96                     | 99                    |
|            | <b>Sub-Total</b>                                                                               | <b>557</b>               | <b>328</b>             | <b>229</b>            |
|            | <b>Grand Total</b>                                                                             | <b>3,153</b>             | <b>1,938</b>           | <b>1,215</b>          |

### Specifically, Livelihood Support for Households include the following;

- Specifically, Livelihood Support for Households include the following;
- payment of cost of consumption of electricity for one million lifeline customers and subsidised 50 percent of the consumption of all other customers. This benefitted 4,086,286 households and 686,522 businesses at the cost of GH¢1.02 billion
- Supply of 3,447,612 cubic metres of additional potable water to 522,864 and 10,763 domestic and commercial customers; mounting of 630 Rambo 10,000-litre Poly tanks to supply free water areas that needed such services.
- The Community Water and Sanitation Agency, through this intervention, provided 174 piped-water systems to serve 268,861 persons between April and June 2020.
- The total cost of the Water Relief Programme is projected at GH¢275.5 million out of which GH¢199.3 million had been paid by end June 2020.
- During the period of the lockdown in the two metropolitan areas, the Gender Ministry and NADMO provided 1,827,581 and 917,142 cooked food packs to vulnerable persons within Accra and Kumasi respectively. In collaboration with Faith-Based Organizations, Government also distributed dry food packages to about 470,000 families.
- The cost of supplying dry food packs and hot cooked meals amounted to GH¢54.3
- An amount of GH¢50.2 million was transferred to the 400,000 most-vulnerable individuals under the Livelihood Empowerment Against Poverty (LEAP) Programme