

REPUBLIC OF GHANA



MINISTRY OF HEALTH

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

ADDITIONAL FINANCING (P174839)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

OCTOBER 2020

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List of Acronyms

AF	Additional Financing
CBOs	Community Based Organisations
CIC	Community Information Centres
DFID	Department for International Development
FBOs	Faith-based Organisations
GHS	Ghana Health Service
HPD	Health Promotion Division
ISD	Information Services Department
MoH	Ministry of Health
MMDAs	Metropolitan, Municipal and Districts Assemblies
Moi	Ministry of information
NADMO	National Disaster Management Organization
NCCE	National Commission on Civic Education
NGOs	Non-Governmental Organisations
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
SBCC	Social and Behaviour Change Communication
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Ghana recorded its first confirmed case of COVID-19 on 12th March 2020 and the number of cases have since risen to 44,205 with 42,777 recoveries and 276 deaths as of 30th August 2020.

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past eight months, especially in Ghana, and is expected to remain slow for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries - where health systems are weakest, and hence populations most vulnerable.

The Government of Ghana, through the Ministry of Health (MOH), is currently implementing the Ghana COVID-19 Emergency Preparedness and Response Project (P173788) which was prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF), using the Multiphase Programmatic Approach (MPA). The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana. The project has four main components, which are (i) Emergency COVID-19 Response; (ii) Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach; (iii) Community Engagement and Risk Communication; and (iv) Implementation Management, Monitoring and Evaluation and Project Management.

2. Project Description

2.1. The Ghana COVID-19 Emergency Preparedness and Response Project has been under implementation over the past 5 months. The Project components are described below. Component 1: Emergency COVID-19 Response

Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting

This sub-component would help (i) strengthen disease surveillance systems at points of entry (POEs), public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. The project will support surveillance systems strengthening for emerging infectious diseases by using a risk-based approach. The surveillance system comprises the following components (i) disease reporting system for the priority infectious diseases; (ii) laboratory investigation of priority pathogens; (iii) community event-based surveillance; and (iv) contact tracing, rumour surveillance and verification.

Well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: improving health information flow among relevant agencies and administrative levels; detection, reporting and follow-up of reported cases; public and community-based surveillance networks; routine serological surveys; and improving diagnostic laboratory capacity. Support would be provided to strengthen the network of the designated laboratories for COVID-19. With the existing Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Collaborative Centre for Research (KCCR) would investigate pathogens under the One Health approach and lead infectious diseases research and development in the country.

Sub-Component 1.2: Containment, Isolation and Treatment

An effective measure to prevent contracting a respiratory virus such as COVID-19 would be to limit, as much as possible, contact with the public. Therefore, the project would support the government for implementation of immediate term responses, i.e., classic “social distancing measures” such as school closings, escalating and de-escalating rationale, in compliance with the IHR. A number of holding, isolation, quarantine and treatment centres have been identified across the country. This sub-component supports the leasing, renting, establishment and refurbishing of designated facilities and centres to contain and treat infected cases in a timely manner. Support would be provided to ensure the operations of effective case containment and treatment with IPC measures to be enforced at all time with necessary equipment, commodities and basic infrastructure. Psychosocial and essential social support would be provided to those who are in isolation and quarantine centres with consideration of gender sensitivity and special care for people with disabilities and/or chronic conditions. Additional trained health workers would be deployed to the designated isolation/treatment centres for COVID-19 case

management, not to disrupt the general health services. It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force. Financing would also be made available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the MOH on the caring of health and other frontline personnel involved in pandemic control activities with IPC measures and psychosocial support when distressed. Compensation payments, life and health insurance for staff working in the frontlines of fighting the disease will be paid.

Sub-Component 1.3: Social and Financial Support to Households

Patients and their families needing support, especially those who are isolated or quarantined would be provided psychosocial counselling support, food-baskets and feeding during the isolation, quarantine and treatment period. Active social support would also be provided to reduce the impact of COVID-19 on the finances of directly affected to families. This will include cash transfers and support to access and use needed health services. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the COVID-19 outbreak. The government would develop a COVID-19 Compensation Benefit Framework to roll out this sub-component within a month of this project becoming effective.

Sub-Component 1.4: Health System Strengthening

Human resource and institutional capacity are key to addressing the COVID-19 outbreak as well as to strengthen health systems to ensure the constant provision of general health services without disruption. This activity is related to training and capacity building for preparedness and response as well as service delivery guided by the different pillars and activities of the NAPHS and the UHC Roadmap. These include: (i) training of contact tracing coordination teams and networks at the national, regional and district levels; (ii) recruitment of technical experts and human resources for technical work and supportive supervision; (iii) training of district and sub-district level health workers and volunteers for surveillance and case management; (iv) training of laboratory personnel to build diagnostic capacity for COVID-19 at the subnational (regional/district) level; (v) orientation of POE staff for screening people entering the country at designated points of entry (airports, border crossings, etc.); (vi) capacity building for call/hotline centres; (vii) strengthening PHEM and community- and event-based surveillance for COVID-19; (viii) capacity building and orientation of national, regional and district Rapid Response Teams (RRTs), Doctors, Physician Assistants, staff of quarantine facilities, surveillance and point of entry teams across country and particularly in treatment centres at all border districts; and (ix) simulation exercises and scenarios conducted in facilities and communities marked as Demographic Surveillance Sites (DSS) sites and quarantine facility to ensure that facilities measure up to the required standards.

2.2. Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach

The main implementing agency of this Project will be MOH, working in collaboration with the Ghana Health Service (GHS), other ministries, departments and agencies. The project would support costs associated with project coordination. The country has set up an Inter-Ministerial Coordinating Committee (IMCC) and an Emergency Operations Centre (EOC) under GHS is operational. These bodies are the main coordinating points for the COVID-19 preparedness and response in Ghana. This component would also support implementation of the IHR as incorporated in National Action Plans for Health Security. Such support would include: (i) technical support for strengthening governance and updating policies and plans; (ii) support for institutional and organizational restructuring to respond to emergencies such as pandemic diseases; (iii) Operating Costs of the IMCC, EOC, quarantine centres and the Ghana Centre for Disease Control (CDC) including transport, communication support equipment and other administrative-related costs for coordination meetings and supportive supervision and monitoring; and (vi) contracts for private management of newly established infectious disease centres and medical villages. Support would be also provided to MOH with oversight from IMCC to develop standardized life insurance package, overtime and hazard payments, which are to be made for those directly involved in surveillance and case management.

The component would support enhancing diseases information systems through development of a disease surveillance information system, as part of the disease control program. The aim is to provide better analytical capacity to Ghana; and to participate in global disease information sharing, complying with national obligations as members of OIE and WHO. A strengthened national system will contribute progressively towards better global and regional control. The information system and data management would be linked to rapid and standardized methods of routine analysis of surveillance data, which would demonstrate important changes in the health situation, and promptly supply this information to field personnel.

2.3. Component 3: Community Engagement and Risk Communication (US\$ 7.4 million equivalent)

Risk Communication: The project will focus on risk communication and community engagement at the points of entry, engaging key decisions makers and stakeholders, community leadership and opinion leaders. The first level will be points of entry communication targeting travellers. Mass communication and social media will be key in bringing the message to individual households using various methods, including community van announcements for community sensitization. A series of executive briefings will be held for parliament and the media. The plan focuses on both the process and development of broadcast and communication support materials including billboards, printing of leaflets and pocket cards, epidemiological bulletins, TV documentaries and payment for broadcast of infomercials, civic education and faith-based organization engagements. Where needed, technical assistance will be procured, and technical

facilitator and expert commentator allowances paid for discussants on key media outlets.

Community Engagement: Various approaches for community engagement including: (i) surveillance, home visits and contact tracing at the district, sub-district and community levels; (ii) risk communication through a well-established network of call centre, community health officers and community volunteers; and (iii) community mass communication and announcements and outreach services and sensitization through community announcement centres, sensitization, information sharing and counter misconceptions information sharing. Support provided under this sub-component would be supplementary to support from the GARID-CERC.

2.4. Component 4: Implementation Management, Monitoring and Evaluation and Project Management

Project Management: activities of the Project include: (a) providing support for the strengthening of public structures for the coordination and management of the Project, including central and local (decentralized) arrangements for the coordination of Project activities; (b) the carrying out of financial management and procurement requirements of the Project; (c) the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects; and (d) the financing of project coordination activities.

Monitoring and Evaluation: The project activities include a monitoring and prospective evaluation framework for the project and for operations at the country and sub-regional or regional levels. For operations at the country and sub-regional or regional levels, the monitoring and prospective evaluation will provide a menu of options to be customized for each operation, together with performance benchmarks. The activities include: (a) monitoring and evaluating prevention and preparedness; (b) building capacity for clinical and public health research, including joint-learning across and within countries, and training in participatory monitoring and evaluation at all administrative levels, such as: (i) carrying out of evaluation workshops; (ii) the development of an action plan for monitoring and evaluation; and (iii) the replication of successful models; (c) monitoring and evaluation activities, such as supporting the Project Implementation Unit (PIU) in the monitoring of project implementation through, inter alia: (i) collection of data from line ministries and other implementation agencies; (ii) compilation of data into progress reports of project implementation; (iii) carrying out of surveys; and (iv) carrying out of annual expenditure reviews; and (d) carrying out of an impact evaluation on quantitative and qualitative aspects of the project interventions, including the collection of qualitative information through site-visit interviews, focus groups and respondent surveys.

2.5. Rational for the Additional Financing

The government on 12th October 2020 requested for Additional Financing of US\$130 million to support the government to scale up response to COVID-19 given the fast-evolving nature of the pandemic, the high cost of inputs and the need to expand the scope of interventions. The

additional financing (AF) is expected to significantly ameliorate the deficits in the budgetary allocation to the health sector to fight the pandemic and save lives. The scope and the components envisaged under the AF are fully aligned with the Bank’s COVID-19 Fast Track Facility, and the parent project. The AF will scale up interventions including case finding, testing, and containment, and treatment; social support to vulnerable groups; provide and sustain essential primary healthcare and nutrition services; strengthen systems development for emergency preparedness and response and strategy for vaccine deployment; and effective communication and outreach to increase awareness and “vaccine literacy”. This includes the cost of refurbishment of facilities for isolation and treatment, personal protection equipment and the volume of contact tracing. These activities are expected to lead to a more targeted and efficient provision of necessary health services during the crisis. The table below shows the project components and the cost summary for previous, AF, and current totals.

Table 1: Project components under the additional financing

Component	Amount P173788	Amount P174839	Project Total
Emergency COVID-19 Response	US\$21.50 million	US\$107.36 million	US\$128.86 million
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	US\$3.40 million	US\$9.54 million	US\$12.94 million
Community Engagement and Risk Communication	US\$7.40 million	US\$1.90 million	US\$9.30 million
Implementation Management, Monitoring and Evaluation and Project Management	US\$2.70 million	US\$1.20 million	US\$3.90 million
systems strengthening vaccine deployment		US\$30.00 million	US\$30.00 million
Total	US\$35 million	US\$150 million	US\$185 million

2.5.1: Stakeholders Consulted as part of the AF Preparation process

Stakeholder consultations were conducted as part of the preparation of the AF. this was to obtain feedback on the implementation of the parent project and to seek input into the AF activities. This is to ensure among others that feedback and concerns of stakeholders are addressed in the AF and the project interventions reach the most vulnerable in society. Feedback and input from stakeholders informed the design of the AF. Stakeholders consulted is provided in Table 2 below:

Table 2. Stakeholders consulted as part of AF preparation

No.	Name of Institution
1	Ghana Society of the Physically Disabled
2	Coalition of NGOs in Health

3	The 4 major Political parties: New Patriotic Party (NPP), National Democratic Congress (NDC), Peoples National Congress (PNC) and Convention Peoples Party (CPP)
4	Queen Mothers Association of Ghana
5	Private Publishing Association of Ghana
6	Ministry of Education
7	Inter-Ministerial Coordinating Council – the Ministries of Finance, Health, Local Government, Gender, Children and Social Protection, Information, Transport, Interior and Defense, and Office of the President.
8	National Commission for Civic Education
Health Agencies consulted:	
9	Ghana Health Service
10	Tamale Teaching Hospital
11	Korle-Bu Teaching Hospital
12	Cape Coast Teaching Hospital
13	Ho Teaching Hospital
14	Komfo Anokye Teaching Hospital
15	Centre for Plant Medicine Research
16	Foods and Drug Authority
17	Pharmacy Council Ghana
18	Psychology Council
19	Nursing and Midwifery Council
20	Medical and Dental Council
21	Health Facilities Regulatory Agency
22	National Health Insurance Authority
23	Traditional Medicine Practice Council
24	Ghana College of Physicians and Surgeons
25	Allied Health Professions Council
26	Ghana College of Pharmacists
27	Mental Health Authority
28	Ghana College of Nurses & Midwives
29	Christian Health Association of Ghana
30	Ahmadiya Muslim Mission
31	Ghana Association of Quasi Government Health Institutions
32	National Blood Service
33	National Ambulance Service
34	Mortuary Services Agency

2.6. Objectives of the Stakeholder Engagement Plan (SEP)

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation under the Ghana COVID-19 Emergency Preparedness and Response Project. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

The specific objectives of the SEP are to ensure that Government is able to;

- i. Establish a systematic approach to stakeholder engagement that will help it identify stakeholders, build and maintain a constructive relationship with them, especially project affected parties;
- ii. Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance;
- iii. Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them;
- iv. Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format;
- v. Provide project-affected parties with accessible, inclusive, and culturally sensitive means to raise issues and grievances, and allow the Government to respond to and manage such grievances effectively.

3. Stakeholder Identification and Analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

3.1. Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns; information will be provided to women and other vulnerable groups like old age persons, disabled, children etc. in a manner accessible to them to ensure their effective participation and feedback
- *Inclusiveness and sensitivity*: stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times will be encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular

women, youth, elderly, persons with disabilities and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Ministry of Health
- Ghana Health Service
- Metropolitan Municipal and District Assemblies
- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighbouring communities to laboratories, quarantine centres, and screening posts
- Workers at construction sites of laboratories, clinics, quarantine centres and screening posts

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, colour, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- People at COVID-19 risks (travellers, inhabitants of areas where cases have been identified, etc.)
- Residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training and business opportunities;
- Public Health Workers
- Health-care providers (e.g., National Health Service, hospitals, community health centres, pharmacies, etc.)
- Municipal waste collection and disposal workers
- Key policymakers (government ministries, agencies, departments that play a critical to COVID-19 response measures, especially health sector actors)
- Traditional leaders, including chiefs and queen mothers
- Community leaders and organizations

3.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- Parliament
- Judiciary
- Ministry of Finance
- Ministry of Information
- Traditional media (national and local)
- Participants of social media
- Ghana AIDS Commission
- Africa CDC, WHO and other development partners who directly support COVID-19 response
- Other relevant national government sectors (such as ministries, departments and agencies in education, water and sanitation, employment and labour, agriculture, inner city and zongo development, gender and social protection, social welfare, NADMO, transportation, interior, etc.)
- Politicians
- Other national and international health organizations (particularly those that support health sector such as WHO, UNICEF, UNDP, WHO, USAID, DFID).
- Associational groups at both national, regional levels, such as the Ghana Medical Association, Pharmaceutical Council, Trades Union Congress, teachers' unions, health workers unions, farmers associations, market women's associations, etc.
- Other local and international NGOs (who may have strong relationships within communities)
- Businesses with international links

- Local government actors such as municipal and metropolitan district assemblies
- Security Agencies/Personnel
- Religious community- Faith-based organisations Academia
- Airline and border control staff
- Airlines and other international transport business
- Civil Society Organizations
- The public at large

3.4. Disadvantaged / vulnerable individuals or groups

The project activities may disproportionately affect disadvantaged or vulnerable individuals and groups who often do not have a voice to express their concerns or understand the risk and impacts of COVID-19 pandemic. The vulnerability may stem from person's origin, gender, age, [disability and](#) health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at their facilitating their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups include but not limited to the following:

- Elderly
- Illiterate people
- People with disabilities
- Homeless people
- Women and girls particularly young women head potters (Kayayie)
- People in Low Income/slum communities
- Residents in remote or inaccessible areas
- Patients with chronic diseases or pre-existing conditions
- Female-headed households
- Children, particularly from poor families

The MoH/GHS and other relevant government agencies will engage vulnerable groups including disability organisations, women's and other vulnerable groups throughout the project implementation through appropriate and culturally sensitive approaches outlined in [Tables 3 and 4 below](#).

Stakeholder Analysis

Stakeholder analysis is an important requirement during the preparation and updating of the SEP as it helps in identifying the stakeholder groups that are likely to affect or be affected by the

project activities and sorting them according to their impact on the project and the impact the project activities on the different category of stakeholders. It also helps in shaping the design of stakeholder consultation activities by specifying the role(s) of each stakeholder group thereby helping in determining which stakeholders to engage and when. It is an ongoing process which may evolve as new stakeholders are introduced to the project.

Table 3: Stakeholder Analysis

Stakeholder Group(s)	Role in project	Interest	Influence
Affected Parties			
Ministry of Health and Ghana Health Service	Government implementing agency	High	High
Ministry of Information	government communication and information dissemination on COVID-19	High	High
NCCE	Public education and information dissemination on COVID-19	High	Moderate
Ministry of Sanitation and Water Resources	Implementation of CERC component of the project, provision of water and sanitation services including the provision of government subsidies on water to citizens	High	Moderate
Metropolitan Municipal and District Assemblies	Support in the implementation of project components in their councils Support dissemination of information on government COVID-19 response and updates <ul style="list-style-type: none"> • Collection and disposal of medical wastes • Enforcement of protocols for waste collection, disposal, and management 	High	Moderate
COVID-19 infected persons	Recipients of information on COVID-19 treatment ; Cooperate and provide support to health authorities in surveillance and contact tracing	High	Low
Healthcare Workers/frontline workers (at national, regional and district levels)	<ul style="list-style-type: none"> • Provision of care and support including required information to COVID-19 patients • Adhere to all protocols in the treatment and management of COVID-19 	High	High
Persons at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)	<ul style="list-style-type: none"> • Recipients of required information on COVID-19 including their risks levels and statuses and displaying responsible behaviour • Adhere to COVID-19 protocols on social distancing and other directives/advice 	High	Low
Persons under COVID-19 quarantine, including workers in the quarantine facilities	<ul style="list-style-type: none"> • Recipients of required information on COVID-19 • Cooperate and provide support to health authorities in surveillance and contact tracing • Adhere to COVID-19 protocols on social distancing and other directives/advice 	High	Low

Stakeholder Group(s)	Role in project	Interest	Influence
Patients in holding and, treatment centers	<ul style="list-style-type: none"> Recipients of information on COVID-19 relevant to occupants of holding centers Cooperate and provide support to health authorities in surveillance and contact tracing Adhere to COVID-19 protocols on social distancing and other directives/advice 	High	Low
Relatives of COVID-19 infected persons	<ul style="list-style-type: none"> Recipients of information about their infected family members Cooperate and provide support to health authorities in surveillance and contact tracing Adhere to COVID-19 protocols on social distancing and other directives/advice 	Moderate	Low
Relatives of persons under COVID-19 quarantine	<ul style="list-style-type: none"> Recipients of information about their family members under quarantine Cooperate and provide support to health authorities in surveillance and contact tracing Adhere to COVID-19 protocols on social distancing and other directives/advice 	Moderate	Low
Waste collection and disposal workers	<ul style="list-style-type: none"> Collection and disposal of medical wastes Adhere to protocols for waste collection, disposal, and management 	Moderate	Moderate
Communities neighboring laboratories, quarantine centers, and screening posts	<ul style="list-style-type: none"> Recipients of information about laboratories, quarantine centers, and screening posts in their neighborhood Adherence to safety protocols 	High	Moderate
Contractors	<ul style="list-style-type: none"> Recipients of information available contracts Information on E&S and other SOP at construction sites Adhering to social distancing directives/advice 	High	Moderate
Workers at construction sites of laboratories, quarantine centers and screening posts	<ul style="list-style-type: none"> Recipients of information about the SOPs governing construction sites of laboratories, quarantine centers and screening posts Adhering to social distancing directives/advice 	High	Moderate
Community leaders, religious leaders, traditional healer	<ul style="list-style-type: none"> Recipients of information on COVID-19 applicable to their localities. Influencers /enforcers of social distancing and other measures at the community level. Serve as social mobilizers to support fight against COVID-19 	Moderate	High
Operators of public transports	<ul style="list-style-type: none"> Recipients of information on COVID-19 applicable to the operations of public transport Adhere to social distancing directives/advice 	Low	Low
Operators of the hospitality facilities	<ul style="list-style-type: none"> Recipients of information on guidelines governing the hospitality industry during COVID-19 	Low	Low

Stakeholder Group(s)	Role in project	Interest	Influence
	<ul style="list-style-type: none"> • Strict adherence to guidelines governing hospitality facilities. • Adhere to social distancing directives/advice 		
Airline and border control staff	<ul style="list-style-type: none"> • Recipients of information on guidelines governing border control and the airline industry during COVID-19 • Strict adherence to guidelines governing airline and border control staff. • Adhere to social distancing directives/advice 	Low	Low
Airlines and other international transport businesses	<ul style="list-style-type: none"> • Recipients of information on guidelines governing the airline industry during COVID-19 • Strict adherence to guidelines governing airlines and other international transport businesses. • Adhere to social distancing directives/advice 	Low	Low
Persons affected by or otherwise involved in project-supported activities	<ul style="list-style-type: none"> • Recipients of information COVID-19 related SOPs governing their job schedule • Adhere to social distancing directives/advice 	Low	Low
Public Healthcare workers in contact or handle COVID-19 related waste	<ul style="list-style-type: none"> • Recipients of information on SOP on handling COVID-19 related wastes • Strict adherence to guidelines on public health. • Adhere to social distancing directives/advice 	High	High
Other Interested Parties			
Ministry of Finance	<ul style="list-style-type: none"> • Disbursement of project funds 	High	High
Parliament	<ul style="list-style-type: none"> • Promulgation of COVID-19 related laws and regulations • Support national policies and directives on COVID-19 preparedness, prevention, and management 	Moderate	Moderate
Judiciary	Adjudication of COVID-19 related litigations	Moderate	Moderate
The Ministry of Gender and Social Protection	Awareness creation and information dissemination on gender base violence and sexual exploitation (and harassment)	Moderate	Moderate
Security Agencies/Personnel	Maintain law and order in enforcing social distancing directives Support in attending to emergency situations that may arise	Moderate	Moderate
Other national & International organizations engaged in COVID response	Support government's efforts to curb COVID-19	Moderate	Moderate
Traditional/Religious Leaders	Change agents in dissemination of COVID-19 information and social mobilization	moderate	High
Civil society groups, and community organizations	Ensure accountability in the fight against COVID-19 and public education	Moderate	Moderate

Stakeholder Group(s)	Role in project	Interest	Influence
Businesses with international links	Support government's efforts to curb COVID-19	Moderate	Moderate
Traditional media (national and local)	Disseminate COVID-19 information to the general public Enforce adherence to social distancing directives/advice	Moderate	High
Users of social media	Disseminate COVID-19 information to segments of the general public	Moderate	Moderate
Telecommunication companies	Disseminate COVID-19 information to the general public	Low	Moderate
Other national and international health organizations	Support government's efforts to curb COVID-19	High	Moderate
The public at large	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Adhere to social distancing directives/advice 	Low	Moderate
Vulnerable Groups			
Persons with disabilities	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	High	Low
Elderly persons	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	Moderate	Low
Children	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	Low	Low
Women / Kayayie/ Female headed households/ Survivors of GBV/Intimate partner abuse	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	High	Low
PLHIVs	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	Moderate	Low
Residents in slums or low income/informal settlements	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Adhere to social distancing directives/advice 	High	Low
Residents in remote or inaccessible areas	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Adhere to social distancing directives/advice 	Moderate	Low

Stakeholder Group(s)	Role in project	Interest	Influence
The homeless	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	Moderate	Low
Patients with chronic diseases or pre-existing conditions	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Recipient of support to vulnerable people Adhere to social distancing directives/advice 	High	Low

The table below also identifies and assesses the needs of some disadvantaged or vulnerable individuals or groups to help determine suitable engagement strategies.

Table 4: Characterization of Vulnerable Groups

Stakeholder (individual/group)	Key Characteristics	Language needs	Preferred medium of engagement/ notification	Specific measure to mitigate these needs
Persons with disabilities	<p>Hearing impairment (Hearing loss)</p> <p>Visual impairment (Low vision or blindness)</p> <p>Physical impairment (Mobility disabilities)</p>	Braille, audio, sign language	Written information, community announcement, focused group meetings, TV, Radio etc.	Accessible training venues, including use of sign-language translators/ interpreters, braille formats/ large prints
Women and girls; head potters (Kayayie)/female heads of households	Limitations about the time of day or location for public consultation; other additional support and resources to enable them to participate in consultations.	Local language as appropriate	Verbal, community announcement, focused group meetings, TV, Radio etc.	Conduct engagement activities at locations accessible to them in their communities; The meeting not held on market days or evenings which may challenge their participation, Use of gender-sensitive/ appropriate language; meeting held in the local language; specific

Stakeholder (individual/group)	Key Characteristics	Language needs	Preferred medium of engagement/ notification	Specific measure to mitigate these needs
				meetings held for kayayies alone, etc.
Children (particularly from poor families)	Limited voice, low representation, lack of access to COVID-19 information	Local language and English as appropriate	Focus group meetings, use of audio-visuals, TV, Radio etc.	Ensure access to COVID-19 information and project benefits, prevention of child labour in project communities where civil works will take place
Homeless/displaced persons	They are least able to access traditional and formal justice mechanisms for any form of redress. They have limited voice, low representation and lack of access to information. They are more vulnerable to SEA and other forms of abuses.	Opportunities for expression as a form motivation to speak	Verbal, community announcement, focus group meetings, TV, Radio etc.	Collaborate with other relevant government and non-governmental institutions and other groups/ association to ensure that opportunities under the project and other COVID-19 response measures are available to them
The elderly	Physically weak and less mobile Visually disadvantaged (low vision)	Appropriate local language, simplified explanation about the COVID-19 pandemic and benefits of the project	Verbal, community announcement, TV, meetings etc.	Accessible venues Translators/interpreters
Patients with chronic diseases or pre-existing conditions		Use of English or appropriate local language, simplified explanation about the	Verbal, community announcement, print and electronic media, TV,	Accessible formats of venues translators/interpreters

Stakeholder (individual/group)	Key Characteristics	Language needs	Preferred medium of engagement/ notification	Specific measure to mitigate these needs
		COVID-19 pandemic and benefits of the project	radio, meetings etc.	
Residents in remote or inaccessible areas; and illiterate	Limited voice	Preferred language	Focus group meetings; Verbal, community announcement, TV, radio etc.	Address special needs to support them to understand the pandemic, project impacts and benefits.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement

Due to the emergency situation and the need to address issues related to COVID-19, no dedicated consultations beyond public authorities and health experts, including Africa CDC, were conducted during the project preparatory phases. However, during the implementation phase, the Ministry of Health, Ghana Health Service, Ministry of Information, National Commission on Civic Education, District Assemblies and other stakeholders have conducted several stakeholders' consultations across the country as part of the SEP implementation.

4.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

The WHO *"COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE"* (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the basis for the Project's stakeholder engagement:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions would be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

Safeguarding the legitimate, appropriate and proportionate use and processing of the potential large volumes of personal data, personal identifiable information and sensitive data likely to be collected and used in connection with the management of the COVID-19 outbreak and subsequent vaccination programs is considered a key social risk. The MoH/GHS has committed to adhere to the requirements of the Ghana Data Protection Act 2012 (Act 843).

The SEP will use a variety of engagement techniques to build relationships with stakeholders, consult and gather information from them, as well as disseminate project information. It will also increase awareness and “vaccine literacy”, build trust, and reduce stigma around any COVID-19 vaccine for a larger target population. In selecting any consultation technique, a number of issues will be taken into consideration including stakeholders’ level of formal education, preferred channels of communication and cultural sensitivities in order to ensure that the purposes of each engagement will be achieved.

4.3. Prevention of contagion risks in consultation processes

A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The public consultations shall be guided by the national protocols to prevent the spread of COVID-19, the World Bank guidance on Public Consultations and Stakeholder Engagement in World Bank-supported operations when there are constraints on conducting public meetings issued on 20 March, 2020 and updated guidance by the WHO to prevent the spread of COVID-19. Annexes 4-12 outline precautionary protocols for different settings which must be observed to mitigate the risks of transmission of the contagion during face-to-face consultations. These are measures which must be taken into consideration when selecting channels of communication, in light of the current COVID-19 situation, and they include:

- Avoidance of public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings while observing social distancing protocols. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines (112 or 311) with knowledgeable operators;

- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

4.4. Stakeholder engagement plan

The Stakeholder engagement plan has been integrated in the Risk Communication and Community Engagement Strategy. Further consultations will be done on ESIAs/ESMPs as and when such documents become relevant to be prepared. The PIU will ensure meaningful engagement and consultation and disclosure of project information to all stakeholders. The consultation activities are designed along with some key guiding principles, including the following:

- Consultations must be widely publicised particularly among the project affected stakeholders/communities, preferably a week prior to any meeting or engagements;
- Ensure non-technical information summary is accessible prior to any event to ensure that people are informed of the assessment and conclusions before scheduled meetings;
- Location and timing of meetings must be designed to maximise stakeholder participation and availability;
- Information presented must be clear, and non-technical, and presented in all appropriate local languages where necessary;
- Engagements must be facilitated in ways that allow stakeholders to raise their views and concerns;
- Issues raised must be addressed, at the meetings or at a later time.

Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The project will adapt to different requirements. While country-wide awareness campaigns will continue, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

Some techniques to be used for the engagement of different stakeholder groups have been summarized in the table 5 below:

Table 5: Some Engagement techniques to be used for the Stakeholder engagement

Engagement Technique	Description and use	Audience
Websites	Official websites of MoH/GHS and the World Bank will be used to disseminate and disclose project documents intended for general readers and audience (e.g. ESMF, SEP, ESCP)	All stakeholders/general public

Print and electronic Media	COVID-19 Education/awareness creation activities, awareness about project call centers, Grievance Redress Mechanism, and other outreach needs of the project etc.	General public
Distribution of printed public materials: Project information leaflets, brochures, fact sheets	This will be used to convey general information on the Project and to provide regular updates on its progress to local, regional and national stakeholders.	General public
Stakeholder meetings	Discuss project activities, brainstorm on implementation of subproject activities, stakeholders to provide input, recommendations and strategies in subproject implementation	MOH, GHS and other relevant government agencies, Private sector organizations in the health service delivery, CSOs/NGOs in Health, disability organization and other vulnerable groups
Community Information Centers	This will be used to disseminate pre-prepared messages to communities, accompanied by additional information from communication teams.	general public
Public campaign & social mobilization:	Traditional authorities, local influencers and opinion leaders will be leveraged to amplify the messages from the public education campaign.	general public
Legacy/Traditional Mass Media Engagements (Radio/TV adverts, billboards, documentaries)	Billboards, Poster and Sticker Campaigns, as well as Radio and TV campaigns, documentaries, informercials to disseminate COVID-19 information and to educate the public on the pandemic	Stakeholders and the general public
Digital media (Online, Social Media and other IT-based Communications); Social media (Facebook, Twitter, YouTube, Instagram).	Use of Online /social media to provide information on COVID-19 and update on the project; use of Robocalls and COVID-19 Call Centre to respond to questions, provide general information on COVID-19, receive and resolve complaints from the public.	The general public and interested parties
Bi-Weekly Press Briefings and periodic Presidential address to the nation	MoH/GHS and MOI to host press briefings twice each week and on assigned dates and times to update the public on case counts, case management, updates and	Stakeholders and the general public

	<p>developments on COVID-19. The twice weekly briefings will be carried live and translated in 13 key local languages and sign language.</p> <p>Periodic Presidential addresses to the nation on the situation and government responses;</p> <p>YouTube videos of Presidential address, bi-weekly press briefings, COVID 19 educational videos and animation in local languages to be used to disseminated information on the pandemic .</p>	
Community/public meetings and meetings with specialized groups	To convey information on the project activities, environmental and social risks and mitigation measures and regular updates on the pandemic and project measures under implementation, key project contacts and Hotlines, grievance redress procedures, Interactive Questions & Answers (Q&A) session with the general public	Stakeholders and the general public; CSOs, Disability Organizations, women and other vulnerable groups
Other Channels and Tools	Call Centre dedicated number (311) will allow people to receive information and request assistance and guidance in the fight on COVID-19.	Project affected persons, and any other stakeholders and interested parties
Citizens Surveys	Citizens survey will be conducted to obtain feedback on the project activities from various groups of stakeholders and the general public	Project beneficiaries and general public
Correspondence by phone/email/text and WhatsApp messages/ written letters	Correspondences will be used to distribute or share project information; invite people to stakeholder meetings to receive and provide feedback on enquires, complaints or grievances	Government officials, NGOs, CSOs, CBOs, Development Partners, Healthcare professionals and service providers, the general public including PWDs

4.5 Proposed strategy for information disclosure

Stakeholder consultation and information disclosure will be an integral of the project implementation process which shall be consciously carried at every phase of the project implementation. The project implementation team shall ensure that each consultation process

is well planned and inclusive which must be documented and communicate feedback on all follow up issues, concerns, and actions emanating from the stakeholder consultation processes. The engagement and consultation will be carried out on an ongoing basis to reflect the nature of issues, impacts, and opportunities emanating from the implementation of the project.

In terms of methodology, the SEP has been integrated in the broader RCCE Plan. The project will ensure that different activities and information disclosures are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. Disclosure of Project information will be part of the project management cycle: (i) Preparation and Design Phase; (ii) Implementation Phase; (iii) Monitoring Phase; and (iv) Completion and Evaluation Phase. The strategy for information disclosure is presented in Table 6 below.

Table 6: Information Disclosure

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
Preparation or design phase	Project Appraisal Document (PAD), ESMF, SEP, ESCP	Official websites Once in 2 national daily newspapers	Prior to approval and implementation of project activities	<ul style="list-style-type: none"> • Officials of the Ministry of Health and Ghana Health Service • Development partners • World Bank Group • Aaffected parties • National, Regional and district stakeholders 	Project design, benefits and impacts	WB, MOH/GHS,
	SOP for Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting SOP for quarantine facilities	Correspondences (Phone, Emails); Formal and informal meetings	Project duration	MoH/GHS; Frontline health workers; Inter-Ministerial Coordinating Committee; National, Regional and district stakeholders	SOP for quarantine facilities	MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
Project implementation stage	Strategies for surveillance and isolation of suspected COVID-19 cases	Correspondences (Phone, Emails); Formal and informal meetings	Periodically as the COVID-19 situation and protocols evolves	Ministry of Health Officials <ul style="list-style-type: none"> • Ghana Health Service Officials • Security forces • Development partners • CSOs/NGOs in health, private sector healthcare service providers 	Solicit stakeholder inputs into the surveillance and activities,	<ul style="list-style-type: none"> • MoH/GHS
	Information on strategy development for vaccine deployment; communication and outreach activities to increase awareness and “vaccine literacy”.	Formal and informal meetings	Continuous throughout project implementation, community engagement in local languages, Radio and Television Discussions and Phone-in Programs	<ul style="list-style-type: none"> • The General public • Ministries, Departments and Agencies • Health institutions and allied workers • NGOs/CSOs • Vulnerable groups • Development partners • Private sector 	<ul style="list-style-type: none"> • Seeking views and opinions of relevant stakeholders across the country • Enable stakeholders to obtain information, speak freely to share their perceptio 	<ul style="list-style-type: none"> • MoH • GHS • NCCE

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					<p>n about the COVID-19 vaccine and project related issues</p> <ul style="list-style-type: none"> • Provide facts/information to clarify concerns / address fears to increase awareness and “vaccine literacy • Build public trust and confidence • Resolve concerns 	

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					and grievances as appropriate	
	COVID risk, mitigation and behavioural change communication strategies	Correspondences (Phone, Emails); Formal and informal meetings; Print and electronic media/ infomercials/IE&C materials	Continuous throughout project implementation, Radio and Television Discussion and Phone-in Programs Use of information Van	<ul style="list-style-type: none"> • The General public • Transport operators • Relatives of COVID-19 infected persons • Project affected persons • Relatives of persons under COVID-19 quarantine • Vulnerable groups • Patients with chronic diseases or pre-existing conditions • Health Workers 	<ul style="list-style-type: none"> • Seeking views and opinions of PAPs • Enable stakeholders to obtain information, speak freely about COVID-19 pandemic and project related issues • Build public 	<ul style="list-style-type: none"> • MoH • Ministry of Information • GHS • NCCE

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					trust and confidence <ul style="list-style-type: none"> Resolve concerns and grievances as appropriate 	
				<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<ul style="list-style-type: none"> Disclosure of E&S documents 	Official websites of IAs/ Newspaper publications/ publication on notice boards of health facilities <ul style="list-style-type: none"> 	Websites of IAs Once in 2 national daily newspapers <ul style="list-style-type: none"> notice boards of health facilities 	<ul style="list-style-type: none"> Ministry of Health website National news papers Call centres/codes for the general public) 	<ul style="list-style-type: none"> Disclose ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. Project information and progress updates; 	<ul style="list-style-type: none"> The general public Health Workers Relatives of COVID-19 infected persons Relatives of persons under COVID-19 quarantine Vulnerable groups MMDAs

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
	<ul style="list-style-type: none"> • Citizen's perceptions surveys on government's preparedness and response 	Survey	Project duration	<ul style="list-style-type: none"> • General public • Health workers • Vulnerable groups • CSOs • Development partners • Boarders and Port Authorities 	<ul style="list-style-type: none"> • Phone interviews with the general public, meetings with representatives of identifiable groups, and radio call in at various regions and districts to gauge public perceptions about government's preparedness and response 	<ul style="list-style-type: none"> • MoH • GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
	<ul style="list-style-type: none"> GRM dissemination and awareness 	Meetings, radio/tv discussions, dedicated phone lines, jingles, engagement with community representatives, influencers	Project duration Community Information Centres	<ul style="list-style-type: none"> The General public Relatives of COVID-19 infected persons Relatives of persons under COVID-19 quarantine Vulnerable groups Health workers MMDAs 	<ul style="list-style-type: none"> Dissemination of GR information and call centre numbers to mass audiences 	<ul style="list-style-type: none"> MoH Ministry of Information NCCE
	GBV risk mitigation messaging	Meetings, radio/tv discussions, engagement with community representatives, influencers	Throughout project implementation/ Community Information Centres	<ul style="list-style-type: none"> The general public Women Children Impacted communities Persons with disability Health workers Contractors Vulnerable groups 	<ul style="list-style-type: none"> Dissemination of information to mass audiences Solicit inputs into strategy for mitigating GBV 	<ul style="list-style-type: none"> MoH GHS
	SOP for safe and dignified burial	Meetings, focus group discussions, engagement with community	Throughout project	<ul style="list-style-type: none"> Public Healthcare workers COVID-19 burial team/environmental officers 	<ul style="list-style-type: none"> Dissemination of information 	<ul style="list-style-type: none"> MoH GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
		representatives, influencers	implementation	<ul style="list-style-type: none"> The general public Traditional & Faith based leaders Vulnerable groups Environmental Protection Agency	<ul style="list-style-type: none"> on to mass audiences Solicit inputs into guidelines for burring COVID-19 dead patients 	
	<p>Isolation and quarantining facility design</p> <p>Refurbishment/ Construction of Isolation/quarantine facilities</p>	Correspondences (Phone, Emails); Meetings, engagement with community representatives, influencers	<p>Project duration</p> <p>Community Information Centres</p>	<ul style="list-style-type: none"> Ministry of Health Ghana Health Service staff Contractors Environmental Protection Agency 	<ul style="list-style-type: none"> Present Project information to stakeholders Allow stakeholders to comment – opinions and views Disseminate technical 	<ul style="list-style-type: none"> MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					<p>information</p> <p>Record discussions and decisions</p>	
	<p>Labor and working conditions associated with the construction or rehabilitation of facilities</p>	<p>Formal meetings/ Correspondences (Phone, Emails);</p>	<p>Duration of the subproject</p>	<ul style="list-style-type: none"> • Ministry of Health • Ghana Health Service staff • Contractors 	<ul style="list-style-type: none"> • Present information on employees contracts • Display information on notice boards, signposts, radio announcement etc. • Encourage the use of GRM mechanism to address issues on 	<ul style="list-style-type: none"> • MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					labour and working conditions	
Project Closure	Lessons Learning Sessions/ sustainability	<ul style="list-style-type: none"> • Institutional completion reports • Correspondences (Phone, Emails); engagement with stakeholders, community representatives, influencers, • Public online surveys • Focus group meetings • Expert one-on-one interviews Formal meetings	National, Regional and district level stakeholders	<ul style="list-style-type: none"> • Ministry of Health Officials • GHS officials at national, regional and district levels • World Bank Group • Security forces • Health Workers • The general public • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Vulnerable groups 	<ul style="list-style-type: none"> • Present Project completion and results information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non- 	<ul style="list-style-type: none"> • MoH • GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					technical information <ul style="list-style-type: none"> Record discussions, comments, questions. 	
	<ul style="list-style-type: none"> Project Assets 	<ul style="list-style-type: none"> Expert one-on-one interviews Formal meetings 	<ul style="list-style-type: none"> National, Regional and district level stakeholders 	<ul style="list-style-type: none"> Ministry of Health Officials World Bank Group Health Workers 	<ul style="list-style-type: none"> Present Project information to a large group of stakeholders, especially communities 	<ul style="list-style-type: none"> MoH GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					<ul style="list-style-type: none"> • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions. 	

4.6 Strategy to incorporate the views of vulnerable groups

Stakeholder consultations with vulnerable groups were conducted as part of the preparation of the AF. The disability organisation and women traditional leaders including the Queen mothers Association of Ghana were consulted to obtain their feedback on the implementation of the parent project and to seek input into the AF Project to ensure that the project interventions reach the most vulnerable in society. Feedback and input from these stakeholders informed the design of the AF (e.g. Sub-Component 1.3: Social Support to Vulnerable Groups). Vulnerable groups will continue to be targeted through representative organizations, including women, people with disabilities, children, the elderly, illiterate people, homeless people, PLHIVs, the elderly, persons with underlining conditions, etc. At any phase of project implementation, additional vulnerable groups may be identified and engaged appropriately, and the SEP/RCCE will be revised periodically to reflect newly identified stakeholder or vulnerable groups. In cases where vulnerable status may lead to people's reluctance or physical incapacity to participate in large-scale community meetings, the project will hold separate small group discussions with them at an easily accessible venue. Some strategies to be adopted to reach out to these groups include:

- Identify leaders and organisations of vulnerable and marginalized groups to reach-out to these groups;
- Through the existing industry associations, maintain a database of marginalized groups e.g. disability organisations, Ghana Federation of Disability Organisations and National Council for Persons with Disabilities;
- Leverage existing protocol of Ghana Health Service for engaging marginalize groups to identify and engage them;
- Engage community leaders, CSOs and NGOs working with vulnerable groups
- Organize face-to-face focus group discussions with these populations as and when appropriate
- Use local languages, translators, and interpreters, as and when appropriate.

When appropriate, feedback obtained from vulnerable groups will be used to alter arrangements at isolation and quarantine canters as well as the messaging and approach for behavioural change for communication.

The awareness-raising and stakeholder engagement with vulnerable groups will take into account their particular sensitivities, concerns, and cultural sensitivities, to ensure their full understanding of project activities and benefits. The project will encourage community sensitization by using disability organisations in Ghana as champions to deliver messages to identifiable disability groups and other vulnerable groups in the various communities. Also, posters in accessible format including braille format, sign language interpreters, drama, radio talk and TV shows, songs in local languages with specific message for persons with disabilities will also be developed. The project will inherently benefit vulnerable groups by deliberately increasing and improving their access to opportunities available to them in the fight against COVID-19.

4.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

The Ministry of Health will oversee stakeholder engagement activities. The SEP is funded under Component 3: Community Engagement and Risk Communication of the project which has a total budget of US\$ 9.30 million equivalent. Management functions and responsibilities

Implementation arrangements for the SEP:

The Ministry of Health through Ghana Health Service will lead and provide oversight on the implementation of the stakeholder engagement plan. The project management unit under the Ghana Health Service will have the primary responsibility to coordinate the implementation of the SEP with other implementation agencies. The MoH/GHS have appointed E&S staff to oversee implementation of environmental and social framework elements of the project including the SEP. The Officers will coordinate with other departments and agencies involved in the implementation of the project to ensure that the SEP activities are integrated in the RCCE strategy and implemented as required. They will monitor the SEP in accordance with the requirements of the legal agreement, including the Environmental and Social Commitment Plan (ESCP).

Table 7: Summary of key Institutions/Focal Persons and their Responsibilities

Institutions/ Focal persons/ Unit	Responsibilities
Ministry of Health	<ul style="list-style-type: none">▪ Oversight responsibility for entire project implementation▪ Responsible for managing the overall operation risks on the project
Project Implementation Unit	<ul style="list-style-type: none">▪ Provide overall Coordination for SEP implementation
Environmental and Social Safeguards Specialists	<ul style="list-style-type: none">▪ Facilitate implementation of SEP▪ Incorporate SEP guidelines in contractors' agreement

-
- Organize and conduct national and sub-national training
 - Develop manuals and modules for capacity building and awareness creation
 - Facilitate monitoring and coordinate monitoring activities on SEP implementation
 - Develop and ensure effective implementation of GRM
 - Liaise with relevant institutions on environmental and social issues
-

6. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people, interested parties and the public with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

6.1. Description of GRM

Grievances redress mechanisms have been established at the district, regional and national levels to handle complaints at the respective health facility by the Grievance Office and at the national level by MoH, including via dedicated hotlines established.

The GRM includes the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the District Chief Executive and District Health Promotion Teams;

Step 2: Regional Director of Health Services;

Step 3: Appeal to the Director General of the Ghana Health Service and the Health Facilities Regulatory Agency of the Ministry of Health.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

In the instance of the COVID-19 emergency, the GRM will be available for use by all project stakeholders including those directly and indirectly impacted, positively or negatively, allowing them to submit questions, concerns/complaints, comments, suggestions and obtain resolution or feedback. Existing grievance procedures would be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

The responsibility for the coordination of the GRM shall rest with the Focal Person of SEP/RCCE implementation and the coordinators of the COVID-19 Call Centres (Hotlines 112 or 311) of the Ministry of Health and Ghana Health Centres and District Health Promotion Centres. Complaints could be registered through face-to-face interactions, calls, text messages, email or voice mail etc. Once they receive complaints from complainants, they will be responsible for logging all complaints. In addition, they will also ensure that grievances are addressed and propose appropriate measures to avoid or minimize adverse impacts of the interventions in order to build trust and maintain rapport by providing affected persons and the wider public with adequate information on the project and its GRM procedures, as well as communicating outcomes with complainants; and regularly provide a report on GRM results to the MoH/GHS and the World Bank.

7. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. The project will maintain Stakeholder Engagement Log that chronicles all stakeholder engagements undertaken or planned. The Engagement Log includes location and dates of meetings, workshops, and a description of the project-affected parties and other stakeholders consulted. The project will also develop an evaluation form to assess the effectiveness of every formal engagement process. The evaluation questions will be designed as appropriate for the relevant audience.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. It may also include for instance, how the project implementation agency responded to the concerns raised, how these responses were conveyed back to those consulted, details of outstanding issues and any planned follow up. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement

activities undertaken by the Project during the year may be conveyed to the stakeholders through various means including publication of a standalone annual report on project's interaction with the stakeholders and other planned communication channels of the project.

ANNEX 1: Some Key Communication Messages

(Source: Ghana's COVID-19 Risk Communication & Community Engagement Strategy, 2020)

Messages on COVID-19 will be framed and designed to address the following:

What COVID-19 is

- COVID-19 is a disease caused by a new strain of coronavirus. First detected in Wuhan, China, the virus is new and linked to the same family of viruses that cause Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

Symptoms of COVID-19

- Symptoms vary in different people but generally most people who catch the virus experience, fever, coughing and shortness of breath. Others report loss of appetite and sense of smell.
- However, it has been discovered that many infected people may show only mild symptoms or be 'asymptomatic', meaning they show no symptoms at all.
- While most people recover from COVID-19 in more severe cases, the virus can cause pneumonia or breathing difficulties and lead to death.

Who is most at risk?

- Anyone, irrespective of age, ethnicity, race, education and socio-economic status can catch the disease.
- However, some people are more at risk than others and when infected can be more severely ill. The at-risk group includes older people, and people with pre-existing medical conditions, such as diabetes, hypertension and heart disease.

How infection occurs and spreads

- COVID-19 is a very infectious disease and is spreading very quickly around the world. You can be infected through direct contact with respiratory droplets of an infected person through coughing, sneezing, talking and singing.
- The COVID-19 virus can also survive on surfaces for several hours so you can be infected if you touch contaminated surfaces and then touch your eyes, nose or mouth. New

evidence suggests however that this may be low risk compared to other ways the disease spreads, but public bathrooms and common areas are still considered high risk.

- Emerging information suggests gatherings in enclosed spaces like workplaces, religious places, restaurants, parties/weddings, conferences, cinema halls, gyms, theatres, etc. are very risk

Prevention of the spread of COVID-19

- A number of public health measures can prevent infection and the spread of COVID-19. These safety measures include:
- Washing hands for more than 20 seconds under running water as frequently as possible kills the virus if on your hand.
- Using hand sanitizers when handwashing is not immediately possible is also effective in killing the virus if on your hand.
- Covering your mouth and nose when coughing and sneezing with, handkerchief, tissue or bended elbow to prevent spreading droplets.
- Disposing of used tissue immediately
- Using masks to cover your face in public places. Mask wearing is now mandatory and carries a fine or imprisonment (refer to appendix 8).
- Maintaining physical distance of two meters in public (refer to appendix 9).
- Avoiding touching surfaces and objects in public places or using a sanitizer or washing your hands immediately after touching.
- If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others.
- Avoid staying in enclosed places where there are others for more than an hour if possible; it is better to be outside than indoors with people.

What to do if infected or showing suspected symptoms

- Stay at home if you feel unwell and showing any of the symptoms of the coronavirus such as fever, coughing or sneezing and contact a medical professional for help.
- Self-isolate by avoiding physical contact with anyone, including those you live with.
- If your cough is getting worse and you are having difficulty breathing, seek medical attention immediately.
- Quarantine for at least 14 days.

Availability of medicines or therapies that can prevent or cure COVID-19

- There is no one 'magic' cure or available vaccine for COVID-19, yet. However, some western, traditional or home remedies may provide comfort and alleviate symptoms of COVID19.

- Doctors advise that boosting the immune system by eating the right foods, for example, can also help quicker recovery from the disease. Those with severe symptoms are treated with appropriate medications that address symptoms.
- Unfortunately, there are many fake cures and remedies on the Ghanaian market that can harm your help so beware and check with the Ghana Standards Board to determine if a remedy is certified or not.

Case count and management

- Daily updates on progress and containment of COVID-19, including number of cumulative infections, number of people who have recovered, number of deaths
- Cases should be broken down into regions and districts to show community spread
- Infographics can help illustrate messages on case count and management.

Addressing Uncertainty

The coronavirus is a new virus and scientists are still discovering new things each day. It is important to accurately communicate scientific uncertainty and be very upfront about what is not known about the disease.

Update facts as new information emerges and explain why measures could be revised (for example there is increasingly stronger evidence of the efficacy of mask wearing compared to earlier on in the disease when WHO recommended masks only for people who had been infected).

Addressing stigma

- Stigma is fuelled fundamentally by fear and lack of knowledge. Knowing what COVID-19 is and how to prevent infection can help understanding.
- COVID-19 can infect and cause sickness in anybody regardless of gender, race, ethnicity, age, education or socio-economic status.
- Similar to other diseases we live with, such as malaria, most people recover; someone who has completed quarantine does not pose a risk of infection to other people
- Do not shun or tease anyone about being sick; remember that the virus doesn't follow geographical boundaries or ethnicities.

Addressing Disinformation, rumours and misinformation

- Myths and misconceptions on how to prevent infection or cure COVID-19 that must be addressed. For example, drinking alcohol, chlorine, seawater or spraying them all over your body will not kill viruses that have already entered your body and are extremely harmful.

- Foods like garlic, ginger, etc. are healthy but there is no evidence that eating them will protect you from COVID19.
- Steam inhalation with neem and other cold ointments (such as Robb) can help alleviate symptoms but there is no evidence they prevent or cure the disease.
- Rumours and misinformation about spread, prominent people contracting the disease

Stay-At-Home Measures

- To control the transmission of COVID-19 many countries introduced measures aimed at restricting the movement of people, broadly termed stay-at-home measures.
- Lockdowns, curfews (which restrict movement at certain times of the day) and quarantines (which restrict movement of individuals) are examples of mandatory measures aimed at controlling disease spread that involves restrictions on normal social and economic life.
- Lockdowns can vary in degree from total movement restrictions to restrictions for particular communities or locations. Most lockdowns make exceptions only for essential services to operate.

What Government is doing to address the COVID-19 threat

- Empowering people with information through intense public education and community engagement so they can take the right precautionary measures.
- Tracing, testing and treating people who are infected
- Increasing testing facilities in the country
- Creating isolation centres in communities across the country where those who cannot self-isolate at home can go to avoid infecting others within their household and compound.
- Designating special COVID-19 hospital and health facilities around the country to focus special attention on treating infected and ill patients.
- Directing stay at home or lockdown measures when and where necessary.
- Putting in place workplace and school protocols to guide people on how to behave to avoid being infected or infecting others and getting help if they contract the disease (see appendix 10).
- Putting measures in place to mitigate economic hardship on especially the vulnerable and businesses and to keep the economy going.
- Enacting legislation to support mitigation measures and protect public safety.

ANNEX 2: Public Education and Media Engagement Plan

(Source: Ghana's COVID-19 Risk Communication & Community Engagement Strategy, 2020)

Context

During health crises people must be well informed so they know what individual preventive measures to take to avoid infection and the spread of disease. In today's world professional media and digital technologies play a crucial role in the flow of information. Public education through the media and other digitally-driven platforms of communication is therefore crucial in ensuring people get timely accurate and useful information on COVID-19. The Ministry of Information is the main implementer of the Ghana government's public education and media plan and is working in conjunction with other state institutions, primarily the Ministry of Health, Ghana Health Service (GHS), the Health Promotion Division (HPD) of GHS and the National Commission on Civic Education (NCCE) to educate and provide helpful information to the public to inform their decisions regarding COVID-19.

The media is the key partner in the Government's public education plan because it is cost efficient and has nationwide reach. Ghana has a vibrant media landscape with multiple outlets and an ever-increasing plethora of newspapers, magazines, radio, television, online and social media. As of December 2019, the National Communications Authority (NCA) had given authorization for to 513 FM stations out of which 399 were on air and 140 television stations of which 96 were on air. Thirty-one of the radio stations are classified as public, 5 as foreign, 21 as campus, 75 as community and 381 as commercial, according to NCA statistics, with a regional breakdown of on air stations as follows: Ashanti 57, Bono 34, Bono East 25, Ahafo 6, Central 32, Eastern 32, Greater Accra 51, Northern 23, Savannah 7, North East 2, Upper East 18, Upper West 18, Volta 28, Oti 7, Western 42 and Western North 17 (NCA Quarterly Statistical Bulletin, Vol. 4 Issue 4, December 2019). In addition to this wide array of broadcast media, there are more than 1,000 active print media registered with the National Media Commission (NMC), including at least 10 regular daily newspapers. In addition to online and social media platforms these legacy platforms are available for news and information dissemination on COVID-19.

Objectives of Plan

To formulate and implement strategies to educate and inform the general public, most at risk groups and communities on the Novel Coronavirus in order to create awareness on the COVID-19 disease, what preventive measures and proactive actions to take to avoid infection, and the resources available to them, including where to get healthcare.

Audiences

- General Public
- At Risk Groups

- Local Communities
- Healthcare workers
- All state institutions
- All professional bodies, unions and associational groups, etc.

Key Stakeholders

- Ghana Broadcasting Corporation national, regional and rural radio and televisions
Commercial radio stations
- Community radio stations
- Campus radio stations
- Free-on-air television stations
- Ghana News Agency (GNA)
- State-owned newspapers
- Selected privately-owned newspapers
- Ghana Independent Broadcasters Association (GIBA)
- Ghana Journalists Association (GJA)
- Ghana Community Radio Network
- Private Newspaper Publishers Association of Ghana (PRINPAG)
- Advertising Association of Ghana (AAG)
- National Media Commission (NMC)
- Institute of Public Relations (IPR), Ghana
- National Film Authority
- Traditional authorities and opinion leaders
- Local influencers
- Metropolitan and District assemblies

Communication Goals

The aim of the public education and media plan is to engage legacy and social media actors and use other specialized communication (e.g. mobile vans, robocall) platforms to raise awareness on COVID-19 and bring about social and behavioural change in communities and on the individual level to mitigate the spread and impact of the disease.

Communication Strategies

The Ministry of Information has designed a five-strand communication strategy to complement the community engagement and social mobilisation strategy aimed at outreach in local communities. The public education and media engagement strategy components are: Public Education and Social Mobilization; Legacy/Traditional Media (e.g. newspapers radio, television) Engagements; Use of Online and Social Media; Biweekly Press Briefings and Government Communication.

Public education campaign & social mobilization: This will involve the use of ISD Vans popularly known as Aban cene to broadcast pre-prepared messages on COVID-19 throughout communities with the priority being communities least served by FM radio. District Information Officers (DIOs) and cinema van commentators will also run commentary on COVID-19 to educate the public in all 260 districts in the country. In areas where mobile vans are unavailable, the district assemblies and other decentralised Institutions will provide vans for the use of public education teams.

In addition, Community Information Centres will be used in a similar manner to disseminate pre-prepared messages to communities, accompanied by additional information from communication teams.

The support of traditional authorities, local influencers and opinion leaders will also be leveraged to amplify the messages from the public education campaign.

- **Legacy/Traditional Media Engagements:** Billboards, infomercials and the buying of media airtime both on TV and radio will be used to disseminate COVID-19 information and to educate the public. Journalists will also be encouraged and supported to cover covid-19 related events and issues and to do produce compelling stories, including giving voice to personal testimonies of frontline workers and COVID-19 recovered patients. COVID-19 spokespersons will also be available to grant media interviews. In addition, the media will be engaged to do special programmes on COVID-19. The capacity of journalists will also be built to enhance their understanding of the virus and how to report accurately on it.
- **Online, Social Media and other IT-based Communications:** In addition to using social media and other available online sources (including websites of key government institutions) to communicate on COVID-19, specialized IT sources such as robocalls and a COVID-19 Call Centre will be set up to respond to questions, provide general information on covid-10.
- **Bi-Weekly Press Briefings at Mol:** Twice each week on assigned dates and times the Ministry will host a press briefing where case counts, case management, updates and developments on COVID-19 will be given. Various stakeholders and industry players, including GHS officials will be brought together to give information to citizens on a regular basis. The bi-weekly briefings will be carried live and translated in 13 key local languages. YouTube videos will also be made available
- **Government Communication:** A well-informed group of spokespersons and health experts will be deployed to various TV and radio stations to educate the public. In addition, there will be periodic Presidential addresses to the nation on the situation and government responses which will be carried live and disseminated widely in social media as well.

Channels and Tools

Public Education will be done using broadcast vans, field announcements, community information centres (CICs), etc. primarily by the Information Services Department (ISD) in cooperation with health officials, HPD and NCCE to carry COVID-related messages across the entire country.

There will be Poster and Sticker Campaigns, as well as Radio and TV campaigns.

YouTube videos of Presidential addresses and bi-weekly press briefings will be produced and made widely available in addition to educational videos and animation in local languages.

A widely advertised Call Centre dedicated number (311) will allow people to receive information and request assistance and guidance in the fight on COVID-19.

Messages

All messaging on COVID-19 will be clear, consistent, concrete, and repeated frequently to help people understand and remember what to do or not to do. Information targeted at the public will use plain language in explaining the science behind the disease and familiar words to help people understand. As much as possible cultural symbols people can relate to such as the manner of dress, familiar foods and community settings will be incorporated in messages and local analogies drawn to help people relate better to new concepts. Foreign idioms, references and images of other races should not be used in health messages intended for target audiences in Ghana. All messages will be customized and translated from English into relevant local languages to suit specific target audiences.

There are different types of approaches used in health communication to attract attention and compel action from audiences, including fear, humour, rationale/factual and emotional appeals. Messages can also have positive appeals, such as asking people to do something positive like washing their hands frequently, or negative appeals, such as discouraging people from engaging in certain behaviours (e.g. “do not shake hands”). Depending on the intent of the message and the target audience, communication on COVID-19 will use a combination of these message appeals. For example, a message such as, “the coronavirus spreads easily so do not share cups and eating utensils with others,” contains both a rationale and a negative appeal.

Key messages will be crafted to create awareness and motivate social and behavioural change, to provide updates and new information and to address basic issues such as:

- Understanding of what the coronavirus and COVID-19 and its symptoms
- Who is most at risk?
- How infection occurs and spreads and how to prevent spread
- What to do if infected or showing suspected symptoms and availability of medicines or therapies that can prevent or cure the disease
- Number of cases, recoveries, deaths and management of cases

- Uncertainty of aspects of the disease
- The problem of stigmatization and how to stop it
- The challenge of disinformation, misinformation and rumours and need to check facts
- What Government is doing to address the COVID-19 threat
- Information on progress of the disease and new developments
- The fact that the disease may be with us for a long time.
- The shared responsibility of everyone in the fight against the disease

Media Monitoring and Evaluation

The media monitoring unit of the ISD will monitor news and information on COVID-19.

In addition, there will be documentation and dissemination of success stories of the Ghana COVID-19 Emergency Preparedness and Response Project.

ANNEX 3: Social media plan

(Source: Ghana's COVID-19 Risk Communication & Community Engagement Strategy, 2020)

Social media is a powerful tool for disseminating information and engaging audiences and increasingly people are going to online and social media sources for health information. Reports indicate high social media use in Ghana with more than 19.53 million mobile users, 10 million internet users, and 5.6 million active social media (Graphic, Feb 18, 2018). Tracking and using health marketing tactics to reach social media audiences with COVID-19 information may be time consuming, therefore media firms could be contracted to push and track COVID-19 information on social media.

Platforms for Communicating

In addition to relevant government websites, COVID-19 information will be communicated through commonly used social media platforms in Ghana namely: WhatsApp, Facebook, Twitter and Instagram, YouTube and Pinterest.

Creating and Maintaining a social media presence

- Most government institutions at the national, regional and district levels already have websites; also, many have social media accounts, especially Facebook and Twitter. However, these are not updated regularly.
- It is important to improve the visibility and reach of websites and social media platforms by enhancing the look and making it more active.
- Websites and social media accounts of all relevant COVID-19 information implementing entities, including the Ministry of Health, Ghana Health Service, Health Promotion Division of the GHS, Ministry of Information and NCCE, should be updated daily with relevant information on case counts and management and other COVID-19-related information.
- Social media allows for interactivity with users. Communicators will keep audiences engaged by posting regularly, responding to their messages and comments and creating interactive content.

Social media Content

- Content of social media will be tailored to suit different audiences taking into account the preferred platform of different demographic groups.
- COVID-19 related information will be tailored to suit different social media platforms (e.g. videos for YouTube; infographics and short messages for WhatsApp; shorter messages averaging 40 characters and no more than 280 characters for Twitter; longer information and write-ups for Facebook and websites, and pictures and images for Instagram).
- Daily updates on case counts, accompanied by infographics will be provided

- Messages on good practices and preventative measures will be reinforced.
- Tweets from official sources will be inserted into online conversations to sustain interest and tweets of partners posting about COVID-19 re-tweeted
- Voice of COVID-19 frontline workers and patients will be incorporated
- Particular attention will be given to visual appeal of posts by using infographics, graphs, Graphics Interchange Format (GIFS), photos and audio-visual clips, etc. to capture and sustain interest. Infographics help to simplify information and can be used to tell better stories and create a fast but lasting impact.
- Links to other relevant information and useful resources will be provided
- Posts will be made to address fake news, rumours, misinformation and disinformation on COVID-19.
- Information on where to go to for help will be provided
- Stories on people who have recovered and are champions of anti-stigma
- Information on what government is doing to address COVID-19

Tracking social media Engagements for feedback and action

- Interactions on social media will be tracked through metrics such as: Likes, Follows, Shares, Comments, Retweets, and Click-throughs.
- Website traffic will also be tracked over a set period to monitor the number of views and the kinds of information people access.
- Social media will also be used to monitor, gather and respond to rumours and myths in relation to COVID-19 and surveillance.

ANNEX 4: Community Engagement and Anti-stigma campaign

(Source: Ghana’s COVID-19 Risk Communication & Community Engagement Strategy, 2020)

Context

Communities are made up of groups of people who have common characteristics and defined by their geographic location, ethnicity, occupation or shared interest and other common bonds, or other demographic factors such as age and gender. Community engagement provides opportunities for different communities of people, including under-represented and excluded groups from being informed and participating in public decision-making to achieve a common purpose. The Health Promotion Division of the Ghana Health Service will lead the institutional communication engagement and anti-stigma campaign on COVID-19 and will train COVID teams and institutional staff across the country. Community engagement will be driven by the National Risk Communication Team of the Ghana Health Service in collaboration with other stakeholders from the health sector, Ministry of Information as well as NCCE.

Objectives of Plan

The Community and anti-stigma campaign plan will guide how groups and communities at all levels of the country – national, regional, district, sub-district – will be mobilized and engaged on COVID-19 through a number of face-to-face, media and communication platforms. The community engagement activities outlined in the plan complement other public education and media engagement activities which are aimed at supporting government’s response to the COVID-19 pandemic

Communication goals

- To engage groups and local communities on what to do to avoid infection, stop the spread of and prevent stigma relating to COVID-19 in their communities.
- To provide information on healthcare for COVID-19, adopting healthy behaviours and other mitigation measures available to reduce the impact of the disease.

Audiences

- The General Public
- Residents in ‘hot spots’ of the disease
- Most at risk groups (e.g. people living with HIV/AIDS)
- Vulnerable groups such as people living with disability and homeless people
- Port staff at all points of entry (Immigration, CEPs, and Port Health staff)
- Tourism Industry people
- Traditional authorities and opinion leaders
- Faith based organisations

- Non-governmental organisations (NGOs)
- Civil Society groups
- Schools, etc.
- Professional organisations, unions, associations
- Businesses/Private sector
- Ghana Road Transport Union (GPRTU) and other transport owners
- Market women (and men), traders, shop owners and street vendors
- Women's groups

Strategies

The broad strategies in the community engagement and anti-stigma campaign involve coordination activities, development and dissemination of SBCC materials, training and capacity building, engagement with groups and within communities, and anti-stigma interventions.

Coordination Activities:

- Risk Communication & Social Mobilization Technical Working Group meets to outline and activate risk communication response plan and work with a variety of international and national partners including: MoH, GHS- Public Relations Unit, HPD, NADMO, Veterinary Services Department, ISD, School Health Education Promotion (SHEP) unit, Red Cross, WHO, UNICEF, USAID FAO etc.
- HPD works with other government ministries, departments and agencies to develop of guidelines and protocols targeted at specific audiences
- Risk communication plan outlined and activated
- Regular meetings held to review progress in implementation of response plan
- A permanent information centre established at the health promotion division with trained personnel to manage the call centre and other call centres to respond to COVID - 19 related cases and other health matters

Development and dissemination of SBCC and other communication materials:

- Development and production of SBCC material on COVID- 19, including content for legacy and social media
- Dissemination of SBCC materials on 2019-COVID-19 at approved entry points, hotels, health facilities, schools, religious worship centers, workplaces, public places, etc.
- Zonal dissemination of emergency preparedness and response plan for risk communication to regional Health Promotion Officers and partners
- Improved sharing of appropriate information and messages
- Development of content to address rumours and emerging issues
- Development of risk communication data visualization dashboard on COVID-19

- Development of real time survey and analytic tool COVID-19 risk communication impact assessment

Training and capacity building programmes for:

- Health staff in risk communication in all 16 regions,
- Regional Risk Communication Teams (5 per region)
- spokespersons
- GHS-Public Relation Unit, Health promotion Division, Public Health Division USAID
- health personals to manage teleconsultation center
- Regional Information Officers of Information Service Department
- Regional Health Promotion Officers
- Regional DHPOs (on interpersonal communication)
- Journalists

Engagement with Groups and Within Communities

- Community engagement activities rolled out in different communities in the country, with a priority on hot spots. Risk communication activities will be undertaken in sub-districts and CHPS zones for at least 12 months (using CIC, House to House, churches, mosques, schools etc.
- Regional Ministers, MMDA's in collaboration with Regional Health Directors to step up community engagement activities in all 16 regions on preventative measures, personal hygiene, wearing of masks campaign, social distancing disinfection of markets, schools and offices, stigma and assisting in setting up isolation
- Orientation, Sensitisation and Engagement Activities on COVID-19 with a number of groups to educate and inform, discuss their roles, and seek support in the implementation of interventions, including:
 - Port staff at all points of entry (Immigration, CEPs, Port Health staff) on COVID-19
 - Ghana Hoteliers Association on COVID-19 and their roles
 - Leadership of Ghana Prisons Service for education on the preventive and control measures
 - Leadership of the Ghana Federation of Disability for education on the preventive and control measures
 - Interpreters and leadership of the Ghana Association for the marginalized
 - Leadership of People living with HIV for education on preventive and control measures
 - Faith-based organization
 - NGOs and Civil Society
 - Ghana National Association for the Deaf
 - Chief Editors and Producers of selected media houses on 2019- COVID-19
 - Political parties

- Parliamentarians
- Ghana Medical Association, Pharmaceutical Society & Allied Health Associations (to advocate for support in surveillance)
- Engagement of fisherfolks and opinion leaders in the fishing areas
- Engagements with traditional leaders to support community engagement
- Engagements on living with the virus

Anti-stigma interventions

- Assisting in setting up isolation
- Community sensitization on anti-stigma
- Using recovered patients in press briefing, in communities as COVID-19 ambassadors
- Using psychologists to help address stigma
- Stigma educational messages for Information services departments, staff and health promotion officers
- Stigma educational messages for the public
- Radio and television discussions on stigma
- Stigma addressed in press briefings
- Presidential speech to contain anti-stigma messages
- High profile personalities infected encouraged to openly declare positive status to fight COVID-19 related stigma
- NCCE-organised training on stigma in districts

Channels, Platforms and tools

- A variety of communication platforms, channels and tools will be used to support the activities indicated above including:
 - Radio and Television
 - Social media
 - Mobile vans
 - Public announcements and education in churches, schools and mosques, community events
 - Public service announcements and advertisements in traditional and social media
 - Rumours and Information surveillance in social media, print, and broadcast media
 - Pull ups
 - Fact Sheets
 - Letters to Editors and FBOs
 - Synopsis and discussion guide
 - National guidelines on social distancing, masking and various workplace protocols
 - Media briefings
 - Radio and television discussion show, including in local languages
 - Daily release of updates on COVID-19

- Drama on COVID- 19 for kids

Messages:

Key messages will aim at creating awareness and motivating social and behavioural change, to provide. Messages will also elicit the support of community leaders and influencers and provide updates and new information to address basic issues such as:

- Understanding of what the coronavirus and COVID-19 and its symptoms
- Who is most at risk?
- How infection occurs and spreads and how to prevent spread
- What to do if infected or showing suspected symptoms and availability of medicines or therapies that can prevent or cure the disease
- Number of cases, recoveries, deaths and management of cases
- Uncertainty of aspects of the disease
- The problem of stigmatization and how to stop it
- The challenge of disinformation, misinformation and rumours and need to check facts
- What Government is doing to address the COVID-19 threat
- Information on progress of the disease and new developments
- The fact that the disease may be with us for a long time.
- The shared responsibility of everyone in the fight against the disease

Monitoring and Evaluation

- Rapid assessment to assess impact of interventions to be conducted
- Media monitoring and feedback activities to be undertaken
- Evaluation of impact of risk communication interventions to be undertaken