REPUBLIC OF GHANA

MINISTRY OF HEALTH

GHANA COVID-19 EMERGENCY RESPONSE ON VACCINES THIRD ADDITIONAL FINANCING (P178054)

STAKEHOLDER ENGAGEMENT PLAN

March 2022

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LIST OF ACRONYMS

CBOs: Community Based Organisations

CIC: Community Information Centres

DFID: Department for International Development

E&S: Environmental and Social

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

MoGSP: Ministry of Gender and Social Protection

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

UNMEER: United Nations Mission for Ebola Emergency Response

UNICEF: United Nations Children's Fund

UNDP: United Nations Development Programme

USAID: United States Agency for International Development

WHO: World Health Organization

1. INTRODUCTION

1.1. 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 thirteen-fold 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. "As of March 24, 2021, the outbreak has resulted in a reported 124,986,300 confirmed cases and 2,749,174 deaths in more than 220 countries and territories. As at November 1 2021, Ghana had tested1,926,374 with 130,710 confirmed cases, 1207 deaths and by February,14 , 2022 .,The confirmed cases had increased to 157,751 with 1419 deaths. Ghana recorded a high daily vaccination of 442,283 on 19th Dec. 2021 but this has reduced to a daily new vaccination of 44,487 by February 6, 2022. The COVID-19 crises have adversely impacted the Ghanaian economy. It steeply reduced economic growth to 0.2 percent by September 2020, increased debt burden, with public debt to GDP reaching 76.1%. The prolonged pandemic has created the impetus to speed up the organization of national vaccination campaign to reduce incidence of COVID-19 and ensure rebound of the economy".

The Project Development Objective (PDO) of the parent project and the AF3 is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana. There is no change in the PDO from the parent project. Since its approval on April 2, 2020, the parent project has been successful in supporting implementation of the country's emergency response and preparedness plan (EPRP) for COVID-19 response. The parent project has four main components, which the AF3 will pursue. In general, Ghana's COVID-19 response is aimed at:

- Limiting and stopping the importation of cases
- Detecting and contain cases by identifying, testing and isolating cases, to allow for effective containment
- Slowing down community spread by putting social distancing measures in place to slow down the spread of the virus
- Caring for the sick by providing healthcare and appropriate health interventions
- Minimising the disruption to the social and economic life of Ghanaians, especially the vulnerable
- Increasing the domestic capacity of all sectors to deal with existing and future shocks, in line with Ghana Beyond Aid.

Ghana's COVID-19 Emergency Preparedness and Response Project-Additional Finance primary objectives of the second AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Ghana through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project and comprises various components.

1.2. Components of Ghana's COVID-19 Emergency Preparedness and Response

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. The existing Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Collaborative Center for Research (KCCR) would investigate pathogens under the One Health approach and lead infectious diseases research and development in the country.

Within the course of the first three months of project implementation, the laboratory system has been expanded from two to ten with streamlined digital solutions for timely case detection, diagnosis and reporting. A total of more than one million COVID-19 tests have been performed as at April 4, 2021.[1]

Through the strengthened surveillance system with 1,340 trained surveillance officers and contact tracers, all the confirmed cases' contacts were traced (100 percent) to date.

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 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 International Health Regulations (IHR) 2005. Several holding, isolation, quarantine, and treatment centers have been identified across the country. This sub-component supports the leasing, renting, establishment and refurbishing of designated facilities and centers 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 Infection Prevention and Control (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

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[1] WHO Country Office for Ghana. Update on COVID-19 response for Ghana. February 23, 2021.

and quarantine centers 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 centers 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.

Currently, case management capacity has been reinforced with 21 treatment centers and 129 Intensive Care Unit (ICU) beds in 10 out of 16 regions, including Greater Accra Region where is the epicenter of COVID-19 and regions with the formal points of entry such as Western, Volta and Upper East Regions.

More than 4,400 health workers were trained in case management and infection prevention and control (IPC).

Health and life insurance packages were provided to health workers to secure the necessary workforce in combatting this crisis.

The project also supports the re-opening of socioeconomic activities, especially school reopening, through fumigation and specific infection prevention and control measures at health facilities and schools.

Sub-component 1.3: Social support to vulnerable groups:

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.

By December 2020, over 20,000 people with disability had received psychosocial support, wheelchairs, and PPE to prevent the infection.

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 National Action Plan for Health Security (NAPHS) and the Universal Health Coverage (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 centers; (vii) strengthening Pre-Hospital Emergency Medicine (PHEM) and community- and event-based surveillance for COVID-19; (vii) 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 centers at all border districts; and (viii) 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.

The project also supports the continuity of essential health and nutrition service delivery. Despite a sharp drop in service utilization, among which child immunizations were most affected in March-May 2020, the Government is making up for missed immunization while the rates for antenatal care (ANC) and counseling for family planning remain lower than the previous years.

Sub-component 1.5: Strengthening preparedness for vaccine deployment:

The project readiness assessment, using the Vaccine Introduction Readiness Assessment Tool (VIRAT)/Vaccine Readiness Assessment Framework (VIRAF) 2.0 tool has been completed and the National COVID-19 Vaccine Deployment Plan has been developed. The subcomponent supports the operationalization of COVID-19 vaccine rollout, including data collection of the priority populations, in-country transportation, cold chain system strengthening, training of vaccinators and waste management for COVID-19 vaccination. Its procurement plan and micro plans are underway.

No major preparatory civil works such as construction, upgrading, expansion or rehabilitation of existing vaccine cold storage units are expected since the recipient has planned to run the COVID-19 vaccination roll out program on the backbone of an already existing E Expanded Program on Immunization (EPI) child immunization program. The country will deploy vaccines that can be stored at +2 - +8 degrees Celsius ($^{\circ}$C). Vaccines stored at negative 20^{0} C and Ultra cold chain would require completely new installation. To address this challenge, the government has proposed to purchase 300 minus 20^{0} C to minus 80^{0} C refrigerators (one per health district (270), one per region (16) and the rest for teaching hospitals and headquarters cold room. This will enable to receive other variant vaccines that any partner may propose to provide. The last mile delivery mechanism ensures that large number of vaccines can be deployed across the country. From past campaigns, the current cold chain infrastructure is estimated to have a capacity to contain over 5million vaccines. The AF will support the procurement of ultra-cold vaccine fridges and vaccines carrier vehicles.

Sub-component 1.6: COVID-19 vaccines acquisition:

Project sub-component 1.6 supports the purchase of COVID-19 vaccines, syringes, international freight, transport to the country and procurement fees to UNICEF or private suppliers.

The Third Additional Financing (AF3) plans to finance the purchasing of vaccines, which meet the Bank's vaccine approval criteria (VAC) and strengthen the health system for large scale vaccine deployment. It provides vaccines to three priority groups in Ghana and will be implement in three phases. The first phase will target 1.56 million health personnel (health providers and administrators), security personnel and persons with known underlying medical conditions; the second phase will target 6.38 million adults above 60 years, secondary and tertiary students, teachers, specialized groups on national assignment, executive and legislature, civil servants, and journalists and; the third phase will target 9.56 million other residents of the country excluding children under 16 years and pregnant women.

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

Sub-component 2.1: Multi-agency support to enhance response:

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 Center (EOC) under GHS which 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 centers and the Ghana Center 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 centers 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 timely support for the inter-ministerial coordination committee (IMCC) has enabled policymakers to develop policies and legislative instruments, including the Imposition of Restrictions Act 2020 (Act 1012) and Executive Instruments (EI 61) and (EI 64) on the wearing of face masks and border closures to protect the population from the spread of the virus.

The inter-agency National Technical Coordinating Committee (NTCC) and the regional and district Public Health Emergency Management Committees (PHEMCs) have been supported to take adequate public health and social measures nationwide.

Sub-component 2.2: Strengthening policy and institutional capacity for disease control:

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 World Organization for Animal Health (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.

Updates: The Government has adjusted protocols of self-quarantine for asymptomatic patients according to the epidemiological trends to avoid overwhelming health facilities and quarantine centers.

The national policy on port health is being reviewed and initial assessments for upgrading and refurbishing Points of Entry is underway.

Component 3: Community Engagement and Risk Communication

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 travelers. 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 center, 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.

Updates: Currently, the project supports nationwide extensive awareness campaigns delivered in a sign language and local languages with wide dissemination of the information, education and communication materials, some of were translated into braille.

The Government has promptly launched a designated official website on COVID-19, three days after its first cases were detected, to limit the number of fake news and to establish trusted communication channels for the media and the population.

The Minister of Information and technical experts conducted daily, then later on semi-weekly briefs with a sign language on local TV and social media. Furthermore, the President has periodic brief in both English and local language to inform residents social and public health measures on Sunday evenings.

Communication caravans went around the country to disseminate information on preventive measures and appropriate care seeking. Resource persons and facilitators were supported by the project to hold awareness discussions in local languages daily on over 200 radio stations.

Call centers and COVID-19 information centers were established in all the 16 regions, responding to inquiries and complaints from citizens. As a result of these extensive awareness campaigns, a survey showed that 97 percent of survey respondents were aware of COVID-19, 70 percent knew the symptoms, and 83 percent reported to have sufficient information about COVID-19. Furthermore, Ghana's COVID-19 Risk Communication and Community Engagement Strategy 2020 has made progress in developing various guidance and plans included in the annex of this SEP and listed below for reference:

1. Key Communication Message Plan
2. Public Education and Media Engagement Plan
3. Social media plan
4. Community Engagement and Anti-stigma campaign
5. Ghana COVID-19 Response Protocols for Conferences, workshops, and private events -Wedding
6. Ghana COVID-19 Response Protocols for Churches
7. Ghana COVID-19 Response Protocols for Mosques
8. Ghana COVID-19 Response Protocols for Tourism
9. Trade and Industry Sector COVID-19 Easing of Restrictions Strategy
10. Ghana COVID-19 Response Protocols for Public Transport TroTro, Taxi and Bus
11. Ghana COVID-19 Response Protocols for Sporting Events, Clubs, Gyms and Keep Fits
12. COVID-19 vaccination dashboard https://www.ghanahealthservice.org/covid19/dashboardm.php

In addition to the ongoing efforts so far made, the MoH and GHS has developed National COVID-19 Vaccine Deployment and Vaccination and the National Communication Strategy For COVID-19 Vaccine Introduction to ensure timely information disclosure, consultation, and dissemination process.

The Ghana National Communication Strategy For COVID-19 Vaccine Introduction has identified stakeholders, especially disadvantaged or vulnerable groups who have barriers to access to health services or health information campaigns, groups who may have distrust of government health programs, and groups who may be hesitant of health interventions such as vaccinations for cultural or religious reasons and measures to address this challenge.

The following summarizes the key elements of the strategy:

● *Identify and prioritize audiences and stakeholders:* In Ghana the decision to vaccinate whether as an adult or a child involves directly or indirectly, by key influencers such as parents, and other family members. However, their decision likely would have been informed by what they heard about the vaccine in the community, whether it is endorsed by health staff, community leaders, other trusted sources, friends and neighbors. Furthermore, provision of vaccine services depends on support from staff of local, district, regional and national units of the Ministry of Health (MOH) and Ghana Health Service (GHS), including vaccinators, logistics staff, and managers. The Strategy will ensure that all of these people understand key issues related to vaccination with the COVID-19 vaccine and that they support the use of the vaccine.

● *Make effective use of multiple and diverse channels to deliver information:* Factors such as audience's educational and literacy levels, access to mass media, and current practices with regard to sources that are perceived as trusted and reliable, as well as budget considerations, would

influence the mix of channels for reaching each set of audience. While interpersonal communication (e.g., a health worker talking about the vaccine) has consistently been proven to be the single most important communication channel for adoption of medical services, other channels must be deployed to support or expand messages delivered face to face. Examples of appropriate supportive channels that will be used for communication and engagement on the COVID-19 Vaccines are printed flyers, posters, flipcharts, billboards, radio or TV spots, town criers, Social/new media platforms, SMS messaging, and community theater.

- *Focus on clear, evidence-based messages tailored to audience needs and literacy level:* Messages tailored for all persons and community members generally would avoid medical jargon, technical terms, and complex concepts. Ideally, these messages would be based on audience research and would focus on what the vaccine does, why it is necessary, who should be vaccinated, where and when you may be vaccinated, how many doses are required etc. In addition, people with low literacy and those living with disabilities may need pictorial materials to help them make informed choices about the vaccination. Even though health workers would require more in-depth information, especially regarding how to handle and administer the vaccine, they would also need clear and uncomplicated messaging on, among other things, what the vaccine does, how it works and its side effects if any. The strategy provides measures to ensure messages are tailored to the right audience.

- *Ensure sociocultural sensitivity of IEC materials through pre-testing among target audiences:* The communication team will ensure that concepts and materials on COVID-19 vaccination are seen as culturally relevant and well understood by the target audiences. Key messages would therefore be carefully tested and evaluated. Pretesting would best be done before the large-scale production of all educational materials and the MOH/GHS will collaborate with relevant MDAs, NGOs, CBOs and other civil society groups to roll out the national communication campaign to all levels.

- *Key challenges in vaccine confidence that this Strategy will address:* Recent vaccination campaigns in Ghana (Polio and Yellow Fever) recorded some rumors, misinformation which led to refusals and vaccine hesitancy which this Strategy seeks to address. Some of the reasons for the rumours and misinformation are due to:
    i. Low level of knowledge about vaccination and low risk perception associated with vaccine-preventable diseases
    ii. Low public confidence in vaccines' safety, effectiveness and quality
    iii. Lack of proactive and positive communication on vaccination from the health workers
    iv. Widely spread disinformation in public and social media
    v. Past negative experience or adverse reactions with vaccinations including side effects

Other potential challenges
- Low capacity of social mobilizers to address hesitancy
- Attitudes of health workers towards the vaccine roll-out

- Logistical constraints (storage, distribution, accessibility including if vaccination will require two rounds). Additionally, there could be logistics constraints in terms of reaching those in remote locations and addressing gendered norms/ barriers where women may need permission from a husband or male member of the household to access clinic for vaccination/ or be constrained from doing so for economic reasons

These challenges have been identified and will be mitigated through continuous engagement and provision of resources to address logistical constraints during implementation.

This SEP will continue to complement the RCCE and National Communication Strategy For COVID-19 Vaccine Introduction and will support information discourse in clear and accessible messaging on principles of fair, equitable and inclusive vaccines access and allocation, as well as rationale for prioritizing the three priority groups. The stakeholder engagement will continue to take place in an on-going manner, at various levels, with different partners, and in a culturally appropriate manner, including a process for providing support for those who may be adversely impacted because of the vaccination. Grievance Mechanism (proportionate to potential risks and impacts) have been put in place under the parent project with COVID-19 Call Centers with toll-free numbers and COVID-19 information centers in all the 16 regions. The GRM will be strengthened and equipped to address community and/or individual grievances, including the process for addressing complaints from those who may be adversely impacted because of the vaccination.

The source of funding for SEP implementation will continue to come from this component – Community Engagement and Risk Communication.

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

Sub-component 4.1: Implementation, management, and oversight:

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 (e) 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 this could include: (i) training in participatory monitoring and evaluation at all administrative levels, including: (1) the carrying out of evaluation workshops; and (2) the development of an action plan for monitoring and evaluation; and (3) the replication of successful models. Monitoring and evaluation activities such as (1) Supporting the PIU in the monitoring of Project implementation through, inter alia: (I) the collection of data from line ministries and other implementation agencies; (II) the compilation of

data into progress reports of Project implementation; (III) the carrying out of surveys; (IV) the carrying out of annual expenditure reviews; and (V) Carrying out 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.

Updates: So far, building on the existing M&E systems in the country, the Project Implementation Unit (PIU) has been effectively monitoring the progress of the key results indicators.

The PIU regularly submits reports on financial, procurement and implementation of the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and the Environmental and Social Commitment Plan (ESCP) in compliance with the World Bank's requirements. A designated ESMF focal person has been appointed to ensure that the project meets the environment and social standards. The Project Implementation Manual (PIM) was developed and is being implemented.

Despite an unprecedented number of transactions in procurement and financial management (FM), the PIU staff successfully managed the project and have obtained experience in dealing with emergency operations with extensive support from the World Bank team.

Sub-component 4.2: Strong institutions for managing Ghana Center for Disease Control (CDC):

The terms of reference (ToR) for a task team to oversee the implementation of the Ghana CDC has been developed and consultations on the establishment of the core task team is underway.

Proposed Changes of AF3

The changes proposed for the AF3 entail scaling up of the COVID-19 vaccination, which the parent project, Ghana COVID-19 Emergency Preparedness and Response Project (P173788) has been supporting. As the proposed activities to be funded under the AF3 for Ghana are aligned with the original PDO, the PDO would remain unchanged. The total project amount will be increased from US$365.0 million to US$425.6 million. The project closing date is proposed to be extended from June 30, 2023 to June 30, 2024.

Proposed New Activities
The additional activities will be incorporated into the existing components of the parent project as described below.

Component 1: Emergency COVID-19 response

Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting. This sub-component would be scaled up. The AF3 plans to strengthen a network of laboratories, including those providing laboratory services to PHC facilities, building on the support under the parent project. Under an optimal allocation of laboratories across the country, the AF3 will provide TA to identify the selected Hub laboratories (in addition to the existing high-level reference laboratories) at the regional level and satellite field laboratories at the district level and provide lateral flow test and antigen test kits for rapid testing, reagents, and other consumables. The AF3 will also support research on the compatibility of different COVID-19 vaccines and other COVID-19 related issues.

Sub-component 1.2: Containment, Isolation and Treatment. This sub-component would be scaled up. This is a continuation of support from the AF1 in providing new medications, which are being developed as treatment for COVID-19 cases, leveraging latest technologies to enhance case management, and procuring PPEs and other Infection Prevention and Control (IPC) materials to secure the safety of health workers and patients at the healthcare settings. The AF3 will also support the provision and strategic distribution of COVID-19 medicines. The beneficiary health facilities will include faith-based, quasi-government and private health facilities to augment the country's case management capacity. Moreover, this sub-component will support strengthening in-country supply chain management, including the rehabilitation of the cold rooms.

This sub-component would also introduce new activities. The AF3 will support the refurbishment or new construction of Children's Emergency and Infectious Diseases Hospital in Accra and three health facilities in newly divided administrative regions. The AF3 will also provide medical and diagnostic equipment necessary for the above health facilities.

Sub-component 1.5: Strengthening Vaccine Deployment. This sub-component would be scaled up. The AF3 will continue to support the preparation and scaling up of COVID-19 vaccines deployment in the country. The AF3 will extensively support service delivery at the sub-national level, including: (i) training of surveillance officers, data managers, finance officers and immunization teams; (ii) district and sub-district levels microplanning; (iii) administration of COVID-19 vaccination and the synchronized social mobilization, risk communication and community engagement; (iv) procurement of motorbikes and their maintenance; (v) monitoring and supervision of COVID-19 vaccination at the national and sub-national levels; (vi) waste management; (vii) AEFIs monitoring; (viii) monitoring for vaccine safety; (ix) COVID-19 vaccination data management; and (x) continuing professional education in the areas of public health intelligence, and health policy and financing for pandemics and epidemics. The FDA Ghana is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy and is solely responsible for the authorization and deployment of the vaccines in the country. The World Bank supported activities require special care in due diligence to ensure that the project support for vaccine education campaign is not intermingled with information campaigns about the government's mandatory vaccination policy.

Sub-component 1.6: COVID-19 vaccines acquisition. Ghana will continue to use the vaccine purchase and financing mechanisms through the AVAT. The AF3 estimates that the financial envelop would enable Ghana to acquire an additional 2.4 million doses of Janssen vaccine (for an additional 7.7 percent of the total population) and would contribute to increasing the cumulative vaccination coverage, which would exceed the national target. However, with the newly developed protocols and guidelines to include children aged 15 and above and booster shots for health workers, people above 60 years old and the arms of the government in the national vaccination programs, the additional doses of vaccines will significantly contribute to reaching the expanded national goal. The NTCC is already considering further lowering the eligible age of COVID-19 vaccination up to five years old. The eligibility for a booster shot will be likely expanded as the COVID-19 vaccination is being scaled up in the country. Furthermore, the Presidential Task Force has decided to reserve some COVID-19 vaccines as contingency with severe lessons learned from the sudden disruption of vaccines supplies and subsequent vaccines shortages in the country.

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

Sub-component 2.1: Multi-agency support to enhance response. This sub-component is proposed to be scaled up. This is a continuation of support from the parent project and the AF1 in supporting the

Parliament, the Inter-Ministerial Coordination Committee (IMCC) and the NTCC to develop and implement legislations and policies for social and public health measures to end the pandemic.

Sub-component 2.3: Support for the National Vaccine Institute. This is a new sub-component and new activity. This sub-component will support the establishment of the NVI. The NVI is a continental effort to promote the domestic manufacturing of vaccines in Africa. Ghana considers this initiative even beyond COVID-19 vaccines but envisages a longer-term vaccine manufacturing as it will graduate from GAVI's support sooner rather than later as a lower middle-income country. The GoG has developed the Roadmap for the NVI, followed by the consultations with key stakeholders, including the World Bank and other development partners. The Cabinet has approved the Bill, which is currently under discussion at the Parliament for its legal establishment. The International Finance Corporation (IFC) is supporting the market assessment and will potentially support the development of a business plan of a local manufacturer together with GIZ/EU, USAID and other DPs, which will be presented to the investors' community. The AF3 will support the NVI only after it is legally established and the necessary assessments were conducted, satisfactory to the World Bank.

2. RATIONALE AND OBJECTIVE OF THE SEP

To ensure a successful implementation of the Additional Financing 3, a comprehensive and elaborate communication strategy must be planned and executed. Section one discusses the goal, objective and strategic communication approach of COVID-19. Section two discusses the target audiences and approach as well as stakeholder mapping. The third section focuses on IEC materials and strategic media campaign (social, traditional and new media. The final section discusses risk and crisis communication as well as rumor management.

2.1. Goal

The overall goal of this strategy is to ensure accurate understanding of the benefits of covid-19 vaccination and alleviate apprehension about the vaccine, to ensure its acceptance and encourage uptake across various audiences.

2.2. Objectives

- Create demand, promote acceptability, accessibility and uptake of COVID-19 vaccine among at least 90% of the general public and re-vaccination of the targeted population (e.g., health workers and the elderly).

- Develop appropriate messages and identify channels to communicate the potential benefits and risks of the vaccine to all concerned parties, including decision-makers at all levels.

- Provide timely and accurate information to address misinformation, rumors and other crisis situations.

- Effectively mobilize and empower communities to ensure participation and ownership of the vaccination process

- Strengthen communication mechanisms and partnerships among key stakeholders to support the national communication effort.

- Strengthen risk communication at the Port of Entry building on the investment made under the parent project and the AF1.

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

To meet best practice approaches, the project (Additional Finance 3) 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 always 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, displaced persons, those with underlying health issues, persons with disabilities and the cultural sensitivities of diverse ethnic groups.

- *Flexibility*: Due to the possibility of limitations with social distancing for some of the stakeholder engagement process, the methodology will adapt various forms of communication including internet and phone communication as may be appropriate

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 actively 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 status2, 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:

- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Urban and peri-urban populations
- Rural populations
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, clinics, quarantine centers and screening posts
- People at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Residents, business entities, and individual entrepreneurs in the project that can benefit from the employment, training, and business opportunities.
- Public Health Workers
- Municipal waste collection and disposal workers
- MOH and GHS

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2 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.

- Other Public authorities including Municipal authorities of the project area and Environmental Protection Agency
- Airline and border control staff
- Airlines and other international transport business
- Africa CDC, WHO and other development partners who directly support COVID-19 response.

3.3. Other interested parties

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

- Traditional media (e.g., Television, radio, newspapers, and flyers)
- Participants of social media
- Politicians
- Other national and international health organizations
- Other local and international NGOs
- Businesses with international links
- Religious community
- Academia
- 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. It is particularly important to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, disability, 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 the facilitation of 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.

According to the WHO Framework for Allocation and Prioritization of COVID-19 vaccination, vulnerable or potentially disadvantaged groups during the COVID-19 vaccination program may include but not limited to the following:

- People living in poverty, especially extreme poverty.
- Homeless people, and those living in informal settlements or urban slums.
- Disadvantaged or persecuted ethnic, gender, and religious groups

- Low-income migrant workers, refugees, internally displaced persons, populations in conflict setting or those affected by humanitarian emergencies, nomadic populations.
- Hard to reach population groups.
- Elderly
- Illiterate people
- People with disabilities
  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 Table 1.

3.5. 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 1: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
Metropolitan Municipal and District Assemblies	Support in the implementation of project components in their assemblies Support dissemination of information on government COVID-19 response and updates • 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

Stakeholder Group(s)	Role in project	Interest	Influence
Healthcare Workers/frontline workers (at national, regional and district levels)	• Provision of care and support including required information to COVID-19 patients and vaccination of targeted population • 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.)	• 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	• 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
Patients in holding and, treatment centers	• 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	• 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	• 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	• 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	• Recipients of information about laboratories, quarantine centers, and screening posts in their neighborhood • Adherence to safety protocols	High	Moderate
Contractors	• Recipients of information available contracts • Information on E&S and other SOP at construction sites • Adhering to social distancing directives/advice	High	Moderate

Stakeholder Group(s)	Role in project	Interest	Influence
Workers at construction sites of laboratories, quarantine centers and screening posts	• 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	• 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	• 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	• Recipients of information on guidelines governing the hospitality industry during COVID-19 • Strict adherence to guidelines governing hospitality facilities. • Adhere to social distancing directives/advice	Low	Low
Airline and border control staff	• 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	• 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	• 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	• 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
Targeted population for vaccination including frontline workers, aged, persons with comorbidities, and the	• Recipients of information COVID-19 related SOPs governing their job schedule • Adhere to social distancing directives/advice	High	High

Stakeholder Group(s)	Role in project	Interest	Influence
general public within the target group for vaccination	• Recipient of COVID-19 vaccines		
Other Interested Parties			
Ministry of Finance	• Disbursement of project funds	High	High
Parliament	• 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
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	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Low	Moderate
Vulnerable Groups			
Persons with disabilities	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people	High	Low

Stakeholder Group(s)	Role in project	Interest	Influence
	• Adhere to social distancing directives/advice		
Elderly persons	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine	Moderate	Low
Children	• 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	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	High	Low
PLHIVs	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	Moderate	Low
Residents in slums or low income/informal settlements	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	High	Low
Residents in remote or inaccessible areas	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	Moderate	Low
The homeless	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	Moderate	Low
Patients with chronic diseases or pre-existing conditions	• Recipients of information on the fight against COVID-19 • Recipient of support to vulnerable people • Adhere to social distancing directives/advice • Recipient of the COVID-19 vaccine if they are within the target group for vaccination	High	Low

4. STAKEHOLDER ENGAGEMENT PROGRAM

4.1. Summary of stakeholder engagement done during project preparation.

With the easing of the COVID 19 related restrictions , the team has engaged multiple stakeholders including public authorities and health experts, including Africa CDC, Ministries, Departments and Agencies, (MDAs), Metropolitan, Municipal and District Assemblies (MMDAs), CSOs, NGOs, Traditional leaders across 16 regions, Regional Houses of Chiefs, Christian Council of Ghana, churches, Driver and Vehicle Licensing Authority, Ghana Private Road Transport Union, Market women , immigration, Ghana National Association teachers , National Association of Graduate Teachers, National Council for Persons with Disabilities, Ghana Federation of Disability Organizations, schools for the disabled, other disability, groups, fishing community, prison service , military and people in hard to reach areas.

Ghana has developed a comprehensive and elaborate communication strategy to ensure accurate understanding of the benefits of covid-19 vaccination and ensure its acceptance and uptake across various audiences. The overall approach involved identification and definition of the various audiences, development of appropriate messages for specific audiences and identification of trusted, familiar, and reliable communication channels for delivering these messages at all levels. The following steps employed:

- Identification and prioritization of audiences and stakeholders
- Effective use of multiple and diverse channels to deliver information
- Focus on clear, evidence-based messages tailored to audience needs
- Pretesting of COVID-19 vaccine Educational materials among target audiences
- Collaboration with relevant MDAs, NGOs, CBOs and other civil society groups to roll out the national communication campaign to all levels.

The Ministry of Health/Ghana Health Service with the support of health partners has also developed a National Deployment and Vaccination Plan (NDVP) to guide health workers on the delivery of COVID-19 vaccines to identified population groups.

This plan was developed using the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination and the prioritization roadmap. Recommendations by the National Immunization Technical Advisory Group (NITAG) for Ghana informed the final prioritization for the country.

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 bases 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 should 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 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 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).

Community engagement, effective communication and legitimacy

Community engagement and effective communication are essential to the success of COVID-19 vaccine programmes. These elements are grounded in the legitimacy principle of the Values Framework. This principle requires that prioritization decisions be made through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties. Adhering to the legitimacy principle will serve to promote public trust and acceptance of a COVID-19 vaccine.

The country will adopt the legitimacy principle through practical strategies which will improve the public's perception and understanding of vaccine development and prioritization processes. Examples of such strategies will include i) culturally and linguistically accessible communications made freely available regarding COVID-19 vaccination; ii) recruitment of community opinion leaders to improve awareness and understanding of such communications; and iii) Inclusion of diverse and affected stakeholder opinions in decision-making.

Efforts towards community engagement and effective communication are additionally important in subpopulations which may be unfamiliar with or distrustful of health-care systems. Based on the Values Framework, there will be no tolerance for personal, financial, or political conflict of interest or corruption in the prioritization of groups to have access to COVID-19 vaccines. In all cases, MOH/GHS must provide reasons that even those who disagree can view as reasonable, and not arbitrary or self-serving.

The planned mandatory vaccination announced by the government for a defined group of people (e.g., health workers and security agencies) has been suspended.[3] If mandatory vaccination is introduced during implementation, regulations will be integrated into the National COVID-19 Vaccination Plan including any provisions for exceptions, due process, grievance redress and restrictive measures, such as measures that may interfere with labor and working standards described in ESS Labor and Working Conditions (ESS2).

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[3] *https://citinewsroom.com/2022/01/theres-no-mandatory-covid-19-vaccination-in-ghana-presidency/*

Additionally, the government will put in place measures to ensure that there is no forced vaccination. Vaccinations for the COVID-19 vaccines will be voluntary and devoid of compulsion. Refusal to be vaccinated will not result in punitive measures such as criminal sanctions. However, the government will encourage person through various communication and stakeholder engagements to partake and receive the vaccinations.

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

Table 2:Stakeholders' categories and their stakeholder engagement needs

Stakeholder (individual/ group)	Key Characteristics	Language needs	Preferred medium of engagement/ notification	Specific actions to mitigate these needs
Persons with disabilities	Hearing impairment (Hearing loss) Visual impairment (Low vision or blindness) Physical impairment (Mobility disabilities)	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, focus 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 meetings held for kayayies alone, etc.
Children (particularly from poor families)	Limited voice, low representation, lack of access to	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,

Stakeholder (individual/ group)	Key Characteristics	Language needs	Preferred medium of engagement/ notification	Specific actions to mitigate these needs
	COVID-19 information			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 COVID-19 pandemic and benefits of the project	Verbal, community announcement, print and electronic media, TV, radio, meetings etc.	Accessible formats of venues translators/ interpreters
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.

4.3. Prevention of contagion risks in consultation processes

Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature 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, considering the current COVID-19 situation, and they include:

- Avoidance of public gatherings (considering 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. 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 chat-groups 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 to 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 (Emergency numbers 112 or 311, Toll free number: 0800 110 622, Hotlines: 0307 011 419, +233 55 843 9868 and +233 50 949 7700) with knowledgeable operators.
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

4.4. Proposed strategy for information disclosure

Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. Because all people will not receive the vaccination at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine. For effective stakeholder engagement on COVID-19 vaccination, different communication packages and engagement platforms will be prepared for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These will be available in different local languages. Information disseminated will also include where people can go to get more information, ask questions, and provide feedback. The ESMF for the Project Additional Financing (AF2) remains relevant for this AF3.

Table 3: Information Disclosure Strategy

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	• 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 Draft National Communication Strategy For COVID-19 Vaccine Introduction	Correspondence (Phone, Emails); Formal and informal meetings Formal and informal meetings	Project duration	MoH/GHS; Frontline health workers; Inter-Ministerial Coordinating Committee; National, Regional and district stakeholders	SOP for quarantine facilities Draft National Communication Strategy For COVID-19 Vaccine Introduction	MoH/GHS
Project implementation stage	Strategies for surveillance and isolation of suspected COVID-19 cases	Correspondence (Phone, Emails); Formal and informal meetings	Periodically as the COVID-19 situation and protocols evolves	Ministry of Health Officials • Ghana Health Service Officials • Security forces • Development partners	Solicit stakeholder inputs into the surveillance and activities,	• MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
				• CSOs/NGOs in health, private sector healthcare service providers		
	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	• The General public • Ministries, Departments and Agencies • Health institutions and allied workers • NGOs/CSOs • Vulnerable groups • Development partners • Private sector	• Seeking views and opinions of relevant stakeholders across the country • Enable stakeholders to obtain information, speak freely to share their perception about the COVID-19 vaccine and project related issues • Provide facts/information to clarify concerns/ address fears to increase awareness and "vaccine literacy • Build public trust and confidence • Resolve concerns and grievances as appropriate	• MoH • GHS • NCCE

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
	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	• 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	• Seeking views and opinions of PAPs • Enable stakeholders to obtain information, speak freely about COVID-19 pandemic and project related issues • Build public trust and confidence • Resolve concerns and grievances as appropriate	• MoH • Ministry of Information • GHS • NCCE
	• Disclosure of E&S documents	Official websites of IAs/ Newspaper publications/ publication on notice boards of health facilities	Websites of IAs Once in 2 national daily newspapers notice boards of health facilities	• Ministry of Health website • National news papers • Call centres/codes for the general public)	• Disclose ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. • Project information and progress updates;	• The general public • Health Workers • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
						• Vulnerable groups • MMDAs
	• Citizen's perceptions surveys on government's preparedness and response	Survey	Project duration	• General public • Health workers • Vulnerable groups • CSOs • Development partners • Boarders and Port Authorities	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	• MoH • GHS
	• GRM dissemination and awareness	Meetings, radio/tv discussions, dedicated phone lines, jingles, engagement with community	Project duration Community Information Centres	• The General public • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Vulnerable groups	Dissemination of GR information and call centre numbers to mass audiences	• MoH • Ministry of Information • NCCE

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
	representatives, influencers			• Health workers • MMDAs		
	GBV risk mitigation messaging	Meetings, radio/tv discussions, jingles, engagement with community representatives, influencers	Throughout project implementation/ Community Information Centres	• The general public • Women • Children • Impacted communities • Persons with disability • Health workers • Contractors • Vulnerable groups	• Dissemination of information to mass audiences • Solicit inputs into strategy for mitigating GBV	• MoH • GHS
	SOP for safe and dignified burial	Meetings, focus group discussions, engagement with community representatives, influencers	Throughout project implementation	• Public Healthcare workers • COVID-19 burial team/environmental officers • The general public • Traditional & Faith based leaders • Vulnerable groups Environmental Protection Agency	• Dissemination of information to mass audiences • Solicit inputs into guidelines for burring COVID-19 dead patients	• MoH • GHS •
	Isolation and quarantining facility design Refurbishment/ Construction of Isolation/ quarantine facilities	Correspondence (Phone, Emails); Meetings, engagement with community representatives, influencers	Project duration Community Information Centres	• Ministry of Health • Ghana Health Service staff • Contractors • Environmental Protection Agency	• Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information	• MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					Record discussions and decisions	
	Labor and working conditions associated with the construction or rehabilitation of facilities	Formal meetings/ Correspondences (Phone, Emails);	Duration of the subproject	• Ministry of Health • Ghana Health Service staff • Contractors	• Present information on employees contracts • Display information on notice boards, signposts, radio announcement etc. • Encourage the use of GRM mechanism to address issues on labour and working conditions	• MoH/GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
Project Closure	Lessons Learning Sessions/ sustainability	• Institutional completion reports • Correspondence (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	• 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	• 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-technical information • Record discussions, comments, questions.	• MoH • GHS
	• Project Assets	• Expert one-on-one interviews • Formal meetings	• National, Regional and district level stakeholders	• Ministry of Health Officials • World Bank Group • Health Workers	• Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information	• MoH • GHS

Project stage	List of information to be disclosed	Method proposed	Timetable/ Location	Target Stakeholders	Topic of consultation	Responsibility
					• Record discussions, comments, questions.	

The project includes considerable resources to implement the above actions. The SEP will be funded under Component 3: Community Engagement and Risk Communication of the project.

4.5. Proposed strategy to incorporate the view of vulnerable groups

The National Immunization Technical Advisory Group (NITAG) is responsible for providing independent, evidence-informed advice to policy makers and the EPI Programme on policy issues related to COVID-19 vaccine deployment.

Inter-agency Coordinating Committee (ICC) for Immunization plays an oversight role for the EPI Programme. The committee coordinates technical and material inputs to the programme, increase technical coordination, ensuring efficient use and greater impact of technical, material and financial resources.

With regards to COVID-19 vaccine deployment, the ICC provides technical and managerial support and leads the resource mobilization drive. It participates in the planning, monitoring and evaluation mechanisms of the immunization programme and provide recommendations where necessary.

The Director-General of the Ghana Health Service has established the Technical Working Group (TWG) for COVID-19 Vaccine Readiness and Deployment which is responsible for planning and deploying the COVID-19 vaccines. The TWG has seven sub-committees which are responsible for the following; coordination and resource mobilization, training and service delivery, regulatory and safety, data management, logistics and waste management, communication and research and surveillance

The overall approach would include the identification and mapping of various MDAs, and CSOs[4] that represent the different vulnerable populations to ensure that representatives of key CSOs are selected to represent vulnerable stakeholders on the various coordinating platforms at national, regional and district levels to ensure that they have adequate participation in the decision-making processes that go with the deployment of vaccines. These representatives will be nominated by the identifiable CSOs in the sector.

Planning vaccine deployment target populations should take into consideration vulnerable population (such as persons with co-morbidities, the elderly, persons with disability, prisoners, etc.) that are sometimes not captured under segmented population. Steps should be taken to ensure there is also adequate collaboration with the relevant CSOs to develop appropriate messages for specific audiences, identification of trusted, and reliable communication channels to deliver the national communication campaign messages at all levels to all levels.

4.6. Reporting back to stakeholders

Varied channels will be used to report back to stakeholder and ensure that appropriate information is communicated to the right people at the right place and at the right time. Some measures will include:

- Sensitization activities on COVID-19 vaccine in every health facility.
- Segmented groups for vaccine deployment need transparent public debate to build support for ethical principles, risks, recommendation and preventive measures.

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[4] CSOs must be officially recognized and duly registered in Ghana, visibly representing vulnerable people with nationwide coverage

- Work closely with partner agencies, representatives of local communities with critical populations, to achieve consensus on actions, consistency in messages, and coordinated communication activities.
- Health Policies on COVID-19 immunization need to be coordinated and decentralized manuals developed to support local authorities and community engagements.
- Collaborate with the media to ensure that the general public is well informed on COVID-19 vaccines.
- Train media personnel with the right and essential information on COVID 19 vaccines deployment and usage.
- Develop job aids for health workers
- Develop audio visual materials including posters. Leaflets, jingles, recorded messages on survivors lived experiences with COVID 19 (testimonials) and technical briefs for advocacy
- Conducting social announcements via Community Information System (including mobile vans, market, religious places
- Raise awareness via social media
- Use traditional announcement channels including 'gong-gong' beating; folklores.
- Conduct child-to-child education on COVID 19

Officers of the Health Promotion Division of GHS shall also collaborate closely with the national E&S focal person/team to organize dissemination workshops for regional and national level representatives of CSOs periodically in order to provide feedback on findings from the field and also collect feedback on concerns related to vaccine deployment for E&S safeguards reporting.

4.7. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project 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 will be funded under Component 3: Community Engagement and Risk Communication of the project.

5.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Ghana Ministry of Health (MOH) will be the implementing agency for the project (Additional Finance). The MOH Director, Policy Planning, Monitoring and Evaluation (PPME) supported by a Public Health Expert under the Office of the Director General and Minister of Health is responsible for overall project management and fiduciary requirements. The Project Implementation Unit (PIU) of the Ghana MOH will be responsible for the day-to-day management of activities supported under the subcomponents, as well as the preparation of a consolidated annual work plan and a consolidated activity and financial report for the above-mentioned project components. The PIU already manages and coordinates the Maternal Child Health and Nutrition Project (MCHNP; P145792) funded by the World Bank. In addition, the Director PPME will work in close collaboration and with key agencies involved in the preparedness and response agenda to implement the project. The MOH will assign additional staff to implement the project subcomponents. The PIU of Ghana MOH will deploy existing staff or hire Social & Community Engagement Specialist and Environment Specialist to oversee implementation of environmental and social framework elements of the project, SEP, and other activities. Some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

MoH and specifically the PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

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 with avenues for making a complaint or resolving any dispute that may arise during 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 will be handled at the respective health facility by the Grievance Office and at the national level by MoH, including via dedicated hotlines to be established.

The GRM includes the following steps:

Step 1: Submission of grievances either orally or in writing to dedicated officers at Level 1 (either community/sub-district level health facility or Level 2 (either District hospital, District Health Directorate or MMDA) or Level 3 (either Regional hospital, Regional Health Directorate or Regional Coordinating Council).

Step 2: Recording of grievance and providing the initial response within 24 hours at each level.

Step 3: Investigating the grievance and communication of the response [within 7 days for Level 1; within 14 days for Level 2] and within 72 days for Levels 3.

Step 4: Complainant Responds; there is either grievance closure or grievance remains open for further steps to be taken. If grievance remains open, complainant will be given opportunity to appeal to the Director General of the Ghana Health Service or the Health Facilities Regulatory Agency of the Ministry of Health.

Step 5: Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

The MoH/GHS have multiple and widely known places to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under the project include:

- Toll-free, emergency number and telephone hotline / Short Message Service (SMS) line (Toll free number: 0800 110 622, Emergency number:112 or 311, Hotlines: 0307 011 419, +233 55 843 9868 and +233 50 949 7700)
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels

- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

The project has measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH. The GHS in collaboration with the Ministry of Gender, Children and Social Protection have launched 3-2-1 Platform to create awareness about COVID-19 and gender-based violence, stigma and mental health issues and to provide confidential support to complainants in collaboration with the Domestic Violence and Victims Support Unit [DOVVSU] of the Ghana Police Service.
Once all possible redress has been exhausted and if the complainant is still not satisfied with the resolution, they have the right to legal recourse.

In the instance of the COVID-19 emergency, 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.

7. MONITORING AND REPORTING

The SEP will be periodically revised and updated as necessary during project implementation 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. 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. 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 in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Several Key Performance including number of community mobilization and engagement volunteers trained; communication support materials, personal hygiene materials developed, number of vulnerable groups and individuals engaged etc. will also be monitored by the project on a regular basis.

A monitoring and evaluation framework will be used to monitor processes and outputs from the media and the implemented SBCC activities. A checklist and monitoring tools will be developed and used to assess the progress of the implementation of stakeholder engagement activities at all levels of implementation i.e. national to community level activities and also activities assigned to NGOs. Rapid assessments will also be conducted periodically to evaluate effectiveness of implemented activities on COVID-19 to targeted audiences in the communities. An electronic system would be developed to support the Health Promotion Unit of GHS to monitor the activities of the media houses, social media and NGOs and government agencies through a centralized software and to feedback to the MoH and its agencies. Further details will be outlined in the Updated SEP, to be prepared and disclosed before the commencement of Project activities.

ANNEX 1: 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.

Basic measures for preventing spread of COVID-19.

- Several 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.
- Health promotion officers should dialogue with community, religious and influential leaders, etc. to develop evidence based, responsive, empathic, and transparent KEY MESSAGES that can contribute to reducing vaccine hesitancy and improving vaccine uptake. The messaging should also address how to report adverse events following immunization.

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 anymore, 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 fueled 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.
- Like 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, rumors, 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.

COVID-19 Vaccination

Key Messages to various target audience outlined in the National Communication Strategy For COVID-19 Vaccine Introduction

Key Messages for Vulnerable Population: COVID-19 is especially dangerous for elderly people and people with underlying   health conditions. Protect yourself before it's too late.
●COVID-19 can cause severe complications, may require hospitalization or even be deadly.
●Vaccination can protect you from the lethal consequences of COVID-19.
●COVID-19 vaccines are safe and effective. **Go for it!**
●The safety of vaccines is subject of extensive testing and quality reviews. Only when the rigorous international quality standards are met, the vaccines can get licensed for the introduction at the global market. The standards are international, so that quality of manufacturing but not perception of the country of production is the only relevant guarantor of the quality of the vaccine.
●It is normal that in some cases vaccine injections may cause minor reactions. Some people may develop mild and temporary reactions such as soreness at the injection site or mild fever. These mild side reactions go away within a few days and don't cause any complications. If you are concerned about any side effects following vaccination, consult your doctor.

Key Message for Health Workers: Empower parents with knowledge and motivate their responsibility.
●You are the most trusted source of information on health issues for your patients; therefore, you play the most important role in supporting decision about vaccination.
●Give   trustworthy advice with simple words, respond to patients' fears and concerns and help build trust in vaccination with facts and your expertise.
●It is important to highlight a patient health as a joint value for you.
●The messages should be prescriptive, easy and using personal and positive examples.
●You can empower parents to share responsibility – highlight that the vaccination brings benefits to the person but also protects vulnerable members of family and community.
●Make sure, that you tell them when to come back for the next vaccination, take each opportunity to remind and prompt.

Key Message to Media: Reporting about health – is reporting about evidence.

●Make sure that you verify any questionable information related to vaccines. Your reporting should be based purely on facts, and not on rumors.

●Even one story with non-verifiable information, misinformation reported by media, is damaging trust to the all vaccination programme.

●Only high level of COVID-19 immunization coverage can guarantee that people in Ghana are protected against a dangerous virus.

Key message to Influencers: Your influence can save lives

●Use your influence to encourage people to vaccinate.

●As a community/religious/opinion leader, I recommend vaccination and other COVID-19 preventive measures. My family and I follow these protocols.

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 though 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 MoI**: 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

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 (Additional Finance).

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 considering 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 several 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 several 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 shows, 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
- COVID-19 Vaccination: Dialogue with community, religious and influential leaders, etc. to develop responsive, empathic, and transparent key messages that is evidence based and can contribute to reducing vaccine hesitancy and improving vaccine uptake. The messaging should also address how to report adverse events following immunization.
- 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.

ANNEX 5: Ghana COVID-19 Response Protocols for Conferences, workshops, and private events (e.g., weddings)

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

Introduction

In preparation for the easing of the government's restriction on public gathering announced on 15th March 2020 and following the president's lifting of the restrictions on 31st May 2020 on gatherings, all organizers of conferences, workshops, and private events (e.g., weddings) can operate by strictly adhering to the following general and specific protocols.

General Protocols for participants of Public Gatherings

Participants must observe the following protocols:

     I.   Wear masks always
    II.   Wash hands with soap under running water or rub with alcohol-based hand sanitizer before entry.
    III.   Always observe social distancing of at least 1 meter (3 feet)
    IV.   Avoid hand shaking or body contact.
    V.   Register your details including phone numbers with organizers.

General Protocols for Organizers of all Public Gatherings

Organizers must ensure these protocols are observed for all mass gatherings:

    I.   Thermometer guns or thermal scanners must be provided for checking the temperature of participants at entry points of all venues as necessary.
    II.   Always enforce mandatory wearing of masks by all (No mask: No entry Policy).
    III.   Provision of hand washing facilities with running water and soap and/or FDA approved alcohol-based hand sanitizer.
    IV.   Provision of adequate waste management facilities (bins, cans, bin-liners, and single use tissues)
    V.   Provision of adequate toilet facilities for use by patrons.
    VI.   Regular cleaning and disinfection of frequently used communal places (like bathroom and toilet surfaces) and frequently touched surfaces such as doorknobs/handles, preferably every 1-2 hours depending on rate of utilization.
    VII.   Properly trained cleaners with the necessary personal protection equipment and cleaning items to clean the hygiene facilities regularly and handle waste appropriately.
    VIII.   Provide adequate ventilation, i.e. open windows to allow for maximum circulation of fresh air, if possible, avoid confined air-conditioned rooms.
    IX.   Make standing and seating arrangements such that people or chairs are at least 1 meter away from each other.
    X.   Display approved health promotion materials on COVID-19 at vantage points to remind people to keep to social distancing protocols, wearing of the masks, regular handwashing, coughing and sneezing etiquette.
    XI.   Introduce a No handshake, No hugging, and No Spitting policy always.
    XII.   Designate a holding room or area where a person who becomes sick at the premises/event can be isolated from others while deciding for evacuation.

XIII. Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation in case a participant becomes sick during the event and must be evacuated.

XIV. Form COVID teams comprising of members who are preferably health workers that should be trained in Health Promotion, Infection Prevention and Control (IPC) and Evacuation Procedures.

XV. The COVID team should call 112 or 311 for support to enable evacuation if anyone develops fever, cough, and difficulty in breathing during the gathering.

XVI. Older persons and people of any age with underlying medical conditions, heart diseases, diabetes, liver disease and asthma are advised to stay away from mass gatherings.

XVII. Sharing of personal items such as watches, jewelry, pens, phones, etc. should be disallowed.

XVIII. Persons at mass gatherings must cover mouth and nose with tissue or bent elbow when coughing or sneezing.

XIX. Persons must dispose used tissue into provided bins at vantage points.

XX. Persons are not to go to any mass gathering place outlined above if they are unwell.

XXI. If an individual is confirmed positive for COVID-19, all contacts must be traced and screened.

XXII. The National Risk Communication Team of the Ghana Health Service - Health promotion Division, will lead an institutional health education training for COVID teams and institutional staff across the country. This training has already started with National Petroleum Authority, National Communication Authority and National Identification Authority.

***These are general enforceable protocols, but organizers/organizational leaders must develop and /or adhere to industry specific protocols as below:

Conferences, workshops, and private events (e.g., weddings)

In addition to the general protocols, operators are mandated to do the following:

I. Organize in open airy large compounds as possible.

II. Encourage plenary sessions or in small groups as possible and should not last more than two hours.

III. The number of participants should not exceed one hundred (100).

IV. In an enclosed area, open windows and avoid the use of an air-condition.

V. Seating arrangements such that chairs are at least 1 meter away from each other.

VI. The use of a common microphone by more than one person is not allowed.

VII. Sanitize microphones immediately after each use.

Enforcement

Specific Ministries and Agencies in collaboration with Health officials shall take enforcement responsibilities. This means regulatory bodies for the different sectors and where necessary assisted by state security services shall be engaged to ensure enforcement and monitoring. Random enforcement checks will be undertaken to ensure compliance. No conformance may lead to penalties being awarded and /or closure of event.

Monitoring & Evaluation

Government will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

Contingency Arrangements

Should there be an unexpected outburst in infections within a public event or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby to co-ordinate a rapid response of human and logistical resources, if necessary, to cordon, impose a curfew, trace, test, and treat infected persons in the affected community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

Annex 1 – Evacuation Procedures

Actions to be undertaken when dealing with sick person:

I.   Obtain person's details (name/organization/contact person/immediate family member details including a phone number).
II.   Inform the person that they will be separated/ isolated due to symptoms.
III. Minimize contact between sick person and all other persons and direct to pre-designated holding room.
IV.   The person must always wear a facemask and observe social distancing at all time.
V.   Organizers or the Covid team must call 112 or 311 or link up with local district health authorities for immediate evacuation or medical help.

ANNEX 6: Ghana COVID-19 Response Protocols for Churches

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

Introduction

With effect from Friday, 5th June, the government will begin Stage One of the process of easing restrictions. An abridged format for religious services can commence. Twenty-five percent (25%) attendance, with a maximum number of one hundred (100) congregants, can worship at a time in church or at the mosque, with a mandatory one (1) metre rule (3 feet) of social distancing between congregants.

In addition, all congregants must

I.   Wear masks always
II. Wash hands with soap under running water or rub with alcohol-based hand sanitizer before entry.
III. Avoid handshaking or body contact.
IV. Register your details including phone numbers, manually or digitally. Digital registration can be done on GH COVID-19 APP on PANABIOS APP which can be downloaded at no cost.

General Protocols for Church Leaders

Church leaders must ensure these protocols are observed:

I.   Thermometer guns or thermal scanners must be provided for checking the temperature of participants at entry points of all venues as necessary.
II.   Ensure a No mask: No entry Policy.
III. Provision of hand washing facilities with running water and soap and/or FDA approved alcohol-based hand sanitizer.
IV.   Provision of adequate waste management facilities (bins, cans, bin-liners, and single-use tissues).
V.   Provision of adequate toilet facilities for use by participants.
VI.   Regular cleaning and disinfection of frequently used communal places (like bathroom and toilet surfaces) and frequently touched surfaces such as doorknobs/handles, preferably every 1-2 hours depending on the rate of utilization.
VII. Designate a holding room or area where a person who becomes sick at the premises/event can be isolated from others while deciding for evacuation.
VIII. Regular disinfection of venues used for mass gatherings, preferably once every month.
IX.   Trained cleaners with the necessary personal protective equipment and cleaning items to clean the facilities regularly and handle waste appropriately.
X.   Provide adequate ventilation, i.e., open windows to allow for the maximum circulation of fresh air, if possible, avoid confined air-conditioned rooms.
XI.   Display approved health promotion materials on COVID-19 at vantage points to remind people to keep to social distancing protocols, wearing of the masks, regular handwashing, coughing, and sneezing etiquette.
XII. Ensure a No handshake, No hugging, and No Spitting policy at all time.
XIII. Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation if a participant becomes sick during the event and must be evacuated.

XIV.   Form COVID teams comprising of members who are preferably health workers. They must be trained in Health Promotive prevention measures, Infection Prevention and Control (IPC) protocol, and Evacuation Procedures.

XV.   The COVID team should Call 112 or 311 for support to enable evacuation if anyone develops fever, cough, and difficulty in breathing during the gathering.

XVI.   Persons are not to go to any mass gathering outlined above if they are unwell.

XVII.   Older persons and people of any age with underlying medical conditions, heart diseases, diabetes, liver disease, and asthma are advised to stay away from mass gatherings.

XVIII.   Sharing personal items such as watches, jewelry, pens, phones, etc. should be discouraged.

XIX.   If an individual is confirmed positive for COVID-19, all contacts must be traced and screened.

XX.   The Ghana Health Service will train the COVID teams.

XXI.   No crowd dancing and waving of handkerchiefs during church services.

XXII.   The use of a common microphone by more than one person should not be allowed.

XXIII.   Sanitize microphones immediately after each use.

XXIV.   All who speak/sing in churches (including Pastors, Sunday school teachers, Singers, Announcers) must wear facemask during service.

XXV.   Discourage singing in groups. Pre-recorded songs or solos should be used.

XXVI.   Pre-packaged communion bread and wine should be picked up by members at the point of entry.

XXVII.   Place offering bowls at the entrance and exit points for members to give offerings and tithes when entering or on their way out of church premises. Encourage cash transfers via mobile money or mobile banking as forms of giving offerings.

XXVIII.   In observance of social distancing protocols, laying on of hands should not be allowed.

XXIX.   Spend at least 5 minutes of church service time to educate church members on COVID-19.

XXX.   Provide separate sitting areas for the aged and for families that are together.

XXXI.   The church is encouraged to mobilize resources to help individuals in need including offering church health facilities.

Enforcement

- Self-Regulation through the mosque system but the Ministry of Chieftaincy and Religious Affairs, Local Government (MMDAs) in collaboration with Health officials shall take enforcement responsibilities.
- Where necessary, the state security services, shall ensure enforcement of these protocols.
- Random enforcement checks will be undertaken to ensure compliance.
- Non-conformance may lead to penalties being awarded and /or closure of the event.

Monitoring & Evaluation

The Ministry of Chieftaincy and Religious Affairs, Local Government in collaboration with Health Officials will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

Contingency Arrangements

If there is an unexpected outburst in infections within a public event or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby

to coordinate a rapid response of human resource and logistics, and if necessary, to cordon off, impose a curfew, trace, test, and treat infected persons in the affected community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

ANNEX 7: Ghana COVID-19 Response Protocols for Mosques

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

Introduction

With effect from Friday, 5th June, the government will begin Stage One of the process of easing restrictions. An abridged format for religious services can commence. Twenty-five percent (25%) attendance, with a maximum number of one hundred (100) congregants, can worship at a time in church or at the mosque, with a mandatory one (1) metre rule (3 feet) of social distancing between congregants.

In addition, all worshippers must

- I. Wear masks always
- II. Wash hands with soap under running water or rub with alcohol-based hand sanitizer before entry.
- III. Avoid handshaking or body contact.
- IV. Register your details including phone numbers, manually or digitally. Digital registration can be done on GH COVID-19 APP on PANABIOS APP which can be downloaded at no cost.

General Protocols for Mosque Leaders

Mosque leaders must ensure these protocols are observed:

- I. Thermometer guns or thermal scanners must be provided for checking the temperature of participants at entry points of all venues as necessary.
- II. Ensure a No mask: No entry Policy.
- III. Provision of hand washing facilities with running water and soap and/or FDA approved alcohol-based hand sanitizer.
- IV. Provision of adequate waste management facilities (bins, cans, bin-liners, and single-use tissues).
- V. Provision of adequate toilet facilities for use by participants.
- VI. Regular cleaning and disinfection of frequently used communal places (like bathroom and toilet surfaces) and frequently touched surfaces such as doorknobs/handles, preferably every 1-2 hours depending on the rate of utilization.
- VII. Designate a holding room or area where a person who becomes sick at the premises/event can be isolated from others while deciding for evacuation.
- VIII. Regular disinfection of venues used for mass gatherings, preferably once every month.
- IX. Trained cleaners with the necessary personal protective equipment and cleaning items to clean the facilities regularly and handle waste appropriately.
- X. Provide adequate ventilation, i.e., open windows to allow for the maximum circulation of fresh air, if possible, avoid confined air-conditioned rooms.
- XI. Display approved health promotion materials on COVID-19 at vantage points to remind people to keep to social distancing protocols, wearing of the masks, regular handwashing, coughing, and sneezing etiquette.
- XII. Ensure a No handshake, No hugging, and No Spitting policy at all time.
- XIII. Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation if a participant becomes sick during the event and must be evacuated.

XIV. Form COVID teams comprising of members who are preferably health workers. They must be trained in Health Promotive prevention measures, Infection Prevention and Control (IPC) protocol, and Evacuation Procedures.

XV. The COVID team should Call 112 or 311 for support to enable evacuation if anyone develops fever, cough, and difficulty in breathing during the gathering.

XVI. Persons are not to go to any mass gathering outlined above if they are unwell.

XVII. Older persons and people of any age with underlying medical conditions, heart diseases, diabetes, liver disease, and asthma are advised to stay away from mass gatherings.

XVIII. Sharing personal items such as watches, jewelry, pens, phones, etc. should be discouraged.

XIX. If an individual is confirmed positive for COVID-19, all contacts must be traced and screened.

XX. The Ghana Health Service will train the COVID teams.

XXI. Ensure each worshipper uses their mat (Sajaada), or disinfect mats provided by the mosque before and after use.

XXII. Ablution should be performed in the house by adherents before entering the Mosque.

XXIII. Use easily removable footwear such as slippers.

XXIV. Allow people to come out of the mosque to collect slippers one after the other instead of crowding at the entrance.

XXV. Put a bowl at the entrance of the mosque for the offering of Fisabidali.

XXVI. The use of a common microphone by more than one person should not be allowed.

XXVII. Sanitize microphones immediately after each use.

XXVIII. Spend at least 5 minutes of church service time to educate mosque attendees on COVID-19.

Enforcement

- Self-Regulation through the mosque system but the Ministry of Chieftaincy and Religious Affairs, Local Government (MMDAs) in collaboration with Health officials shall take enforcement responsibilities.
- Where necessary, the state security services, shall ensure enforcement of these protocols.
- Random enforcement checks will be undertaken to ensure compliance.

Non-conformance may lead to penalties being awarded and /or closure of the event.

Monitoring & Evaluation

The Ministry of Chieftaincy and Religious Affairs, Local Government in collaboration with Health Officials will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

Contingency Arrangements

If there is an unexpected outburst in infections within a public event or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby to coordinate a rapid response of human resource and logistics, and if necessary, to cordon off, impose a curfew, trace, test, and treat infected persons in the affected community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

ANNEX 8: Ghana COVID-19 Response Protocols for Tourism: Chop Bars, Restaurants & Fast-Food Vendors

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

Introduction

In preparation for the easing of the government's restriction on public gathering announced on 15th March 2020 and following the president's lifting of the restrictions on 31st May 2020 on gatherings, Chop Bars, Restaurants and Fast-Food Vendors can operate by strictly adhering to the following general and specific protocols.

Protocols for individuals and visitors to Chop Bars, Restaurants & Fast-Food Vendors

Individuals and visitors must observe the following protocols:

     I.   Wear masks always
    II.   Wash hands with soap under running water or rub with alcohol-based hand sanitizer before entry.
    III.   Always observe social distancing of at least 1 meter (3 feet)
    IV.   Avoid hand shaking or body contact.
    V.   Register your details including phone numbers with Chop Bars, Restaurants and Fast-Food Vendors

General Protocols for Chop Bars, Restaurants and Fast-Food Vendors operatives

Operatives must ensure these protocols are observed:

I.   Thermometer guns or thermal scanners must be provided for checking the temperature before entering the Chop Bars, Restaurants and Fast-Food Vendors operatives, as necessary.
II.   Always enforce mandatory wearing of masks (No mask: No entry Policy).
III.   Provision of hand washing facilities with running water and soap and/or FDA approved alcohol-based hand sanitizer.
IV.   Provision of adequate waste management facilities (bins, cans, bin-liners, and single use tissues)
V.   Provision of adequate toilet facilities for use by patrons.
VI.   Regular cleaning and disinfection of frequently used communal places (like bathroom and toilet surfaces) and frequently touched surfaces such as doorknobs/handles, preferably every 1-2 hours depending on rate of utilization.
VII.   Properly trained cleaners with the necessary personal protection equipment and cleaning items to clean the hygiene facilities regularly and handle waste appropriately.
VIII.   Display approved health promotion materials on COVID-19 at vantage points to remind people to keep to social distancing protocols, wearing of the masks, regular handwashing, coughing and sneezing etiquette.
IX.   Introduce a No handshake, No hugging, and No Spitting policy always.
X.   Designate a holding room or area where a person who becomes sick at the premises/event can be isolated from others while deciding for evacuation.
XI.   Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation in case an individual and visitor becomes sick during the event and must be evacuated.

XII.   Form COVID teams comprising of members who are preferably health workers that should be trained in Health Promotive Prevention Measures, Infection Prevention and Control (IPC) and Evacuation Procedures.

XIII.   The COVID team should call 112 or 311 for support to enable evacuation in an event that anyone develops fever, cough, and difficulty in breathing at Chop Bars, Restaurants and Fast-Food Vendors premises.

XIV.   If an individual is confirmed positive for COVID-19, all contacts must be traced and screened.

XV.   The National Risk Communication Team of the Ghana Health Service - Health promotion Division, will lead an institutional health education training for COVID teams and institutional staff across the country. This training has already started with National Petroleum Authority, National Communication Authority and National Identification Authority.

***These are general enforceable protocols, but organizers/organizational leaders must develop and /or adhere to industry specific protocols as below:

Tourism – Chop Bars, Restaurants & Fast-Food Vendors

In addition to the general protocols, operators are mandated to do the following:

I.   Maintain frequent washing of utensils and sanitizing of all food contact surfaces.

II.   Require food service workers to frequently wash hands and if using gloves, these must be changed before and after preparing food.

III.   Cleaning and disinfection procedures for equipment, premises, contact surfaces/ high touch points, e.g., counter tops/tongs/service utensils/open self-service displays/door handles.

IV.   Observe social distancing while eating in Chop Bars, Restaurants and Fast-Food Vendors premises.

V.   Arrange dining seats such that chairs are at least 1 meter away from each other.

VI.   Encourage home delivery.

Enforcement

Specific Ministries and Agencies in collaboration with Health officials shall take enforcement responsibilities. This means regulatory bodies for the different sectors and where necessary assisted by state security services shall be engaged to ensure enforcement and monitoring. Random enforcement checks will be undertaken to ensure compliance. None conformance may lead to penalties being awarded and /or closure of Chop Bars, Restaurants and Fast Food Vendors premises

Monitoring & Evaluation

Government will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

Contingency Arrangements

Should there be an unexpected outburst in infections within a public event or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby to co-ordinate a rapid response of human and logistical resources, if necessary, to cordon, impose a curfew, trace, test, and treat infected persons in the affected community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

Annex – Evacuation Procedures

Actions to be undertaken when dealing with sick person:

I. Obtain person's details (name/organization/contact person/immediate family member details including a phone number).
II. Inform the person that they will be separated/ isolated due to symptoms.
III. Minimize contact between sick person and all other persons and direct to predesignated holding room.
IV. The person must always wear a facemask and observe social distancing at all time.
V. Organizers or the Covid team must call 112 or 311 or link up with local district health authorities for immediate evacuation or medical help.

ANNEX 9: Trade and Industry Sector COVID-19 Easing of Restrictions Strategy

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

Description of Areas Under the Trade and Industry Sector

For purposes of easing COVID-19 restrictions, the following categories of establishments under the Trade and Industry Sector have been considered:

1. FACTORIES AND OTHER INDUSTRIAL PROCESSING ESTABLISHMENTS
2. RETAIL OUTLETS and SHOPPING MALLS.

1. EXISTING MEASURES ON COVID-19 RESTRICTIONS

The existing restrictions and measures being implemented by Business Operators in the Trade and Industry sector and allied service providers are as follows:

Social Distancing Protocols:

- Company buses and public transport for workers to and from work.
- Workflow adjustments including staff rotation at the factory and shop floor; and
- Customer service protocols including floor markings to enforce social distancing protocols.

Sanitary Protocols:

- Provision of hand washing stations, with running water and soap.
- Provision of hand sanitizers; and
- Enhanced regular cleaning and disinfection of regular use surfaces.

Personal Protective Clothing and Equipment, and other Protocols:

- Use of face masks (No Face Mask No Entry) and gloves for workers who previously did not require protective gear.
- Replacement of safety gear with COVID-19 Compliant PPEs; and
- Checking of temperature of all employees and customers.

2. ENHANCED RESTRICTIONS

The following measures have been agreed by all stakeholders during the government consultation.

A. FACTORIES AND OTHER INDUSTRIAL PROCESSING ESTABLISHMENTS
1. Stop employees with mild cough or low-grade fever from coming to work and seek medical care.
2. Stagger work schedules by breaking the workforce into shifts.
3. Limit in-house meetings as much as possible and use online conference platforms. If unavoidable, sitting arrangements should follow social distance protocols.
4. Employers should allow staff to work virtually (telework) if feasible: in between departments; inter-regions; and inter-organizations.
5. Factories/Enterprises with more than twenty-nine (29) employees to provide a Registered Nurse on site.

6. Implement Anti stigma policy (No employee should be discriminated against. Stigmatized, or be sacked because they have tested positive to COVID-19).

7. Employers must engage the service of experts to provide psychological and emotional support for COVID-19 positive employees and their families.

8. Employers must ensure workplace confidentiality for employees.

9. Carry out periodic fumigation of premises, machines, and equipment.

10. Industries and factories with more than 29 employees must dedicate One Room within the factory premises as a holding room to immediately house or quarantine anyone who is suspected to be showing symptoms and signs of COVID-19 and be isolated from others while deciding for evacuation.

11. Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation if a worker becomes sick and must be evacuated.

12. Display approved health promotion materials on COVID-19 at vantage points to remind workers to keep to social distancing protocols, wearing of the masks, regular hand washing, coughing, and sneezing etiquette.

13. Work canteens must adhere to the protocols and preventive measures in Annex 2.

14. Enforce a No handshake, No hugging, and No Spitting policy always.

15. Form COVID-19 in-house Inspection taskforce and members should be trained in Health Promotion and Prevention Measures, Infection Prevention and Control (IPC) protocols, and Evacuation Protocols by Ghana Health Service Health Promotion Division.

16. If a person is confirmed positive for COVID-19, the workplace COVID-19 taskforce must link up with the local health authorities to ensure all contacts are traced, tested, and treated.

17. Employers must provide a workplace register.

B. RETAIL OUTLETS AND SHOPPING MALLS

1. Stop employees with mild cough or low-grade fever from coming to work and seek medical care.

2. Stagger work schedules by breaking the workforce into shifts.

3. Regulate the number of customers who enter the Retail Outlet and Shopping Mall and use floor markings inside the shopping areas to facilitate compliance with the physical distancing.

4. Introduce Plexiglass barriers at Tills and Counters as an additional level of protection for staff.

5. Encourage the use of digital payments.

6. Provide wipes (or other forms of sanitization) for customers to clean the handles of shopping trollies and baskets; or assigning staff to disinfect handles of shopping trollies after each use.

7. Retail Outlets and Shopping Malls with more than 29 employees to provide a Registered Nurse on site.

8. If a person is confirmed positive for COVID-19, the workplace COVID-19 team must link up with the local health authorities to ensure all contacts are traced, tested, and treated.

9. Encourage online and telephone shopping.

10. Industries and factories with more than 29 employees must dedicate One Room within the factory premises as a holding room to immediately house or quarantine anyone who is suspected to be showing symptoms and signs of COVID-19.

11. Implement Anti stigma policy (No employee should be discriminated against. Stigmatized, or be sacked because they have tested positive to COVID-19).

12. Employers must engage the service of experts to provide psychological and emotional support for COVID-19 positive employees and their families.

13. Employers must ensure workplace confidentiality for employees.
14. Carry out periodic fumigation of premises and equipment.
3. ENFORCEMENT MECHANISMS FOR COMPLIANCE
1. Request factories/processing facilities, retail outlets and shopping malls to post their specific protocols for inspection and verification.
2. Introduce decentralized joint inspection/certification mechanism for factories/processing facilities, retail outlets and shopping malls.
3. Establish COVID-19 in-house Inspection taskforce for factories/processing facilities, retail outlets and shopping malls.
4. Introduce floor markings to guide enforcement of social distancing protocols.

Evacuation Procedures

Actions to be undertaken when dealing with a sick person:

I.   Obtain workers details (name/organization/contact person/immediate family member details including a phone number).
II. Inform the worker that they will be separated/ isolated due to symptoms.
III. Minimize contact between the sick person and all other persons and direct to a predesignated holding room.
IV. The worker must always wear a facemask and always observe social distancing.
V.   The COVID taskforce must call 112 or 311 or link up with local district health authorities for immediate evacuation or medical help.

Workplace canteens

In addition to the general protocols, operators of workplace canteens are mandated to do the following:

I.   Maintain frequent washing of utensils and sanitizing of all food contact surfaces.
II. Require food service workers to frequently wash hands and if using gloves, these must be changed before and after food preparation.
III. Cleaning and disinfection procedures for equipment, premises, contact surfaces/ high touchpoints, e.g., countertops/tongs/service utensils/open self-service displays/door handles.
IV. Observe social distancing when eating at the canteen.

ANNEX 10: Ghana COVID-19 Response Protocols for Public Transport TroTro, Taxi and Bus

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

Introduction

In preparation for the easing of the government's restriction on public gathering announced on 15th March 2020, government engaged with impacted stakeholders to jointly develop protocols. Public Transport – TroTro, Taxi and Bus were categorized under the restricted public events and essential unrestricted public services. The following protocols should guide the operations of public transports.

Public Transport (TroTro, Taxi and Bus) General Protocols

I. All terminal users, patrons, travelers, and staff of transport operators, including but not limited to drivers, to WEAR NOSE MASK before entering any terminal.

II. Transport Terminals shall have handwashing facilities and FDA APPROVED alcohol-based hand sanitizing dispensers at ENTRY POINTS and vantage places where travelers and staff can have easy access to use.

III. Union Executives, Company Directors, Station Managers, and Masters shall provide GUN THERMOMETERS or THERMAL SCANNERS at ENTRY POINTS to check temperature of all travelers and workers before permission to enter Bus Terminals or Lorry Parks.

IV. All TRANSPORT OPERATORS to ensure their buses, minibuses (TROTRO), taxis and pre-booked saloon cars regularly DISINFECTED with CHLORINE-BASED substances and ALCOHOL RUB on hard surfaces.

V. All occupants of all COMMERCIAL BUSES and cars to WEAR NOSE MASK.

VI. NO NOSE, MASK NO ENTRY inscriptions or notices to be pasted visibly at all terminals and on all commercial buses and cars.

VII. Drivers and Driver's Mates shall ensure that the windows of their vehicles are opened to allow for enough VENTILATION.

VIII. Union Executives, Company Directors, Station Managers and Masters shall ensure that there are DISPOSAL FACILITIES such as waste bins and polythene bags at Vantage Points in the Terminals, Lorry Parks and on all their vehicles.

IX. Drivers and Driver's Mates should WEAR HAND GLOVES before HANDLING BAGGAGE of passengers. In the absence of gloves, use alcohol-based sanitizer in between handling of bags.

X. PRE-DEPARTURE BRIEFING to EDUCATE all travelers on COVID-19 on all commercial buses and mini-buses used for INTERCITY travels.

XI. HEALTH PROMOTION EDUCATIONAL MATERIALS on COVID-19 should be displaced at vantage points at the terminals and in vehicles to encourage good hygiene practices.

XII. Use PUBLIC ANNOUNCEMENT SYSTEM in Transport Terminals and Lorry Parks to reinforce key messages on wearing of nose mask, Hand Washing, Social Distancing, and other Preventive Measures.

XIII. CALL EMERGENCY LINES: 112 or 311 immediately if someone becomes unwell whilst at the Transport Terminal or Lorry Parks or on journey with continuous cough or a high temperature. Importantly at the Transport Terminal or Lorry Parks, evacuation procedures as outlined in Annex 1 must be adhered to by operatives.

XIV.   Canteens within lorry parks must follow the guidelines in Annex 2 or Protocols.

for Chop Bars, Restaurants and Fast-Food Vendors

***These are general enforceable protocols, but employers must develop and /or adhere to industry specific protocols as below.

Public Transport – TroTro, Taxi and Bus

In addition to the general protocols, operatives are mandated to do the following:

I.   Frequently clean and disinfect door and areas around the entrance of the vehicles that are frequently touched by passengers using standard cleaning agents.
II.   Register all passengers and take contact details including phone numbers.
III.   Unions should establish transport COVID-19 safety teams for enforcement, monitoring, and evaluation.
IV.   The National Risk Communication Team of the Ghana Health Service - Health promotion Division, will lead health education training for transport COVID -19 safety teams across the country. This training has already started with National Petroleum Authority, National Communication Authority and National Identification Authority.

Enforcement

Specific Ministries and Agencies in collaboration with Health officials shall take enforcement responsibilities. This means regulatory bodies for the different sectors and where necessary assisted by state security services shall be engaged to ensure enforcement and monitoring. Random enforcement checks will be undertaken to ensure compliance. No conformance may lead to penalties being awarded and /or drivers and transport operatives. In addition to these: terminal security operatives, Stations Guards, and operatives shall enforce the adopted protocols as follows:

I.   Drivers and Driver's Mates shall ensure occupants of buses, minibuses (trotro), taxis and pre-booked private hire saloon cars to wear NOSE MASK whilst on board
II.   Drivers to REPORT passengers who REFUSE to wear NOSE MASK whilst on board their vehicles to the POLICE at CHECK POINTS or at the nearest POLICE STATION.
III.   All commercial vehicle drivers to belong to Unions, Associations or Companies as prescribed under the Road Traffic Regulations 2012, L.I2180: Sub-regulation (2): A person SHALL NOT operate a COMMERCIAL VEHICLE unless that person is EMPLOYED BY or BELONGS to a recognized Commercial Road Transport Organization.
IV.   A person who operates or drives any category of commercial vehicle in contravention to these regulations commit an offence and is liable on summary conviction to a fine or to a term of imprisonment or to both.
V.   Officers from the NATIONAL ROAD SAFETY AUTHORITY and the MOTOR TRAFFIC AND TRANSPORT DEPARTMENT (MTTD) of the Ghana Police Services will check compliance to the above measures.

Monitoring & Evaluation

Government will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

MONITORING TEAMS from the Transport Operators at the National, Regional and District Levels have been tasked to MONITOR and REPORT on the effective implementation of the adopted protocols.

Contingency Arrangements

Should there be an unexpected outburst in infections within a transport, lorry park, workplace or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby to co-ordinate a rapid response of human and logistical resources, if necessary close the organisation, trace, test, and treat infected persons in the affected place and community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

Evacuation Procedures

Actions to be undertaken when dealing with sick person:

I. Obtain person's details (name/organization/contact person/immediate family member details including a phone number).
II. Inform the person that they will be separated/ isolated due to symptoms.
III. Minimize contact between sick person and all other persons and direct to predesignated holding room.
IV. The person must always wear a facemask and observe social distancing at all time.
V. Organizers or the Covid team must call 112 or 311 or link up with local district health authorities for immediate evacuation or medical help.

Transport area canteens

In addition to the general protocols, operators are mandated to do the following:

I. Maintain frequent washing of utensils and sanitizing of all food contact surfaces.
II. Require food service workers to frequently wash hands and if using gloves, these must be changed before and after preparing food.
III. Cleaning and disinfection procedures for equipment, premises, contact surfaces/ high touch points, e.g., counter tops/tongs/service utensils/open self-service displays/door handles.
IV. Observe social distancing when eating at the canteen.

ANNEX 11: Ghana COVID-19 Response Protocols for Sporting Events, Clubs, Gyms and Keep Fits

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

Introduction

In preparation for the easing of the government's restriction on public gathering announced on 15th March 2020 and following the president's lifting of the restrictions on 31st May 2020 on gatherings, all organizers of sporting events, clubs gym and keep fit clubs can operate individual, non-contact games and small group training by strictly adhering to the following general and specific protocols.

General Protocols for Organizers of all sporting events

Organizers must ensure these protocols are observed for all sports:

I.   Thermometer guns or thermal scanners must be provided for checking the temperature before entering the training premises, as necessary.
II.   Always enforce mandatory wearing of masks for staff and employees (No mask: No entry Policy).
III.   Provision of hand washing facilities with running water and soap and/or FDA approved alcohol-based hand sanitizer.
IV.   Provision of adequate waste management facilities (bins, cans, bin-liners, and single use tissues)
V.   Provision of adequate toilet facilities for use by patrons.
VI.   Regular cleaning and disinfection of frequently used communal places (like bathroom and toilet surfaces) and frequently touched surfaces such as doorknobs/handles, preferably every 1-2 hours depending on rate of utilization.
VII.   Properly trained cleaners with the necessary personal protection equipment and cleaning items to clean the hygiene facilities regularly and handle waste appropriately.
VIII. Display approved health promotion materials on COVID-19 at vantage points to remind people to keep to social distancing protocols, wearing of the masks, regular handwashing, coughing and sneezing etiquette.
IX.   Introduce a No handshake, No hugging, and No Spitting policy always.
X.   Designate a holding room or area where a person who becomes sick at the premises/event can be isolated from others while planning for evacuation.
XI.   Follow established evacuation procedures (as outlined in Annex 1) to enable evacuation in case a participant becomes sick during the event and must be evacuated.
XII.   Form COVID teams comprising of members who are preferably health workers that should be trained in Health Promotive Preventive Measures, Infection Prevention and Control (IPC) and Evacuation Procedures.

XIII. The COVID team should call 112 or 311 for support to enable evacuation in the event that anyone develops fever, cough and difficulty in breathing during the event.
XIV.   If an individual is confirmed positive for COVID-19, all contacts must be traced and screened.
XV.   The National Risk Communication Team of the Ghana Health Service - Health promotion Division, will lead an institutional health education training for COVID teams and institutional staff

across the country. This training has already started with National Petroleum Authority, National Communication Authority and National Identification Authority.

***These are general enforceable protocols, but organizers/organizational leaders must develop and /or adhere to industry specific protocols as below:

Sporting events & clubs

In addition to the general protocols, organizers are mandated to do the following:

I. Permit individual, non-contact games and small group training.
II. Disinfection/Fumigation of fields before and after every training match.
III. Time spent in changing rooms before and after training should be minimized, as should the length and intensity of contact with teammates and trainers.
IV. Training should always take place without spectators.
V. Team meetings held only when there is sufficient social distancing and within a large enough place.
VI. Personal drinking bottles to be used exclusively.
VII. A team medical officer must report to the COVID-19 team and ensure that all protocols are always adhered to.

Gym & Keep Fit Clubs

In addition to the general protocols, gym and keep fit club operatives are mandated to do the following:

I. Practice routine cleaning and disinfection of gym areas, studios, frequently touched surfaces, common facilities, and all points of human contact such as door handles, switches of fans, lights, tables, chairs, and gym equipment.
II. Encourage clients to use only one piece of equipment at a time (i.e., no circuits or "super setting") so that machines are cleaned after each use.
III. Close all swimming pools, hot tubs, saunas and other recreational water or spa facilities.

Enforcement

Specific Ministries and Agencies in collaboration with Health officials shall take enforcement responsibilities. This means regulatory bodies for the different sectors and where necessary assisted by state security services shall be engaged to ensure enforcement and monitoring. Random enforcement checks will be undertaken to ensure compliance. No conformance may lead to penalties being awarded and /or closure of event.

Monitoring & Evaluation

Government will continue to monitor and evaluate key indicators to establish the transmission levels of the virus. The approach will include benchmarking and rapid learning to inform decision making and tactical adaptations to the overall strategy and hotspot specifics.

Contingency Arrangements

Should there be an unexpected outburst in infections within a public event or community, Government has put health workers and the security services, including the Police Service and the Armed Forces on standby to co-ordinate a rapid response of human and logistical resources, if necessary, to cordon, impose a curfew, trace, test, and treat infected persons in the affected community.

Digital Technology

Digital technology will be used to complement tracing, testing & treating as well as monitoring of indicators.

Evacuation Procedures

Actions to be undertaken when dealing with sick person:

VI. Obtain person's details (name/organization/contact person/immediate family member details including a phone number).
VII. Inform the person that they will be separated/ isolated due to symptoms.
VIII. Minimize contact between sick person and all other persons and direct to predesignated holding room.
IX. The person must always wear a facemask and observe social distancing at all time.
X. Organizers or the Covid team must call 112 or 311 or link up with local district health authorities for immediate evacuation or medical help.

ANNEX 12: Key Messages to Various target audience in the National Communication Strategy For COVID-19 Vaccine Introduction

Key Messages for Vulnerable Population: COVID-19 is especially dangerous for elderly people and people with underlying   health conditions. Protect yourself before it's too late.
● COVID-19 can cause severe complications, may require hospitalization or even be deadly.
● Vaccination can protect you from the lethal consequences of COVID-19.
● COVID-19 vaccines are safe and effective. **Go for it!**
● The safety of vaccines is subject of extensive testing and quality reviews. Only when the rigorous international quality standards are met, the vaccines can get licensed for the introduction at the global market. The standards are international, so that quality of manufacturing but not perception of the country of production is the only relevant guarantor of the quality of the vaccine.
● It is normal that in some cases vaccine injections may cause minor reactions. Some people may develop mild and temporary reactions such as soreness at the injection site or mild fever. These mild side reactions go away within a few days and don't cause any complications. If you are concerned about any side effects following vaccination, consult your doctor.

Key Message for Health Workers: Empower parents with knowledge and motivate their responsibility.
● You are the most trusted source of information on health issues for your patients; therefore, you play the most important role in supporting decision about vaccination.
● Give   trustworthy advice with simple words, respond to patients' fears and concerns and help build trust in vaccination with facts and your expertise.

- It is important to highlight a patient health as a joint value for you.
- The messages should be prescriptive, easy and using personal and positive examples.
- You can empower parents to share responsibility – highlight that the vaccination brings benefits to the person but also protects vulnerable members of family and community.
- Make sure, that you tell them when to come back for the next vaccination, take each opportunity to remind and prompt.

Key Message to Media: Reporting about health – is reporting about evidence.
- Make sure that you verify any questionable information related to vaccines. Your reporting should be based purely on facts, and not on rumors.
- Even one story with non-verifiable information, misinformation reported by media, is damaging trust to the all vaccination programme.
- Only high level of COVID-19 immunization coverage can guarantee that people in Ghana are protected against a dangerous virus.

Key message to Influencers: Your influence can save lives
- Use your influence to encourage people to vaccinate.
- As a community/religious/opinion leader, I recommend vaccination and other COVID-19 preventive measures. My family and I follow these protocols.