

REPUBLIC OF GHANA



**MINISTRY OF HEALTH AND GHANA HEALTH SERVICE:
INVESTMENT PROJECT FINANCING COMPONENTS OF
THE PRIMARY HEALTH CARE INVESTMENT PROGRAM
(P173168)**

STAKEHOLDER ENGAGEMENT PLAN

MARCH 2022

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1.0 Introduction

Ghana's Health Sector Medium Term Development Plan and Medium-Term Expenditure Framework for 2022-25 encompass the government's full national Program in the sector. The vision of the Health Sector Medium Term Development Plan (currently under development) is "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use," while its objective is, "Increased access to quality essential health care and population-based services for all by 2030. In line with this plan, the Government of Ghana is seeking the World Bank investment through Program for Results (PforR) financing to strengthen the organization and service delivery capacities of primary health care services, as well as broader health system components and financing modalities that will contribute to better primary health care. Ghana's primary health care services are composed of Community-based Health Planning and Services (CHPS) at the community level, Health Centers and Maternity Homes at the sub-district level, and District Hospitals at the district level.¹

The Ghana Primary Health Care Investment Program (GPHCIP) is a hybrid operation comprising (i) PforR Program and (ii) Investment Project Financing (IPF). The Program's development objective (PDO) is to improve the organization, quality, utilization, and equity of primary health care services.

This Stakeholder Engagement Plan (SEP) is specifically prepared to guide the Technical Assistance (TA) interventions of the Program which are financed under the IPF.

1.1. Program Description

This Program supports selected technical assistance activities that will contribute to achievement of the results supported by the Program for Results (PforR) including technical assistance for development of and training on policies, standards, and guidelines, that will contribute to design and implementation of the Networks of Practice. It will also support the technical design of selected systems and investments in support of primary health care services as well as data analysis and evaluation activities, including for integration and analysis of District Health Information

¹ World Health Organization. 2017. Primary health care systems (PRIMASYS): comprehensive case study from Ghana.

Management System (DHIMS), health insurance, and other databases. Funds will also be reallocated to support emergency response following an eligible crisis or event.

1.2 IPF/TA Components

Investment Project Financing Component 1. Technical Assistance. (US\$7 million IDA, US\$3 million GFF) This component will support selected technical assistance activities that will contribute to achievement of the results supported by the PforR. This will include technical assistance for development of and training on policies, standards, and guidelines, that will contribute to design and implementation of the Networks of Practice. The component will support to the technical design of selected systems and investments in support of primary health care services, including in the areas of management accounting, human resources management, and solar energy back-up for Health Centres and CHPS Compounds. The component will also support data analysis and evaluation activities, including for integration and analysis of DHIMS2, health insurance, and other databases, the use of data for decision making contributing to management of primary health care services, and implementation research on the Networks of Practice initiative. The component will also finance the independent verification of results that is required for implementation of the PforR.

Investment Project Financing Component 2. Contingent Emergency Response Component (CERC). (no allocation) Following an eligible crisis or event, the government may request the World Bank to reallocate funds to support emergency response. This component would draw from the uncommitted credit or grant resources under the operation to support the emergency response. The CERC can be activated without needing to first restructure the operation, thus facilitating rapid implementation. Formal restructuring is deferred to within three months after the CERC is activated. This Component will improve the government's response capacity in the event of an emergency, in line with the World Bank's Investment Project Financing Policy, paragraphs 12 and 13, for situations of urgent need of assistance.

1.3 Program Activities under Component 1 of the TA

The Investment Project Financing (IPF) under Component 1 will support selected Technical Assistant activities in areas listed in table 1 below:

Table 1 Proposed Technical Assistance Activities financed through IPF

Areas	Outline of Activities
Support technical assistance for development of and training on policies, standards, and guidelines,	Hiring a consultant to support capacity building, policy development, standards, and guidelines
Technical design of selected systems and investments on management accounting	Hiring of consultants to support capacity strengthening and training on the accounting systems including data management and software operations.
Human resources management	Strengthen capacity of human resources system and management including the use of consultants. Assessment of human resource needs and increasing HR strength through distribution and recruitment
Technical design of solar energy back-up for Health Centres and Community-based Health Planning and Services (CHPS) Compounds.	Hiring a consultant to assess solar energy needs, design and build capacity on operations and maintenance
Data analysis and evaluation -District Health Information Management System (DHIMS) integration -health Insurance -data for decision making	Hiring a consultant to build capacity on data system and analysis

Implementation research on the Networks of Practice initiative.	Hiring of consultant to build capacity on implementation research
Independent verification of results that is required for implementation of the PforR.	Hiring of consultants to conduct independent verification of results.

1.4 Stakeholder Engagement to date

The MOH and GHS have engaged over thirty stakeholders as part of the Program preparation process through multi-stakeholder consultations with healthcare service providers to solicit input into a proposed Program and the IPF component. Aside from these broad level engagements, consultations and interactions have been undertaken with various stakeholders (community level healthcare service providers, non-governmental actors, private sector, central government agencies including Ministry of Finance, and Members of Parliament) to communicate the objectives of the Ghana Primary Health Care Investment Program and to receive feedback, discuss the Environment and Social risk and impacts and to discuss potential mitigation measures. The preparation of this SEP followed the ESS 10 stakeholder consultative processes and COVID-19 prevention protocols. These engagements and consultations will continue throughout TA activity implementation. Table 2 below presents the list of Stakeholders engaged and issues discussed:

Table 2: Summary of stakeholder consultation during project preparation (including SEP and ESSA preparation)

Stakeholder Group	Institutions/Group	Topic of Consultation	Method of Engagement	Responsibility
Government agencies	Ministry of Finance, MOH: Capital Investment and Project Management Unit implementation, Biomedical Engineering Unit, Policy Planning, Budgeting, Monitoring and Evaluation Directorate (PPBMED),	Design of the Program including Program development objectives, scope of the PforR and IPF components, preparation timelines, costing, and budgeting,	Program preparation and Technical Review Meetings through Video Conference (VC)/ Webex meetings and face-to-face engagement	MOH/GHS/WB

	<p>Procurement and Supply Chain Directorate (PSCD),</p> <p>Human Resource Management and Development Directorate,</p> <p>Technical Coordination Directorate (TCD); GHS: Health Administration and Support Services, Ho West District Health Directorate, Savelugu Municipal Health Directorate, Berekum West District Health Directorate,</p> <p>Policy Planning Monitoring & Evaluation Directorate (PPME), Ho Municipal Directorate of Health Service,</p> <p>Volta Regional Health Services Directorate,</p> <p>Northern Regional Health Services Directorate,</p> <p>Bono Regional Health Services Directorate,</p> <p>National Health Insurance Authority;</p> <p>Mental Health Authority;</p> <p>Health Facilities Regulatory Authority;</p> <p>Ghana Atomic Energy Commission (On E-Waste/ Radioactive waste);</p> <p>National Council of Persons with Disability;</p>	<p>Project implementation arrangement</p> <p>Project related risks including environment and social risks and impacts and potential mitigation measures</p>	<p>when required.</p>	
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	<p>Min. of Gender, Children & Social Protection (MGCSP);</p> <p>Department of Gender, Department of Social Welfare,</p> <p>Domestic Violence Secretariat,</p> <p>Min. of Employment & Labor Relations (MELR);</p> <p>Local Govts. (Select sample from sample regions).</p>			
	Environmental Protection Agency	Discussion on the implementation, permitting and monitoring of the environmental and social aspects of the Program and IPF component activities	Face-to-Face interview with the national and regional Directors and Officers for permitting and compliance to the EPA permit conditions	MOH/GHS/WB
	Lands Commission	Discussion on compulsory acquisition by government and role of the commission in supporting the Program implementation	Face to Face interview with Officers at the Regional Lands Commission	MOH/GHS/WB
District Level Stakeholders	Holuta, VR Community Health Planning and Services (CHPS) Compounds; Kpedze Health Center; Ho	Program activities including environment and social risks and	Discussion/presentation/information sharing	MOH/GHS/WB

	Municipal Hospital; Nambagla NR CHPS Compound; Diare NR Health Center; Savelugu Municipal Hospital; Community Health Planning and Services (CHPS) Compounds; Community Health Centers/Clinics District Hospital; Chiefs, farmers, women groups, PAPs	impacts associated with the IPF and mitigation measures, implementation arrangement; COVID-19 prevention measures under the Program activities		
Groups/Associations / Private Sector Actors	The Medical and Dental Council; The Pharmacy Council of Ghana; Nurses and Midwifery Council; Christian Health Association of Ghana (CHAG); Ghana Coalition of NGOs in Health	Activities and environment and social risks and impacts and mitigation measures, project implementation & arrangement; COVID-19 prevention measures under the project	Discussion/presentation/information sharing	MOH/GHS/WB

1.5 Principles for effective stakeholder engagement

This Stakeholder Engagement Plan (SEP) is informed by a set of principles defining its core values underpinning interactions with identified stakeholders. Common principles based on “International Best Practice” include the following:

- **Commitment** is demonstrated when the need to understand, engage and identify the community is recognized and acted upon early in the process.

- **Integrity** occurs when engagement is conducted in a manner that fosters mutual respect and trust.
- **Respect** is created when the rights, cultural beliefs, values and interests of stakeholders and affected communities are recognized.
- **Transparency** is demonstrated when community concerns are responded to in a timely, open, and effective manner.
- **Inclusiveness** is achieved when broad participation is encouraged and supported by appropriate participation opportunities; and
- **Trust** is achieved through open and meaningful dialogue that respects and upholds a community's beliefs, values, and opinions

1.6 Overall Objectives

The overall objective of this SEP is to define a Program for stakeholder engagement, including public information disclosure and consultation for the IPF component, throughout the entire Program life. Effective stakeholder engagement will improve the environmental and social sustainability of the TA activities, enhance Program acceptance, and make a significant contribution to successful IPF component design and implementation.

This SEP outlines the ways in which the implementing agencies will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the IPF component activities of the Program.

2.0 Stakeholder Engagement Regulatory Context

This section presents a brief overview of the national legal provisions that necessitate citizenship engagement, disclosure of public information and adequate response to queries, concerns and grievances raised by the public on key government actions. This chapter also explores the Bank's Environmental and Social Framework (ESF) requirements on stakeholder engagement among other best practices.

2.1 Key National Legal Provisions for Information Disclosure, Citizen Engagement and Dispute Resolution

The 1992 Constitution

The 1992 Constitution of Ghana acknowledges the right to information under Article 21(1) (f) as a fundamental human right of all citizens. This right will be properly enjoyed where the public is efficiently engaged in the processes and procedures of public institutions.

Environmental Assessment Regulations of 1999 (LI1652)

These regulations provide the regulatory framework for the administration of Environmental Assessment (EA) in Ghana. The regulation provides for the participation of stakeholders at all levels of the Environmental Impact Assessment (EIA) process in order to ensure that their concerns and inputs are considered as part of the design, planning, project implementation and decommissioning. For instance, section 16 (1) (3) makes provision for the general public to make comments and provide suggestions on any project; section 17 (1) makes provisions for public hearing; and section 27 (1) provides the platform for complaints by aggrieved persons.

Right to Information Act, 2019, (Act 989)

This Act provides for the implementation of the constitutional right to information held by a public institution, subject to the exemptions that are necessary and consistent with the protection of the public interest in a democratic society, to foster a culture of transparency and accountability in public affairs and to provide for related matters

Data Protection Act, 2012 (Act 843)

This Act is enacted to protect the privacy and personal data of individuals. It regulates the process personal information is acquired, kept, used or disclosed by data controllers and data processors by requiring compliance with certain data protection principles. Non-compliance with provisions of the Act may attract either civil liability, or criminal sanctions, or both, depending on the nature of the infraction. The Act also establishes a [Data Protection Commission](#), which is mandated to ensure compliance with its provisions, as well as maintain the Data Protection Register.

Alternative Dispute Resolution Act, 2010 (ACT 798)

The Act provides for the settlement of disputes by arbitration, mediation, and customary arbitration, and establishes an Alternative Dispute Resolution Centre and to provide for related matters. This Act applies to matters other than those that relate to:

- the national or public interest.
- the environment.
- the enforcement and interpretation of the Constitution; or
- any other matter that by law cannot be settled by an alternative dispute resolution method.

2.2 World Bank Environmental and Social Standard on Stakeholder Engagement.

The Environmental and Social Standard (ESS) 10, “Stakeholder Engagement and Information Disclosure”, of the World Bank ESF recognizes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice” (World Bank, 2017: 97). Specifically, the requirements set out by ESS10 are the following:

- “Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts;
- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.

The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.” (World Bank, 2017: 98).

A Stakeholder Engagement Plan proportionate to the nature and scale of the project and its potential risks and impacts needs to be developed by the Borrower. It must be disclosed as early as possible, and before project appraisal, and the Borrower needs to seek the views of stakeholders

on the SEP, including on the identification of stakeholders and the proposals for future engagement.

If significant changes are made to the SEP, the Borrower must disclose the updated SEP (World Bank, 2017: 99). According to ESS10, the Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner (World Bank, 2017: 100). For more details on the WB Environmental and Social Standards, please follow the link below: <https://www.worldbank.org/en/projects-operations/environmental-and-social> framework/brief/environmental-and-social-standards

3.0 Stakeholder identification and analysis

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

- are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘**affected parties**’); and
- 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 and implementation 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 Stakeholder Categorization

For the purposes of effective and tailored engagement, the stakeholders of the IPF component of the Primary Health Care Investment Program can be divided into three core categories:

1. Implementing Agencies
2. Affected Parties
3. Vulnerable Groups
4. Other interested parties

3.1.1 Implementing Agencies

These include institutions and agencies that influence and make decisions on the Program implementation. They include the following:

- a. Ministry of Health
- b. Health Facilities Regulatory Agency
- c. Ghana Health Services Headquarters
- d. Regional Health Directorates
- e. District Health Administrations
- f. Sub Districts/Health Centres,
- g. Sub District/Clinics,
- h. Sub Districts/CHPS
- i. National Health Insurance Authority

3.1.2 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. Since the TA component will be anchored in the overall Program structure, the category of stakeholders will comprise mostly government workers and patients who access health services at the local level who may be impacted by the development of and training on policies, standards, and guidelines as well as technical design of selected systems and investments including management accounting, human resources management, and design of solar energy back-ups for

Health Centers and CHPS Compounds. Some institutions and individuals will also benefit from data analysis and evaluation activities, including for integration and analysis of DHIMS, health insurance, and other databases.

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 status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. The stakeholders in this category identified for the TA activities include:

- Low-income families/extreme poor and especially female headed households
- Elderly/ Aged
- Persons with disabilities and their caregivers
- People living in hard-to-reach communities;
- Youth;
- People with low or no education

Special efforts will be taken to disseminate project information to these groups and to ensure their inclusion in the stakeholder engagement process.

3.1.3 Interested Parties

Individuals/groups/entities that may not experience direct impacts from the TA activities but who consider or perceive their interests as being affected by the TA activities and/or who could affect the TA activities and the process of its implementation in some way. This may include residents and business entities, and individual entrepreneurs in the area of the Program that can benefit from the capacity enhancement of the beneficiaries of the TA activities , Local, regional and national level civil society organizations (CSOs) and non-governmental organizations (NGOs) with an interest in primary health care, other government ministries, department and regulatory agencies involved in health care promotion, capacity building and emergency services as such National Ambulance Services.

The identification of interested groups is an on-going process and will continue during project implementation. The mapping and specific methods to engage these groups of people will align with the broader Program external communication strategy.

4.0 Stakeholder Engagement Plan

The goal of this Stakeholder Engagement Plan (SEP) is to promote and provide means for effective, inclusive, accessible and, meaningful engagement with Program- affected and other interested parties under the Technical Assistant component of the Program throughout the Program life-.

4.1 Engagement Methods and Tools

The Program will utilize various methods of engagement to ensure continuous interaction with the stakeholders. These methods will be tailored to the identified stakeholder groups. The format of every engagement activity will meet general requirements on accessibility, cultural appropriateness, and inclusiveness. Ensuring the participation of vulnerable individuals and groups in the TA consultations may require the implementation of tailored techniques.

Particular attention will be paid to the vulnerable groups to ensure that they are not denied Program benefits while ensuring full participation of women in the training activities under the TA. The SEP will be implemented throughout the Program life and will be revised when there are changes to the TA component activities to accommodate identified new stakeholders in a manner that is consistent with the ESS 10 requirements.

Public consultation during the COVID-19 pandemic.

Considering the outbreak of COVID-19, individuals are mandated by national directives to exercise social distancing and avoid public gatherings to prevent and reduce the risk of the virus transmission. Meanwhile, WHO has issued technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) RCCE readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19. These can be accessed at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

The aforementioned considerations, require a review of existing approaches to stakeholder engagement and consultations. These are premised on:

- Identifying planned activities requiring stakeholder engagement and public consultations, and for which any postponement may hinder project performance.
- Assessing the level of required direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders.
- Evaluating the risks of the virus transmission for and the effect of ongoing restrictions on these engagements.
- Investigating the level of ICT penetration among key stakeholder groups, if feasible, identifying the type of communication channels that can be effectively used in the project context.

In the event where public gatherings with a representative sample of Program beneficiaries, affected peoples and other interested parties are not feasible, the Program may elect a community representative based on inputs provided by beneficiaries and a network of such representatives can be established across the target communities to determine feasible methods of wider community outreach and consultation with stakeholders. Alternate forms of messaging would be explored, and contingency plans instituted to tailor engagement when the intended tools cannot be deployed. Some of these include:

- All public gatherings, hearings, workshops, and community meetings shall be avoided until deemed safe in line with national and international advisories.
- However, small-scale focus group discussions may be arranged if permitted, with guidance around social distancing and other precautions closely adhered to.
- If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, Zoom and Skype.
- Online channels, social media platforms and chat groups will be dedicated and deployed subject to ability of all stakeholders to equitably participate in consultations.
- Traditional channels, notably television and radio broadcasting, dedicated phone-lines and mail will also be leveraged to raise awareness of Program activities amongst all user groups as needed.
- Each of the proposed channels of engagement should specific mechanisms to solicit feedback from relevant stakeholders.

- In which case direct communication with certain affected peoples are of the essence, channels for engagement, employing a context-specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators, will be designed based on preference expressed by said beneficiaries.
- Everyone involved in stakeholder planning will be trained in positive social behaviour and hygiene practices and are required to preface every engagement session by articulating them.

4.2 Description of Engagement Methods

International standards increasingly emphasize the importance of a consultation being ‘free, prior and informed’, which implies an accessible and unconstrained process that is accompanied by the timely provision of relevant and understandable information.

To meet best practice approaches, the Program will apply the following principles for stakeholder engagement:

Openness and life-cycle approach: public consultations for the Program will be continuous throughout the life cycle of the Program, and 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 Program 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: The methodology will adapt various forms of communication including internet and phone communication as may be appropriate.

A summary description of the engagement methods and techniques that will be applied by the Program is provided in the Table 3 below.

Table 3 Method of Engaging Stakeholders

Method /Tools	Description and use	Contents	Dissemination Method	Target Group	Institutions
Consultation/ information provision					
Workshops/technical working group meetings	<ul style="list-style-type: none"> • Development of policies, standard and guidelines. • Provide inputs to the overall capacity building design, agree on M&E activities, implementation of stakeholders engagement plan and applicable cost of these activities. 	<ul style="list-style-type: none"> • Outline for development, presentations, working sessions. • Printed materials/presentation of information on the TA activities. Contents are concise, clear, and easy to understand by a layperson reader. • Graphics and pictorials are widely used to describe 	<p>Discussions. Consultation meetings, reports. Distributed as part of consultation, meetings, and workshop awareness campaigns, discussions, and meetings with stakeholders.</p>	<p>All divisions All Program affected area staff, interested parties, other potential stakeholders</p>	MOH/GHS

		technical aspects and aid understanding.			
Visual Presentations/ workshops	Visually convey Program information particularly findings from Independent Verification Agency to relevant government agencies and other interested audiences	<ul style="list-style-type: none"> Printed materials, notification of events, pictorial presentations Description of the Program performance against the DLIs and E&S compliance status., Updates on Program development. 	Meeting with stakeholders, meeting awareness. Presentations are widely used as part of the public engagements on the Program progress and other consultation events with other stakeholders.	GHS, MoH All Program stakeholders	MOH/GHS
Printed Progress report	Inserts, announcements, press releases, short articles, or feature stories in the printed media – newspapers and magazines	<ul style="list-style-type: none"> Notification of forthcoming public events or commencement of specific Program activities. 	Placement of paid information in local, regional, and national printed media, including those intended for general reader and specialised audience	All Program affected parties All Program interested parties Other potential stakeholders	MOH/GHS

		<ul style="list-style-type: none"> • General description of the Program and its benefits to the stakeholders. 			
Information feedback					
Method/tool	Description and use	Content	Dissemination method	Target group	Institutions responsible
MOH/GHS website accompanied by a feedback mechanism	Placement of Program-related information and printed materials in dedicated/designated locations on the MOH/GHS website that also provide visitors and readers with an opportunity to leave their comments in a feedback register.	Program-related information and printed	Administrations, libraries for disclosure and public comments.	All Program affected parties All Program interested parties Other potential stakeholders	MOH/GHS

<p>Internet/Digital Media</p>	<p>promote various information and updates on the overall Program activities and potential impact management process on MoH/GHS websites, procurement, employment / training opportunities, as well as on Program’s engagement activities with the public. Website should have a built-in feature that allows viewers to leave comments or ask questions about the</p>	<p>Information about Program implementation agencies and shareholders, Program development updates, employment and procurement, environmental and social aspects</p>	<p>A link to the Program website should be specified on the printed materials distributed to stakeholders and MDAs. Other on-line based platforms can also be used, such as web conferencing, webinar presentations, web-based meetings, Internet surveys/polls etc. Limitation: Not all parties/stakeholders have access to the internet, especially in the remote areas and in communities.</p>	<p>All Program stakeholders and other interested parties that have access to the internet resources.</p>	<p>MOH/GHS</p>
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	Program. Website should be available in English				
Citizens Surveys, Interviews and Questionnaires	The use of public opinion surveys, interviews, and questionnaires to obtain stakeholder views and to complement the statutory process of public consultations during verification of achievement of DLIs.	Description of the proposed Program and related processes. Questions targeting stakeholder perception of the Program, associated impacts and benefits, concerns, and suggestions.	Soliciting participation in surveys/interviews with specific stakeholder groups. Administering questionnaires as part of the household visits.	All Program stakeholders.	
Program Implementation Agencies (MOH, GHS)	Program's designated venue for depositing Program-related information that also offers open hours to the stakeholders and	Program-related materials. Any issues that are of interest or concern to the local communities and other stakeholders.	Information about the info Centre or a field office with open hours for the public, together with contact details, is provided on the	All Program affected parties Program interests' parties Other potential stakeholders	MOH/GHS

	other members of the public, with Program staff available to respond to queries or provide clarifications		Program's printed materials distributed to stakeholders, as well as during public meetings and household visits.		
Non state actors, Traditional / Community leaders	Develop and secure clearance processes for timely dissemination of Program messages and materials in local languages and in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels	Program related information, SEA/SH prohibition messages, Program adverse impacts, benefits, and available feedback channels	Community outreach / town criers, dedicated Toll-free telephone lines, fliers and town hall meeting adhering to NCDC and state applicable COVID 19 protocol.	All Program affected parties Program interested parties Other potential stakeholders	MOH/GHS

4.3 Description of Information Disclosure Methods

This SEP will be reviewed regularly and will be made available at venues and locations convenient for the stakeholders and places to which beneficiaries and other interest groups have unhindered access.

Free printed copies of the SEP in English will be made accessible for the general public at the following locations:

- Ministry of Health (Headquarters)
- Ghana Health Service (Regional and District offices)
- National Health Insurance Authority (Regional and District Offices)
- CHIP Compounds
- Health Centers
- Clinics

Electronic copies of the SEP will be placed on the website of the Bank and at each implementing agency. This will allow stakeholders with access to internet to view information about the planned development and to initiate their involvement in the public consultation process.

The website will be equipped with an on-line feedback feature that will enable readers to leave their comments in relation to the disclosed materials. The mechanisms which will be used for facilitating input from stakeholders will include press releases and announcements in the media, notifications of disclosed materials to local, regional, and national NGOs, relevant professional bodies as well as other interested parties.

4.3.1 Timetable for Disclosure

The disclosure process associated with the release of IPF Environment and social documentation, as well as the accompanying SEP will be implemented within the following timeframe:

- Placement of the SEP in public domain through publication on the MOH and GHS websites– prior to approval of the Program and periodically throughout Program implementation.
- Public consultation meetings with Program stakeholders to discuss feedback and perceptions about the Program before finalizing the Program documents.
- Addressing stakeholder feedback received on the entire disclosure package prior to approval of the Program.
- Disclosure of Program information periodically throughout implementation.

5.0 Grievance Redress Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to resolve project related 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 preparation and implementation of TA activities.
- 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.

5.1. Description of GRM

The GHS and the National Health Insurance Authority have robust complaint redress system to receive and resolve healthcare related complaints. The MOH and GHS call centers nationwide will be used by citizens to lodge complaints and seek information or feedback. These are active 24/7 in all 16 regions across the country. The Centers have supported the GHS to receive and resolve COVID-19 related complaints. To date, the call centers have received, resolved, and provided

feedback to over 134,850 calls and complaints. The E&S Focal Officers at MOH/GHS will have oversight over the implementation of the GRM.

Grievances will be handled at the respective health facility by the Grievance Office and at the national level by MoH, including via existing dedicated hotlines (+233 307 011 419; +233 55 843 9868. +233 50 949 7700).

Other update channels include:

- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any lower-level healthcare facility
- Walk-ins to register a complaint on a grievance logbook at healthcare facility or suggestion box at the lower-level healthcare facilities.

The government have other 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 is operating a platform dubbed 3-2-1 Platform to create awareness about gender-based violence, stigma, and mental health issues in particular, COVID-19 related impacts and to provide confidential support to complainants in collaboration with the Domestic Violence and Victims Support Unit [DOVVSU] of the Ghana Police Service. The GHS will leverage support on the existing redress structures to address Program related complaints and support to Sexual Exploitation and Abuse and Sexual Harassment complaints that may be reported during the Program implementation.

Once all possible redress has been proposed and if the complainant is still not satisfied complainants have the right to legal recourse at their own discretion.

Steps to submitting complaints:

Step 1: Submission of grievances either orally through calls 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 have been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

5.2 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a Program supported by the World Bank may also complain directly to the Bank through the Bank's Grievance Redress Service (GRS) (<https://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>). A complaint may be submitted in English, or in local languages, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Ghana Country Office in Accra.

The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank supported project. This should be supported by available documentation and correspondence to the extent possible.

The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representatives and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, because of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. Information on how to submit complaints to the World Bank Inspection Panel may be found at www.inspectionpanel.org

6.0 Monitoring and Reporting

This Stakeholder Engagement Plan will be periodically revised and updated as necessary in the course of the implementation of the TA activities. The identified stakeholders and methods of engagement will be reassessed periodically to remain appropriate and effective in relation to the IPF context and specific stages of the implementation. Any major changes to the Program related activities and to its schedule will be duly reflected in the SEP.

6.1 Reporting

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 Social Safeguards focal persons or GRM disgruntled focal persons at the MOH/GHS. The GRM summaries will form part of the Program reporting requirements to the World Bank.

6.2 Training

MoH and GHS will arrange necessary training associated with the implementation of this SEP. Specialized trainings will also be provided to the staff appointed to deal with stakeholder grievances as per the Public Grievance Procedure. TA component consultants particularly the

Independent Verification Agency (IVA) and selected representatives will also receive necessary instructions for the Grievance Procedure.

6.3 Funding for the Implementation of the SEP

The implementation of this SEP will be integrated into the execution of the IPF component of the Program to ensure stakeholders are engaged in all phases of the Program. An estimated funding of US\$ 200,000 has been allocated for the SEP implementation as part of the overall IPF component cost, which would fund all multi-stakeholder engagements at all levels, including the headquarters, regional and district levels. As such, the budget for implementation of stakeholder engagement activities has been fully integrated in the activities' budget. All policy related activities include budgets for stakeholder consultations and engagements. All field-based activities, especially those at the lower-level healthcare facility are planned to start with adequate sensitization, awareness creation, and engagement. Eventually, at the overall Program level, the MOH and GHS will keep track of all stakeholder engagements and ensure that planned budgets are released for implementation.

Table 4. Indicative Budget for SEP Implementation

Proposed Activity	Estimated Cost Year 1 – 2 (USD)	Estimated Cost Year 3 – 4 (USD)	Estimated Cost Year 5 (USD)	Total Cost (USD)
Media announcements and commercials/adverts /radio/ tv	10,000	10,000	4,000	24,000
Social Media engagement including production of short videos	3,000	500	2,000	5,500
Disclosure of E&S information in	2,000	1,000	500	3,500

widely circulated national news papers				
Project IE&C materials e.g., leaflets, brochures, fact sheets, newsletters, brail materials	10,000	8,000	3,000	21,000
Feedback and Suggestion Box	1,000	-	-	1,000
Surveys, interviews and independent evaluations	6,000	6,000	6,000	18,000
Community / townhall/ public meetings	15,000	4,000	2,000	21,000
Workshops	14,000	12,000	7,000	33,000
Focus group meetings	4,000	3,000	2,000	9,000
Grievance Redress with dedicated hotline and short code	15,000	15,000	10,000	40,000
Monitoring	10,000	9,000	5,000	24,000
Grand Total				200,000