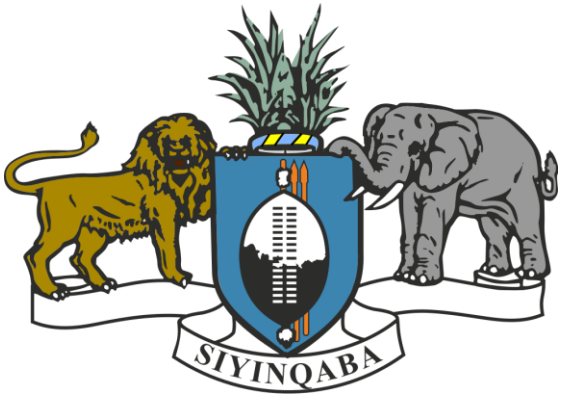

Government of the Kingdom of Eswatini

Ministry of Health

ESWATINI COVID-19 EMERGENCY RESPONSE PROJECT (P173883)

Stakeholder Engagement Plan (SEP)

Updated January 2021

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Preliminary SEP	07/04/20
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CONTENTS

ACRONYMS

ARVs	Antiretroviral
CBO	Community Based Organizations
CHV	Community Health Volunteer
COVID-19	Coronavirus disease caused by the 2019 novel coronavirus (SARS-CoV-2)
CSO	Civic Society Organization
DPMO	Deputy Prime Ministers' Office
E&S	Environmental and Social
ESCP	Environmental and Social Commitment Plan
ESF	Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
EU	European Union
FBO	Faith Based Organizations
GBV	Gender Based Violence
GC	Grievance Committee
GRM	Grievance Redress Mechanism
GoKE	Government of the Kingdom of Eswatini
HIV	Human Immunodeficiency Virus
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IPF	Investment Project Financing
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NCPs	National Care Points

NDMA	National Disaster Management Agency
NPHEC	National Public Health Emergency Committee
NERCHA	National Emergency Response Council on HIV AIDS
NGO	Non-Governmental Organization
NRL	National Referral Laboratory
REHPMC	Regional Epidemic
RHMs	Rural Health Motivators
OIP	Other Interested Parties
PAP	Project Affected Parties
PAI	Project Area of Influence
PIU	Project Implementation Unit
PPEs	Personal Protection Equipment
RRTs	Rapid Response Teams
SEA	Sexual Protection and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMS	Short Message Service
SMT	Senior Management Team
SOE	Sate Owned Enterprises
SWOT	Strengths, Weaknesses, Opportunities and Threats
RFM	Raleigh Fitkin Memorial Hospital
UN	United Nations
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene
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. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Since the beginning of March 2020, the number of cases outside China has increased significantly and the number of affected countries as of September 2, 2020 has reached 188 with a total of 25,816, 820 confirmed cases and 858,381 deaths.

Eswatini faces significant risks regarding the potential health and economic impacts of the COVID-19 pandemic and; on March 17, 2020, the GoKE declared a State of Emergency. As of September 2, 2020, there are 4,618 confirmed cases of COVID-19, 3,562 recoveries, 962 active cases and94 deaths in Eswatini. The risk of local transmission and further imported cases, particularly from South Africa, is very high. South Africa as of September 2, 2020 has reported 628,259, confirmed cases, 549,993 recovered, 14,263 death and, 64,063 active cases. Due to the close social and economic linkages, there is significant human movement between the two countries. In the absence of vigorous response measures, there is a high potential for the number of COVID-19 cases in Eswatini to rise significantly while the country's health care system is currently not able to cope with substantial numbers of COVID-19 cases.

The Eswatini Covid-19 Emergency Response Project supports Eswatini to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project was approved by the Bank on April 20, 2020. The project comprises the following components:

Component 1: Emergency COVID-19 Response **(US$5.5 million)**

This component provides support to Eswatini to minimize the risk of further imported cases and limit local transmission through containment strategies. It supports the implementation of Eswatini's COVID-19 National Contingency Plan in close coordination and with strong support from UN agencies and other partners. This component supports: (i) strengthening COVID-19 case detection, confirmation, case tracing, recording and reporting; (ii) health systems strengthening for COVID-19 preparedness planning; and (iii) improving implementation of social distancing measures and strengthening communication preparedness.

(1) STRENGTHEN COVID-19 CASE DETECTION, CONFIRMATION, CONTACT TRACING, RECORDING AND REPORTING

The project will provide technical assistance and procure goods and equipment to (i) strengthen disease surveillance systems and the in-country testing capacity through scale up of rapid near patient molecular testing and other testing technology – including engaging the private sector – as appropriate and strengthening of health facilities and the National Reference Laboratory (NRL) (and other public health laboratories as deemed necessary) in specimen collection, packaging, storage, shipment 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; (v) strengthen screening, isolation and follow up of travelers at point of entry; and (vi) provide on-time data and information for guiding decision-making and response and mitigation activities.

(2) HEALTH SYSTEM STRENGTHENING FOR COVID-19 PREPAREDNESS PLANNING

Technical and financial assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel. Included is also training of health facilities' staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment, as well as with water supply, sanitation and hygiene materials, and health care waste management services. Strengthened clinical care capacity will be achieved through financing plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Local containment will be supported through the establishment of local isolation units in hospitals. Widespread infection control training and measures will also be instituted across health facilities and ambulances. As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support would be provided for temporary surge capacity for service delivery, reorganizing and repurposing/equipping the Lubombo referral hospital and the RFM hospital to increase ICU capacity, as well as other selected sites as deemed necessary, for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak, develop intra-hospital infection control measures, and procure ambulances fully equipped for highly infectious diseases.

(3) IMPROVE IMPLEMENTATION OF SOCIAL DISTANCING MEASURES AND STRENGTHEN COMMUNICATION PREPAREDNESS

An effective measure to prevent contracting a respiratory virus such as COVID-19 is to limit, as much as possible, contact with the public. Therefore, the project will provide technical assistance to support improvements in the implementation of 'social distancing measures'

already in place in country by developing a well-designed communication strategy targeting parents, traditional and religious leaders and the general public, guidelines for the management of at risk groups such as guidelines for elderly isolation and pension pick-up, and guidelines for alternative drug pick-up for people living with HIV and other chronic conditions. It is important to clarify that the Bank will not support the enforcement of social distancing measures when they involve actions by the police or the military, or otherwise that require the use of force. The project will also provide technical and financial assistance for communication activities that will support cost effective and sustainable methods such as marketing of "handwashing" through various communication channels such as mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. In coordination with other development partners, complementary support will be provided for information and two-way communication activities to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. Community mobilization takes place through trained community health workers, religious leaders and traditional healers. In addition, support will be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in Siswati on COVID-19, and (ii) general preventive measures such as "dos" and "don'ts" for the general public; (iii) information and guidelines for health care providers: (iv) training modules (web-based (on-line), printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.

Component 2: Implementation Management and Monitoring and Evaluation **(US$0.5 million)**

This component provides support to the Eswatini Government to manage, monitor and evaluate the implementation of all activities related to the country's responses to the COVID-19 pandemic. This component comprises Project management and Monitoring and Evaluation.

(4) COVID 19 VACCINE IMPLEMENTATION US$4.5 million

The GoKE has committed to procure COVID-19 vaccines through the COVAX facility and has submitted the request to GAVI as part of the requirements for countries under this mechanism. However, the procurement plan is yet to be developed as part of documents to be prepared once the vaccine introduction plan has been developed. PPE, syringes and safety boxes needs have been identified but these are yet to be fully costed. These activities will be completed once the priority target population is finalized and identified.

The initial overall Program financing envelope was US$6 Million. An additional financing of US$4.5 million for COVID-19 vaccine deployment has been made and thus the total financing envelope is US$10.5 million

(1) PROJECT MANAGEMENT

Support for the strengthening of public structures for the coordination and management of the project will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. The MoH's implementation team will be strengthened through capacity building and recruitment of consultants responsible for overall administration, procurement, and financial management of the project. To this end, the project will support costs associated with project coordination.

(2) MONITORING AND EVALUATION

This component will support the monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint learning across and within countries. This component will support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

The project is financed by an IBRD loan of US$6 million, using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a two-year period.

The above project components aim to strengthen Eswatini's health system preparedness to respond to the COVID-19 emergency and potential future emergencies. Each component will include climate-change adaptation measures and will address gender issues, as necessary.

1.2 OBJECTIVE OF THE SEP

The Eswatini COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 on Stakeholders Engagement and Information Disclosure, the implementing agencies should 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 overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will engage with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. This SEP is a living document that will be updated during project implementation as more details on the stakeholders' groups and measures are identified.

2.1. SEP UPDATE

On March 17, 2020, Eswatini declared a State of Emergency and as of April 12, (less than a month later) there were 14 confirmed cases of COVID-19. Since April 12, and as of September 2, 2020, COVID 19 confirmed cases in Eswatini have increased by 329 folds with 4,618 confirmed cases, 3,652 recoveries, 962 active cases, and 94 deaths.

In addition to the above data on prevalence of COVID-19 in Eswatini, the SEP that was prepared and disclosed on April 20th, 2020. needed updating due to the reasons stated below:

- Consultations were limited during the development of the SEP, so further meaningful engagements had to be done to inform the document;
- The project has commenced, and stakeholder engagement is ongoing; and
- Eswatini was responding to the COVID-19 emergency prior to the project.

In view of the above shortcomings, a comprehensive review to update and align the SEP was therefore necessary. Structured engagements with key stakeholders, the review of relevant documentation from the World Bank, MoH and Communication strategy for COVID-19 response activities and a formal review of strengths, weaknesses, opportunities and threats (SWOT) to stakeholder engagement was done to inform the SEP.

Interviews with key stakeholders (High Influence, Low Interest and High Interest and Low Influence) were arranged and conducted. Eight stakeholders have been consulted and revealed their concerns and flagged issues about the virus as well as their needs and expectations in relation to the Eswatini COVID-19 Emergency Response Project.

The list of stakeholders engaged in the SEP include the following:

- Recovered COVID-19 Patient
- COVID-19 Affected person under quarantine
- Rapid Response Teams (RRTs) from the Hhohho, Shiselweni and Lubombo regions
- Manager of National Laboratory
- CSO – World Vision (advocates for vulnerable persons in rural areas)
- CSO – Save the Children
- SOE - NERCHA Executive Director
- Local Authorities – Mbabane and Siteki Municipalities
- Deputy's Prime Minister's Office

Representatives of the stakeholders were selected from each category and a consultation schedule and an interview guide were prepared and administered to the respondents. The engagement channels used were guided by the *Technical Note: Public Consultations and Stakeholder Engagement in World Bank-supported operations when there are constraints on conducting public meetings.* The channels included small groups for face-to-face meetings, conference telephone calls, virtual meeting rooms and emails. The following aspects were central to the engagement:

- Awareness of the project and COVID-19;
- Fears and experiences with COVID-19;
- Needs and expectations;
- Engagement initiatives and channels;
- Issues, challenges and grievances; and
- Proposed improvements.

2.1.1 Findings from Consultations

Below are brief summaries of interviews with various selected representatives of the stakeholders. Details of interviews are presented in Annex I.

- **Recovered COVID-19 Patient**

One COVID-19 recovered patient was engaged and was asked to share their experiences. It was observed that i) they experience dehumanization in the process of receiving care, ii) there is no psychosocial support for patients, iii) social needs for patients receiving COVID-19 care are not attended to, iv) patients are disconnected from their family members because treatment facilities do not have means to enhance communication between patients and family members, v) grievances response is lengthy and cumbersome (grievances should be received by the nurse manager and reported to the Matron who consequently forward them to the SMO), vi) ethical principle of Confidentiality was not observed.

- **COVID-19 Affected person under quarantine**

The process also involved engagement with affected people housed in quarantine facilities. The people include those arriving from lengthy periods out of the country and they often tested negative for COVID-19 on assumption of duty. The needs, experiences and concerns they presented indicate that i) they needed to communicate with their families as they were homesick and did not have access to WIFI and other means of communication to attend to outside personal matters; ii) wanted time to do physical training as part their routine; iii) PPEs to limit exposure to the virus; iv) prefer to communicate COVID-19 matters through face-to-face and not the toll-free line is often subjected to abuse and COVID-19 results must be conveyed through face-to-face means and avoid others means to prevent adverse reactions in cases where results are positive to COVID-19. They recommended the COVID-19 response be improved through: intensification of public awareness and education on behavioral change; proper counseling of clients when receiving their results and disclosure of results through face-to-face meetings whether the results are positive or negative.

- **Rapid Response Teams (RRTs) from the Hhohho, Shiselweni and Lubombo regions**

Members of the RRTs from all the regions were also engaged on a variety of COVID-19 response issues. Their experiences over the last three months indicate that i) they suffer emotional, social and physical challenges mainly being stigmatization, breakup of their families and fatigue; ii) subjected to un-conducive working conditions where they work for long hours (double shifts), crowded temporary accommodation, arrogance of the laboratory staff, lack of PPEs, lack equipment including vehicles and fuel as well as lack of transport to report for duty; iii) lack of motivation and support from the Ministry and iv) lack of coordination among the players involved in COVID-19 response i.e. case tracing, case management and evacuation; v) slow response to grievances lodged (grievances meeting is convened once a week) and vi) lack of

psychosocial support. Suggestions raised for improvement in COVID-19 include: i) improvement of working conditions of the RRTs staff through provision of adequate and permanent accommodation and payment of hardship allowances; ii) maintain a regular supply of PPEs; iii) provision of vehicles and fuels to RRTs; improvement of coordination and links among all departments involved in COVID-19 response and iv) return to drawing boards using the three months experience the country has in responding to COVID-19 pandemic.

- **Manager of National Laboratory**

The engagement of laboratory personnel revealed that testing laboratories have been affected by the COVID-19 pandemic in a number of ways including i) increase in workload as a result of the increase test cases as for some time there was one COVID-19 testing laboratory; ii) anxiety and safety concerns among staff as a result of lack of knowledge about COVID-19; iii) increase in labour issues such as staff relocations; iv) increase in generation of special (medical) waste with a reduced waste management capacity; iv) problems of coordination and communication among institutions involved in COVID-19 response i.e. lack of clarity on roles and responsibilities and v) irregular supply of relevant PPEs. Laboratory management periodically receives grievances from staff yet there is no GRM in place. Suggestions for improvement presented include hiring of more laboratory staff; supply of more testing kits and relevant PPEs; provision of incinerators in Mbabane Government Hospital; training of laboratory staff in COVID-19; strengthening of communication and coordination among institutions tasked with COVID-19 response.

- **CSO – World Vision (advocates for vulnerable persons in rural areas)**

World Vision is an NGO that advocates for vulnerable people in rural areas. Impacts of the COVID-19 pandemic include disruption of services and programs supporting vulnerable people such the delivery health services as a result of diversion of resources support people's livelihoods; increasing number of malnourished children; increase in domestic violence, GBV incidents and sexual abuse women and girl child. The World Vision raised a number of concerns brought about by the COVID-19 pandemic which include increase in fear and anxiety among people due mainly to job losses; fear of stigmatization and discrimination against those taken in for COVID-19 testing and treatment; and escalation of infections due to lack of adherence to COVID-19 procedures. This is all against the backdrop of lack of facilities and proper measures for self-isolation in rural homesteads; long turn around testing time for COVID-19 and weak GRM that result only on collection of complaints through a tool-free number transfer of complaints to relevant departments elsewhere. Suggestions for improvement include strengthening of WASH programme in public places; Intensification of behavioral change campaigns; building capacity of and equipping RHMs to deal COVID-19 cases (e.g., supply RHMs

with equipment for basic screening); improve COVID-19 information dissemination and strengthening communication and coordination of COVID 19 response agencies.

- **CSO – Save the Children**

The organization noted the following impacts of COVID-19; i) Increase in child exploitation and domestic abuse; ii) increase difficulties experienced by people with disabilities to access health facilities and people living with albinism having to cope with sanitizers that harmful to their sensitive skin; iii) increase in the number of households experiencing shortage of food; and decline in the organization's capacity deliver services to vulnerable people. Among concerns related to the pandemic raised by the organization include difficulties to access health facilities due to lockdown, absence of transport and distance; fear and anxiety engulfing the people; communication and coordination challenges among agencies involved (especially duplication of efforts); fear of increase of infection cases due to crowded living conditions specially among those sharing the one-room accommodation facilities. The organization currently receives support from the EU, NDMA, National Response Team and Food Security Consortium. Suggestions for improvement of COVID-19 response include the provision of psychosocial support to COVID-19 patients and their families as well as medical personnel; training of communities on WASH and COVID-19; strengthen coordination of agencies involved in COVID-19 response and provision of basic household needs especially food and sanitation.

- **SOE - NERCHA Executive Director**

The pandemic has resulted in the scaling down of NERCHA's HIV and AIDS responses to give attention to COVID-19. This affected services such as distribution of medication as well interpersonal communication and counselling. The tightening of resources has also resulted in fears of discontinuations among those on ARVs treatment. Other fears include overburdening of local system; potential increase in new infections especially among the youth; malnourishment among children that are no longer benefiting from the school feeding schemes; reduction in supply of ARVs due to COVID-19 impacts on operation of manufactures and increase in general failure among people to access health facilities for medication due to lockdown and lack of transport. Suggestions for improvement of COVID-19 response include development of clear framework to address COVID-19 and HIV and AIDS. Development of clear monitoring plans for provision of food to communities and NCPs; conducting periodical testing to people with underlying diseases including HIV and AIDS; recruitment of more health staff to reduce the workload of current staff and mount more vigilance or surveillance on households for timeous detection of domestic violence and GBV cases.

- **Local Authorities – Mbabane and Siteki Municipalities**

The main impact of COVID-19 was the reduction of service delivery to urban inhabitants due to diversion of resources to combat the pandemic. During lockdown almost all the operations of the local governments were shut down as well social and commercial activities within the urban areas. Concerns emanating from the pandemic included continued crowding of the urban areas despite the rising infection rates; dealing with fears of COVID-19 infection among urban residents neighboring health facilities such as the Lubombo Referral Hospital; complete shutdown of service delivery; reduction of government financial support as focus is now on combating the pandemic; decline in revenue collection; increase in poverty levels due loss of jobs and sources of income and a massive increase in generation of special waste from both health facilities and affected homesteads. The local authorities have to deal with complaints arising from closure of businesses, marketing facilities and recreation facilities. There are also challenges of weak institutional coordination. Grievances from municipal staff include complaints about exposure to the virus during waste collections from households and frequency of waste collection. Grievances from the residents revolve around the reduced service delivery especially waste collection. Suggestions for improvement of the COVID-19 response include strengthening of information sharing mechanisms; prioritization of municipal issues in the COVID-19 response activities; frequent engagement of local authorities on health issues.

- **Deputy's Prime Minister's Office**

The COVID-19 pandemic has interrupted the DPMO's schedule of service delivery especially distribution of social grants and food to NCPs. Concerns raised by the DMPO include increasing infections among the youth and rural communities as they seem not to heed the COVID-19 regulations and procedures; loss of jobs and means of livelihood; difficulties to avail services to the vulnerable people; failure to ascertain and monitor vulnerability levels in the country since there will be no Vulnerability Assessment for 2020; lack of capacity and limited support from the MoH to implement infection control interventions for the old people. The main grievance reported to the DPMO is lack of and late arrival services to outlying rural areas. Suggestions for improvement of COVID-19 response include provision of psychosocial support to affected people and their families; implement strategies to respond to family needs; identify and close gaps among response COVID-19 priorities and interventions; strengthen coordination of all institutions involved in COVID-19 response to avoid waste of resources and duplication of efforts; strengthen preventative capacity of the public sector unit in the MoH; review of the disaster management policy; development of COVID-19 guidelines specific for the vulnerable people and consider the development or region-specific COVID-19 guidelines as experience has showed that infection rates and patterns differ among the regions (i.e. regions that are classified as epicenters may be treated differently from those that are not).

The findings summarized above and presented in annexure 1 indicate the following:

1. **Fear of Stigmatization and discrimination**

The stakeholders expressed varying fears and experiences including fear of stigmatization and discrimination, dehumanization, neglect and isolation. The issue of ill-treatment of patients was also raised. The absence of means of communication (WIFI etc.) with their families is another constraint noted by patients in quarantine.

2. **Lack of psychosocial support**

No counseling and psychosocial support to patients and their families, this has been raised as a need by several stakeholders.

3. **Needs of Health Personal**

A consistent and adequate supply of relevant PPEs has been singled out as the important need for all personnel involved. The staff also need access to transport as well as permanent and adequate accommodation when reporting for duty. There is a need to hire adequate personnel to relieve the staff workloads.

4. **Lack of a GRM**

Patients have reported being subjected to lengthy and cumbersome process when making complaints through the toll-free line. Health personnel were also unhappy with the slow and ineffective GM within the health sector. While the toll-free line is being used as the primary means of communication with citizens around COVID-19, they did not favor these especially for test results, where they prefer face-to-face meetings.

5. **Lack of Measures to Ensure Confidentiality**

While all the stakeholders are entrusted with sensitive information there are no strict guidelines enforced to ensure confidentiality.

6. **Lack of coordination, communication and unclear division of roles and responsibilities between key agencies in COVID-19 response**

Stakeholders were critical of the current situation where there seems to be poor coordination of efforts and lines of communication among institutions and departments involved in the COVID-19 response. Cases of duplication of efforts have been noted while responsibilities and mandates appeared unclear in some cases.

Appropriate measures to address the above challenges are being considered by the Project implementation team.

2.1.2 Findings of Desktop Review and Consultations with Communications Department and Case Management Team

A desktop review of relevant documents including the Eswatini National Contingency Plan for COVID was done. Consultation sessions were also organized with the Communication Department and the Case Management for clarification of findings from consultations and alignment plans. The outcome of the sessions is summarized below:

- The latest revised draft (21 June 2020) of the Eswatini National Contingency for Novel Corona Virus (COVID-19) has two pillars on coordination, planning and monitoring and Risk Communication and Community Engagement with supporting structure activities and monitoring and review regimes;
- Coordination, engagement and communication has had significant challenges since commencement and means to rectify these challenges include:
  - Urgently re-organization of the Operational leadership and coordination of Public Health Response in line with the WHO Incident Management System;
  - Formerly appoint an Incident Management Team led by a senior MOH official as Incident Manager; and
  - An inclusion strategy for all role players involved in the fight against COVID-19.
- The Communication Department is already engaging a variety of stakeholders at the national and regional level and through social media and the government website.

A SWOT analysis to assist in building on what is done well, address what is lacking, minimize risks, and to take the greatest possible advantage of chances for success was done. Table 2 below is a summary of the SWOT analysis:

Table 2: Summary of SWOT Analysis Results

Strengths	Weaknesses	Way forward
- COVID declared a national emergency (prioritized); - Emergency response plan with resources; - Motivated and willing role players;	- Coordination amongst teams involved needs improvement; - Limited resolution of issues and grievances; - Psycho-social support needed for clients	- Advocate for coordination meetings of teams involved in the response - Capacity building for health workers on

- Support from international and national institutions; - The size of the population and having a universal language; - Pre-existing structures and institutions with established rules and resources	who tested positive for COVID-19 and their families; - Awareness of COVID-19 and of the Project activities needs improvement; - Communication and information disclosure need improvement; - Recognition and use of pre-existing structures and institutions needs improvement; - Strained staff due to division of labor.	psychological care for COVID-19 affected clients - Engagement of all stakeholders including vulnerable groups on the project - Training health workers and community health volunteers on COVID-19
Opportunities - Improved coordination, engagement and communication; - Use of already existing structures and institutions to reduce waste and improve productivity; - Education and capacity building on COVID-19 and WASH practices; - Effective engagement and knowledge on vulnerable group	**Threats** - Disinformation and misinformation on COVID-19; - Stigmatization due to mismanagement of confidential information; - Politicizing of COVID-19 response activities leading to duplication of resources; - Wastage of resources due to miscommunication and lack of coordination.	Strengthen education of members of public on COVID-19 through various channels (radio, TV, newspaper, interpersonal communication through health workers and volunteers)

needs.		

2. STAKEHOLDER ENGAGEMENT OVERVIEW

The Stakeholder Engagement processes will be free of manipulation, interference, coercion, and intimidation, and conducted on the basis of timely, relevant, understandable and accessible format and location, in a culturally appropriate manner.

2.1. PRINCIPLES FOR EFFECTIVE STAKEHOLDER ENGAGEMENT

For best practice, the project will apply the following principles for stakeholder engagement:

- **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.

2.2. OVERALL OBJECTIVES

The overall objectives of SEP as informed by ESS-10 are to:

- To identify the roles and responsibility of all stakeholders and ensure their participation in the complete project cycle;
- Establish a systematic approach to stakeholder engagements that will help the project identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties;
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance.

- Promote and provide means for effective and inclusive engagement with project affected parties throughout the project life-cycle on issues that could potentially affect them;
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format taking special consideration for the disadvantaged or vulnerable groups;
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow the project to respond to and manage such grievances;
- To devise a plan of action that clearly identifies the means and frequency of engagement with each stakeholder;
- To allocate budgetary and other resources in the project design, project implementation, and Monitoring and Evaluation (M&E) for stakeholder engagement and participation.

3. STAKEHOLDER IDENTIFICATION

The Project Implementation Unit (PIU) identified project stakeholders who will be engaged on a regular basis to ascertain their concerns in relation to the project implementation, needs and expectation for engagement, priorities and objectives in relation to the project and this will continue to be used to tailor engagements with these stakeholders. During the process it has been critical to identify vulnerable and disadvantaged groups such as women, people living with disabilities etc.

For the purposes of effective and tailored engagement, stakeholders of the project will be divided into the following three (3) core categories:

Project Affected Parties – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable

status[1], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.1 PROJECT AFFECTED PARTIES

Project Affected Parties include individuals, organizations, communities and other parties that may be subject to direct impacts from the Project Activities specifically.

The following individuals and groups may fall within this category:

- COVID-19 infected people in the project-impacted facilities;
- People under COVID-19 quarantine, including workers in the quarantine facilities;
- Patients at health care facilities;
- Staff at selected hospitals, including janitorial staff, workers in quarantine/isolation facilities, diagnostic laboratories, Environmental Health Department, etc.;
- Workers involved in storage and transportation of samples;
- Neighboring communities to laboratories, quarantine centers, and screening posts, and the selected hospitals;
- Public Health Workers;
- Medical and testing facilities staff;
- Public health agencies engaged in the response;
- People affected by or otherwise involved in project-supported activities;
- Migrants returning from South Africa and other neighboring countries;
- Community Health Volunteers (Rural Health Motivators (RHMs) and other lay health workers)

3.2 OTHER INTERESTED PARTIES

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

- Government Ministries;
- Traditional and opinion leaders in the Kingdom of Eswatini;
- Media and other interest groups, including social media and the Government Information Department;

[1] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, 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 national health organizations, CSOs, CBO, FBOs and UN agencies;
- Businesses with sub-regional and international links;
- Local business community;
- The public at large;

3.3 DISADVANTAGED / VULNERABLE INDIVIDUALS OR GROUPS

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and 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, 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.

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

- Elderly;
- Individuals with chronic diseases and pre-existing medical conditions; Diabetes, Hypertension, HIV, etc.;
- People with disabilities;
- Pregnant women;
- Women, girls and female headed households;
- Children;
- Those living below poverty line;
- Communities in remote and inaccessible areas;
- Key populations (sex workers, etc.).

4. STAKEHOLDER ANALYSIS

The stakeholders were analyzed according to their role in the project, influence and interest.

Table 1 below summarizes the analyses.

Table 1: Project Stakeholder Analysis

Stakeholder Group	Influence	Interest
Project Affected Parties		
COVID-19 infected people in the project-impacted facilities;	Low	High
People under COVID-19 quarantine, including workers in the quarantine facilities;	Low	High
Patients at health care facilities;	Low	High
Staff at selected hospitals, including janitorial staff, workers in quarantine/isolation facilities, diagnostic laboratories, Environmental Health Department, etc.;	Low	High
Workers involved in storage and transportation of samples;	Low	High

Neighboring communities to laboratories, quarantine centers, and screening posts, and the selected hospitals;	Low	High
Public Health Workers;	High	High
Medical and testing facilities staff;	High	High
Public health agencies engaged in the response;	High	High
People affected by or otherwise involved in project-supported activities;	Low	High
Migrants returning from South Africa and other neighboring countries;	Low	High
Community Health Volunteers (Rural Health Motivators and other lay health workers)	Low	High
Other Interested Parties		
Government Ministries;	Low	High
Traditional and opinion leaders in the Kingdom of Eswatini;	Low	High
Media and other interest groups, including social media and the Government Information Department	Low	High
Other national health organizations, CSOs, CBO, Faith Health Initiatives and UN agencies	Low	High
Businesses with sub-regional and international links	Low	High
Local business community	Low	High
The public at large;	Low	High

Vulnerable Groups		
Elderly;	Low	High
Individuals with chronic diseases and pre-existing medical conditions; Diabetes, Hypertension, HIV, etc.;	Low	High
People with disabilities;	Low	High
Pregnant women;	Low	High
Women, girls and female headed households;	Low	High
Children;	Low	High
Those living below poverty line;	Low	High
Communities in remote and inaccessible areas;	Low	High
Key populations (sex workers, etc.).	Low	High

5 STAKEHOLDER ENGAGEMENT

5.2. STAKEHOLDER ENGAGEMENT

Comprehensive community engagement is a precondition for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including gathering their concerns, feedback and complaints about the project and feeding back this information to improve the design and implementation of the project, and (ii) awareness-raising activities to sensitize communities on the risks of COVID-19, and the introduction of COVID-19 Vaccine. Additionally, the revised SEP must facilitate the resolution of issues and grievances identified during the consultations, enhance strengths, manage weaknesses, take advantage of opportunities and mitigate threats.

Effective ways will be adopted to engage stakeholders amidst COVID-19 and related restrictions. The engagements will be done in accordance with Government's regulation on COVID-19 response, the local laws, policies and new social norms in effect to prevent virus

transmission. These approaches will include: having consultations in small groups of not more than 20 people, bilateral meetings, virtual meetings (e.g., WebEx, Zoom, Skype, etc.), emails, social media and mobile apps for instant messaging and employing traditional channels of communications such as TV, radio, conference telephone calls, SMS broadcasting, and public announcements when stakeholders do not have access to online channels or do not use them frequently. Continuous stakeholders' consultations and engagement as well as review and adjustment of approach and methodologies will be implemented to avoid the risk of virus spread. Stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19, and the introduction and rollout of COVID-19 Vaccine.

The WB's ESS10 and the relevant national policy or strategy for health communication and WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement. In particular, Pillar 2 on *WHO Risk Communication and Community Engagement* outlines the following approach:

"It is critical to proactively 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."

Due to the issues and challenges reviewed, the updated SEP will be divided into two parts i.e., an SEP for stakeholders within the emergency response component of the project and another for the rest of the affected, interested and vulnerable groups.

5.2.1 STRATEGY TO INCORPORATE THE VIEWS OF VULNERABLE GROUPS

Consultations were made with CSOs, SOEs and government departments that work with vulnerable groups. These included the World Vision, Save the Children, NERCHA and Deputy Prime Ministers Office (DPMO). Their concerns were as follows:

- Appropriate communication channels and messages for the deaf and dumb;
- Inadequate information on how to react to the pandemic;

- Improved provision of WASH facilities and material for the elderly and child headed households;
- No source of living for incapacitated, self-employed, elderly and child-headed households;
- Special attention needed for those with pre-existing medical conditions;
- Impractical social distancing or isolation measures for those living in crowded and small spaces;
- No access to health centres or support when sick; and
- Increase in domestic violence and gender-based violence cases due to financial strains.

CSOs and Government are already supporting some of these groups with WASH facilities and material, cash and food distribution and home-based care but there remains a huge gap in engagement, provisions and support.

5.3 IMPLEMENTATION OF SOCIAL DISTANCING MEASURES AND STRENGTHENING COMMUNICATION PREPAREDNESS

In addition to on-going consultations required during project implementation, for the awareness-raising activities under *Sub-component 1.3 on improving implementation of social distancing measures and strengthening communication preparedness*, the project activities support implementation of a well-designed communication plan targeting all affected, interested and vulnerable groups. The project provides technical and financial assistance for communication activities that supports cost effective and sustainable methods such as promoting "handwashing" through various communication channels via mass media, counselling, schools, workplaces, and integrated into specific interventions as well as on-going outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Guidelines have been developed to support implementation of response activities in the various sectors: home care for suspected and confirmed COVID-19 clients, standard operating procedures for preparedness, detection of and response to the coronavirus (COVID-19) outbreak in Eswatini learning institutions.

5.4 VACCINE ACCEPTANCE AND UPTAKE (DEMAND)

Through the project additional financing, support for activities towards introduction and roll out of COVID-19 Vaccine as well as building the public confidence will be implemented. This will

take into account the different public views and a number of influencers making up the environment. Proactive, credible and consistent health communication messaging is very critical during this time to ensure acceptance and uptake of the COVID – 19 Vaccines by the population.

In addition, MOH will conduct capacity building of all stakeholders involved in the development and dissemination of COVID -19 information materials to support uptake of the COVID-19 Vaccine. Policy makers and the Media will be critical in the rollout plan for the vaccine hence the need for them to be prioritized with the training to enable their buy in into the whole process.

The guide below informed the development of the SEP for awareness raising:

Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

TABLE 3: Summary of On-going Stakeholder Engagement During Project Implementation, Including Awareness Raising, Communication Around COVID-19 and the introduction of COVID-19 Vaccine

Project Activity/ Consultation topics	Target Audience	Communication method/Engagement Channel	Frequency of Engagement	Responsibility	Status
Project activities, E&S principles and obligations, E&S documents i.e., ESMF, SEP, GRM and ESCP Update on project development	Government Ministries and agencies, CSOs; Local traditional authorities Tinkhundla centers and other groups that represent all PAPs, Other Interested, parties, parties, business community, Vulnerable groups: Women, elderly, children, key populations, poor people, pregnant women. This will be done	Dissemination of information via dedicated MoH website, one on one meetings, virtual formal meetings, including hard copies at designated public locations; Information leaflets and brochures; and separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile	September-October 2020 Monthly for regular project updates	Social Officer	Awaiting endorsement of SEP and ESMF

	through smaller meetings.	technology such as telephone calls, SMS, etc.)			
Technical designs of the isolation units and quarantine facilities, SEP, relevant E&S, GRM procedure, regular updates on Project development	Selected hospitals including the RFMH and the Lubombo referral hospital: People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affe cted people; neighboring communities; public health workers; other public authorities, civil society organizations , quarantine centers, workers at construction sites of quarantine centers, public health workers, MoH, border	Public notices; Electronic publications and press releases on the MoH web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).	October – November 2020	Social officer	Awaiting endorseme nt of SEP

	control				
The development and distribution of basic communication materials (such as question and answer sheets and fact sheets in Siswati on COVID-19, and (ii) general preventive measures such as “dos” and “don’ts” for the general public; (iii) information and guidelines for health care providers: (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.	Vulnerable groups: Women, elderly, children, key populations, poor people, pregnant women CSOs Rural Health Motivators Local traditional authorities Tinkhundla centres	SMS broadcast channel National Radio National Television Social media- websites, and social media platforms such as WhatsApp, Facebook, Twitter etc.	Every 3 months	Social Officer	Developed information on Do and Don’t for general public, Siswati COVID-19 fact sheets and guidelines for IPC, Home Care, Case management guidelines have been developed including conferences for health care workers have been conducted.

COVID 19 information: government guidelines/restrictions; new information on numbers/virus detection, testing and treatment	Include PAPs and OIPs as well Vulnerable groups: Women, elderly, children, key populations, poor people, pregnant women. CSOs Rural Health Motivators Local traditional authorities Tinkhundla centres	SMS broadcast channel National Radio National Television Social media- websites, and social media platforms such as WhatsApp, Facebook, Twitter etc.	Within a month after new guidelines have been released and then on a weekly basis with information on numbers/virus detection, testing and treatment	Assistant Social Officer	Press release of information on COVID-19 including number of confirmed cased and fatalities on daily basis by Honourable Minister for Health
To create demand for the COVID -19 Vaccines.	Health care workers, Policy makers, Politicians, Line Ministries and Government Agencies, Civil Society Organisations, Bilateral Organisations, International	• Virtual platforms (Zoom, Werbex) • Social media (Facebook, WhatsApp, • Editorials from state/local health officials and other earned media, such as press releases and interviews • Radio, TV Spot	Before introduction, during rollout of COVID-19 Vaccine and post implementation	Social Officer	Development of COVID-19 Vaccine communication plan and messages

	Organizations, FBOs, Media, Traditional leaders, Local Government and organisations of people living with comorbidities.	and Print media • emails, telephone calls • Texting (SMSs) • Face to face meetings			
Training and Communication on COVID-19 Vaccine key messages.	Parliamentarians, Health workers including community health volunteers, Regulators, Religious and Traditional Leaders, General Public	• Social media (Facebook, WhatsApp, • Editorials from state/local health officials and other earned media, such as press releases and interviews • Social media graphics/messaging • Public Service Announcements (jingles and videos) through the national radio and television stations • Media (Radio, TV Spots, Print	Before introduction, during rollout of COVID-19 Vaccine	Assistant Social Officer	Development of training and communication plans

		Media) • **IEC Materials:** Brochures, Pamphlets, Flyers, Posters, Postcards, Job Aids • Digital advertising • Billboards • Place messages on public transportation, intersections, and other high traveled areas • Texting (SMSs and notification) • Interpersonal Selling			

5.4 INFORMATION DISCLOSURE

The initial SEP was disclosed on April 20th, 2020. In terms of information disclosure methodology moving forward, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and focus-group discussions in addition to community consultations, the usage of different languages, the use of verbal communication or pictures instead of text, etc.

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

5.5 RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

The PIU E&S staff in the Ministry of Health will oversee stakeholder engagement activities. The budget for the SEP is included in Component 1 of the project and through additional financing.

5.6 MANAGEMENT FUNCTIONS AND RESPONSIBILITIES

The project implementation arrangements are as follows:

The Ministry of Health (MOH) is the lead technical agency for project implementation. The 'MOH Senior Management Team (SMT)', chaired by the Principal Secretary, provides overall strategic guidance of the COVID-19 sector response. The 'National Public Health Emergency Committee (NPHEMC)', chaired by the MOH (Public Health Lead), comprised of MOH technical leads and experts critical for response to public health emergencies, is supporting the project implementation along with the 'Core Implementation Team'. The core implementation team is an agile implementation team that will support project effectiveness. The core implementation team/PIU has hired an Environmental Risk Management Specialist and a Social Risk Management Specialist. The PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with established Emergency coordination structures implementing the COVID-19 Emergency Plan and the communication and community engagement committee for COVID -19 Vaccine introduction and rollout, other entities, such as local government units, media outlets, health workers, UN agencies etc. The stakeholder engagement activities and outcomes including updates on all social activities outlined under ESMF 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 course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GM will be based on the following principles:

- **Fairness**. Grievances are treated confidentially, assessed impartially, and handled transparently.
- **Objectiveness and independence**. The GM operates independently of all interested parties in order to guarantee fair, objective, and impartial treatment to each case. GM officials have adequate means and powers to investigate grievances (e.g., interview witnesses, access records).
- **Simplicity and accessibility**. Procedures to file grievances and seek action are simple enough that project beneficiaries can easily understand them. Project beneficiaries have a range of contact options including, at a minimum, a telephone number (preferably toll-free), an e-mail address, and a postal address. The GM is accessible to all stakeholders, irrespective of the remoteness of the area they live in, the language they speak, and their level of education or income. The GM does not use complex processes that create confusion or anxiety (such as only accepting grievances on official-looking standard forms or through grievance boxes in government offices).
- **Responsiveness and efficiency**. The GM is designed to be responsive to the needs of all complainants. Accordingly, officials handling grievances are trained to take effective action upon, and respond quickly to, grievances and suggestions.
- **Speed and proportionality**. All grievances, simple or complex, are addressed and resolved as quickly as possible. The action taken on the grievance or suggestion is swift, decisive, and constructive.
- **Participatory and social inclusion**. A wide range of project-affected people—community members, members of vulnerable groups, project implementers, civil society, and the media—are encouraged to bring grievances and comments to the attention of project authorities. Special attention is given to ensure that poor people and marginalized groups, including those with special needs, are able to access the GM.

6.1 STRUCTURE OF GRIEVANCE MECHANISM (GM)

Grievances will be handled by the Grievance Office at MoH national level through the dedicated COVID-19 help desk Hotline. This national Hotline to address COVID-19 issues is already active and successfully connected with the PIU.

The GM will include the following steps:

STAGE 1: GRIEVANCE RAISED WITH THE PIU GM.

1. Grievances can be raised directly with the PIU through the MoH toll free line, 977.
2. The Hotline should pass the complaints to the PIU GM focal point within 24 hours from time of receipt.
3. The GM focal point logs the grievance and acknowledges receipt to the complainant within two working days including the timeline within which resolution is expected, i.e., 14 days or 30 days in case additional investigation/research is needed.
4. The GM focal point then refers the same to the Grievance Committee (GC) within 24 hours for resolution within 14 working days, i.e., not more than 3 weeks from when the complaint was originally made to the hotline.
5. If the GC determines additional research/investigation is needed, it will inform the complainant that additional time will be required, not more than 6 weeks from when the complaint was first made to the hotline.
6. In exceptional circumstances, if more than 6 weeks is required, this will be recorded in detail for review by the Project Coordinator and World Bank team and will be reflected in the PIU's Bi-annual reports and M&E reporting.
7. The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

Timelines:

The timeline for complaint resolution will be not more than 21 working days (3 weeks) upon receipt of the complaint by the Hotline.

For complaints that require additional study and research, the timeline for complaint resolution will be not more than working days (6 weeks) upon receipt of the complaint by the Hotline.

The PIU GM and the GC are required to follow the steps and timelines for resolution of grievances as set out below.

- The GC shall convene as per necessity (but at least once a month) and shall include at a minimum 4 members. Special provisions will be made for any complaints of a confidential nature and in the case of complaints related to sexual exploitation and abuse (SEA) and sexual harassment (SH), procedures as laid out in the SEA/SH action plan to be prepared will be followed.
- The composition of the GC is as follows: The GC will be composed of the four officers - Social Officer, Case management Chairperson, Emergency Operation Centre chairperson and Human Resources Officer. Based on the classification, some complaints can then be prioritized and assigned to the relevant department for follow up. Investigation/follow-up can include site visits, document review, and meetings with parties who can solve the problem. The results of the investigation and response will be submitted for consideration to the Project Coordinator, who will decide what action to take.

STAGE 2: APPEAL TO THE DIRECTOR OF HEALTH SERVICES

Unsolved grievances, with the complainant's consent, will be sent to the next level in written form. PIU Social officer/GM Focal point will review the written complaints of PAPs, which were not satisfied at Stage 1 and send them internally to the appropriate departments (legal, technical, contracts etc.) for redress or the Director of Health Services. The timeframe for referral is 7 days. The complainant shall be informed of the decision within a maximum of 30 days.

Timeline: Timeline for appeals that go the Director of Health services is thus a maximum of 7 weeks from the time the complaint was first logged by the Hotline and 10 weeks in the case of complaints that required additional research/investigation.

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

6.2 PROCESS TO BE FOLLOWED BY ALL GRIEVANCE MECHANISM STRUCTURES

The two-stage grievance resolution process involves the following main steps at each level:

i. Receipt of grievances and acknowledgement
ii. Screening for standing and/or acceptance or rejection
iii. Processing of complaint

iv. Grievance resolution approach
v. Closure of grievances;
vi. Handling of grievance records and documentation. For handling grievances relating to sexual exploitation and abuse (SEA) and sexual harassment (SH), please refer to SEA/SH action plan to be prepared.

STEP 1: RECEIPT OF GRIEVANCES

Any PAPs, OIPs or others believing they are affected by the Project can submit a grievance. Grievances can be raised using the toll-free number, submitting in person or in writing to the GM Focal point in the PIU, or by email as per the below contact details:

Dedicated Toll-free Line COVID-19 Help desk operating 24 hours: 977

Office address: Cooper Centre, Mbabane Kingdom of Eswatini

Email: ruralhealth@swazi.net.

COVID-19 help desk staff will classify the complaints based on the typology of complaints in order to provide a more efficient response and will provide the initial response within 24 hours.

Classification of typology is based on the characteristics of the complainant and the nature of the complaint (e.g., disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc.). SEA/SH grievances will not be documented in the publicly accessible book. However, a SEA/SH action Plan will be prepared to manage related risks, and a specialized NGO will be engaged for awareness and will develop a system that will capture GBV related issues.

The GM Focal point shall acknowledge receipt of any written grievance within two days from the date of submission and shall inform the complainant about the timeframe in which a response can be expected. In cases where a grievance is raised in person, verbal acknowledgement will be provided. In cases where a complex grievance is raised, the complainant will receive an update explaining the actions required to resolve the complaint and the likely timeline. The complaint shall be filed and labelled with an identification code, communicated immediately to the complainant.

As a minimum the following information shall be recorded:

1. Case number
2. Complainant's name and contact details
3. Date and time of complaint

4. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable
5. Date complaint is referred to the PIU by Hotline

STEP 2: THE PROCESS BY WHICH A COMPLAINT WILL BE ACCEPTED OR REJECTED

The acceptance/rejection of a complaint shall go through a discussion stage where the complainant and the GM staff interact on the grounds and motives of the complaint, after which the plaintiff should clearly and transparently be told whether or not the complaint is eligible and will be processed. The acceptance/rejection of the complaint is based on an established objective criterion.

The following broad criteria will be used and publicly disclosed by the GM, including a written copy displayed in the public access areas of the GM in an appropriate language as well as at the Health Facilities and other project sites.

- All concerns raised in relation to the implementation of any projects and programs coordinated by the PIU;
- All concerns raised in relation to community health and safety risks in project areas
- Adverse environmental and social impacts in relation to Project funded activities and programs.

STEP 3: PROCESSING OF THE COMPLAINT (IF ACCEPTED)

Grievances will be categorized based on project significant impacts and the type of issue(s) raised and the effect on the environment/claimant if the impact raised by the complainant were to occur. Based on the categorization, the complaints can then be prioritized and assigned to the relevant department for follow up. In the case of complaints that relate to governance issues, i.e., the client or World Bank staff, those should normally be addressed at a higher level, through MoH Director of Health Services.

STEP 4: GRIEVANCE RESOLUTION APPROACH

The GM Committee or MoH Director of Health Services will aim to resolve any grievances as per timelines set out in Stage 1 and Stage 2 above. The following steps shall be performed in a timely manner to avoid delaying resolution of a grievance:

-Obtain and document as much information as possible from the person who received the complaint, as well as from the complainant to gain a first-hand understanding of the grievance (For handling grievances relating to SEA and SH, please refer to SEA/SH action plan to be prepared).

- Undertake a site visit, if required, to clarify the parties and issues involved. Gather the views of other stakeholders.
- Determine whether the grievance is legitimate/sound. Inform the complainant of the expected time frame for resolution of the grievance.

-Enter the findings of the investigation in the grievance database.

If the grievance continues to be unresolved at Stage 2, it will be presented to Director of Health Services at the Ministry of Health, who will review and decide upon the grievance. The complainant shall be informed in writing of the MoH's decision. If MoH's decision fails to satisfy the aggrieved affected persons, they can pursue further action by submitting their case to the appropriate court of law. Appeals may be referred to national courts or through other suitable processes such as mediation or arbitration. The final decision will be taken by the arbitrator or courts based on compliance with laws, policies, standards, rules, regulations, procedures, past agreements or common practice. The results of the investigation of non-sensitive complaints should be publicized.

If wider consultation is necessary or in cases where the type of complaint necessitates that it be addressed by a credible third party, grievances will be forwarded to such a third party. For example, if the complaint relates to governance issues regarding the client or the World Bank and it is a conflict of interest or claims regarding issues where specialized credible institutions may already exist as is often the case in disputes over land, a credible third party should be identified. This third party should be neutral, well-respected, and agreed upon by both MoH and the affected parties. These may include public defenders, legal advisors, local or international NGOs, or technical experts.

STEP 5: CLOSURE OF GRIEVANCE

A grievance will be considered "resolved" or "closed" when a resolution satisfactory to both parties has been reached, and after corrective measures have been successfully implemented. When a proposed solution is agreed between the Project and the complainant, the time needed to implement it will depend on the nature of the solution. However, the actions to implement this solution will be undertaken within one month of the grievance being logged and will be tracked until completion. Once the solution is under implementation or has been implemented to the satisfaction of the complainant, a complaint closes out form will be signed by both parties (PIU Coordinator or its representative and the complainant), stating that the complainant considers that his/her grievance is closed. The grievance then, will be archived in the Project Grievance database. In certain situations, however, the Project may" close" a grievance even if the complainant is not satisfied with the outcome. This could be the case, for example, if the complainant is unable to substantiate a grievance, or it is obviously speculative

or fraudulent. In such situations, the Project's efforts to investigate the grievance and to arrive at a conclusion will be well documented and the complainant advised of the situation. MoH will not dismiss grievances based on a cursory review and close them unless the complainant has been notified and had the opportunity to provide supplementary information or evidence.

STEP 6: GRIEVANCE RECORDS AND DOCUMENTATION.

MoH PIU GM Focal Point will manage a grievance log to keep a record of all grievances received. PIU will use a simple Word or Excel based file to log, document and track all grievances received. The complainant will be informed immediately once the grievance has been received and they will be provided with a case number. Grievances shall be assigned a case number and records of communication/consultation shall all be attached with the relevant entry and filed. The database will contain the name of the individual or organization lodging a grievance; the date and nature of the grievance; any follow-up actions taken; the solutions and corrective actions implemented by the Contractor or other relevant party; the final result; and how and when this decision was communicated to the complainant.

The database shall be monitored regularly tracking the grievances throughout the processing cycle to reflect the status and important details. Recurring grievances will be monitored to ensure that appropriate mitigation measures are put in place for improvement. Supervisor and construction companies in their monthly monitoring reports will provide information on grievance management. Grievance monitoring and reporting will occur in MoH's six-monthly and annual public reports.

PIU Grievance Log: The PIU Grievance log at a minimum will record the following information

1. Individual case number
2. Complainant's name and contact details (unless the complaint has been submitted anonymously)
3. Date and time of complaint
4. Date complaint was sent by Hotline to PIU (standard is within 2 working days of complaint being received by Hotline)
5. Date complaint was logged by PIU
6. Date acknowledgement was sent to complainant by PIU
7. Time estimated to address (3 weeks or 6 weeks)
8. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable
9. Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed

resolution OR Details of it being sent to Stage 2 (Director of Health Services for resolution)

10. Date when proposed resolution was communicated to the complainant (unless anonymous) Or Date of when it was referred to Stage 2 (Director of Health Services)
11. Details of whether the complainant was satisfied with the resolution, whether the complaint can be closed out
12. Date of when the complaint is closed
13. Date when the resolution is implemented (if any).

6.3 SEXUAL EXPLOITATION AND ABUSE AND SEXUAL HARASSMENT:

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the SEA/SH Action Plan. With respect to SEA/SH related complaints, special procedures will be adopted in order to ensure anonymity and referral procedures to associated NGOs who are experienced in handling GBV cases will be set up.

If the matter remains unresolved, or complainant is not satisfied with the outcome at the project level, the head of the GM, will then refer the matter to the MOH for a resolution. Project Affected Parties (PAPs) have the option to take their respective case/s directly to the established legal system as provided by Eswatini law

6.4 WORLD BANK GRIEVANCE REDRESS SYSTEM:

If the project GM failed to resolve disputes in amicable fashion, PAPs and individuals who believe that they are adversely affected by a project supported by the World Bank may also send complaints directly to the Bank through the Bank's Grievance Redress Service (GRS). A complaint can be submitted to the Bank GRS through the following channels:

- Email: grievances@worldbank.org
- Fax: +1.202.614.7313
- Mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street,
- Northwest, Washington, DC 20433, USA.

6.5 AWARENESS RAISING AND DISCLOSURE OF THE GM

Awareness raising and disclosure of the GM will be provided in an accessible format. Communities and potentially affected persons will be advised of the GM in the early stages of engagement on the project, and be made aware of:

• The potential impacts of the project and how these impacts are to be minimized;
• How they can access the GM (i.e., key people and complaint forms);

• Who to speak to and how to make a complaint;
• The timeframes for each stage of the process;
• The GM being confidential, responsive and transparent; and
• Alternative avenues of dispute resolution where conflicts of interest exist.

6.6 ROLES AND RESPONSIBILITIES

SOCIAL OFFICER

Will be responsible for managing the GM including updating the grievance database to track the progress of formal grievances for the duration of projects. This involves coordinating between key agencies on a regular basis. The Social Officer is responsible for final oversight of community consultation and grievance management.

PROJECT IMPLEMENTATION TEAM (PIT)

The PIU is responsible for the management of the entire GM. The PIU Coordinator will direct the PIU to deal with all grievances in an appropriate manner through the grievances committee, and if necessary, delegate members or others to assist or intervene directly in resolution activities.

Role Player	**Responsibilities**
PIU	• Collection, investigation and resolution of project related grievances • Management of the entire GM system
Grievances committee	• Notification to complainants about receipts and deadlines for reviewing complaints • Observing the entire problems, including the causal relationship between project activities and suspected damage/danger/ disturbance • Decision making based on the observation • Processing appeals or ongoing

	communication to complainants with the aim of resolving the issue peacefully • Publishing the responses to a complaint (need to be confirmed by the complainant)
Social Officer	• Organizing and applying information delivery and awareness raising campaigns • Reporting and handling GM results.
COVID-19 Help Desk	• Receiving and recording and routing of grievances and issues • Sorting / categorizing complaints

7. MONITORING AND REPORTING

7.1. REPORTING BACK TO STAKEHOLDER GROUPS

Monitoring and evaluation of the stakeholder engagement plan is important to respond to identified issues and alter the schedule and nature of engagement activities to make them more effective. Monthly 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 social officer and shared with the senior management of the project. The monthly 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 will be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis

7.2. MONITORING AND EVALUATION PLAN

The below summarizes the monitoring and evaluation plan for the SEP.

Table 4: Monitoring and Evaluation Plan for the SEP

Project Activity	Indicators	Monitoring Frequency	Monitoring Method	Responsibility	Status
Stakeholder Engagement	Number and types of stakeholders engaged Number and type of engagement channels applied Impact of engagement on emergency response Effectiveness of the SEP	Weekly monitoring Monthly reviews	Review of daily records Review of monthly reports	PIU	On going
Awareness Raising	Number and type of messages communicated Number of articles and information Impact of communicated messages Effectiveness of the awareness raising	Weekly monitoring Monthly reviews	Review of records Review of reports	PIU	On going

	initiatives				
Grievance Redress Mechanism	Number and types of grievances received Number of grievances investigated Number of grievances resolved and communicated Effectiveness of the GRM	Weekly monitoring Monthly reviews	Review of records Review of reports	PIU	On going

ANNEX A

Stakeholders' Consultations Outcomes

One-on-One Interview – Understand how stakeholders have been impacted by the COVID-19 pandemic, reveal their concerns and issues about the virus as well as their needs and expectations in relation to the Eswatini Covid-19 Emergency Response Project

Type of Stakeholder(s): Recovered COVID-19 Client

Location: Mbabane

Date: 24 June 2020

Consultation method(s): Telephonic interview

Question	Response
1. How aware are you of the following? • COVID-19 Project	No
2. How has COVID-19 affected: • You • Staff • Operations	Experienced dehumanization in the process of receiving care
3. What are your concerns about COVID-19?	• No psychosocial support for patients • Admission was too soon after disclosure of results, there was no time provided to accept the positive results
4. Are you receiving enough attention and support in implementing the COVID-19 Response activities?	• Social needs for patients receiving COVID-19 care are not attended to; Patients are disconnected from their family members because treatment facilities do not have means to enhance communication between patients and family members
5. What are your needs and expectations to support implementation of COVID -19 response?	• To continue to receive respect as a human • Appropriate way of disclosing results • Counselling following results disclosure • Given enough time to deal with the shock of receiving positive results
6. How has your experience dealing with COVID-19 been?	• As a patient you only follow instructions given by the health care team • No psychosocial support for patients • Delay in screening contacts among family members

7. Were you adequately engaged on issues that concern you?	• Health care team is a bit harsh to the patients
8. What engagement channel suits you and your work?	N/A
9. Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental	• Grievances concerning protocols for case detection; however, the medical officer disregarded the grievance because it did not come through the appropriate channel • Grievances should be received by the nurse manager and reported to the Matron who consequently forward them to the SMO
10. How were the above issues or grievances managed?	• Was ordered to follow the right channels
11. How do you manage vital information?	• Ethical principle of Confidentiality was not observed in handling his results
12. Are there any other issues and challenges faced?	• No entertainment for patients besides TV which has recently been installed (no time allotted to go outside, exercise, no Wi-Fi to enhance communication with family members, no ways of buying airtime to connect to your family
13. Where do you think improvements or changes must be made in COVID-19 response activities?	• Improve turnaround time for results to limit anxiety among clients • Add patients' transport to avoid patients arriving home very late • Documentation in the services needs to improve to limit errors • Provision of psychosocial support (individualized and groups)

	• Attend to welfare of staff working in the COVID-19 health facilities • Conduct research to understand the effects of COVID-19 on patients living with diabetes

Type of Stakeholder(s): COVID-19 Affected Client under Quarantine

Location: Ezulwini

Date: 24 June 2020

Consultation method(s): Face-to-face interview

Question	**Response**
How aware are you of the following? • COVID-19 Project	No
How has COVID-19 affected: • You • Staff • Operations	Client was in Zimbabwe for 6 months course and could not come back home during course break, now that he is back in country, he hasn't been in his home, hence he is home sick. He has tested negative for COVID-19 and hopes to maintain negative status until discharge; however, client is worried if his family members will be tested too to avoid getting the virus.
What are your concerns about COVID-19?	COVID-19 has affected daily routine, as an army officer he was used to physical trainings, yet he has to be confined in the room.
Are you receiving enough attention and support in implementing the COVID-19 Response activities?	Yes, he is well taken care of in the quarantine centre. And regards the facility as "home away from home" with Wi-Fi enabling him to communicate with colleagues and friends. He appreciates the hospitality of the staff

What are your needs and expectations to support implementation of COVID -19 response?	More information to be given to the general public on COVID-19 and provision of PPE to help limit exposure
How has your experience dealing with COVID-19 been?	COVID- 19 has brought change in the way we do things, now we have to make face masks a part of our lives
Were you adequately engaged on issues that concern you?	Staff attending to clients are available all the time to attend to their needs
What engagement channel suits you and your work?	Face to face
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental	No issues currently
How were the above issues or grievances managed?	If there were issues, client preferred to use face to face channel when dealing with them as opposed to having a toll-free line because some people have a tendency to abuse toll free lines
How do you manage vital information?	Receiving positive COVID-19 results over the phone is not a good thing as some people may adversely react to the results.
Are there any other issues and challenges faced?	Nothing
Where do you think improvements or changes must be made in COVID-19 response activities?	- Intensify education on behaviour change to help limit the spread of COVID-19

	- Proper counselling for clients who receive positive results - Disclose results face to face as opposed to over the telephone

Type of Stakeholder(s): Rapid Response Teams (RRTs) from the Hhohho, Shiselweni and Lubombo regions

Location: Mbabane

Date: 23 June 2020

Consultation method(s): Telephonic interview

Question	**Topics**	**Response**
How aware are you of the following? • COVID-19 Project		Mostly not aware of the project
How has COVID-19 affected: • You • Staff • Operations	Stigmatisation	- Healthcare workers are stigmatised as potential carriers of the virus, reception from the community is not pleasant
	Disruptions to Home Life	- Destabilised home life, separated from families and homes
	Work Pressure	- Double shifts (working COVID-19 assignments and the regular programme activities), hence no rest

	Other Challenges	- Colleagues are not cooperating with the teams as they assume MOH is giving the teams special allowances
What are your concerns about COVID-19?	Testing of Persons for COVID-19	- Limited number of sampling kits for contact tracing, supply not matching the demand - Limited number of samples can be taken to the lab at a time which makes the exercise of testing many people time and response consuming - Negative results tend not get as much priority as the positive ones which leads to persons spending more time unnecessarily in isolation, but this issue is improving - Results take too long to return from the lab, hence positive persons are not aware of their status for long periods of time and risk spreading the virus to others - Psychosocial support not given to persons who have tested positive nor to their families
	Adherence to Safety Precautions	- People only wear face masks when leaving the home and not within the home, even when there is a positive family

		member in the same house - Low adherence to health and safety precautions by people, especially in the rural areas.
	Vulnerable/Disadvantages Persons	- Homes now being child-headed after parent(s) fall ill or die, there is a need to address the psychosocial needs of the remaining family member
	Data Management	- Poor data management at treatment centres, no system in place, no data clerk
	Equipment	- Inconsistent supply of PPE
	Other Concerns	-Transport and fuel challenges
Are you receiving enough attention and support in implementing the COVID-19 Response activities?		No

What are your needs and expectations to support implementation of COVID - 19 response?	Communication	- Strengthen links between the teams - contact tracing, case management and the evacuation teams - Standard way for all teams to deal with COVID-19 positive persons
	Support	- Motivate RRT through special allowances i.e., hardship allowance - Psychosocial support - Provide long-term accommodation for healthcare workers for the duration of the contact tracing initiative so that they don't risk infecting their families
	Equipment	Promised trunks to store all necessary medical supplies - PPE
How has your experience dealing with COVID-19 been?		Very challenging; emotionally draining
Were you adequately engaged on issues that concern you?		Not really
What engagement channel suits you and your work?		- Regular documented communications

		- Clear reporting structures - Feedback forum for RRT and senior management - Registry - Notify RRTs when other teams attend to clients in their region
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental	Laboratory Services	- Laboratory staff display an arrogant attitude, poor management
	Response Time	- Response time of clinical management staff needs to improve
	Clinical Staff Communication	- RRT not made aware of patients in home care – lack of communication between contact tracing, case management team and evacuation teams - Homecare guidelines should be distributed to RRTs - Communication: many parties communicating no coordination between teams - Promises made by government are not fulfilled, RRT now have to deal with people's anger - Government doesn't follow through on quarantining travellers that come into the

	Government Response Other issues and grievances from the Communities	country through borders - Government restricting the activities of RRTs in relation to contact tracing, deeming certain sectors as 'no go' areas -RRT concerns are not adequately addressed - Issues with public transport, no hand sanitizers on public transport - Too many people living in a house, no space for isolation for those potentially infected with the virus; social distancing within a home virtually impossible
How are above the issues or grievances managed?		Lubombo RRTs have meetings once a week where issues are raised
How do you manage vital information?		Maintain confidentiality at all cost
Are there any other issues and challenges faced?		N/A
Where do you think improvements or changes must be made in COVID-19		There is need to go back to the drawing using the past 3 months experiences for

response activities?		improved future planning

Type of Stakeholder(s): Manager of National Laboratory

Location: Mbabane

Date: 23 June 2020

Consultation method(s): Face to face interview

Question	**Response**
Have you heard about the project before?	- Not necessarily aware of the project details, but aware that World Bank is supporting. Some aspects of the project are known
Would you like to receive more information on the project	- Yes
Do you receive enough information on COVID-19?	- Yes
What information and at what frequency would you like to receive the information?	- Information about the project - Funds available by the project for the lab at Lubombo
How has COVID-19 affected you or your sector?	- Backlog of tests since there was no lab, SA was flooded - No COVID-19 lab before, then it was created because of the Pandemic, no such tests had been done before - Molecular based tests are done in specialized labs, TB lab thus shares **space** since it does molecular based tests, but given the nature of the works, the TB staff don't get enough time to use the lab. Another space for TB was moved to Nhlangano, accommodated there. Support from Global Fund. BS level 3. - Backlog is increasing for COVID-19 due to positive tests received, more staff added now, shift system for morning and evening. Testing

	in SA - TB Staff had to relocate from their families - No blood available since people are positive, testing of donors for COVID-19 now done, thus additional work
What are your fears about COVID-19?	- Lack of knowledge on COVID-19
Are you receiving enough attention and support?	- Staff added - Lab space and material - People trained on COVID-19
What are your needs in as far as the project is concerned?	- Training on COVID-19 - Funds for testing
What are your expectations in as far as the project is concerned?	- Waste collection and treatment support
How has your experience been while affected?	N/A
What aspects of your experience have been acceptable?	N/A
What aspects of your experience have been unacceptable?	- No lab that focuses on emerging pandemics, emerging diseases shock the system due to lack of capacity and space for such. - Two labs at Lubombo to cater for such tests (requested through the project and Global Fund). Under estimation done.
How is the engagement/ communication?	- Poor coordination and communication on waste collection and treatment - Clarity on roles for COVID-19 response and management as there is confusion on PPE wear - Coordinating Team for Lab, between 8-9 on Mondays to discuss issues, update management and highlight any issues, RRTs to

	feed information from community centres - Public Health Emergency Management Committee
1. Which communication/engagement channels are preferable to you?	- WhatsApp on Waste collection scheduling
2. What aspects need improvement?	- Need for communication and coordination on waste management to know available incinerators for management of waste - Communication forum for collection and disposal schedules for all involved e.g., WhatsApp
3. Do you have vital information to disclose?	- Testing results, in service training to remind people of information to divulge
4. How is this information disclosed?	N/A
5. Do you have or have you received any grievances?	- PPE for staff - Lab viewed as not working because of poor management of infectious waste (perception) - Project has not GRM in place
6. How are they managed?	- Met with them as management - Addressed the team, have a team for them for PPE allocation - PPE to be issued (CMS involved)
7. Are there any labour issues?	- Relocation of staff - Increased working hours due to COVID-19
8. How are labour issues managed?	N/A
9. What environmental issues are there?	- Challenges in terms of waste management - Increased waste generated – PPE, tests - Piles of waste generated (tripled) - All teams (wear three sets of PPEs a day)

	- More people and vehicles needed to collect waste - Mbabane incinerator stopped functioning for a while, waste taken to other incinerators because backlog is too much for Mbabane (Now it works); - Fuel is a challenge for transporting waste to other incinerators and personnel to incinerate - No control over incineration
10. How are they managed?	- Makeshift arrangements to collect and dispose waste (request available personnel and source fuel) - 2 big waste incinerators at Lubombo to cater for special waste from the Pandemic, a clear schedule will be availed - Safety programmes in the Lab with a focal person, to do risk assessments to inform PPE policy, waste etc. - WHO wants list of waste and samples for incineration, have them certified in line with COVID-19? - Waste holding areas supported by ICAP - Communication with EHS for supporting collection
11. Are there any other issues and challenges faced?	N/A

Type of Stakeholder(s): CSO – World Vision (advocates for vulnerable persons in rural areas)

Location: Mbabane

Date: 25 June 2020

Consultation method(s): Zoom Video Conferencing

Question	**Topics**	**Response**
14. How aware are you of	N/A	Project not known

the following? • COVID-19 Project • COVID-19		Adverts on newspaper (no details)
15. How has COVID-19 affected: • You • Staff • Operations	Disruption of Services and Programmes	• Some of the gains that they had achieved for their beneficiaries has been eroded • Regional Health Motivators (RHMs) are overloaded • Some RHMs are older and are at higher risk for infection, home visits have stopped, but just begun offering that services • Immunization of children has been disrupted • COVID-19 education interventions integrated with initiatives targeted at adolescent girls • Sexual reproductive health, MNC and family planning services have been disrupted • Due to limited food supplies, World Vision is now engaged in food distribution and cash transfer • Sessions/Teen clubs on HIV prevention, outreach services had to stop

		• Programmes targeted at vulnerable adolescent girls, adolescents living with HIV were interrupted
16. what are your fears concerning COVID-19?	Economic Ramifications	Lockdowns have negatively affected small businesses (those run by vulnerable women) who are supported by World Vision Farmers and informal traders who were selling in the urban areas have lost their market and thus livelihoods Food security worse now (due to livelihoods affected)
	Social Ramifications	Number of malnourished children has risen due to COVID-19 Vulnerable households with OVCs cannot access services and food from schools, increases their vulnerability GBV, neglect, sexual abuse, physical abuse cases have

		been increasing
Are you receiving enough attention and support?	N/A	N/A
What are your needs and expectations?	Behaviour Change	Behaviour change: though much has been done but there's a still gap, information must be translated into the actual change of habits
	WASH	Hand washing and sanitation facilities needed where people meet – churches, schools Hand washing facilities needed at strategic points – at the gate and closer to the classrooms at schools

	Capacity Strengthening	Build the capacity of RHMs, churches, communities, health facilities, and schools to do basic screening for COVID-19 where people meet. Relevant equipment must be provided for screening
	Vulnerable/Disadvantaged Groups	Support vulnerable households with day to day needs for vulnerable families Protection for child who are heading their homes
How has your experience dealing with COVID-19 been?		N/A
Were you adequately engaged on issues that concern you?		N/A
What engagement channel suits you and your work?		N/A
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication	WASH	WASH: huge needs due to water shortage (123 tanks procured for increased access to water). Expensive to procure water. Demand is too huge. Huge demand for hand washing facilities and material Fear and confusion and anxiety

• Labour related • Environmental	Loss of Economic Opportunities	due to job losses etc. N/A
	Stigmatisation	Fear of stigmatisation and discrimination
	Adherence to Safety Precautions	Complacent people, not wearing protection
	Self-Isolation within a Household	No preparation on what to do if infection occurs within the household and a family has to self-isolate within the household, not enough adequate support for such persons
	Access	Communities can't access certain health services
	Testing COVID-19 Affected Persons	Turnaround time is very slow (response and services), hotline call, persons advised to stay put but nothing happens thereafter Tested but results not received (for more than 2 weeks)
How were the above issues or grievances		World Vision's cluster managers are part of the RRTs –

managed?		regional level World Vision representative is a member of the Infection Prevention and Control Team, liaises with the other leaders in the team, grievances are channelled accordingly to the right personnel – national level Toll free number available for people to call on a 24-hour basis, issues are logged, directed to the relevant person and then resolved
How do you manage vital information?		N/A
Are there any other issues and challenges faced?		N/A
Where do you think improvements or changes must be made?		• Cross border screening especially around informal crossings • Temporal isolation rooms in clinics • Education on the disposal and risks associated with using masks and sanitizers (some are flammable) • EMS must collect COVID-19 affected persons, so that the client doesn't have to use public transport

		• Scaling up the testing for patients on the ground • Training on how to handle the body of person who had died from COVID-19 • Psychosocial support for families who have a family member that has COVID-19 • Support with day to day needs (food provision, protection, information, take risks because they fend for themselves).

Type of Stakeholder(s): CSO – Save the Children

Location: Mbabane

Date: 26 June 2020

Consultation method(s): Telephonic interview

Question	**Response**
How aware are you of the following? COVID-19 Project COVID-19	• Not heard of the project
How has COVID-19 affected: • You • Staff • Operations	• Slowed down operations, remote support • Resources • Beneficiaries have no access to food, no way of making money, food parcels needed • Movement limited • Where there are persons with disabilities, no

	care provided • Capacity to produce limited • Transport to get to clinics is a problem • Domestic violence due to tension created by lack of supplies • Backyard gardens encouraged
What are your fears concerning COVID-19?	N/A
Are you receiving enough attention and support?	• Funding from EU and other organizations • NDMA • National Response Team • Food security consortium
What are your needs and expectations?	• Coordination • Support on household needs • WASH material and equipment
How has your experience dealing with COVID-19 been?	N/A
Were you adequately engaged on issues that concern you?	N/A
What engagement channel suits you and your work?	• Food security consortium
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental	• Child exploitation • Violence • Elderly-headed or child-headed homes • Food • Health facilities very far • No gloves, sanitizers • Fears • Persons living with albinism left out (sanitizers not good for them)

	• Visually impaired can't read • Deaf and mute person cannot hear health messages • Politicizing the issue
How were above issues or grievances managed?	• Food parcels • Sanitizers from NDMA • Coordination is a real issue • Duplication of efforts use structures available
How do you manage vital information?	N/A
Are there any other issues and challenges faced?	• Clustered households (one room houses)
Where do you think improvements or changes must be made?	• Psychosocial support • Prevention (training on COVID-19 and WASH) • Coordination in the support • Focus even in urban areas • Needs of households

Type of Stakeholder(s): CSO - NERCHA Executive Director

Location: Mbabane

Date: 29 June 2020

Consultation method(s): Telephonic interview

Question	**Topics**	**Response**
How aware are you of the following? • COVID-19 Project • COVID-19		Aware that the ministry was writing a proposal for the loan to fund the pandemic

How has COVID-19 affected: • You • Staff • Operations	Responses	• COVID-19 came as a shock, as the organization was busy dealing with the HIV and AIDS pandemic • HIV response systems (health sector and the community HIV response systems) had to shrink to make room for the COVID-19 pandemic
	Services	• Transportation of the ARVs is getting more difficult because of restrictions on travel • Not able to continue interpersonal communication because of social distancing – counselling services impacted
What are your concerns and fears concerning COVID-19?	ARV and Drugs	• Production of ARVs by suppliers has been affected due to worldwide lockdowns • Resources for drug supply will be tight
	Local Healthcare Systems	Local healthcare systems are overly burdened by the pandemic – healthcare human resources are doubly burdened

	Persons Living with HIV and AIDS	• Ensure that HIV positive persons are still taking treatment • HIV not taken as a factor in decisions related to categorizing a person as vulnerable • Infection rate/new infections may increase as more people engage in unprotected sexual activities due to being unoccupied
	Socio-economic and Health Concerns	• Economic meltdown will disrupt the uptake of health services • Risk of girl-child being infected with HIV • Teen pregnancies • Increased GBV incidences • Safety of children returning to school • Children under 6 are no more benefitting from school feeding programmes
Are you receiving enough attention and support?		• PEPFAR/UN – made mobile vans available to bring services closer to the community • UNICEF assisting with

		facilitating virtual communication between counsellors and the community • Not enough guidance from the government and multi-lateral organizations on how to support those living with HIV and AIDS during the COVID-19 pandemic, no long-term plan – response has been erratic
What are your needs and expectations?		N/A
How has your experience dealing with COVID-19 been?		N/A
Were you adequately engaged on issues that concern you?		N/A
What engagement channel suits you and your work?		N/A
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental		Transportation issues – community members can't access health care facilities; defaulter rates are growing
How were the above issues or grievances managed?		N/A

How do you manage vital information?		N/A
Are there any other issues and challenges faced?		N/A
Where do you think improvements or changes must be made?		• Look at HIV and AIDS within the context of COVID-19 for health and community response systems as these populations are still highly affected by the disease • HIV prevention and COVID-19 must be seen as related • HIV positive persons, those with TB must be included in the list for social grants • Bring health services closer to persons living HIV and AIDS so that they don't have to use pick-up points that they are not comfortable with • Reach communities that are hard to reach – reach every corner of the country with health services • Clear framework on how to respond to COVID-19 and HIV and AIDS • Clear plan on how to monitor the feeding of vulnerable children through NCPs

		• Ensure that everybody that has an underlying disease is able to test for COVID-19 • Look at the workload of service providers – consider task sharing and shifting • Government needs to be more vigilant in responding to cases of GBV

Type of Stakeholder(s): Local Authorities – Mbabane and Siteki Municipalities

Location: Mbabane

Date: 25 June 2020

Consultation method(s): Zoom Video Conference interview

Question	**Response**
How aware are you of the following? • COVID-19 Project • COVID-19	• Project unknown • Municipal has been working on COVID-19 so aware of the pandemic
How has COVID-19 affected: • You • Staff • Operations	• Affected both as an organisation and city Some services had to be stopped, scaled down, change in working methods/shift systems • Staff divided into 3; essential, non-essential, non-critical • Safeguards to protect those working at the office and depots; sanitizers at all entry points, screening for temperature, providing face masks

	• Cut down numbers at markets, space vendors 2.5m apart, public facilities now have water tanks, soaps etc. • Responding to changing directives from Government • Trading controlled as per government regulations; inspectors deployed to check that people are adhering health precautions • Close sporting facilities and parks to limit activity in city centre • Command post; daily virtual meetings to review status of the city • Managing crowds is a problem • Law enforcement a problem at Siteki but now improved • Budget: Diverting of resources that were allocated to other things now has to go into dealing with the pandemic
What are your concerns and fears concerning COVID-19?	• Increased number of people in the city, despite infection rate still rising • Siteki - Residents and commercial community close to referral fear contact with virus • No time frame (for when the pandemic will end) so allocation of resources and plans are disrupted • Limited support from government in terms of resources • Waste: call from Lubombo Referral Hospital on waste. Household infectious waste from frontlines. How is this managed? No clear communication.
Are you receiving enough attention	• Not sufficient

and support?	
What are your needs and expectations?	• Communication and coordination • Resources
How has your experience dealing with COVID-19 been?	N/A
Were you adequately engaged on issues that concern you?	• There was engagement in the beginning, but it later seized
What engagement channel suits you and your work?	• Information sharing with the Public Health Unit • Residents and shops nearby
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental	• Difficult to keep people out of the parks especially now that the economy has opened up • Who is leading the COVID-19 response – communication and coordination a challenge with the various implementing stakeholders? • Lack of collaboration between government structures created deal with COVID-19 and municipalities • Engagement in the beginning when planning contingency plans by Government is good, but when implementation started the resources and support were not available • Unpredictable nature of Government, changing statements makes it hard to manage constituents • Household waste now being collected as regularly • Businesses, vendors and traders complaining to Municipals due to loss of economic opportunities and reduced trading times, • Homeowners complain about reduced waste

	collection reduction • Payment of rates made more flexible, and fees and charges paid by business owners be reduced or halted for the time being • Siteki municipality not engaged when Lubombo Referral was designated the main treatment centre for the country, they have a right to information
How were the above issues or grievances managed?	• Participation and represented in regional forum headed by regional administrator (includes health and local council stakeholders and relevant structures) and WASH Committee • Inter-cluster meetings headed by NDMA and UN so grievances and concerns expressed there • Materials like sanitizers received but not enough. Networks used.
How do you manage vital information?	• So far poor, government doesn't involve municipals. Therefore, disclosing information to rate payers becomes a challenge
Are there any other issues and challenges faced?	• Municipality issues sometimes given less priority by the government
Where do you think improvements or changes must be made?	• Information sharing – local authorities sometimes left in the dark about certain issues • Municipalities should be engaged more for their input on health issues

Type of Stakeholder(s): Deputy's Prime Minister's Office

Location: Mbabane

Date: 29 June 2020

Consultation method(s): Telephonic interview

Question	Topics	Response
How aware are you of the following? • COVID-19 Project • COVID-19		Not aware of the project
How has COVID-19 affected: • You • Staff • Operations	Budget Strained	• Centres of OVCs (Residential Child Care Facilities) are in a bad condition – need to upgrade facilities (such as those for hygiene), issue of overcrowding, not able to adequately provide for their nutritional needs • Lack of funds to conduct this year's Vulnerability Assessment Study, the office managed to conduct the study but couldn't adequately reach urban populations • Not enough support to deliver food to NCPs • Money from donors diverted to dealing with COVID-19
What are your concerns and fears concerning COVID-19?	Adherence to Safety Precautions	Children socializing in groups, visiting other homes

	Women	• Increasing GBV incidence • Loss of work/livelihood means that women now turn to unhealthy coping strategies
	Reach	• No systems in place to reach vulnerable individuals due to social distancing and other restrictions • Issue of how to distribute social grants to vulnerable persons – govt had to use mobile service providers but this was also challenging
	Older Persons	Infection control interventions targeted at older persons dying from COVID-19
Are you receiving enough attention and support?		• UNDP gave money to conduct Vulnerable Assessment Study • MOH does provide clinical support but more support

		is needed to help vulnerable groups • Need more support for social protection
What are your needs and expectations?		N/A
How has your experience dealing with COVID-19 been?		N/A
Were you adequately engaged on issues that concern you?		N/A
What engagement channel suits you and your work?		N/A
Do you have or have you received any issues or grievances on the following: • Infections or exposure to infections • Operations • Engagement and communication • Labour related • Environmental		• Periphery communities not receiving much support – increased reach needed • Business as usual in some communities – lack of safety controls
How were the above issues or grievances managed?		N/A
How do you manage vital information?		N/A
Are there any other issues and challenges faced?		N/A
Where do you think improvements or changes must be made?		• Need to address family issues

		• Provide psychosocial to vulnerable persons in order to address their emotional wellbeing • Need to take stock of gaps and note priorities in relation to COVID-19 response - clarity on what interventions are needed, what resources are available • Review of Disaster Management Policy for the country • Coordinated system to respond to the COVID-19 pandemic – the countries' resources are being wasted, duplication of efforts. • Strengthening of prevention measures within Public Health/MOH • Focused implementation of guidelines for specific regions as some areas are regarded as epicenters • Directors within the DPMO's office that oversee the various vulnerable groups need to meet develop a strategy that collectively addresses issues that affect this group
