1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World

Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Eswatini faces significant risks regarding the potential impact of the COVID-19 pandemic and on March 17, 2020, declared a State of Emergency. As of March 25, there are five confirmed cases of COVID-19 in Eswatini – all with recent travel history. The risk of local transmission and further imported cases, particularly from South Africa, is very high. The latter has reported 709 cases in the same time period. Due to the close economic linkages, there is significant human movement between Eswatini and South Africa. In the absence of vigorous response measures, there is a high potential for the number of COVID-19 cases in Eswatini to rise significantly, and 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 will support Eswatini to prevent, detect and respond to the threat posed by COVID-19. The project comprises the following components:

Component 1: Emergency COVID-19 Response

This component will provide support to Eswatini to minimize the risk of further imported cases and limit local transmission through containment strategies. It will support 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 strengthen 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, including training 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.[1]. 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 via 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 will take 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

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[1] Water supply and sanitation at facilities is small scale and will not have an impact on international waterways.

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.

Component 2: Implementation Management and Monitoring and Evaluation

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.

Monitoring and Evaluation (M&E). 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 proposed project will be 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.

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 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 communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly

sensitize the communities to the risks related to infectious diseases. This SEP is a living document that will be updated during project implementation as more details on the stakeholders' groups and measures get identified.

2. Stakeholder identification and analysis

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

    (i)   are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

    (ii)   may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

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

2.1 Methodology

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

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

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[2], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people 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, 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 back from South Africa and other neighboring countries

2.3. Other interested parties

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[2] 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.

The projects' stakeholders also include parties other than the directly affected communities, including:
- Traditional and opinion leaders in the Kingdom of Eswatini
- Media and other interest groups, including social media and the Government Information Department
- Other national health organizations, CSOs and UN agencies
- Businesses with sub-regional and international links
- The public at large

2.4. 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; pregnant women
- People with disabilities
- Pregnant women
- Women, girls and female headed households
- Children
- Those living below poverty line
- Communities in remote and inaccessible areas

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the need to address issues related to COVID-19 in a very short period of time, no dedicated consultations beyond public authorities and health experts, as well as other government institutions, have been conducted so far. Recently announced government restrictions on public gatherings enacted since project preparations began prohibited any kind group stakeholder meetings to explain the project or seek feedback. This initial SEP was prepared for project appraisal, to begin an iterative process to develop a strategy that can meaningfully engage stakeholders despite restrictions on public gatherings. A first update of this SEP, to include more details, including stakeholder consultations and feedback where possible will be completed within one month after the effectiveness date. Further updates, including stakeholder feedback, will be carried out as needed throughout the life of the project and the SEP will be continuously updated throughout the project implementation period, as required.

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

Strong citizen and 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 their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, and (ii) awareness-raising activities to sensitize communities on the risks of COVID-19.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

On March 17, 2020, Eswatini declared a state of public emergency and, on March 27, 2020, a partial lockdown came into effect with stricter measures imposed including limiting movement of citizens to essential activities, restricting public gatherings to no more than 20 people, and restricting border movement to goods and cargo and returning citizens and residents (who must comply with a 14-day mandatory quarantine) as well as other measures. Hence alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to prevent virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g., WebEx, Zoom, Skype, etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms and mobile Apps (e.g., Facebook, Twitter, WhatsApp groups, project web links/websites, etc.); and employing traditional channels of communications such as TV, radio, dedicated phone-lines, 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 important to avoid the risk of virus spread.

For the awareness-raising activities under Sub-component 1.3 on Improving implementation of social distancing measures and strengthening communication preparedness, project activities will support:

(i) developing a well-designed communication strategy targeting parents, traditional and religious leaders and the general public, that will include basic communication materials (such as question and answer sheets and fact sheets in Siswati on COVID-19, information and guidelines for health care providers, general preventive measures such as "dos" and "don'ts" for the general public, information and guidelines for health care providers, training modules (web-based, printed, and video); presentations, slide sets, videos, and documentaries; and symposia on surveillance, treatment and prophylaxis. The project will also provide technical and financial assistance for communication activities that will support 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 ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Assessment of the level of ICT and other methodologies among key stakeholders as well as the type of communication channels and messages will be undertaken to improve the effectiveness of the communication.

(ii) guidelines for the management of at - risk groups such as guidelines for elderly isolation and pension pick-up, and

(iii) 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 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 Risk Communication and Community Engagement outlines the following approach:

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

3.3. Stakeholder engagement plan

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.

3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• Need of the project • Planned activities • E&S principles, Environment and social risk and	• Phone, email, letters • One-on-one meetings • Outreach activities • Appropriate adjustments to be made to take into	• Government officials from relevant line agencies at local level	Environment and Social Specialist PIU

	impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts	account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)	• Health institutions • Health workers and experts	
	• Need of the project • Planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM)	• Outreach activities that are culturally appropriate • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)	• Affected individuals and their families • Local communities • Vulnerable groups	Environment and Social Specialist PIU
Implementation	• Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns	• Training and workshops • Disclosure of information through Brochures, flyers, website, etc. • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)	• Government officials from relevant line agencies at local level • Health institutions • Health workers and experts	Environment and Social Specialist PIU
	• Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns	• Public meetings in affected villages • Rapid communication assessment • Brochures, posters • Information desks in local government offices and health facilities. • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as	• Affected individuals and their families • Local communities • Vulnerable groups	Environment and Social Specialist PIU

		telephone calls, SMS, emails, radio, tv etc.)		

3.3 (ii) For stakeholder engagement relating to awareness raising, the following steps will be taken:

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

The updated SEP will reflect the current details on the above engagement plan relating to awareness raising as well as current details on stakeholder consultations related to COVID-19.

In addition to the proposals above, the project may employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:

• Virtual registration of participants: Participants can register online through a dedicated platform.

• Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.

• Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.

• Discussion, feedback collection and sharing:

o Participants can be organized and assigned to different topic groups, teams or virtual "tables" provided they agree to this.

 o Group, team and table discussions can be organized through social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.

• Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

The project includes resources to implement the above actions. The details will be prepared as part of eSwatini-specific Risk Communication and Community Engagement Strategy within one months after the project effectiveness date. Consequently, this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

The WHO's RCCE Readiness model includes a series of principles and readiness checklists with guidance on goals and actions related to:

• Risk Communications Systems

• Internal and Partner Coordination

• Public Communication

• Community Engagement

• Addressing uncertainty and perceptions and managing misinformation

• Capacity Building

In addition, strategies will be identified to enable stakeholder engagement and consultations on the final ESMF when prepared.

3.4 Proposed strategy for information disclosure

In terms of methodology, 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 will include among others, household-outreach

through SMS, telephone calls, etc., depending on the social distancing requirements, in local language- siSwati, the use of verbal communication, audiovisuals or pictures instead of text, etc.

The project will thereby have to adapt to different and most appropriate requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres, health facilities and laboratories will have to be timed according to need and be adjusted to the specific local circumstances. During project implementation, the updated SEP will clearly outline the timing (project stage), target stakeholders' groups, list of information to be disclosed and the methods of engagement and disclosure to be applied as shown below:

The project ESMF and SEP will be disclosed prior to formal consultations and the SEP will be updated and redisclosed during project implementation.

A preliminary strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of social distancing measures and strengthening communication preparedness	Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others	Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development	Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) 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 technology such as telephone calls, SMS, etc.)
The rehabilitation and equipping of selected hospitals including the RFMH and the Lubombo referral hospital	People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities, civil society organizations, etc.	Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development	Public notices; Electronic publications and press releases on the Project 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.).
During preparation of ESMF	People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people;	Project documents, technical designs of the isolation units and	Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries; civil society organizations etc.	quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development	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.).
During project implementation	COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, border control staff, police, government entities;	SEP, relevant E&S documents; GRM procedure; regular updates on Project development	Public notices; Electronic publications and press releases on the Project 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.).

3.5 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

3.6 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women: Consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.

- People with disabilities: provide information in accessible formats and offer multiple forms of communication
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The PIU E&S staff in the Ministry of Health will be in charge of stakeholder engagement activities, and for their implementation in collaboration with the decentralized governance structures (Tikundlas). The budget for the SEP is included in Component 1 of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:
The Ministry of Health (MOH) will be the lead technical agency for project implementation. The 'MOH Senior Management Team (SMT)', chaired by the Principal Secretary, will provide overall strategic implementation 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, will be supporting the project implementation along with the 'Core Implementation Team'. The core implementation team will be established as an agile implementation team to support project effectiveness. The core implementation team/PIU will hire 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 other entities, such as local government units, media outlets, health workers, UN agencies etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to help 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.

5.1. Description of GRM

Grievances will be handled at the project level by the PIU.

The GRM will include the following:

Step 1: Submission of grievances either orally or in writing

For submission of grievances either orally or in writing to a GRM officer in the PIU, a toll-free phone line and email will be established. Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals. In order to ensure the GRM is accessible to all stakeholders, particularly in rural areas and those that are vulnerable, specific measures will be explored during consultations and reflected in the updated SEP. The GRM will also allow anonymous grievances to be raised and addressed.

Step 2: Recording of grievances within 24 hours

Grievances will be recorded and classified based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response within 24 hours by the GRM officer. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and also 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.).

Step 3: Investigating the grievance and Communication of the Response within 7 days.

Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to Grievance committee that will be set up.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. 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.

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the GBV Action Plan. With respect to GBV 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. This will be reflected in the updated SEP.

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. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the

most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Regular, preferably 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 responsible staff and referred to 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 may 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

Further details will be outlined in the Updated SEP, to be prepared within one month after effectiveness.