

Lesotho COVID-19 Emergency Preparedness and Response Project (P173939)
Stakeholder Engagement Plan (SEP)
April 28, 2020

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. Despite no existing cases reported to date, the Government of Lesotho declared COVID-19 as a National Emergency on March 18th, and promptly issued a lockdown of all non-essential services between the period of March 30th and April 21st, 2020. Lesotho faces significant risks regarding the potential impact of the COVID-19 pandemic. As of April 6th, there are no confirmed cases of COVID-19 in Lesotho. Lesotho's geographical position, porous borders and its economic dependence South Africa, where currently the number of cases and deaths continues to increase, poses a substantial risk to Lesotho. Though there are travel restrictions in both countries, with only 5 commercial entry points between the two countries remaining open (9 entry points closed), there have been reports of illegal crossings of Basotho from South Africa just before the South African country lockdown (27 March 2020), making surveillance and tracing a major challenge. Hence, not all persons entering the country can be accounted for or tracked. The country is, therefore, rendered highly vulnerable to infection and spread of the COVID-19. The risk of imported cases, particularly from South Africa, is very high. The latter has reported 3158 cases and 54 deaths as of April 24, 2020. In the absence of vigorous response measures, there is a high potential for the number of COVID-19 cases in Lesotho, and the country's health care system is currently not able to cope with substantial numbers of COVID-19 cases.

1.1 Project Components

The Lesotho Covid-19 Emergency Response Project will support Lesotho to prevent, detect and respond to the threat posed by COVID-19. The proposed project will be financed by an IBRD loan of US\$5 million, using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a two-year period. The proposed project comprises of two main components:

Component 1: Emergency COVID-19 Response (US\$4.5 million)

This component comprises of three focus areas: (i) COVID-19 case detection, confirmation, contact tracing, recording and reporting; (ii) Containment, isolation and treatment through enhanced clinical care capacity; and (iii) Community engagement, prevention and risk communication. The first focus area will support the government to enhance disease surveillance, improve sample collection and transportation, and ensure rapid laboratory confirmed diagnoses to promptly detect all potential COVID-19 cases and to carry out contact tracing to quickly contain COVID-19. The second focus area will support the government to establish and enhance isolation and clinical care capacity for infected patients, including enhancing triage and treatment capacity for COVID-19 cases, investments in video conferencing equipment to establish telemedicine capacity, psychosocial and essential social support, and

deployment of health workers to isolation and quarantine centers for COVID-19 case management. The last focus area will support the reinforcement of policies and measures including: social distancing (e.g. border closings; work-at-home policies; restricting public gatherings); personal hygiene promotion, including promotion of proper handwashing behavior (frequency and improved practice) and use of hand sanitizers, food hygiene and safe water practices and safe cooking practices; and risk communication and community engagement using local channels.

Component 2: Project Implementation and Monitoring & Evaluation (US\$0.5 million)

This component will support program coordination, management and monitoring. This will include support for the COVID-19 Incident Management System Coordination Structure; the recently established multisectoral Emergency National Command Centre for COVID-19; operational reviews to assess implementation progress and adjust operational plans; and logistical support.

The above project components aim to strengthen Lesotho'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 Lesotho 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.

1.2 Objectives of the SEP

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, 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 always 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 status¹, 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, PPE, sanitation materials etc
- 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
- Female-headed households or single mothers with underage children²
- Migrants returning from South Africa and other neighboring countries

2.3. Other interested parties

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

- Traditional and opinion leaders in the Kingdom of Lesotho
- Media and other interest groups, including social media and the Government Information Department
- Other national and international health organizations, CSOs and UN agencies

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.

² This vulnerable group may also be organized along the following lines: households with presence of children or elderly, single parents, elderly-only households, child headed households.

- 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, literacy level, 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. Additionally, communities in remote and isolated highlands communities are vulnerable due to their lower rate of access to health care facilities and awareness campaigns, and general poverty and lack of information. 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

This initial Stakeholder Engagement Plan (SEP) has been developed and disclosed prior to project appraisal. 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. 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).

As the SEP becomes more fully developed, it will describe 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 any activity related to the project. The SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Project will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, sexual exploitation and abuse (SEA) as well as sexual harassment (SH), risks of increase of SEA/SH and especially intimate partner violence related to the COVID-19 emergency and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. Community consultations with women and girls that are related to SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators, and will be focused on understanding women’s and girls’ risks and vulnerabilities, as well as their well-being, health and safety concerns, as they relate to COVID-19 project activities.

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials, health experts and others from institutions working in the health sector. Recently announced government restrictions on movement of people and confinement of residents to their homes essentially creates a de facto ban on any kind of group stakeholder meetings or group consultations to explain the project or seek feedback. The speed and urgency through which this project has been developed to meet the growing threat of COVID-19 in Lesotho, combined with the recent government restrictions on gatherings of people has limited the project’s ability to develop a complete SEP before this project is approved by the World Bank. This SEP, as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project, will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within two months after the project effectiveness date. 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 are 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 two months 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 18th 2020, Lesotho declared a state of public emergency and, on March 30 to April 21, 2020, a national lockdown came into effect with strict measures imposed including limiting movement of citizens to essential activities, restricting public gatherings to no more than 50 people, closing schools from March 17 to April 17, 2020, and restricting border crossings 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.

For the awareness-raising activities under Component 1 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 Lesotho 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,
- (ii) guidelines for the management of at-risk groups such as guidelines for elderly isolation and pension pick-up, and
- (iii) guidelines for alternative drugs 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:

These guidelines note that:

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.

Stakeholder consultations related to COVID 19

Project stage	Target stakeholders	Topic of consultation/ message	Method used	Target stakeholders	Responsibilities
<i>Preparation</i>	<ul style="list-style-type: none"> • Government officials from relevant line agencies at local level • Health institutions • Health workers and experts 	<ul style="list-style-type: none"> • Need for the project • Planned activities • E&S principles, Environment and social risk and impact management/ ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts 	<ul style="list-style-type: none"> • Phone, email, letters • One-on-one meetings • Outreach activities • Appropriate adjustments to be made to consider the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> • Government officials from relevant line agencies at local level • Health institutions • Health workers and experts 	Environment and Social Specialist PIU
	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 	<ul style="list-style-type: none"> • Need for the project • Planned activities • Environment and social risk and impact management/ ESMF • Grievance Redress mechanisms (GRM) 	<ul style="list-style-type: none"> • 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.) 	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 	Environment and Social Specialist PIU
<i>Implementation</i>	<ul style="list-style-type: none"> • Government officials from relevant line 	<ul style="list-style-type: none"> • Project scope and ongoing activities 	<ul style="list-style-type: none"> • Training and workshops 	<ul style="list-style-type: none"> • Government officials from relevant line 	Environment and Social Specialist

Project stage	Target stakeholders	Topic of consultation/ message	Method used	Target stakeholders	Responsibilities
	agencies at local level <ul style="list-style-type: none"> • Health institutions • Health workers and experts 	<ul style="list-style-type: none"> • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • 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.) 	agencies at local level <ul style="list-style-type: none"> • Health institutions • Health workers and experts 	PIU
	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • Public meetings in affected villages • Brochures, posters • Information desks in local government offices and health facilities. • Appropriate adjustments to be made to consider the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.) 	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 	Environment and Social Specialist PIU

For stakeholder engagement relating to awareness raising on COVID19, the following steps will be taken for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency. 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 COVID19.

Step	Actions to be taken
1	<ul style="list-style-type: none"> <input type="checkbox"/> 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) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	<ul style="list-style-type: none"> <input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

Step 1: Design of the communication strategy

- Assess the level of ICT penetration among key stakeholder groups countrywide by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Community Engagement and Behavior Change strategy for COVID-19, including details of anticipated public health measures.

- Work with organizations supporting disabled people in Lesotho (e.g. Lesotho National Federation of Disabled People) to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations.
- Identify and partner with telecommunication companies (Econet, Vodacom Lesotho), ICT service providers and trusted community groups (community-based organizations, traditional authorities, religious leaders, health workers, district and community councils, village health workers, village disaster management committees) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in Sesotho and English for timely dissemination of messages and materials and adopt relevant communication channels (SMS broad cast, Radio, TV, social media/online channels).
- Take deliberate measures to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, TV, SMS
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent SEA/SH in quarantine facilities, managing increased burden of care work and female hospital workers. The communication campaign would also be crafted in partnership with the UN (e.g. WHO, UNICEF) to communicate protection protocols to be implemented at quarantine facilities.
- Awareness will be created concerning any involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.
- Engagement with existing health and community-based networks, media, NGOs, CBOs, schools, local governments and other sectors such as healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.
- Utilize two-way 'channels' for community and public information sharing such as tollfree (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology,

telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.
- 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.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policymakers and influencers (including the recently established national emergency command center) might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. This will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with girls/women groups, "edutainment", youth groups, training of peer educators, etc. Radio, TV, social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, Social media (Facebook, Twitter, WhatsApp etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at district and community council offices, traditional authorities' offices, ports of entry, post office, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This SEP as well as the Environmental and Social Management Framework (ESMF) to be prepared and any Environmental and Social Management Plans (ESMPs) that maybe be prepared under the project will also be consulted and disclosed in country and on the World Bank external website. The details of this will be prepared during the update of this SEP, expected to be updated no later than 2 months after the project effectiveness date, and continuously updated throughout the project implementation period when required.

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, Zoom, WhatsApp, Live Facebook broadcast 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:
 - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - Group, team and table discussions can be organized through social media means, such as skype or webex, 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, which will likely be the case anywhere outside the major cities and towns, information can be disseminated through digital platforms (where available) such as Facebook, WhatsApp groups, Project weblinks/ websites for those who have access to phones or computers. Traditional means of communications (radio, TV, newspaper, phone calls, SMS and mails with clear description of mechanisms for providing feedback via mail and/or dedicated telephone lines can also play a major role in the strategy. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions. Any efforts to conduct stakeholder consultations in virtual or non-traditional formats, especially in rural areas outside Maseru and those that will rely upon access to information technology or web-based platforms, will be designed to ensure that vulnerable groups, such as women, the elderly, people with low levels of literacy or living with disabilities, orphans, will be made aware of these consultations and offered accessible channels for providing feedback.

The project includes resources to implement the above actions. The details will be prepared as part of a Lesotho-specific Risk Communication and Community Engagement Strategy within two

months of project Effectiveness. 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 and ESMPs when prepared. These will be informed by the guidance in the World Bank’s “Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” (March 20, 2020).

3.4 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. In addition to specific consultations with vulnerable groups and women, the project will partner with UN agencies, NGOs, CBOs and others to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that may be adopted to effectively engage and communicate to vulnerable group will be:

- **Women (including those who head households or who are single with minor children):** ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities. For 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, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, sign language interpreters, text captioning for hearing impaired, online materials for people who use assistive technology.
- **Illiterate people:** Use media like the radio to communicate about COVID-19 and key behaviour changes to address health risks;
- **Measures for communication and stakeholder engagement will developed, as required, for other groups as appropriate,** such as ex-combatants, refugees and IDPs and people of ethnic or religious minorities, including minorities living within a larger community.

3.5 Proposed strategy for information disclosure

In terms of methodology, it will be important that the different activities are inclusive, accessible 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 the local language (Sesotho and English), the use of verbal communication, audiovisuals or pictures instead of text, etc. While country-wide awareness campaigns will be established, specific communication around borders and Moshoeshoe 1 international airport—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.

A preliminary strategy for information disclosure is as follows:

Project activity	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 academia; 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	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.,

Project activity	Target stakeholders	List of information to be disclosed	Methods and timing proposed
		on project development	use of mobile technology such as telephone calls, SMS, etc.).
The rehabilitation and equipping of selected health facilities and laboratories	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, public announcements etc.).
During preparation of ESMF	People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; District & Community councils; District/Community Secretaries; 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 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 (District and Community Councils, Principal Chief Areas). The budget for the SEP is included in Component 3 of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Overall oversight and resource mobilization (human, financial, material) for the implementation of the COVID-19 response plan is directly spearheaded by the office of the Prime Minister (Cabinet), with technical guidance led by the Director General of Health Services of the Ministry of Health (MOH), and the coordination of plan operations facilitated by the National Health

Regulations Focal Center. The Ministry of Health (MOH) will be the lead technical agency for project implementation. The Project Implementation Unit (PIU) involved in the preparation of the Lesotho Nutrition and Health System Strengthening Project (P170278) and the management of the Southern Africa Tuberculosis and Health Systems Support Project (SATHSSP) (P155658) will oversee implementation of the Lesotho COVID 19 Emergency Response Project (P173939). The core implementation team will be established as an agile implementation team to support project effectiveness. 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, civil society, 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 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 with the Social officer as the focal point. The GRM will include the following:

Step 1: Submission of grievances either orally or in writing to a Social officer in the PIU, a toll-free phone line and email will be established. 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. The following grievance uptake channels will be used: telephone, text message, email, grievance boxes, suggestion boxes in local authority offices, social media, WhatsApp, Facebook, fax, mail, walk-in, face to face, logbook etc.).

Step 2: Recording of grievance, classifying the grievances 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 Social 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 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. Additional targeted measures to handle sensitive and confidential complaints related to SEA/SH ethically and in accordance with guiding principles for survivor care will be identified in the SEA/SH measures and incorporated into the GRM.

5.2. GRM implementation arrangements

This Project's GRM will build upon the already existing health sector GRM which is well designed to provide a timely, responsive and effective system of resolving community, stakeholders or individual's grievances in the Bank funded health sector activities. It is a process starting at the community level (e.g. village health workers, community liaison officers (employed under the P170278)), through the district administration (e.g. District Health Management Teams) to the National level (e.g. PIU, MOH). It is a multi-stage process that ensures that all stakeholders from the community level structures to the National office are involved in finding solutions to the grievances raised by the stakeholders.

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5.3 The appeal process for unsatisfactory complainant

In the case of a complainant not being satisfied with a resolution or recommended remedy. The MoH through the PIU shall forward the copy the grievance and its resolution to the Ombudsman.

The Ombudsman will review the case and determines if further reasonable action is possible. If no reasonable action is possible, the Ombudsman will authorise the close out of the complaint. A close out letter will be sent to the Complainant explaining the Ombudsman's position within 30 working days. If the Complainant does not agree with the resolution provided by the Ombudsman, they may take legal action through Courts of Laws. If resolution is approved case will be closed.

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.
- Several 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.