Health Emergency Preparedness and Response Trust Fund (HEPRTF)

Stakeholder Engagement Plan (SEP)

2021

1. Introduction/Project Description

The Word Bank Funded Health Sector Development Support Project (HSDSP) started in 2011 and introduced Results Based Financing (RBF) in 18 rural districts of Zimbabwe. Due to Zimbabwe's non-accrual status, the Catholic Organisation for Relief and Development AID (Cordaid) is the Project Implementing Entity (PIE).

Early evidence of success led Government to scale-up the approach to cover all 60 Districts, with financial support from several partners (Health Transition Fund, now Health Development Fund). Five subsequent additional financing (AF) from the World Bank included innovations in the mechanism in line with lessons learnt from implementation. Of note, the Project-initiated pilots for an Urban Voucher Scheme and Continuous Quality Improvement (CQI) as well as facilitated the roll-out of the institutionalization of RBF as a strategic purchasing approach in Government. The Project has evolved over the years from AF I to this current AF V, which seeks to expand coverage of service delivery platforms.

The objective of the current AF V is to increase coverage and improve the quality of an integrated package of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH-N) services, as well as strengthen COVID-19 response and institutional capacity to manage performance-based contracts consistent with the Recipients' ongoing health initiatives. AF V also included a COVID-19 response component to enable Zimbabwe to mobilize surge response capacity through trained and well-equipped frontline health workers and better equipped facilities. The COVID-19 component financed provisions for emergency response activities targeted at migrant and displaced populations in fragile, conflict or humanitarian emergency settings compounded by the pandemic.

The Health Emergency Preparedness and Response Trust Fund (HEPRTF) Project builds on the existing HSDSP, and the COVID-19 component under AF V in particular. HEPRTF aims to improve the capacity of the health sector in Zimbabwe to better respond and mitigate the impact of a possible third wave of COVID-19 and other subsequent waves on the population of Zimbabwe.

The proposed project consists of the following 3 Components:

Project Components	**HEPRTF** **US$ million**	**ESMAP** **US$ million**	**Total Funding** **US$ million**
Component 1. COVID Response and Related Health System Strengthening	**2.69**	**1.5**	**3.44**
Sub-component 1.a. Case Detection, Contact Tracing, Recording, Reporting	0.96	-	0.96
Sub-component 1.b. Risk Communication and Community Engagement	0.58	_	0.58
Sub-component 1.c. Infection Prevention and Control	0.58	-	0.58
Sub-Component 1.d. Case Management	0.57		
Sub-component 1.e. Climate Friendly Health System Strengthening (ESMAP)*	-	1.5	**1.5**
Component 2. Vaccine Deployment	**1.44**	**-**	**1.44**
Component 3: Overall Coordination and Project Administration, Monitoring & Evaluation	0.87	-	**0.87**
Grand Total	**5.0**	**1.5**	**6.5**

1.2 Objectives and scope of Stakeholder Engagement Plan

The HEPRTF 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 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.

For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination, and corruption.

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. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Especially for Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous People on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations 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 analysing 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 are 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, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of Internet communication. (See Section 3.2 below).

For the purposes of effective and tailored engagement, stakeholders of the proposed activities under the Project 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[1], 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
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighbouring communities to laboratories, quarantine centres, and screening posts
- Workers at renovation/refurbishment sites for isolation
- Vaccination Priority List Phase 1: stage 1: Front line workers (Public Health Workers , Port of entry personnel ZIMRA, immigration customs, security personnel)
- Phase 1: Stage 2: (Community Health Workers, persons with chronic illnesses, elderly above 60 years of age, prison population and others in confined settlements including Tongogara Refugee Camp)
- Phase 2: (Teachers, Lecturers, School staff)
- Phase 3: (Population at low risk)

2.3. Other interested parties

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

[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.

Sector	Stakeholder
Government and local leadership	Government line ministries: • Ministry of Finance and Economic Development (MoFED), • MoHCC • Ministry of local government, Public Works and National Housing (MoLGPWNH) • Ministry of public labour and social welfare Local government authorities District Administrators Local Leadership (Chiefs and headmen) Local health authorities (district and provincial health executives)
General	Media Religious groups Local businesses NGOs/CSOs
Education	Schools Academics Research institutions
Environment	National social and environmental public-sector agencies such as the Environmental Management Authority (EMA)
Funders	World Bank, Global Financing Facility CDC USAID and Global fund

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, 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 may include and are not limited to the following:

Stakeholder Analysis Matrix: Disadvantaged, vulnerable individuals or groups			
Sector	**Stakeholder**	**Barriers to accessing information**	**Identified Reps/Leaders**
General	Women Youth Elderly Children Child headed families Women headed families Persons with disabilities Illiterate Displaced or homeless persons	-Geographic for those in remote areas with limited access -Financial (no access to information disseminated through mass media, print media etc.)	-Religious leaders (especially apostolic sect) -Community leaders (chiefs, headmen) -Women's organisations

	Persons with underlying health conditions (e.g., elderly, diabetics, hypertensive) who are at high risk of severe COVID-19 illness Refugees Prisoners military The unemployed Sexual minorities Religious groups Cultural minorities Informal vendors People living with HIV People living in high-risk communities of Bulawayo, Chitungwiza, Harare and Epworth People over 60 years of age • Public Health Workers SEP, Port of entry personnel, ZIMRA, immigration customs and security personnel[2]	-Social (levels of literacy, disabilities, old age, family responsibilities) -Religious (doctrines that prevent access) -Cultural (traditional beliefs that hinder access)	-Orphanages and old people's home representatives -Organisations for people with disabilities -Tshwa leaders -CSOs -Traditional healers -Media -Teachers -Vendor's associations

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. For any vaccination program, the engagement under the Project will include targeted, culturally appropriate, and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin. This includes areas where the Tshwa minority is present and where the Tshwa leadership will be engaged as a partner in outreach efforts. Consultations will ensure that there are no forced vaccinations.

Where the SEP and the ESMF (a related ESMP) are used to address the Tshwa Indigenous Peoples in Western Zimbabwe the Project will ensure that targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations takes place. This includes an agreed upon process which is culturally appropriate and provides sufficient time for Indigenous Peoples decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively. Furthermore, the Project Grievance Redress Mechanism (GRM) outlined in this SEP will be culturally appropriate and accessible for the Tshwa community and take the Tshwa customary dispute settlement mechanism into account.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency and the need to address COVID-19 challenges, limited consultations were conducted as part of the Project preparation. The consultations are reflected in the table below.

Activity	Participants	Date
Consultative meeting (the pillar leads submitted their input which was used to further strengthen the development of the concept note)	Leads from all the COVID-19 pillars[3], MoHCC management	22/03/2021
Concept note presentation during the Permanent Secretary Coordination meeting	Leads from all the COVID-19 pillars Partners e.g., World Health Organization, AFRICA Centre for	23/04/2021

[2] These are vulnerable to contracting the virus due to the nature of their work

[3] COVID-19 pillar leads from the following pillars: Surveillance, Risk communication and community engagement, infection prevention and control, case management, coordination, logistics, ports of entry, security, laboratory services led by MoHCC

	Disease Control (CDC), Clinton Health Access Initiative (CHAI), UNICEF, USAID, American CDC COVID-19 taskforce team[4]	
Consultative meeting with the Zimbabwe Expanded Program on Immunisation (EPI) team for input on vaccinations which was also used to strengthen the concept development exercise	ZEPI team members and partners (GAVI, UNICEF and WHO)	23/04/2021

The feedback received during consultation was considered by the concept note writing team and reflected in the Project design. The initial phase essentially involved consultations of the pillar leads who were very forthcoming with the information on the costed list of priorities. It was virtual, email and by telephone. However, in person consultation took place with MoHCC top management team to enable detailed engagement while still observing COVID-19 precautions. In attempting to address the comments, there were some challenges in the unavailability of some critical information and the non-participation of key personnel in the Intra Action Review (IAR) who then did not have a revised costed list of priorities, including finalisation of vaccine deployment plan. Engagement of the EPI team progressed well but they did not have forecasted plans and budgets because the availability of vaccines was not in their control. Thus, the working budget changed during preparation as new information was emerging frequently and new vaccines were received as and when available. Currently, the Vaccine Readiness Assessment Framework (VRAF) is being updated. The obtaining of reference documents such as the revised Intersectoral Response Plan (March to August 2021) took a while as development of the document underwent its own processes.

Zimbabwe COVID-19 National Deployment and Vaccination Strategy

The Government of Zimbabwe's deployment plan for COVID-19 vaccines (Zimbabwe COVID-19 National Deployment and Vaccination Strategy) is built upon existing documents and the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination, the prioritization roadmap, and the fair allocation mechanism for COVID-19 vaccines. Due to the current uncertain environment for COVID-19 vaccine development, the guidance is based upon key assumptions, best available at this time. The National Deployment and Vaccination Plan (NDVP) guidance document provides a framework for:

- Developing and updating the NDVP for the introduction of COVID-19 vaccines;
- Designing strategies for the deployment, implementation and monitoring of the COVID-19 vaccine(s) in the country and;
- Ensuring the plan and related financing is well aligned to the Zimbabwe COVID-19 recovery and response and support plans, and that implementation is fully integrated into national governance mechanisms.

The covid-19 vaccine is being coordinated by interagency coordinating committee (ICC) which was appointed as the COVID-19 National Coordinating Committee (CNCC) with multi-sectoral representation. In addition, the Zimbabwe National Immunization Technical Advisory Group (ZIMNITAG) will provide evidence-based recommendations and policy guidance specifically related to COVID-19 vaccines, to facilitate fully informed decision-making by the government. The MoHCC started implementing the deployment of the COVID-19 vaccines through the National EPI program on the 22nd of February 2021 in a phased approach targeting specific groups per phase.

During the development of the strategy, consultations were done with key departments, ministries, authorities and stakeholders.[5] The Chief Coordinator held regular high level coordination meetings with the UN, Donors and Heads of Agencies. In addition, the Chief Coordinator worked with the Experts Advisory Committee and provided lead technical support to the Working Party and the Inter-ministerial Task Force. The strategy was shared to all partners electronically and will also be available on the MoHCC website.

[4] *The National taskforce on COVID-19 is an inter-ministerial team that was chaired by the Vice President. At the moment it is being chaired by the Minister of Information*

[5] *The Medicines Control Authority of Zimbabwe (MCAZ), Zimbabwe National Immunisation Technical Advisory, the United Nations, Donors and Heads of Agencies, Inter-ministerial Taskforce, Experts Advisory Committee, Inter-ministerial Task Force, Zimbabwe Expanded Programme on Immunization, World Health Organisation, Pharmacovigilance and Clinical Trials Committee, COVID-19 National Response Committee.*

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

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, considering the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Work with the Community Working Group on Health, whose members can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Project progress and coordination	Government entities- • MoHCC, • Ministry of Finance & Economic	-Grievance redress mechanism framework and procedures	-Consultation meetings (as per need); -Permanent Secretary Coordination meetings (weekly), -Phone calls,

	Development (MoFED), • Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH MoHCC Partners[6] Funders: • World Bank, • Global Financing Facility • CDC • USAID • Global Fund	-Environmental and Social Management Framework[7] -Daily situational reports -Weekly cabinet briefs -Intra Action Review on COVID-19 -Revised COVID-19 intersectoral operational plan March 2021-August 2021 -National Vaccine and Deployment Plan for COVID-19 -Budgets from Ministry of Finance Disclosure will be done electronically and where possible the documents will be uploaded to the AF V website	-COVID-19 Pillar meetings (weekly), -emails and letters
Project Implementation	Government officials from MoHCC and other relevant line agencies at national and local level • Health institutions • Health workers and experts • Affected individuals and their families • Local communities • Vulnerable Groups • Community based organisations	-Overall project activities - Regular updates on project performance - ESMF, LMP, SEP and GRM procedure.	- Community dialogues with local leaders (bi-annually), Training and workshops (which may have to be conducted virtually) (To be advised) -Disclosure of information through Brochures, flyers, website, social media platforms such as twitter etc. (annually) -mass media campaigns through radio programs (bi-annually) -support supervision visits (quarterly)

[6] *World Health Organisation, Africa Centre for Disease control, America Centre for Disease Control, United Nations Children's Emergency Fund, International Organisation for Migration, Plan International, World vision Zimbabwe, Clinton Health Access Initiative, AIDS Healthcare Foundation, Organisation for Public Health Interventions and Development, Family Health International 360, Population Services International, USAID, UN Family including UNICEF, UNFPA*

[7] The ESMF and associated Labour Management Plan (LMP) will be finalised and disclosed 45 days after project effectiveness. The draft SEP will be shared prior to project approval and the updated version will be disclosed 45 days after project effectiveness The ESCP will be disclosed upon project approval.

According to the National COVID-19 Vaccine Deployment Strategy (NVDS)[8], Zimbabwe is targeting 60% of its population to be vaccinated. The country plans to vaccinate all eligible people according to SAGE recommendations. The WHO Strategic Advisory Group of Experts (SAGE) does not recommend vaccinating people below 16 years of age hence everyone above 16 years will be vaccinated. The under 16 years represent about 53% of the total population and the eligible, who are above 16 years, represent about 47% of the total population. The vaccinations will be phased according to level of risk starting with the highest risk individuals in 2021. This group is comprised mainly of frontline health care and social workers, the elderly above 60 years, those with comorbidities, People living with HIV and those living in high-risk areas including prisons and refugees. This represents about 22% of the total population. The next phase will be in 2022 covering about 12% of the total population, followed by phase 3 covering another 12% of the total population in 2022. All categories of the target population are mutually exclusive to avoid duplication or double counting. However, vaccination timelines may change depending on vaccine availability and funding. ZIMNITAG will provide guidance on risk status depending on the COVID-19 epidemiology and other predisposing factors such as nature of work, the elderly and existence of comorbidities.
As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback; and
- Is communicated in formats taking into account language, literacy and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.
- In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

3.4. Stakeholder engagement plan

HEPRTF will engage a variety of engagement techniques will be used to build relationships with, gather information from, consult with and disseminate project information to **stakeholders**. This engagement process will provide a framework for achieving effective stakeholder involvement and promoting greater awareness and understanding of issues so that the project is carried out effectively, within budget and on time.

[8] http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=25:coordination-planning-and-monitoring&Itemid=746
https://kubatana.net/wp-content/uploads/2021/02/MOHCC_Covid19_Vaccine_Deployment_Plan_210216.pdf

3.4. (i) Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Project progress and coordination	Development of the following instruments; • ESMF and related instruments • SEP • GRM • Health and safety • Environmental concerns	-Consultation meetings -Permanent Secretary Coordination meetings, -Phone calls, -COVID-19 Pillar meetings, -emails and letters -one on one interview with some key informants	Government entities- • MoHCC, • Ministry of Finance & Economic Development (MoFED), • Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH MoHCC Partners: • WHO • Clinton Health Access Initiative (CHAI) • Africa CDC • UNICEF • UNFPA Funders: • World Bank, • Global Financing Facility • CDC • USAID • Global Fund	Results Based Financing Health Specialist, Cordaid Team, MoHCC PCU team
Project Implementation	Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental Concerns • Gender based violence awareness raising	Training and workshops (Which may have to be conducted virtually) •Community discussion forums with local leaders •Focus group discussions with community members or identified groups • use of	Government entities- • MoHCC, • Ministry of Finance & Economic Development (MoFED), • Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH • COVID-affected persons and their families, • neighboring	Results Based Financing Health Specialist, Cordaid Team, MoHCC PCU team

		audio-visual materials, technologies such as telephone calls, SMS, emails, etc. • site visits for project support and monitoring of implementation • Disclosure of information through posters, website, mass media campaigns etc.	• communities to • laboratories, quarantine • centers, • health care workers, • community leaders • government entities, • Media • Religious groups	

3.4 (ii) Advocacy, Communication and Social Mobilisation

The NDVP evidenced based advocacy, communication, and social mobilization (ACSM) plan will facilitate empowerment of target communities to access accurate and timely information, resulting in greater public awareness and acceptance of vaccination. Planning for communication or engagement activity should start at the national level, after political commitment and consensus on the core programmatic aspects of COVID 19 vaccination are agreed upon. This planning should include six critical components which are:

- Establishing national, provincial, district, and sub district advocacy, communication, and social mobilization subcommittees
- Formative Qualitative and Quantitative KAB Study: support the data collection and analysis efforts to inform the development of national demand promotion strategy and costed plan
- Development of a national demand promotion costed plan based on global guidelines on COVID-19 vaccine
- Preparing for management of communication issues (crisis communication)
- Establishment of a community feedback mechanism
- Monitoring and evaluation of communications activities.

ACSM covers all communication and community engagement activities including the RCCE as well as community awareness campaigns.

The MOHCC leads the coordination of the Risk Communication and Community Engagement (RCCE)[9] pillar supported by partners and has invested in awareness-raising for COVID-19 prevention and promoting key prevention behaviours. Some key lessons have been learned from the RCCE response to COVID-19 requiring rethinking of messaging, prioritizing target populations, and finding new avenues for information sharing.

3.4 (iii) Community engagement and awareness campaigns. Communication and community engagement approaches for the Vaccination Plan will be implemented in three phases with different levels of intensity; Phase one will be the pre-vaccine awareness, Phase two, the COVID-19 implementation and distribution and phase three; the post vaccine.

[9] http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=24:risk-communication-community-engagement&Itemid=660

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement 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. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation[10].

3.6. Reporting back to stakeholders

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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Cordaid Social Safeguards Specialist working closely with the Communication Specialist will oversee stakeholder engagement activities.

The budget for the SEP is **to be advised** and will be included under the Risk communication and Community Engagement component of the project. Some of the activities proposed for implementation have been listed in the introduction and the proposed budget for the overall component is $0.45 million.

4.2. Management functions and responsibilities

Given that the Government of Zimbabwe is in arrears and unable to function as the fundholder for World Bank Projects, the HEPRTF will maintain institutional arrangements and Cordaid will continue to serve as the PIE. To implement the SEP and the associated social safeguard aspects, Cordaid will engage a Social Safeguard Specialist to support the existing Communications Specialist, as reflected in the Environmental and Social Commitment Plan (ESCP). The stakeholder engagement activities will be documented through these two cadres.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) for the HEPRTF project is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of project.

[10] *Examples may include (i) women: 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; (ii) 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; (iii) 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; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) 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.*

- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GRM will complement the MoHCC's crisis communication plan and the establishment of the community feedback mechanism for the vaccination implementation. The aim of the crisis communication, the community feedback mechanism and the project's GRM will be to investigate and manage any crisis, complaint, and feedback so that it does not negatively affect the program, particularly vaccine acceptance and uptake.

5.1. Description of GRM

Currently there are ongoing field assessments to ascertain the functionality of the existing GRM system within the MoHCC which the project seeks to support by strengthening it. The results of the assessments will map a way forward regarding the direction to be taken in the strengthening of the system. Basing on some initial findings in the ongoing assessment, there is not a functional system in place at all the structural levels of the MoHCC's hierarchy and a solid system that clients will be comfortable to use has to be developed. The table below gives a proposed outline of the next steps to be taken after the assessments. It should be noted that strengthening this system will be co-supported through Additional Financing V and HEPRTF as specific project grievances for both the projects will be collected through the same system.

Activity	**Timeline**	**Responsible persons**
Field Assessment to establish the status of the MoHCC's GRM	End of May 2021	Cordaid: Communication and Environmental Specialist MoHCC- Quality Assurance, Public Relations and Health Promotion Departments
Development of standard operating procedures for the GRM implementation and data collection tools	October 30, 2021	Cordaid: Communication and Environmental Specialist, RBF Health Specialist MoHCC: Quality Assurance, Public Relations and Health Promotion Departments
Capacity building of MoHCC staff on GRM and its implementation including piloting the system in selected districts	January to February, 2022	Cordaid: Communication and Environmental Specialist, RBF Health Specialist MoHCC: Quality Assurance, Public Relations and Health Promotion Departments at national. Provincial and district levels, Emergency operating centre staff
Monthly/ Quarterly review meetings/ Quarterly support visits to monitor implementation of the system	February 2022- end of project	Cordaid: Communication and Environmental Specialist MoHCC: Quality Assurance, Public Relations and Health Promotion Departments
Raising awareness about the GRM to both the internal and external clients and promoting its access (mass media campaigns, community engagements, IEC material) The project will complement the existing plan already developed for the Additional Financing V.	-IEC by quarter 1 2022 -Mass media campaigns will run from Quarter 1, 2022 to end of project implementation	Cordaid: Communication and Environmental Specialist MoHCC: Quality Assurance, Public Relations and Health Promotion Departments

NB. Other grievance redress mechanism related activities have been comprehensively outlined in the separate GRM operation plan and these will be implemented during the duration of this project.

Grievances will be handled from the primary level to the national level as follows:

- at *facility* level by *the nurse in charge and the health centre committee*. CSOs will also play a role in administering the client satisfaction surveys
- at *district* level by the *Public Relations/ health Promotion department together with the District Health Executive* and provincial level by the *Public Relations/ health Promotion department together with the District/l Health Executive* and
- at national level by the Public Relations Unit working together with the Health Promotions and Quality Assurance Departments.

The GRM will consist of a small number of components:

- The access point for impacted/concerned people
- Grievance log
- Assessment stage
- Acknowledgement stage
- Response
- Room for appeal
- Resolution

The GRM will include the following steps and indicative timelines:

Steps	**Timelines**
Step 1: Submission of grievances either orally or in writing	
Step 2: Recording of grievance and providing the initial response	within 3 days
Step 3: Investigating the grievance and Communication of the Response	within 14 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 higher level or court	within 28 days

The GRM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Where issues or complaints related to Sexual Exploitation and Abuse/Harassment (SEA/SH) cases will be immediately referred to the psycho-social support line which is also being supported through the Project, as well as to organisations and institutions that offer related services will be done so that clients get the necessary help they need.

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.

5.2 Workers' Grievance Mechanism

Cordaid's Complaint Procedure

Cordaid has a standard operating procedure for handling complaints by Cordaid Zimbabwe. This complaint procedure deals with complaints received from all Cordaid's stakeholders such as donors, consultants, and staff members. The goal is to maximise satisfaction through adequately handling complaints and objections, to get an insight in the nature of the complaints and objections, to gain staff confidence and improve Cordaid's operations.

Project workers have access to Cordaid's GRM Procedure which is structured as follows:

1. **Receiving Complaints**
   A complaint or objection can be received by Cordaid in different ways: by phone, e-mail or by letter. Cordaid staff are encouraged to send their complaints/ feedback to the Human Resources Specialist. It is the duty of the employee and his/her supervisor to recognise the problem as a complaint or objection and to act.

2. **Registration and confirmation**
   The receiver of the complaint fills in the complaint form and registers the complaint in the complaints database which is posted in the server. Then the receiver passes the complaint on to the responsible person, who will send a confirmation of receipt within two working days to the complainant.

3. **Assessment and handling**
   After sending the confirmation the complaint or objection is examined whether it is valid or invalid. If a complaint/objection is found to be valid, corrective action will be taken. This should be done within four weeks. If a complaint can be solved immediately, a response will be sent with the acknowledgement of receipt.

   The following actions will be taken where corrective action needs to be done:

   Deviations from procedure
   The errors are corrected, and the person concerned is addressed to avoid that the same errors are made in future.

   Violation of the code of conduct
   This will lead to disciplinary action such as a hearing or even dismissal depending on the severity of the violation. The measures are determined by the Head of Mission/Team leader

   Handling complaints
   Most complaints will be handled by the responsible contact person and his/her supervisor. Some will require input from other officers within Cordaid. If the solution is not to the satisfaction of the complainant, the complaints committee will give advice. The committee is only created when the responsible person and supervisor do not come to an agreement with the complainant. The committee consists of two management members or other appointed staff members.

4. **Filing**
   After handling of the complaint, the file including all the correspondence, is put in ta complaints folder and on the server.

5. **Evaluation/ Preventive measures**
   Once per quarter the finance and administration will make a report and analysis of the complaints received. If complaints reoccur, measures will be explored, discussed and possibly implemented by the relevant department.

5.3 Monitoring and Evaluation

Cordaid will keep record of the number and the type of complaints received and addressed, allowing for performance management of the GRM. The Social Safeguards Specialist working closely with the Communication Specialist will be responsible for producing regular reports (quarterly) for senior management which include:

- Number of complaints received.
- Compliance with standards & policies (addressing within a certain time etc.);
- The issues raised and trends in these issues over time.
- Causes of grievance/feedback;
- Whether remedial actions were warranted.
- Redress actions actually provided;
- Recommendations to improve /prevent/limit recurrences.

Cordaid will submit bi-annual reports to the WB, which shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns etc.);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), and number of resolved grievances.
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved.
- Level of satisfaction by the measures (response) taken.
- Any correction measures taken.

5.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, because of WB noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievanceredress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org

6. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary during 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.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly incident reports 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, including the following parameters:

- The percentage of grievances addressed within 4 weeks of initial complaint being recorded (target: 65%)
- A monthly summary incident report submitted to the reporting authority

6.2 Bi-annual E&S Compliance Reports to the World Bank

Throughout project implementation bi-annual and annual E&S compliance reports will be prepared and submitted to the World Bank. A section on stakeholder engagement will be included in these E&S compliance reports. In addition, Cordaid will prepare Incident Notifications for the World Bank, when, required.