



# **SITE VISITS IN GAUTENG, LIMPOPO AND MPUMALANGA**

**6-8 March 2023**

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## Project background

In September 2021, the Department of Science and Innovation (DSI) via the South African Medical Research Council (SAMRC), put out a Request for Applications (SAMRC-RFA-GIPD-03-2021) for research projects to support and guide the effective implementation and monitoring of COVID-19 vaccines and address the long-term effects of COVID-19 in South Africa. The African Alliance ('the Alliance') submitted a successful proposal for a project titled, "Supporting Community & Individual Ownership of The National COVID-19 Vaccine Rollout through District & Provincial Community-Led Monitoring and Accountability Tracking – Driving" to be implemented in Gauteng, Mpumalanga and Limpopo, based on an original concept developed in mid-2021 with the Pandemic Emergencies and Readiness Lab (PERL) housed within the School of Public and Global Health at McGill University ('Ports2Arms' or P2A). This concept recognised, even in the early days of the COVID-19 pandemic, that despite global efforts to distribute vaccines to developing countries and monitor these through various public health tracking mechanisms, there was little oversight of the specific barriers and enablers on the ground to equitable vaccine distribution. Such tracking would ensure that vaccines not only reach 'ports' but are equitably distributed in communities in a way that recognises and is able to respond to the realities of already strained public health systems, significant disease burdens, geographically dispersed communities, and inequitable access to public goods and services<sup>1</sup>.

The project was due to commence in February 2022; however, due to delays in the due diligence process, funds were only released in May 2022. Project planning commenced in mid-2022 with the recruitment of a project team and detailed planning processes (Jul-Oct 2022). The development and testing of the community-led monitoring (CLM) methodology and the initial set of tools (Aug-Sep2022).

Africa Research, Implementation Science and Education (ARISE) Network (2021) ['Disruptions from COVID-19 in sub-Saharan Africa will have substantial health consequences'](#)

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1 , in The American Journal of Tropical Medicine and Hygiene, Harvard University Center for African Studies.

Furthermore, stakeholder mapping in the provinces to identify partners and the subsequent partner engagement processes (Oct-Dec 2022), an initial induction session with partners (Jan 2023) and a month of partners working with the tools in each province. The current partners include:

Partner	Location	Overview	Website
Khulisa Social Solutions	<b>Gauteng</b> Office: Rosebank Study sites: Alexandra and Hammerskral	NGO that seeks to empower vulnerable children, youth, those who are marginalised, and the community at large to unlock their full potential to develop resilient pathways and skills that lead to a sustainable future. Operates nationally, employs over 180 staff through 16 offices, and works in approximately 150 communities in collaboration with 350 NGO partners.	<a href="https://khulisa.org.za/">https://khulisa.org.za/</a>
CHOiCe Trust	<b>Limpopo</b> Tzaneen	CHoiCe stands for Comprehensive Health Care and slowly evolved into the name CHoiCe Trust, an NGO focusing on rural communities in Limpopo. With a staff of committed professionals, CHoiCe is able to impact rural areas in a spectrum of ways. Projects reach a full range of beneficiaries, such as children, the elderly, health workers, farm workers, persons infected and affected by HIV, and rural community members.	<a href="https://choicetrust.org.za/">https://choicetrust.org.za/</a>
North Star Alliance	<b>Mpumalanga</b> Mmombela	North Star Alliance is a social enterprise creating wide-scale social change through its network of Blue Box Roadside Wellness Centres. North Star has achieved success through cross sector collaboration, working with regional governing bodies to influence health policy, building corporate partnerships to scale the clinics, and interacting with hospitals to ensure consistent health care.	<a href="https://www.northstar-alliance.org/">https://www.northstar-alliance.org/</a>

The three partners have had a month to orientate to the tools and processes, and the P2A team felt it timely to undertake a set of hands-on site visits to meet the partner teams and workshop any emerging challenges together.

## Process overview

From 6-8 March 2023, members of the Alliance P2A project team, Perrykent Nkole (P2A Africa Strategist), Pumla Mabizela (P2A Pilot Coordinator) and Francesca Alice (Research and MEL)<sup>2</sup>, travelled to the provinces to meet partners with the objectives of:

1. meeting the teams working on the ground
2. hearing about their experience of the project thus far (highlights, challenges, opportunities, gaps, support needed)
3. contextualising P2A, i.e., how the South African pilot fits into the bigger P2A Africa picture

The process was built around a critically reflective practice, story gathering, and role plays to bring the work to life. An overview of the agenda for each day is below:

Agenda item	Description
Welcome and objectives	<ul style="list-style-type: none"> <li>• meet the team working on the ground</li> <li>• hear about their experience of the project thus far (highlights, challenges, opportunities, gaps, support needed)</li> <li>• contextualise P2A, i.e. how the South African pilot fits into the bigger P2A Africa picture</li> <li>• ask if there is anything they would like to add</li> </ul>
Introductions	<ul style="list-style-type: none"> <li>• Introduction of the partner and African Alliance - team members and organisation</li> <li>• Roleplay: the vaccine journey (from ports to arms, through barriers and using enablers)</li> </ul>
Reflection on the experience thus far	<p>Key questions:</p> <ul style="list-style-type: none"> <li>• how have you understood the project (ask the partner to describe it to the African Alliance team)</li> <li>• what have been some highlights/ successes so far</li> <li>• what have been some challenges/gaps?</li> <li>• can you identify any opportunities?</li> <li>• what support do you need from the African Alliance?</li> </ul>
Contextualising Ports2Arms	P2A presentation (see Annex 1)
Discussion	<p>Key questions:</p> <ul style="list-style-type: none"> <li>• Does this overview resonate with how the partner understands the project?</li> <li>• Are there things they didn't know?</li> <li>• Can they see how they fit in to their own work/other projects (past and current)? If not, why not?</li> <li>• What opportunities can be identified?</li> <li>• What support do you need from the African Alliance?</li> </ul>



Targeted support based on morning discussion	<p>As needed:</p> <ul style="list-style-type: none"> <li>• CLM overview/refresh</li> <li>• Support on the tools</li> <li>• Guidance on the co-analysis process and writing up the monthly report</li> <li>• Using the data to present at the district partner meetings with DoH</li> <li>• Using the data to inform the radio talk shows - defining the process</li> </ul>
Storytelling activity	<p>The journey of Nyeleti, the vaccine:</p> <ul style="list-style-type: none"> <li>• Split into small groups - divide parts of the story</li> <li>• Share stories (to be videoed and shared)</li> </ul>
Final reflections	<ul style="list-style-type: none"> <li>• Check whether the day has helped/not</li> <li>• Agree on follow-up actions</li> </ul>

## Day 1 Khulisa Social Services Team, Johannesburg - Gauteng



The left front row is Piki Pasha, Anna Lebesse Khulisa staff based in Hammanskraal, Francesca Alice, Zanele Zioubu, and Lungile Magubane. Left back row is: Africa Monya Khulisa staff in charge of the Alexander, Pumla Mabizela, Matson Meyer, Zanele Majola, Perrykent Nkole, Bertha Kgopa and Blondy Maphiri

After getting to know each other and presenting the objectives of the meeting, Perrykent took the team outside for a role play. The role play gave the vaccine journey by examining the barriers and enablers.









During the roleplaying, there were discussions reflecting on what was transpiring. Feedback is as follows:

Barriers	Enablers
<ul style="list-style-type: none"> <li>• There is a lot of mistrust and lack of trust that those in positions of authority are truthful.</li> <li>• People have a fear of side effects as people listen to gossip.</li> <li>• A lot of misinformation could be coming from social media, including leaders.</li> <li>• The long queues at vaccination sites or clinics.</li> <li>• Cultural and religious beliefs.</li> <li>• Phobia of needles</li> <li>• Ongoing hijacking.</li> </ul>	<ul style="list-style-type: none"> <li>• There should be ongoing campaigning to raise awareness and educate people.</li> <li>• Television adverts on boosters.</li> <li>• Health checks must be done before one gets to be vaccinated.</li> <li>• The use of vaccination sites as educational facilities before one receives the jab will help people with correct information.</li> </ul>

## Reflecting on the process so far

### Highlights

- Eventually, Khulisa found the core team of researchers.
- Some nurses have been willing to share the data at their clinics.
- It has been fascinating interviewing community members.
  - To learn what people do not know regarding COVID-19. For example, a vaccine makes you sick, and the fear is that it is meant to kill them.
  - To have the opportunity to listen to people's stories and hear how they went through COVID-19. People said it did not make sense or the information did not add up as black communities are most at risk of infection due to overcrowding; they did not get sick, but they are forced to take the vaccine.
- From the analysis perspective, quality data gives much more substance than qualitative data.

### Challenges/gaps

- Currently, there is less current information. Therefore collecting data fortnightly is too frequent, and there is little change in the data. This will mean duplication of information.
- Interest from the Department of Health (DoH) in COVID-19 has gone down.
- Getting people to share information, especially Health/Clinic Staff, is difficult.
- The training of the data collectors:
  - The tool was a challenge to understand the intentions of the questions
  - The understanding of the English language on the tools was not simple.
- Issues of logistics and load shedding have been challenges as data collectors could not scan and upload the information for Khulisa to capture.
- Civil Society engagement dropped off in 2023 within the NGO and radio station announcements.

### Opportunities

- Using data for radio shows to make sure information goes back into the community
- To Develop and share information fact sheets with the communities.
- There are media houses in Alex, like local newspapers, Alexander FM.

### Support needed

- African Alliance to share the Gauteng stakeholder mapping.



## Targeted support

**TOOLS:** Following was the feedback on the tools:

### **Fortnightly report**

- On the stock section, add testing questions and hospitals/clinics to see what is happening locally regarding types of vaccines and how many are administered. There was an acknowledgement that this will not give what is happening provincially but will give a sense of what is happening locally within the hospitals and clinics.
- Advance notification information is unavailable and seems unnecessary to be captured for now.
- The symbol # is to change and be written as 'number' in the stock section, as data collectors did not understand what that meant.
- To check the definition of 'pushbacks' with SAMRC and its validity this for COVID-19.
- Add a section on observation questions like social distances, if people are wearing masks, washing hands, sanitising, testing and if people are still sanitising.
- Clarify what it means 'actions taken'.

**Semi-structured conversation guide:** A suggestion was to review the guide and see if there can be questions that can be moved to help with the bigger picture

### **Monthly report**

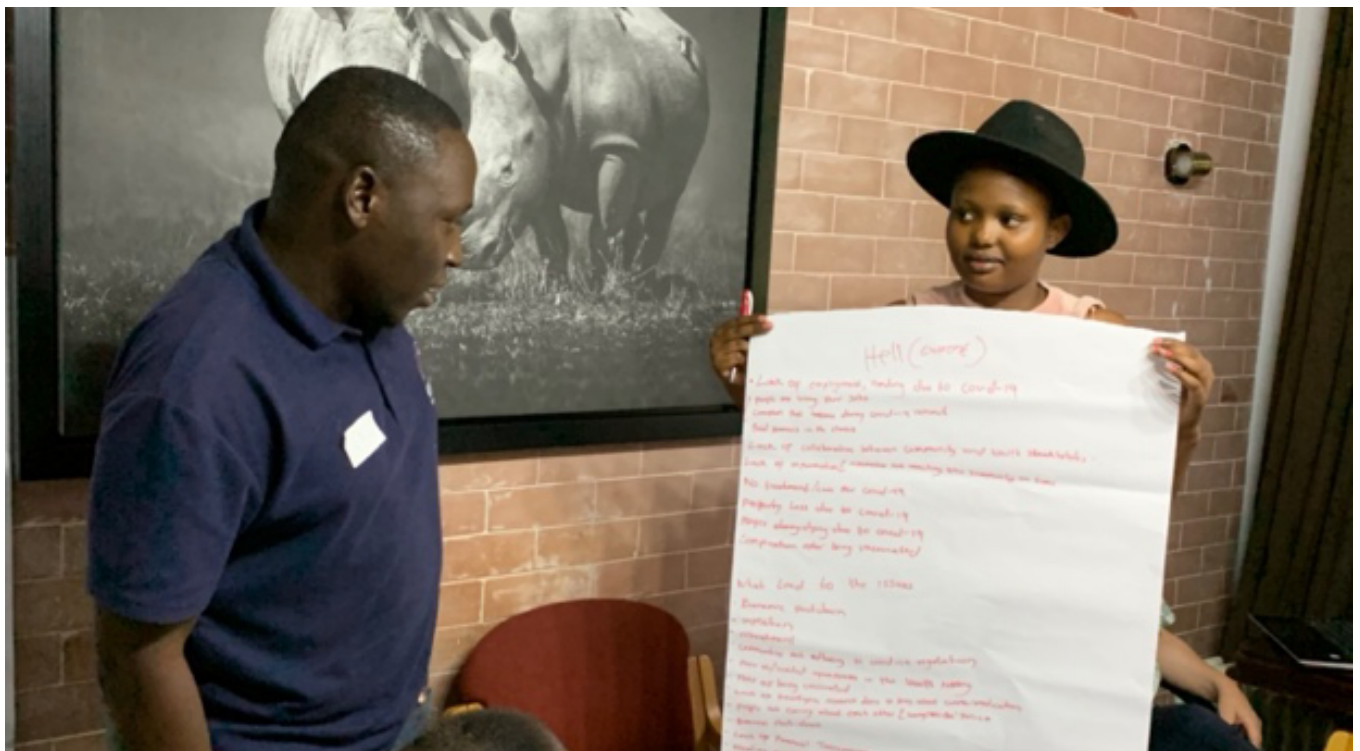
- The clinical trial section should be moved to the monthly report.
- Consider moving the media section into the monthly report.

There were no comments on the **Incident report** and **co-analysis guide**.

## OTHER TOPICS THEY NEEDED SUPPORT ON HERE

- Add Anna and Africa to the WhatsApp group.
- Add more examples to the template, and use more explicit language for guidelines using simple English and no acronyms.
- Add new sections per feedback and move some sections to the monthly report.
- African Alliance to share media summaries
- African Alliance to share stakeholder mapping.
- Share info sheets once updated.
- Share workflow for data collection.









## Process feedback

Some of the feedback from the Khulisa team was that the day was:

- Fun, as they learned a lot using role plays to explain the P2A project.
- Educational learned new things and understanding the relevance of the project.
- Understanding the work of the P2A Project is that it is part of the global movement.
- It was an excellent opportunity to ask questions and get clarification on the intentions of the tool and how it works.
- Everyone's energy was good, with fantastic participation.
- Opportunity to connect the faces with the work.
- The group expressed that they have been struggling with the unavailable updated data. The reason is that the data on the National Government Tracker is only updated monthly, not fortnightly. Khulisa did not know whether to repeat the same data or leave the table blank. In addition, it was expressed that collecting data in the two areas as planned is limiting. It was agreed that partners could expand their data collection beyond the two areas if resources and time allow. The Khulisa team welcomed this.

During the group discussions, the participant shared that the significant issues communities face are social and economic matters. Because people lost their jobs during the major lockdowns, people lost their jobs which affected relationships within the households, and as a result, GBV was



on the rise. In addition, unemployment made crime worse. Mental and emotional issues are also a concern; healthcare workers are exhausted, burnout and, and take their frustrations to patients. There is also an observation amongst the community that the role and responsibility of government firstly provide good quality health. But now that responsibility is shifting to communities, people are left to watch the mismanagement and corruption being the more significant issue that negatively impacts service delivery.

## Actions

Action	Person Re-sponsible	Timelines
To revise based on the recommendations by Khulisa to consider taking some sections to the monthly report. To revise and add some questions	Francesca	
Share the Gauteng Provincial stakeholder mapping	Pumla	March
Share info sheets once updated.		
Share workflow for data collection.	Francesca	

## Day 2: CHOICE Trust, Tzaneen - Limpopo



Perrykent took the team into role play, demonstrating the vaccine's journey from ports to people's arms. The role play explains the barriers that hinder vaccines from reaching their intended destination. However, some enablers are helpful for that journey.

**The team shared that the barriers and enablers in Limpopo are as follows:**

Barriers	Enablers
<ul style="list-style-type: none"> <li>• Myths amongst the community about the vaccines.</li> <li>• Lack of correct knowledge and information on COVID-19.</li> <li>• Transportation costs – people prioritise other household requirements over going to the clinic to get vaccinated.</li> <li>• Misinformation makes people fear being vaccinated because of gossip.</li> <li>• Misconceptions about COVID-19 vaccines.</li> <li>• Long queues at vaccination sites, clinics or hospitals discourage people.</li> <li>• Lack of information on advertisements of vaccine sites, and now it is even worse as there is no information.</li> <li>• Being a migrant or undocumented person accessing vaccines is difficult.</li> <li>• Cultural practices, especially those who believe that ancestors will not allow a foreign substance to enter the body.</li> <li>• Religious beliefs.</li> <li>• A recent case that discourages people from being vaccinated is when they go to the vaccine site; they have to return because the one person who administers vaccines is not there.</li> </ul>	<ul style="list-style-type: none"> <li>• Enabler Is the understanding of the advantages of receiving a vaccine.</li> <li>• It's to equip and arm people with correct knowledge and information on the COVID-19 vaccine.</li> <li>• It's to support older people with knowledge.</li> <li>• It's to engage influencers who believe in vaccines to influence others.</li> <li>• It's using mobile phones again to update people on correct information.</li> <li>• It's Increasing the vaccines sites like pharmacies.</li> <li>• Vaccine certificates were enablers for people to get vaccinated.</li> <li>• Now it is good that people do not have to wait for five people to be vaccinated from 1 vile.</li> </ul>





## Reflecting on the process so far:

### Highlights

The team shared that having administered the tool to communities allowed them to learn that people are still struggling with issues of:

- Fear and confusion
- Workers must comply with what the managers tell them, for example, to be vaccinated; otherwise, they lose their job.
- Culture is an excuse not to be vaccinated.
- Young people believe in myths.
- Learning that people believe COVID-19 is satanism and a manufactured virus.

### Challenges/gaps

- For the team to have a conversation with Operations Manager they have to say they are having a conversation, not an interview, as they want to remain anonymous.
- Sensitivity of the data as there is no willingness from Health Professionals, including at the health department, to share data. Data is protected, and lack of information.
- Duplication of questions.
- Resistance from stakeholders.
- Fear of COVID-19.
- Farm workers, children and rural communities are still not appropriately served regarding access to information and vaccines.

### Opportunities

- For CHOiCe, the tool allowed them to contextualise data collection based on what was happening in the province. They then developed their tool that data collectors used based on structured conversations tool. Then once that data returns, it is fed into the fortnightly report.
- CHOiCe team has given themselves a challenge around media monitoring that staff will be incentivised with chocolate when they share messages they receive on WhatsApp or other social media on COVID-19. This includes the managers and the director.
- The work has also allowed themselves as an organisation to define the adequately served population, key populations and vulnerable people. For CHOiCe, key populations are sex workers, Men having sex with Men, and LGBTQI+. Whereas vulnerable people for CHOiCe are women, children, older people, HIV+ people and people with chronic illnesses in rural areas. Therefore, they requested the African Alliance to define what it means to 'adequately serve people' in the tool.
- The co-analysis process was great, and those who participated appreciated it.
- Having a good relationship with the Department of Health in the province, however, as an organisation, a cautious approach has to be exercised,



## Support needed

The team only shared that the support they need is:

- A simple definition of adequately served population.
- Help with recording devices to assist the data collectors, so they do not miss any information.

## Targeted support

### TOOLS

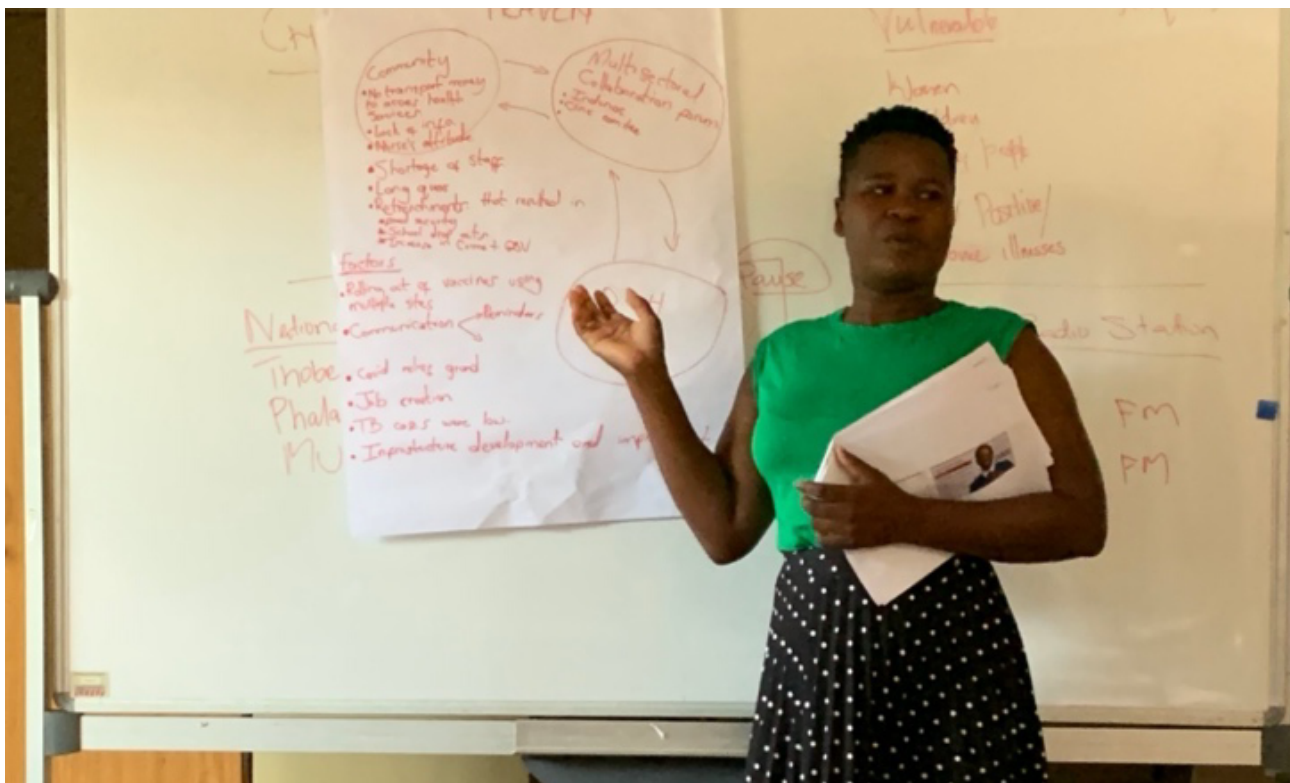
#### Fortnightly report

- Calling COVID-19 community conversation in Limpopo is a grey area.
- To open data coverage area that is not restricted to the two areas (urban and rural) but has a provincial overview.
- 3.3.1 Training – give specific descriptions by giving more examples relevant to P2A.
- African Alliance to consider taking the matter up on updating data at a higher level. Inform partners when data is updated at the national level.
- To have a conversation about the KP and ISPs to ensure understanding. We went through the list in the Incident Report, but it mentions everyone (men, women, children, etc.), so we wanted to find out if we are currently reporting on such engagements in the incorrect section. We have tried at least to be very clear about which group we are talking about so that the reader can also extract the data per group, regardless of classification, but it would help to ensure that we are on the same page as you moving forward. **Response from Francesca: Whenever we ask for the specifics of 'which group' - we are just trying to identify whether issues are particular to specific groups or more widespread so that you can select multiple from that list or one depending on the issue. A core focus of the Alliance's work is giving voice to the voiceless, so we are just trying to avoid generalisations of 'community members' or 'women' , men' etc. if that makes sense. I am sure there is probably a better way to do it, and there is replication through all the documents, but it helps build a body of evidence each month - and we will learn as we go!**
- During the revision of the tool, consider adding a 'checklist' on what is happening locally and in the province regarding – Testing, Vaccination and Treatments. Add a question in the tool so the data capture can remember to check on these.

CHOiCe team reflection did not have comments on the **Incident report, Co-analysis guide and Monthly report**. **There were no significant comments for the Semi-structured conversation guide** except to share that they used this tool to develop their tool be used by their data capturers when they are in the field.









## Process feedback

Facilitation style using roleplay exercises and acting out the storytelling was a good way of helping us to understand the P2A project, including making it accessible through the roleplay to understand the journey of the vaccine until they reach people's arms. (not using power point presentations).

- Heaven and Hell group discussion was a great way to imagine desirable solutions. This also helped us to understand the CLM approach.
- Storytelling made it simple to understand the complex project.
- It was an excellent session to understand how P2A came about.
- In collecting the data, I got lost in the details; now, I see how P2A fits into the African continent.
- Take home is that the COVID-19 vaccine is essential; we were about to forget about it.
- Informative and seeing our role as the CHOiCe Trust for advocacy and policy development influencing.
- Reflecting on how COVID-19 was handled, governments could have dealt with the situation differently; therefore, it is essential to learn from the mistake that COVID-19 taught us.
- Explaining the CLM approach to a 5-year-old taught us to keep things simple and not complicate our messaging.
- How the presentation was done helped me not to be afraid; this way, I can change people's mindsets.

## Actions From the CHOiCe discussions.



Action	Person Re-sponsible	Timelines
Revise the tool by adding what has been suggested.		
Simplify the explanation of 'adequately served.'		
Share info sheets once updated.		
Share workflow for data collection.		

## Day 3: North Star Alliance, Mbombela – Mpumalanga



North Star Alliance at Ngodwana Wellness Centre. The front right row is Mandla Bhebhe, Programme Manager; Success Nkosi, Lead Person; Cebile Magwaza, Counsellor and data capture; Khondzi Nkhata, Peer Educator. The left-back row is Lorayne Pillay, M&E Manager, Southern Africa.









Barriers	Enablers
<ul style="list-style-type: none"> <li>• Misinformation about vaccines made hesitancy worse.</li> <li>• Facebook and WhatsApp spread misinformation very fast.</li> <li>• The social perspective is that the government planned to kill the people all along.</li> <li>• The LGBTQI+ community in the province expressed that, generally for then they experience difficulties in accessing health services. COVID-19 made it hard as nurses could not respond to some of the technical questions they had regarding the COVID-19 vaccine – which then created hesitancy amongst this group to go for vaccination.</li> <li>• Unaffordable because of transport costs, especially for people in rural areas. Mobile clinics were unavailable, especially on weekends when people were home and not at work. As such, DoH did not consider making mobile clinics available on weekends.</li> <li>• Economic priorities of urban setting vs rural setting are different. For example, in Ngodwana, a rural setting and informal settlements, people prioritised putting food on the table. Whereas urban people will also prioritise food, but the advantage of them health services are more accessible. And this was no different with COVID-19 services.</li> <li>• Health Care Workers must be trained to understand the difference between vaccines as they cannot precisely state how Pfizer and Johnson and Johnson vaccines work. In addition, HCWs need to reserve negative comments when serving the public.</li> <li>• Rumours are that people die after receiving the vaccine, which is sometimes not investigated to prove that it was the vaccine. Therefore, it becomes speculation or was the cause because of other underlying medical conditions.</li> <li>• Side effects and people not reporting</li> </ul>	<ul style="list-style-type: none"> <li>• While it enabled people to get vaccinated, it infringed on their rights as they were told, 'No vaccine certificate, no work'.</li> <li>• DoH needs to update the vaccine card, so it is also digitally captured. This will help in case one loses the vaccine card.</li> <li>• Improve the information, so people get the correct information.</li> <li>• Consistency and equal services for urban and rural settings.</li> <li>• Community Health Workers are to be visible on the ground to educate or sensitise people. This is essential for advancing advocacy and being proactive in education and preparation for other health scares like COVID-19.</li> <li>• In a nurse's training curriculum, it is essential to add the human rights aspect if it is not there. This is especially sensitising nurses not to judge people's lifestyles or choices. For example, sex workers and other key populations have Rights, and in some instances, health professionals do not exercise sensitivity.</li> <li>• Keeping urgency on COVID-19 as things are dying down now, as there is no visibility on COVID-19 anymore. This could be through radio show conversations.</li> <li>• In Nelspruit, mobile clinics are still operating and providing COVID-19 services.</li> <li>• Peer educators to continue giving information to people on COVID-19.</li> <li>• In Nelspruit, there are multi-sectoral initiatives in response to COVID-19. For example, SAPPI supported North Star Alliance with Masks, Sanitisers, Vaccines and some PPEs.</li> <li>• A need to also equalise the investment in messaging. For example, investment in urban areas of messaging is more visible compared to rural areas, which are not there.</li> </ul>

## Reflecting on the process so far

### Highlights

- Highlight was the co-analysis process, as people could engage and verify the data collected as the true reflection of what transpired during the first experiences of COVID-19. In addition, what is the current situation concerning access to COVID-19 vaccines?

### Challenges/gaps

- Media monitoring – it is difficult, especially monitoring what is happening around WhatsApp notifications. It is difficult to access other groups if you are not part of it.
- Stakeholders like SAPPI, who are playing a vital role in the Mpumalanga province, have stringent and bureaucratic rules that a formal letter has to be provided before any engagement. SAPPI has a clinic that offers COVID-19 services and has current data, but this still could not be accessed as there's no formal letter from African Alliance.
- Data updating – a matter of frequency is the problem as the national dashboard is updated monthly.

### Opportunities

- The CLM approach gives communities power and ownership. Currently, what is happening now is that the communities are less involved in the decision-making. There is no culture of engagement; more people are told what to do. CLM then provides this opportunity for engagement. During the co-analysis process, people were happy to engage and further discuss the data.

### Support needed

- They ask to be assisted with the letter to access stakeholders, especially the business sector, with a formal process.

## Targeted support

### TOOLS

The feedback from North Star Alliance regarding the tools was done in a general format, not specifying a particular tool. For the **Fortnightly report**, the comment was that there is a need to look at the frequency of reporting on the statistics. They found this challenging as the frequency only happens once a month by the national government. Therefore, they get stuck on how to report fortnightly as data does not change. In terms of '**current stock out of vaccine**' is not easy to access. However, the suggestion is that the lead person remembers to prompt during the conversation with the health practitioner about what happens at the local clinic level regarding vaccine stock.

In terms of '**Incident report**', the only comment was to ensure that incidents that happened previously are still recorded. To ensure that in the guidelines, this is highlighted. No comments on the **Semi-structured conversation guide, Co-analysis guide and Monthly report**. The co-analysis process was reflected as good, and the questions were okay.





## Process feedback

- This in-person meeting was valuable, and there was more clarity. This gave me more clarity, and hoping the following report will improve as clarity was directly responded to.
- Ports2Arms fits with North Star Alliance as part of the work is to help people make informed decisions.
- Not leaving anyone behind is profound, especially the CLM approach, which gives that power back. CLM helps by broadening people's mindset that the injustices are not continuing and also how to prepare to approach the subsequent new pandemics. As much as the tools are essential, the CLM approach is key.
- I learned that the conversations or data capturing is not restricted to the two areas but to the whole province if resources allow.
- Excited to be part of the research project, says 'Success' lead person.
- There have been radio contacts with one local radio station, and follow-up will continue until the partnership is secured

## Team reflections

- In totality, the field visits were appreciated by the partners and the African Alliance team. Both parties deemed the field visits were necessary, just the ability to present the project in a manner that brings a clear understanding and clarity. Partners appreciated that P2A goes beyond South Africa, a continental project, and the SA pilot project is critical to the project's success in the continent.
- The team emphasised the importance of data collection and that the collection should not be restricted to the two areas. However, this can affect individual organisations' assessment of whether resources allow beyond the two original areas chosen.
- Importance of documenting what is generally happening in the province, especially around initiatives that address health system strengthening.
- Listening to all the partners, what is coming out is that people are traumatised by their experiences of COVID-19. Most people worry about unemployment and do not know how this could be resolved. People suggest the R350/\$17 social relief grant; the government should be redirected to assistance in creating employment.
- Partners appreciated that we came and had face2face discussions. This allowed for guidance and clarifications on using the different tools and responding to some of the technical questions.
- It was impressive across the three organisations, primarily young black women involved in the data collection. In addition, the lead people at the organisations are three women and young male leaders.
- It was a great opportunity at North Star Alliance that there was the opportunity for the team to experience the interactions with the Ngodwana community. It gave a clear perspective of how the people in this informal settlement negotiate their daily life struggles. This is from a man mending his small vegetable garden plot, a disabled CHW who shared that there are still elements of discrimination for people who are disabled into accessing health services to o a conversation with the sex worker.
- To have observed the well-visible COVID-19 messaging at SAPPI to watching different communities coming in and out of North Star Alliance clinic while sitting under a gazebo with blazing heat while
- The travelling between appointments was very taxing to the team. The team had to wake up at odd early hours to travel to catch the flight to the next meeting. It is essential to have a day in between so that team can travel without having to rush to the next appointment and carry out the work. A hectic schedule makes it difficult for the team to sit relaxed, reflect, capture feedback, and review if the next meeting needs to be approached differently.
- The honesty among the partner was great. Though experiences of COVID-19 were experienced differently by individuals, everyone was affected. Everyone has a trauma of some sort.

African Alliance took time and had informal conversations with community members of Ngodwana informal settlement. One woman was very open about being a sex worker and sharing how it was difficult during lockdown. Reiterating what has been reported by the partner that sex workers had difficulties in making money. This was due to lockdown and their clients being out of work for a period of time.











