

# Stakeholder Engagement Plan (SEP)



**SRI LANKA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS  
PREPAREDNESS PROJECT (P173867)**

**Additional Financing (AF) for Sri Lanka COVID-19 Emergency Response and  
Health Systems Preparedness Project (P174291)**

**Additional Financing (AF) to assist the GoSL in implementing relevant aspects of  
its National Deployment and Vaccination Plan for COVID-19 (P176422)**

*Prepared in April 2020*

*Revised in June 2020, December 2020, February 2021, April 2021 &*

*September 2021*

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## 1. Executive Summary

**Background:** An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Since the first confirmed COVID-19 cases in Sri Lanka on 27 January 2020, Sri Lanka has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. The GoSL's current priority is to work towards smooth economic recovery, while protecting the health and safety of the population. Efforts are being made to gradually reopen the economy and to revitalize economic activities, including tourism.

**Objectives of the project:** As the situation evolved and number of COVID19 cases increased, there was an urgent need to strengthen national systems for public health preparedness in Sri Lanka and rollout a nationwide vaccination program to support Sri Lanka's transition to a new normal. Therefore, the World Bank financed, Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) is supporting the GoSL Sri Lanka to strengthen national systems for public health preparedness to prevent, detect and respond to the threat posed by COVID-19. Under the Additional Finance component of the parent project, the World Bank is also financing COVID-19 vaccines and effective vaccine deployment in Sri Lanka through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.

**Environment and Social Risks:** Both the environmental and social risks are considered 'Substantial' for the Project. Key environment risks include, occupational health and safety issues and concerns relating to medical waste management including during disposal of hazardous medical waste generated by COVID-19 vaccination program. Key social risks are 'substantial' due to certain limitations that may inadvertently exclude vulnerable groups from fully accessing information and services including vaccination, the risk of increasing GBV against women when in isolation; the risk of triggering social tensions due to fears of contamination, stigmatization of affected groups, or competition to access limited medical supplies including vaccination. These risks will be mitigated by the project through the proper application of the Bank's environment and social standards (ESSs) as described in the Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP) and Environmental and Social Management Framework (SMF) of the project.

**Objectives of the Stakeholder Engagement Plan (SEP):** The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. 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. Specifically, 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.

**Analysis of Stakeholders:** The SEP identifies different categories of stakeholders, describes they key concerns and interests they may have and any risks & impacts the project could have on them and methods of communicating with these groups in a meaningful manner. Hence, for the purposes of effective and tailored engagement, stakeholders of the proposed project are be divided into the

following core categories: a) **Affected Parties** – these are persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced 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; b) **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 b) **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<sup>1</sup>, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

**Stakeholder Engagement Plan:** Stakeholder engagement will include (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including obtaining concerns, feedback and complaints and (ii) awareness-raising activities to sensitize communities on risks of COVID-19. In terms of consultations with stakeholders, initial rounds of consultations have already been carried out during project preparation with a cross-section of stakeholders, including relevant government officials, health experts, hospital administrators, police, institutions working in health sector and representatives from vulnerable groups etc. Similar engagements will be carried out throughout the project period, and the SEP will accordingly be updated throughout the project implementation period. Given the social distancing and lock down measures, alternate approaches will be practiced for stakeholder engagement which 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 & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, sms broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

**Awareness-raising:** The project will create awareness around: (i) social distancing measures; (ii) preventive actions such as personal hygiene promotion, including promoting handwashing; (iii) design of comprehensive Social and Behavior Change Communication (SBCC) strategy to support key prevention behaviors, community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials; and (iv) Community health workers will be trained as part of the SBCC strategy, to support the mobilization and engagement in their communities. The communication campaign for the vaccination program will focus on demand generation in communities, clarifying target groups and removing misconceptions related to vaccinations while ensuring having a community feedback loop to receive feedback. Community mobilization will take place through credible and effective institutions and methods to ensure that information reaches not only the national level but also the local population.

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<sup>1</sup> 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.

**Information disclosure:** The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local languages both in Sinhala and Tamil, the use of verbal communication, audiovisuals or pictures instead of text, etc. Community groups such as 'Friends of Facility' committees will also be mobilized on communication activities. Further, while country-wide awareness campaigns will be established, specific communications in every district, division and at every Grama Niladari division, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local communities.

**Strategy to incorporate the views of vulnerable groups:** The project will carry out targeted consultations with vulnerable groups to understand their concerns/needs in terms of accessing information, medical facilities and vaccination services and other challenges they face at home, at work places and in their communities, as per the stakeholder engagement plans described in the earlier sections. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF, to engage children and adolescents to understand their concerns, fears and needs.

**Management functions and responsibilities:** The Ministry of Health and Indigenous Medical Services (MoH) will be the implementing agency for the interventions related to Health. While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the SMOPLGA are responsible for the implementation of the vaccination program at the provincial and district levels. In addition, the MoH will seek support from the Sri Lanka Army Medical Corps (SLAMC) to carry out the vaccination program. The Project Management Unit (PMU), established within the MoH under the World Bank assisted on-going Bank-funded Primary Sector Strengthening Project (PSSP) will be in charge of implementing the stakeholder engagement activities. The PMU has hired a full-time ESF Specialist and also part-time Environment and Social Specialist seconded from the MoH. Advocacy and communication, including risk communication, will be carried out by the Health Promotion Bureau (HPB), together with relevant program stakeholders of the Epidemiology Unit, Ministry of Health, other health officers, and other partners.

**Grievance Mechanism:** The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. The GRM for the Health Interventions will be operated at the Office of Additional Secretary Medical Services. The Project Director of the PMU will be responsible and accountable for the final collation and reporting on GRM issues including reporting on beneficiary feedback.

**Monitoring and Reporting:** 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. PMU established at the MoH will submit quarterly and annual reports on stakeholder activities implemented, updates on the status of grievances received and resolved, including , type of complaints received and also regards beneficiary feedback received.

## 2. Introduction

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.

In Sri Lanka, with the second wave of the pandemic which began in October 2020, there has been a significant increase in the number of cases. Daily case numbers have fluctuated between 500-800 since October 2020, and as of February 11, 2021, a total of 72,174 confirmed COVID-19 cases have been reported in Sri Lanka. 6,155 of these are active cases. 65,644 patients have recovered and been discharged from hospitals. The country has reported 375 deaths from COVID-19 to date. Sri Lanka's recovery rate is at 90.95 percent, and the fatality rate is 0.52 percent. In line with the country's management strategy, all COVID positive patients receive institutionalized care at treatment centers, while more severe cases are being treated at hospitals. About 15,000 -20,000 PCR tests per day have been conducted with around 5% test positivity rate since October 2020

Since the first confirmed COVID-19 cases in Sri Lanka on 27 January 2020, Sri Lanka has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. These include mandatory quarantine for anyone coming from countries affected by COVID-19, closing borders to prevent transmission from further travelers, contact tracing of those found positive, stopping mass gathering and raising awareness, closing down schools, imposing strict curfew in high risk districts and also for the entire country for selected periods, continuing to isolate high risk neighborhoods and increasing the number of Polymerase chain reaction (PCR) to identify infections. The MoH has also prepared a draft Health Disaster Preparedness, Response and Recovery plan in collaboration with development partners led by the WHO. A national response mechanism has also been set up for development partner coordination under the leadership of Director General of health services, with other related Deputy Director Generals represented.

The Ministry of Health and Indigenous Medical Services (MoH) has made all guidance, information and updates related to COVID-19 response available on its website for easy access. The Information and Communication Technology Agency of Sri Lanka (ICTA) also launched a one-stop-shop portal ([www.covid19.gov.lk](http://www.covid19.gov.lk)) to provide public with up-to-date information, news, access to government circulars, awareness material and updates from government institutions regards to the COVID response. The website also provides hotlines for people to contact the Presidential Task Force, Health Promotion Bureau, National Operations Center for Prevention of COVID -19 Outbreak (NOCPCO), Epidemiology & Quarantine Unit of Ministry of Health, Government Suwasariya Ambulance Service, Ministry of Defense other key Government institutions. In addition to this COVID web portal, which is also available in the form of a Mobile App. ICTA has also developed another App called MyHealth Sri Lanka, which tracks user's movements allowing to easily identify/trace contacts in case a person becomes infected with the virus.

Yet, with the increasing incidence of COVID-19 in Sri Lanka, the public health system is under tremendous pressure. As the situation evolved and numbers increased, there was an urgent need to strengthen national systems for public health preparedness in Sri Lanka. Thus, the parent project

(US\$128.6 million) was prepared as part of the emergency response to Sri Lanka under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA). It was approved on April 2, 2020, signed on April 3, 2020 and declared effective on the same day. The project closing date is set for December 31, 2023. The draft Environment and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) was disclosed on the MoH's website ([http://www.health.gov.lk/moh\\_final/english/](http://www.health.gov.lk/moh_final/english/)) on May 9, 2020 in compliance with the original financing and loan agreements.

To support vulnerable and high-risk populations to continue to maintain social distancing and stay at home, cash transfers for income support were introduced in April 2020. This included cash transfers for beneficiaries under the GoSL's Samurdhi Program as well as for high-risk populations such as the elderly, disabled and patients with kidney disease from low-income households. Therefore, a further additional financing was processed and approved subsequently on June 22, 2020 to include a social protection component (US\$66.72 million) to finance temporary cash transfers to high-risk populations, such as the elderly, disabled and patients with chronic diseases from low-income households, to enable them to continue social distancing and remain at home as a preventive measure to mitigate their risk of morbidity and mortality due to coronavirus disease 2019 (COVID-19). However, to respond to economic impacts due to the second outbreak in October 2020, the project was restructured in December 2020 to modify the social protection component to reflect the updated Government priorities in response to the evolving COVID-19 situation in the country by financing of expenditures related to provision of a) one-time emergency transfers of LKR 5,000 to households who lost their livelihoods (directly or indirectly) in districts where lockdowns were imposed (can be repeated if lock down extended beyond one month) b) In-kind (food) transfer of essential goods worth LKR 5,000 weekly for two weeks or more for families in quarantine.

The GoSL's current priority is to work towards smooth economic recovery, while protecting the health and safety of the population. Efforts are being made to gradually reopen the economy and to revitalize economic activities, including tourism. Therefore, GoSL committed to rollout a nationwide vaccination program to support Sri Lanka's transition to a new normal. The GoSL aims to vaccinate 60 percent of the priority population. Citizens below 18 years and pregnant/lactating women will not be eligible to receive the vaccines until the safety of vaccination of these groups, has been established. Roll-out is dependent on the availability of vaccines and shipment timeline. Initially, the GoSL will prioritize high-risk groups approximately 20 percent of the population for vaccination, following the principles of health and equity.

While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the SMOPLGA are responsible for the implementation of the vaccination program at the provincial and district levels. The second vaccine AF will be used to help procure the required 14 million doses of the Pfizer vaccine and to support costs associated with vaccine deployment efforts. It will support the scaling up of the vaccination drive and to enable the country to meet its target of fully vaccinating 60 percent of the population by the end of December 2021. Specifically, the second vaccine AF will support i) the direct bilateral purchase of approved vaccines; and (ii) freight and vaccine indemnification costs and other associated vaccination costs for a total of US\$100 million.



### 3. Project Description

The Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) aims **to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sri Lanka.** The project also involve additional financing (AF) for a) temporary cash & in-kind transfers and b) for COVID 19 vaccine deployment.

The project supports the Health Disaster Preparedness, Response and Recovery Plan developed by the MoH in coordination with partners. The key partners supporting the government include the WHO, UNICEF, ADB and Global Fund. The World Bank is coordinating closely with partners who are aligned to support this operation.

#### a) Parent Project Components

The parent project comprises the following components:

**Component 1: Emergency COVID-19 Response:** This component will support capacity strengthening of surveillance and response systems for contact tracing, case finding, confirmation and reporting, and strengthen capacities of the MoH to respond to surge capacity through trained and well-equipped health workers and medical officers and equipped facilities. In addition, elderly, disabled and patients with kidney disease from low-income households and households who lost their livelihoods will be financially supported and families in quarantine will be supported in-kind (food), to address significant negative externalities of the widespread COVID-19 outbreak.

**Component 2: Strengthening National and Sub-national Institutions for Prevention and Preparedness** This component will support strengthening the capacity of national and sub-national institutions to respond to public health emergencies. In particular, it will support strengthening of the National Institute of Infectious Diseases (NIID), the establishment of Bio-Safety Level 3 Laboratory Facilities at the National Medical Research Institute (MRI) and the establishment of the Regional Quarantine and Testing Centers to augment the capacity of the NIID.

**Component 3: Strengthening Multi-sectoral, National institutions and Platforms for One Health:** this component would support enhancing zoonotic diseases information systems to be linked to the health surveillance system developing a uniform disease information system in country, to provide better analytical capacity contributing towards progressively better pandemic responsiveness and control.

**Component 4: Implementation Management and Monitoring and Evaluation.** Support for the strengthening of public structures for the coordination, management, monitoring and evaluation of prevention and preparedness, including central and provincial arrangements for coordination of activities, financial management and procurement.

**Component 5: Contingent Emergency Response Component (CERC).** This zero-dollar component is being added to ensure additional flexibility in response to the current and any potential other emergency that might occur during the lifetime of this project.

The parent project (US\$128.6 million) was prepared under the World Bank's COVID-19 response global framework and financed for US\$35 million IBRD loan under the Fast Track COVID-19 Facility (FTCF) and US\$93.6 million under the International Development Association (IDA) transitional regime.

## **b) Description of Additional Financing to support the vaccination program**

**The First vaccine AF** covered the procurement of vaccines, cold chain equipment, fuel to deliver the vaccines up to provincial and vaccine centers levels, risk communication, mass communication activities for vaccine uptake, capacity development of health professionals involved in vaccine delivery, planning and management, operational costs for vaccination and monitoring and evaluation, and incremental service delivery costs required for the deployment of vaccines to the target populations such as hazard pay and/or overtime allowances for clinical and non-clinical workers for implementation of vaccination program.

**The second vaccine AF** will be used to help procure the required 14 million doses of the Pfizer vaccine and to support costs associated with vaccine deployment efforts. It will support the scaling up of the vaccination drive and to enable the country to meet its target of fully vaccinating 60 percent of the population by the end of December 2021. Specifically, the second vaccine AF will support i) the direct bilateral purchase of approved vaccines; and (ii) freight and vaccine indemnification costs and other associated vaccination costs for a total of US\$100 million.

The National Deployment and Vaccination Plan for COVID-19 NDVP identifies the population groups to be vaccinated. As described in the NDVP, the MoH intends to vaccinate 60 percent of the Sri Lankan population in phases based on priority as per high risk groups identified. Children under 18 years of age and pregnant/lactating women will not be eligible to receive the vaccines due to lack of documentation on the effectiveness and possible side effects of vaccines (since most vaccine trials have not included these groups). The NDVP lays out priority groups, based on the availability of vaccine supplies. Initially, 20 percent of the population will be prioritized for vaccination, and this group will include health workers and frontline staff, elderly people aged 60 years or more, and younger people with other comorbidities.

While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the State Ministry of Provincial Councils and Local Government Affairs (SMoPCLGA) are responsible for the implementation of the vaccination program at the provincial and district levels.

Sri Lanka's national vaccination drive commenced in January 2021 and as of current records, 32% and 58% of population vaccinated with double and single doses, respectively. Given the critical role vaccination plays in Sri Lanka's transition to a new normal, the GoSL targets to fully vaccinate 60% of its entire population by end of 2021. As such it has made agreements to obtain the balance required doses through discussions with several countries and international partners. The national vaccination drive has performed well to achieve high coverage in a short period of time, recording a maximum of 500,000 inoculations per day. This momentum was achieved with the involvement of the army medical team to supplement the national vaccination program in the interest of national priority to expedite vaccinations among priority groups. Thus the army medical team, under the overall supervision of the MOH, has been involved in the National COVID -19 vaccination program following the same processes & guidelines issued by the MOH for COVID vaccination.

## **c) Description of Additional Financing to support Cash & In-kind transfer**

Under AF, Component 1 of the parent project had been revised in December 2020 to have two sub-components:

Sub-Component 1.1: Strengthening Health System Response: This sub-component will include all activities outlined under Component 1 of the parent project apart from cash transfers.

Sub-Component 1.2: This subcomponent was originally designed to finance the scale-up of social cash transfers for the elderly, persons with disabilities and chronic diseases, such as Chronic Kidney Disease (CKD), from low-income households in response to the current COVID-19 crisis. It also included temporary vertical expansion, that is, increase in benefit amount for the senior citizens' assistance scheme. From amongst these three cash transfer programs, the scale up of allowance for CKD patients will continue for a period of 4 to 6 months as envisaged under the AF. For the other two programs namely the allowance for elderly and persons with disabilities, the scale-up will only be temporarily undertaken for two to three months (as against the envisaged 6 months) only in the districts with high burden of COVID cases as per the directions of the presidential task force for Economic Revival and Poverty Alleviation, Government of Sri Lanka. The funds made available with this modified period and scale of support will instead be used to: (i) provide one-time cash transfer of LKR 5000 (about US\$ 30) to households who have lost their livelihoods (directly or indirectly) due to COVID (can be repeated if lock down extended beyond one month) ; and (ii) provide a pack of essential goods (comprising of food rations and other essentials) for a value of LKR 5,000 per pack (given weekly for 2 weeks or more) for families in quarantine; expanding the scale and scope of beneficiaries covered through this sub-component.

This Additional Financing (AF) is US\$66.72 million for the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project. This includes US\$65 million International Development Association (IDA) credit and US\$1.72 million grant from the Pandemic Emergency Financing Facility (PEF).

#### **d) Environment and Social risks**

Both the environmental and social risks are considered 'Substantial' for the Project.

The **environmental risks of the parent project are considered 'Substantial'** because of the current uncertainty around specific interventions to be supported at specific project locations and the associated occupational health and safety as well as health care waste management issues. The main environmental risks are: (i) the occupational health and safety issues to health workers, arising from patient care, laboratory testing, handling of supplies etc. during treatment to a large extent as well as due to civil works construction inside functional health care facilities to a lesser extent; (ii) health care waste management and community health and safety issues related to the handling, transportation and disposal of health care waste, and (iii) emissions and waste generation due to construction works.

The **key environmental risks associated with COVID-19 vaccination program** is related to the management, transport and disposal of hazardous medical waste generated by COVID-19 vaccination program such as used sharps, syringes, empty vials, cotton swabs and discarded PPEs across a large number of vaccination centers. In addition, there is a risk of exposure to COVID-19 for a range of communities and individuals, including frontline health care workers and others involved in the vaccination campaign. These risks will be mitigated by the AF by fulfilling existing gaps in health care waste management in the proposed centers and adhered to strict measures in infection prevention and controls, as emphasized under the parent project.

Likewise, **social risks under the project are also considered 'Substantial.'** In view of gender norms and the role of women and girls as caregivers within families and the front-line healthcare workers, the risk

of infection among them is of paramount concern. Similarly, other vulnerable groups such as the elderly, poor and people with disabilities also risk not benefiting equally from public awareness campaigns, quality services in hospitals, quarantine facilities, etc., even whilst some of them are more at risk to contracting the virus. There are also increased risks for GBV and child abuse when women and children are under quarantine and self-isolation. The project will have to ensure that the quarantining interventions and health facilities are handled in a manner that would ensure dignified treatment of patients; pay attention to specific, culturally determined concerns of vulnerable groups; ensure the prevention of sexual exploitation and abuse (PSEA) and sexual harassment (SH), etc. Further, since most of the front-line health workers are females, the project would also need to attend to the specific needs of female health care workers beyond personal protective equipment (e.g., menstrual hygiene, transport when changing shifts and returning home). Finally, prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management, and conflicts resulting from false information/rumors and risks from the use of security/military personnel for labor services for the vaccination program and in the construction of isolation facilities, will be important factors that would need to be managed through the comprehensive and effective stakeholder engagement plan.

**The predominant social risks associated with the vaccination program** i) risk of exclusion of priority groups, especially those who are socially and medically vulnerable and disadvantaged, including minority groups due to targeting errors and/or discriminatory practices preventing them from receiving timely access to vaccines; ii) inadequate public engagement, spread of misinformation/rumors (about vaccine safety, based previous vaccine experiences and religious and cultural norms) creating confusion, anxiety and affecting uptake of the Covid19 vaccination, which could even lead to possible social tensions in case of inequities and/or discriminatory practices; iii) absence of voluntary consent when vaccinating or people feeling pressured to receive vaccination against their will; iv) risks of SEA/SH for females, risk of use of excessive force by military ; v) health & safety risks due to lack of facilities to manage Adverse Effects Following Immunization (AEFI) and vi) health risks due to improper disposal of medical waste on open waste dumps and discharge of contaminated water, causing injury to waste pickers and contaminating land and surface water. These risks will be mitigated by the project through the proper application of the Bank's environment and social standards as described in the SEP of the project, and relevant health and safety standard as described in the ESMF.

**In addition, potential risks associated with cash transfer & in-kind support program under the AF are:** risk of exclusion of eligible beneficiaries, particularly vulnerable groups who have limited access to information about the support programs and project benefits; potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer; and social tension between project beneficiaries and non-project beneficiaries, especially if there is lack of transparency in the application and decision-making process relating to cash transfer, misuse of funds, and inadequate consultations with relevant stakeholders. In addition, health and safety risks for beneficiaries, government workers and village committee members during processing of cash transfers and distribution of food packs etc.

#### **4. Objective of the Stakeholder Engagement Plan (SEP)**

Since the Project is being prepared under the World Bank's Environment and Social Framework (ESF), as per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the implementing agencies is required to 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. Accordingly, the overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle.

Specifically, 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.

For COVID-19 vaccination program under the AF, 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. Accordingly, the SEP is updated to address additional requirements of stakeholders under the AF and the updated SEP would be publicly disclosed in-country and on the World bank's external website.

## 5. 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/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. Specifically, for Veddas, the forest-dwellers community in Sri Lanka, there are tangible benefits to carrying out stakeholder engagement in partnership with Indigenous Peoples’ organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous Peoples’ on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution. Furthermore, 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.

### a) 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 are encouraged to be involved in the consultation process, to the extent the current circumstances permit. 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 will be adapted 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 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<sup>2</sup> and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

### b) 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:

Categories of individuals	Risks and Impacts
<ul style="list-style-type: none"> <li>• COVID-19 infected people in hospitals and their families &amp; relatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Stigmatization and discrimination due to being infected or being associated with the infected.</li> <li>• Lack of dignified treatment and attentiveness to servicing requirements</li> </ul>

<sup>2</sup> 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.

Categories of individuals	Risks and Impacts
	<ul style="list-style-type: none"> <li>• Lack of attention to specific, culturally determined concerns, especially of vulnerable groups</li> <li>• Feelings of isolation affecting mental wellbeing.</li> </ul> <p><i>The primary project beneficiaries are these infected people who will benefit from the emergency health system capacity strengthening for COVID-19 case management under the project which includes strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in HCFs</i></p>
<ul style="list-style-type: none"> <li>• People in quarantine/isolation centers &amp; homes and their families &amp; relatives.</li> <li>• At-risk populations (e.g. those with co-morbidities)</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion of eligible beneficiaries from receiving the vaccine.</li> <li>• Inability to access information, facilities &amp; vaccination services, hence unable to benefit from project interventions.</li> <li>• Lack of minimum accommodation and servicing requirements</li> <li>• Risks of GBV and SEA/SH in quarantine/isolation &amp; vaccination centers and in homes.</li> <li>• Health risks due to Adverse Effects Following Immunization (AEFI)</li> <li>• Stigmatization and discrimination due to viewed as potential vectors of the virus or due to biases based on gender, ethnicity, religion etc.</li> <li>• Being pressured to take the vaccine and other services without consent.</li> <li>• Feelings of isolation affecting mental wellbeing.</li> <li>• Exclusion of eligible quarantined households from receiving in-kind support.</li> <li>• The type, quantities &amp; quality of items in the food packs do not meet the required needs of the quarantined households.</li> </ul> <p><i>The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units are another major project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. Those with underlying comorbidities will benefit from the vaccination program.</i></p>
<ul style="list-style-type: none"> <li>• Elderly, Persons with disabilities and Chronic kidney disease patients (CKD) from low-income households</li> <li>• People who lost incomes/livelihoods</li> <li>• Family members, caregivers, guardians of cash &amp; in-kind transfer beneficiaries.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion of eligible beneficiaries and those from low-income households for cash &amp; in-kind transfers and from receiving the vaccine.</li> <li>• Inability to access information and facilities to benefit from cash &amp; in-kind transfers and from the vaccine program.</li> <li>• Community health and safety risks in relation to COVID-19 due to increased interactions with outsiders (GNs/SOs, postmen,</li> </ul>



Categories of individuals	Risks and Impacts
	<p>banks etc.).</p> <ul style="list-style-type: none"> <li>• Health risks due to Adverse Effects Following Immunization (AEFI)</li> <li>• Risk of SEA/GBV during vaccinations due to lack of safety measures for women, and military personnel<sup>3</sup> are involved in supporting logistics of the vaccine program.</li> <li>• Potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer.</li> <li>• Being pressured to take the vaccine and other services without consent.</li> <li>• Social tensions between project beneficiaries and non-project beneficiaries, especially if there is lack of transparency in the application and decision-making process.</li> </ul> <p><i>The elderly, persons with disabilities and chronic kidney disease patients from low-income households will benefit from the cash &amp; in-kind transfer support. The funds will help meet their basic living expenses, and also ease the financial strain on family members/ caregivers/ guardians caring for this groups of beneficiaries. Cash &amp; in-kind transfers to the high-risk populations will also enable them to continue social distancing and remain at home as a preventive measure mitigating their risk of morbidity and mortality due to COVID-19.</i></p>
<ul style="list-style-type: none"> <li>• Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff)</li> <li>• Medical Corps of Tri-forces conducting vaccinations &amp; providing other health services</li> <li>• Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational health and safety risks.</li> <li>• Lack of access to adequate PPEs, training and facilities (e.g. transport, accommodation etc. during night shifts) required for effective &amp; efficient functioning.</li> <li>• Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc.</li> <li>• Special needs of female health workers including those who are pregnant are not met.</li> <li>• Health risks due to Adverse Effects Following Immunization (AEFI).</li> </ul>

<sup>3</sup> The MoH & SMOPLGA will only use human resources and other infrastructure facilities available at the Ministry of Health/Provincial Health Ministries and community mobilization will be done, if the need arises. The vaccination program will be based on National Immunization Programme of the Ministry of Health and will be supervised and monitored by the Epidemiology Unit of the Ministry of Health, Provincial Directors of Health Services, Regional Directors of Health Services, Regional Epidemiologists and the area Medical Officers of Health. The army medical team supports the national vaccination program to expedite vaccinations and operates under the overall supervision of the MOH. The army medical team possess the necessary educational backgrounds and are trained by the Epidemiology unit of the MOH on the processes and guidelines to follow during vaccinations.

Categories of individuals	Risks and Impacts
<ul style="list-style-type: none"> <li>Village committee members involved in distribution of food packs to quarantined homes.</li> </ul>	<ul style="list-style-type: none"> <li>Being pressured to take the vaccine and other services without consent.</li> <li>Stigmatization and discrimination of being associated with the infected.</li> <li>Increased stress due to overwork and being isolated from families for long periods.</li> <li>Poor working conditions, terms of employment, lack of access to GRM</li> <li>GBV, SEA and SH risks, especially for female workers</li> </ul> <p><i>These groups will benefit from the component on emergency response for COVID-19 prevention which includes: procurement of essential protective equipment and other essential items; and risk communication, community engagement and behavior change; as well as the component on emergency health system capacity strengthening for COVID-19 case management which includes: strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project. Health Workers and Frontline workers will benefit from the vaccination program.</i></p>
<ul style="list-style-type: none"> <li>Communities in the vicinity of the project's planned quarantine/isolation facilities, quarantines homes, hospitals, laboratories and vaccination clinics.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of social tensions due to misinformation/rumors regards risks of contamination</li> <li>Community health and safety risks due to improper management of medical waste including waste generated from the vaccination program.</li> <li>Stigmatization and discrimination of the communities being in the vicinity of COVID treatment centers or quarantined households.</li> </ul> <p><i>Measures to ensure effective waste management, containment efforts, and contingency plans in HCFs are put in place to address risks associated with community health and safety. In addition, activities on risk communication, community engagement and behavior change, are focused primarily on benefiting this population group.</i></p>
<ul style="list-style-type: none"> <li>People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators &amp; their staff, associates of those infected, inhabitants of areas where cases have been identified).</li> </ul>	<ul style="list-style-type: none"> <li>Stigmatization and discrimination due to being associated with the infected.</li> <li>Inability to access information and facilities, hence unable to benefit from project interventions.</li> <li>Occupational health and safety risks.</li> <li>Lack of access to adequate PPEs, training and facilities.</li> </ul>

Categories of individuals	Risks and Impacts
	<p><i>The procurement of protective equipment and other essential items, activities relating to risk communication, community engagement and behavior change, will benefit this group. Further, the strengthening of laboratory and diagnostic capacity and assistance for containment and treatment efforts in health care facilities, will also impact this group especially since they are in the high-risk category of contracting COVID-19.</i></p>
<ul style="list-style-type: none"> <li>• Government Officials (Ministry of Health officials, Provincial &amp; district Health Officers, Provincial Councils, Municipal Councils, District, Divisional Secretaries, Grama Niladaris/Village government administrations in affected regions)</li> <li>• Other public authorities (e.g. Sri Lanka’s Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defense)</li> <li>• Airline and border control staff, law enforcement authorities, tri-forces and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them, establish treatment/isolation centers and support the vaccination program.</li> </ul>	<p>These officials are part of the essential services work force responsible for managing the overall Covid Emergency operations of the country including vaccinations. Key risks and impacts include:</p> <ul style="list-style-type: none"> <li>• Occupational health and safety risks.</li> <li>• Lack of access to adequate PPEs, training and facilities required for effective &amp; efficient functioning.</li> <li>• Increased stress due to over work.</li> <li>• Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc.</li> <li>• Health risks due to Adverse Effects Following Immunization (AEFI).</li> <li>• Being pressured to take the vaccine and other services without consent.</li> </ul> <p><i>This group will benefit from procurement of protective equipment and other essential items, containment and treatment, occupational health and safety measures, especially as outlined in the LMP. Frontline workers will benefit from the vaccination program.</i></p>
<ul style="list-style-type: none"> <li>• Staff of janitorial &amp; security services</li> <li>• Waste collection and disposal workers in affected regions</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational health and safety risks</li> <li>• Lack of access to adequate PPEs, training and facilities required for effective &amp; efficient functioning.</li> <li>• Community health and safety risks due to improper management of medical waste.</li> <li>• Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc.</li> <li>• Health risks due to Adverse Effects Following Immunization (AEFI).</li> <li>• Being pressured to take the vaccine and other services without consent.</li> </ul> <p><i>These groups will benefit from: procurement of essential protective equipment and other essential items; risk communication,</i></p>

Categories of individuals	Risks and Impacts
	<p><i>community engagement and behavior change; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project, including those relating to occupational health and safety. Frontline workers will benefit from the vaccination program.</i></p>

### c) Other interested parties

The project stakeholders also include parties other than the directly affected communities, generally referred to as ‘interested parties.’ As per ESS 10, ‘interested parties’ are groups/individuals 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. In the current context, it is difficult to draw a clear distinction between the directly affected and other interested parties since those considered only as ‘interested parties’ are in many regards also ‘people at risk of being infected’ and hence in the ‘directly affected parties’ category. However, for ease of reference, the project will make a distinction between those who are impacted from the current context of COVID-19 but not necessarily directly impacted from the project interventions, at least for the time being. Thus, these ‘other interested parties,’ include:

Categories of individuals	Type of interest
<p>Those <b>not eligible to receive vaccinations</b> – e.g. children.</p>	<ul style="list-style-type: none"> <li>• Details about when vaccination will be available for these groups and how the vaccination for the next phase will take place including registration requirements.</li> <li>• Understand risks &amp; impacts of the vaccination including Adverse Effects Following Immunization (AEFI) so these groups can make an informed decision as and when vaccination is made available.</li> <li>• Concerns about risks of not being vaccinated versus receiving vaccines for pregnant and lactating mothers</li> </ul>
<p>Non-beneficiaries of Cash transfer program:</p> <ul style="list-style-type: none"> <li>• Elderly, Persons with disabilities, CKDu patients who are not from low-income households.</li> <li>• Elderly and persons with disabilities who are in homes/institutions and hence not eligible to apply.</li> <li>• Samurdhi beneficiaries – especially those who are elderly, disabled,</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity on the criteria for determining low income categorization.</li> <li>• Clarity on why certain vulnerable groups have not been considered eligible under this cash &amp; in-kind transfer scheme.</li> <li>• Any support / services provided by the GoSL for other vulnerable groups who have not qualified for this cash transfer support.</li> <li>• Procedures to follow to submit complaints/appeals.</li> </ul>

Categories of individuals	Type of interest
<ul style="list-style-type: none"> <li>and CKDu patients</li> <li>• Other vulnerable groups with chronic ailments, non-communicable disease etc. including cancer patients.</li> <li>• Vulnerable groups (e.g. elderly, CKD etc.) who are not eligible to apply for the livelihood support grant (e.g. elderly, CKD etc.).</li> </ul>	
<ul style="list-style-type: none"> <li>• The public at large</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions carried out to strengthen health systems in response to the COVID pandemic.</li> <li>• Details about when vaccination will be made available to every and how people could access vaccinations.</li> <li>• Potential benefits, risks and impacts from the project and that of the vaccination.</li> <li>• Measures taken to safeguard against project risks and impacts</li> <li>• Transparency and accountability in project implementation</li> <li>• Mechanisms to report complaints or provide feedback regards project supported health services and facilities.</li> </ul>
<ul style="list-style-type: none"> <li>• Regulatory agencies (e.g., Central Environmental Authority.)</li> <li>• Other Government entities supporting vulnerable groups (e.g., Ministry of Health, Department of Social Services, State Ministry of Samurdhi etc.)</li> <li>• District &amp; Divisional Secretaries, Grama Niladaris/Village government administrators.</li> <li>• Development Officers, Elders Rights Promotion Officers, workers of Community Based Rehabilitation (CBR) programs and other government social workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Potential benefits, risks and impacts from the project and the vaccination program.</li> <li>• Measures taken to safeguard against project risks and impacting including during vaccinations.</li> <li>• Opportunities to partner/collaborate with the project for implementation of specific components of the project.</li> <li>• Strengthen coordination to ensure there is no duplication of efforts but complementarities /synergies.</li> <li>• Clarity on the processes/procedures to create awareness among target groups, about the in-kind transfers and the vaccination program.</li> <li>• Concerns related to occupational health and safety risks for those frontline workers engaging with vulnerable groups or they may even be viewed as vectors of infection transmission by the communities.</li> </ul>
<ul style="list-style-type: none"> <li>• Media and other interest groups, including social media &amp; the Government Information Department.</li> </ul>	<ul style="list-style-type: none"> <li>• Potential benefits, risks and impacts from the project and the vaccination program.</li> <li>• Measures taken to safeguard against project risks and impacts including during vaccinations.</li> <li>• Project updates and implementation progress.</li> <li>• Transparency and accountability in project implementation and decision-making</li> </ul>

Categories of individuals	Type of interest
<ul style="list-style-type: none"> <li>National and international health organizations/associations (e.g. GMOA - Government Medical Officers' Association etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Potential benefits, risks and impacts from the project and the vaccination program.</li> <li>Measures taken to safeguard against project risks and impacts including during vaccinations.</li> <li>Transparency and accountability in project implementation including the vaccination program.</li> <li>Ensure project is implemented following proper national/international protocols/guidelines.</li> <li>Ensure that vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture.</li> <li>Ensure that interventions are implemented in a transparent, effective and efficient/timely manner.</li> </ul>
<ul style="list-style-type: none"> <li>Community based organizations, national civil society groups and NGOs, Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to partner/collaborate with the project</li> <li>Opportunities to received funding and support from the project to implement similar interventions.</li> <li>Ensure project is implemented following proper national/international protocols/guidelines</li> <li>Ensure that everyone benefits from the project in an equitable manner.</li> <li>That key vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture.</li> <li>Ensure that interventions are implemented in a transparent, effective and efficient/timely manner.</li> </ul>
<ul style="list-style-type: none"> <li>Temples, churches, Kovils, Mosques and other religious institutions</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that project that everyone benefits from the project in an equitable manner.</li> <li>That key vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture.</li> </ul>
<ul style="list-style-type: none"> <li>Goods and service providers involved in the project's wider supply chain</li> <li>Transport workers (e.g. cab/taxi drivers)</li> <li>Interested businesses</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to benefit from the project by bidding for procurement of supplies for establishment of labs, equipment, PPEs, including construction material to build quarantine/isolation centers and food packs.</li> <li>Understand trends in demands, new markets &amp; products created for businesses.</li> </ul>
<ul style="list-style-type: none"> <li>Schools, universities and other education institutions closed due to the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>Potential benefits, risks and impacts from the project and the vaccination, specifically on children.</li> <li>When vaccinations will be available for children and how education institutions can get involved.</li> </ul>

#### d) Disadvantaged / vulnerable individuals or groups

Besides the project affected and other interested parties, 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. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Hence, it would be important for the Project to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals/groups (e.g., on infectious diseases and medical treatments). The purpose of such engagement would be to take into account such groups or individuals’ particular sensitivities, concerns and cultural norms and to ensure a full understanding of project activities and benefits. 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:

Categories of vulnerable groups	Risks, impacts, vulnerabilities & needs
<ul style="list-style-type: none"> <li>• Elderly</li> <li>• People with disabilities</li> <li>• Individuals with chronic diseases and pre-existing medical conditions;</li> <li>• Pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to access information, medical &amp; vaccination services &amp; facilities to benefit from project interventions (due to not being fit to travel, unable to afford travel cost or lacking skills to use services/facilities)</li> <li>• Pertaining to the Cash &amp; in-kind transfer program, potential beneficiaries may be excluded due to targeting errors; exclusion errors are always present in social assistance programming as there is not a perfect “targeting formula”.</li> <li>• Lack of specialized medical facilities/services &amp; resources to treat chronic/pre-existing conditions during COVID pandemic.</li> <li>• Lack of attention to specific concerns, universal access principles &amp; inadequate provisions for additional support for vulnerable groups to benefit from project interventions.</li> <li>• Lack of dignified treatment and attentiveness to servicing requirements for vulnerable groups during provision of health &amp; vaccination services.</li> <li>• Elder care homes, orphanages, homes for the disabled and shelters for GBV victims would also be constrained with limited financial resources and capacities to provide the basic facilities and services.</li> <li>• Community health and safety risks in relation to COVID.</li> </ul>
<ul style="list-style-type: none"> <li>• Women, girls and female headed households</li> <li>• Children</li> </ul>	<ul style="list-style-type: none"> <li>• Pertaining to the cash &amp; in-kind transfer program, potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer.</li> <li>• Lack of attention to specific concerns for women and children during provision of health services.</li> <li>• Exclusion from receiving vaccinations due to targeting errors,</li> </ul>

	<p>discriminatory practices etc.</p> <ul style="list-style-type: none"> <li>• Lack of GBV prevention measures and child protection protocols.</li> <li>• GBV related risks associated with deployment of security forces.</li> </ul>
<ul style="list-style-type: none"> <li>• Veddas (forest dwellers), religious, ethnic minorities</li> <li>• Daily wage earners</li> <li>• Migrant workers (stranded overseas or returning due to loss of jobs/visa restrictions).</li> <li>• People living below poverty line (e.g. Sumurdhi program beneficiaries).</li> <li>• Unemployed, beggars/homeless</li> <li>• Illiterate or those with limited education</li> <li>• Slum dwellers</li> <li>• Sex workers</li> <li>• LGBTQI</li> <li>• Communities in remote and inaccessible areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to access information and facilities to benefit from project interventions (due lack of transport/communication facilities, not been able to afford travel costs and lacking skills to use services/facilities)</li> <li>• Lack/limited financial resources (due to loss of their incomes/livelihoods as well as of their family members) and inability to access support systems, may hinder the ability of these groups to access vital health services.</li> <li>• Exclusion from receiving vaccinations due to targeting errors, discriminatory practices etc.</li> <li>• Social and cultural norms against vaccinations creating confusion, anxiety and affecting uptake of the Covid19 vaccination.</li> <li>• Lack of attention to specific concerns &amp; inadequate provisions for additional support for vulnerable groups to benefit from project interventions.</li> <li>• Lack of dignified treatment and attentiveness to servicing requirements for vulnerable groups during provision of health services.</li> <li>• Discrimination against these groups linked to elite capture, resource allocation and access to services</li> </ul>

**Benefits for vulnerable groups:** The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units/homes are major project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; assistance for containment and treatment efforts in health care facilities; and priority over vaccination program. In addition, elderly, people with disabilities and chronic kidney disease patients from low income groups will benefit from the cash & in-kind transfer program. For any vaccination program, culturally appropriate and meaningful consultations will be carried out with disadvantaged and vulnerable groups before any vaccination efforts begin. Accordingly, vulnerable groups within the communities affected by the project will be confirmed and consulted through dedicated means, as appropriate.

Since those belonging to Veddha community and are also over 60 years of age and/or have comorbidities, are eligible to receive the vaccination, the SEP will be prepared in a manner consistent with the ESS7 to enable targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations; culturally appropriate engagement processes; providing 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.

Description of the methods of engagement that will be undertaken by the project is provided in the following sections.



## 6. Stakeholder Engagement Program

### a) Summary of stakeholder engagement done during project preparation

#### Stakeholder consultations related to the Health Interventions (During April 2020)

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to few face-to-face and telephone interviews with relevant government officials, health experts, hospital administrators, police, institutions working in health sector and representatives from vulnerable groups. Consultations particularly for the preparation of the SEP and ESMF were carried out from 17-19 April 2020 and 31 respondents were interviewed during the consultations.

During these consultations, few vulnerable groups mainly two elderly persons, a person with a chronic illness and a daily wage earner were consulted. In addition the issues and challenges faced by vulnerable groups were also discussed with other stakeholders who were interviewed. The main challenges faced by vulnerable groups were noted be: lack of health facilities to cater to chronic/non communicable diseases (NCD), challenges in terms of attending routine clinics, accessing laboratory services and getting medicine delivered during lockdown periods. Further daily wage earners were also impacted with loss of income due to loss of employment and expressed that they had to struggle to meet their essential food requirements and afford medication etc. for those sick in their households. Poor targeting was highlighted as an issue because some of the most vulnerable households have not received any support though they were entitled for it. Suggestions were given to address the needs of chronic NCD patients, organize mobile clinics/blood testing services and medicine delivery through community networks/field health staff. In addition, suggested to arrange mobile clinics and health service to those in elder care facilities, homes for the differently abled and orphanages. In regard to social protection, the respondents requested to establish a robust system so that vulnerable groups will be provided in a timely manner with finances, dry rations, other essential/daily needs and medicine to their door stop during lockdowns. Finally, to develop a transparent system and an unbiased database with the details of the vulnerable populations in order to mobile efficient support during lock downs.

A summary of issues raised during consultations is provided below with details in Annex 1. The key issues/concerns raised & suggestions/recommendations given by the stakeholders are categorized as follows:

- a) The project to strengthen health/safety measures in hospitals by providing essential Personal Protective Equipment (PPPs), disinfectants etc. and improve clinical waste disposal systems.
- b) Upgrade hospital infrastructure (such as laboratory facilities, ICUs etc.), provide necessary equipment (ICU beds, oxygen delivery units etc.), drugs/medicines and other facilities (including ICT) so that the health system can effectively and efficiently test, isolate and treat infected patients.
- c) Provide facilities such as accommodation, meals and transport for healthcare and other field level staff who are first respondents during the emergency given the travel restrictions, irregular / long working hours and the increasing demand to conduct home visits.
- d) Improve emergency preparedness systems and plans at hospitals level to respond to pandemics including the need to strengthen capacities of health staff to respond to health emergencies.
- e) Strengthen coordination within the health system among different departments as well as externally with other stakeholders such with the district administration, other ministries

including NGOs to address the compounded impacts on other sectors as well (e.g. livelihood losses).

- f) Train health staff, develop communication material and awareness campaigns with consistent messages to inculcate behavior change in communities, have multiple channels to engage with communities including hard to reach groups and also establish a functional GRM.
- g) Ensure Health services are inclusive, and they reach vulnerable groups by provision of mobile clinics & laboratory investigations & medicine delivery services (including to those in institutional homes) and have better social protection systems with clear/transparent procedures and unbiased targeting.
- h) Address the needs of female healthcare workers, especially those who are pregnant, such their need for accommodation & transport facilities; and mensural hygiene management needs of patients from low income groups.
- i) Respond to issues of stigmatization and fears of healthcare workers, affected people and those residing near hospitals treating COVID patients with proper communication and psychosocial support systems.

### **Stakeholder consultations conducted related to the Vaccination Program**

#### **Consultations carried before second Vaccine AF (during August – September 2021)**

As part of the risk assessment on the involvement of military in the vaccination program, consultations were carried out with key stakeholders from the MoH involved in the vaccination program, government counterparts, the army, and the public. The World Bank team, Health Specialists, Environment and Social Short Term Specialist, Short Term Consultant, also participated physically and virtually in some selected discussions with key persons involved in the vaccination program, and also conducted telephone interviews with randomly selected vaccine recipients.

Findings from the risk assessment and consultations concluded that the overall E&S risk of involving military as being 'low', given the measures in place – such as Code of Conduct, training on human rights, GRM hotlines and vaccination operation guidelines which are followed by military issued by the MoH.

The military personnel involved in the vaccination program are professional cadres in the army medical team with the necessary educational backgrounds and have been trained by the Epidemiology unit of the MOH on the processes and guidelines to follow during vaccinations. The conduct of the military personnel engaged with the public is governed by the Sri Lanka Army Act 1949. The army personnel have also been trained by the 'Directorate of Human Rights and International Humanitarian Law' established within the army on human rights principles. Like in community vaccination centers, the army run vaccination centers also ensures that prior to vaccination, a written consent is obtained from the person receiving the dose of vaccine. Presence of military police is also mandatory as army personnel involved in public activities have to be accompanied by the military police. In addition, complaint reporting hotlines and recording books are available at all vaccination centers operated by the army. Additional findings from the risk assessment and mitigation measures are included in the revised ESMF.

Further, the army will comply with the standing order issued by the Commander-in-Chief of the army infantry unit containing regulations and procedures to be followed and adhered to by the military personnel deployed for vaccination. The standing order stipulates, among other things, matters of interest to the assessment, that every military person should conduct himself/herself with dignity,

integrity and respect for the public, upholding the credibility of the army, and should : be unarmed, be vigilant of the persons entering the vaccination centers, manage the vaccine recipients in a public-friendly manner without causing any inconvenience to them, not vaccinate persons in army uniforms, organize separate queues for and help pregnant mothers, infirmed, elderly, mothers with infants , maintain cleanliness of the vaccination centers at all times etc. Both the female and male military health cadres are deployed at these centers for ensuring gender respect, dignity among the patents during the vaccination program. In addition to the conduct of community vaccination centers, the army has launched a mobile COVID-19 Vaccination Fleet on 12th August 2021,that prioritizes the vaccination of the elderly, sick, handicapped and feeble sections in society.

Consultations with randomly selected vaccine recipients ( 6 females and 4 males) from vaccination registers, who got vaccinated at Diyatha Park, Battaramulla and Viharamaha Devi Park were contacted over the phone for their response in relation to the process of vaccination in general, and treatment /behavior of army personnel towards the vaccine recipients. Irrespective of the gender all were satisfied with the treatment they received at the centers. Two persons said that they could not get vaccinated on their first visit due to long queues and heavy rain, in spite of one center being operative 24/7 but got vaccinated in the second attempt. In fact, all of the persons contacted said that they did not feel/observe any difference between the MOH vaccination centers and the army run centers.

#### **Consultations carried before first Vaccine AF (during April 2021)**

Stakeholder consultations have been carried out with multiple stakeholders including those from districts and administration, health workers, with vulnerable groups (e.g. elderly, those with co- people with co-morbidities, pregnant women etc.), Veddha community, Community groups and the general public. These consultations have been conducted specifically to understand concerns of different stakeholders related to vaccination risks & impacts, discussion on mitigation measures, understand issues faced by vulnerable groups and also concerns of women and obtain feedback on best approaches to engage in stakeholder consultations throughout the vaccination program. Findings from the consultations conducted are summarized below and the consultation notes are annexed.

<b>Number of respondents by each category</b>	Health workers – 4, Other government and frontline workers – 3, Vulnerable groups (including Veddha) – 10, Community groups – 3 & High-risk category workers – 2
<b>Number of Male &amp; Number of Female</b>	Male – 15          Female – 7
<b>Districts/locations covered</b>	Colombo, Kandy, Anuradhapura, Batticaloa, Jaffna, Puttalam, Kurunegala, Badulla, Mannar, Kegalle
<b>Occupations</b>	Doctors, Government Teacher, University Senior Lecture, Samurdhi manager, Building Worker, Estate Laborer, Veddha’s, NGO Worker, Housewife, Village Elder, Flight Attendant/Cabin Supervisor, Private Sector Worker

	Issues	Suggestions
<b>Targeting high risks groups</b>	<ul style="list-style-type: none"> <li>- Programme is not particularly well implemented, a pre-planned programme was changed, sudden changes, on target populations (ages, areas etc.)</li> <li>- Challenges to strictly verify a person's eligibility/real residence</li> <li>- People being rejected due to allergies, no referrals</li> <li>- People with low incomes should be vaccinated first,</li> <li>- Those like the elderly, sick disabled, unable to travel, hence risk of marginalized people being excluded or unable to deal with complications</li> <li>- Already a shortage of vaccines, a particular class/group is benefitting, low class/poor people may get left out</li> </ul>	<ul style="list-style-type: none"> <li>- Plan programme properly, use a prioritized approach/correct targeting, do in manageable batches, on days/times, people and groups identified in priority lists, vulnerable people first ensure no one is left out.</li> <li>- Use GSs, PHIs, MoHs to identify people of different ages/areas, people to come on different times and batches, minimize ques, do on staggered basis</li> <li>- Provide special facilities/mechanisms for groups requiring additional help, maybe home visits.</li> <li>- Provide special care for older people, addressing any complications</li> <li>- Set up decentralized complaint mechanisms at centres, fit to background of the locality.</li> </ul>
<b>Social conflicts</b>	<ul style="list-style-type: none"> <li>-Tensions (risk of conflicts) over eligibility and fair distribution, across institutions and in public spaces</li> <li>-Undercurrents present between Muslim and Sinhala communities, contributing to suspicion and fear, thoughts of hidden agendas</li> </ul>	<ul style="list-style-type: none"> <li>-Ensure vaccination process is carried out in a transparent, equitable and fair manner without any biases/prejudices or discrimination.</li> <li>-Do grassroots awareness and confidence building, to create harmony,</li> <li>- Share information with community, meet/engage public at temples, churches, mosques, schools etc. to reduce suspicion, tension and fear, solve any problems through discussions</li> </ul>
<b>Health risks</b>	<ul style="list-style-type: none"> <li>-Efficacy of vaccine around 70 percent, an issue for some people</li> <li>-Uncertainty about complications, concerned about side effects</li> <li>- Some mild effects, some allergic reactions, concerns about anaphylaxis, reactions could extend up to 4 hours. Some risk of improper giving of injection</li> </ul>	<ul style="list-style-type: none"> <li>-Accurate communication around vaccine effectiveness to dispel concerns and fears.</li> <li>-Take the vaccine from places where emergency treatment is available, close supervision is possible (like hospitals having ETUs), ensure beds are reserved in ETUs</li> <li>- Ensure staff are available to monitor post vaccine complications/facilities are available</li> </ul>
<b>Process, systems and capacities</b>	<ul style="list-style-type: none"> <li>-Not well organized at the centres, long ques/wait times,</li> <li>-Risk of infection spreading due to overcrowded centres</li> <li>-Current number of vaccine centres may not be enough for full coverage</li> <li>--Current capacity of programme is not enough, disease awareness and vaccine training not enough, they require training on public relations, sensitivity to people, stress management etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Involve GN officers, Development officers, PHIs, mid wives, doctors and Police in the centres to help manage ques at the centers.</li> <li>- Separate ques for high risk categories and/or provide separate mechanism for people of high risk categories to receive vaccines, through health facilities or selected outlets in area,</li> <li>-Strengthen public relations capacity among health workers, dealing with the public, sensitivity, communication skills</li> </ul>
<b>Labour issues</b>	<ul style="list-style-type: none"> <li>-Health staff overworked (including ambulance drivers, PHIs etc), staff could become</li> </ul>	<ul style="list-style-type: none"> <li>-Look into workload, salaries, benefits, OT payments, issues of health workers, ensure work</li> </ul>

	<p>exhausted, need additional payments, as they are working under some risk, in a disaster like situation</p> <ul style="list-style-type: none"> <li>- Health worker safety is a concern, they are taking a risk and could catch the disease</li> </ul>	<p>divisions/allocations are properly organized, ensure there is sufficient staff</p> <ul style="list-style-type: none"> <li>- Use Army doctors, other military health workers, nursing and medical students, on short term basis to fill capacity gaps, with due recognition</li> <li>-Provide additional safety measures for health staff</li> </ul>
<b>Awareness raising</b>	<ul style="list-style-type: none"> <li>-Lack of awareness on programme or clarity on messages, unhealthy social media, some social groups promoting myths, political agendas</li> <li>-Lack of clear instructions for lactating mothers, fears among males about impotence.</li> <li>-Perception that only the rich and privileged will get the vaccine</li> <li>-Officials should visit and speak to people as there is fear and nervousness about the Corona, it will have many positive effects</li> <li>- GNs, mid wives, PHIs already have information/links with community, they should visit and build trust and confidence</li> </ul>	<ul style="list-style-type: none"> <li>-- Communicate clearly the benefits, after-effects (like anaphylactic shock), precautions, facilities available etc.</li> <li>- Provide more information on vaccine effects (i.e. pregnant women)</li> <li>-Identify various myths going around and address them through community and religious networks</li> <li>-Use statements from known and trusted/respected people, to clarify fears and lack of clarity through mass media</li> <li>-Ensure vaccination discussion is taking place among all people, not just a privileged groups</li> <li>-Use the Aboriginal (Aadiwasi) leader to communication with Veddha, and for any problems, clarifications, grievances reporting etc.</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>-Concerns about side effects, pregnancy and child birth for women, fertility, and sperm count concerns etc.</li> <li>- Husbands not allowing their wives to take the vaccine, conflicts among young and newly married couples, influenced by others</li> <li>-Mental stress for women, concerns about pregnancy and child birth, long term side effects,</li> <li>-Husbands threatening wives not to take vaccine (i.e. Muslim and Tamil families)</li> <li>-Few occasions of harassment of women staff by senior officers</li> </ul>	<ul style="list-style-type: none"> <li>-Administration to address immediately any issues relating to women, on access, wellbeing, safety etc.</li> <li>-Provide separate facilities for women, including rest areas, those coming from far</li> <li>-Vaccine details and side effects made easily available, in all languages, so women are aware of the information</li> <li>-Monitor incidents of women's safety/harassment concerns, and address them immediately</li> <li>-Monitoring should be in place for any harassment incidents and immediate actions taken</li> </ul>
<b>Waste Management</b>	<ul style="list-style-type: none"> <li>-Waste management a high risk issue, as infection may spread, burning as an option, can also be recycled, involve appropriate personnel</li> </ul>	<ul style="list-style-type: none"> <li>-Ensure good standards and consistency of waste management everywhere</li> <li>-Waste to be handled/destroyed carefully</li> </ul>

## Stakeholder consultations related to the Cash & in-kind Transfer program (During May 2020)

In terms of technical discussions/consultations, the project consulted with Director, Planning - MoF, Director – NSPD, Assistant Director- NSPD, Assistant Director – NSE and Elders Rights Promotions Officer – NSE to receive feedback from stakeholders and use it to refine the approach, procedure and implementation arrangements for the cash & in-kind transfer program. Further, consultations were also organized with vulnerable groups targeted by the cash & in-kind transfer program, namely the elderly, persons with disabilities and chronic kidney disease patients from low-income households were interviewed.

A summary of the key issues raised during consultations are provided below with details in Annex 2. These consultations were carried mainly over the phone during 18-19 May 2020.

# of beneficiaries by each category	<u>Vulnerable groups (VG):</u> Persons with disabilities – 3, CKDu patients – 4, Elderly persons - 3  <u>Other stakeholders (OS):</u> Government officers - 4
# Male & Female	Male – 9; Female – 5
Districts/locations covered	Colombo, Hambanthota, Kurunegala, Gampaha, Anuradhapura, Ampara, Polonnaruwa, Vavuniya, Matara

Topic	Issues raised	Responses provided
<b>Background / Challenges / Needs</b>	<p>VG: Employment issues, less income and high expenditure and debts, difficulty staying at home, difficulty obtaining all medicine, going for check-ups and clinics, having to purchase medicine, needing to be extra careful, anxiety, feeling isolated</p> <p>OS: Technological challenges in communication, safety concerns during work, unavailability of childcare and sick family member concerns, additional workload with new reporting needs, working with smaller staff, inability to access office and material</p>	<ul style="list-style-type: none"> <li>- Pandemic had broad impacts on various areas effecting vulnerable people, attention to be paid to their needs.</li> <li>- Pandemic caused changes in the working environment in many ways, project design will take these into consideration.</li> </ul>
<b>Project design / support</b>	<p>VG: Deliver all medicine to house, support to improve housing, regular financial assistance or an allowance (current amount not enough), travel support, access to clean water, support for livelihoods/income generation.</p> <p>OS: Implement an integrated work method using technology for staff everywhere, set up an IT based network for communication, create a updated database of all vulnerable groups, construct separate quarantine/treatment centers for them, improve staff</p>	<ul style="list-style-type: none"> <li>- The project has limitations, cash &amp; in-kind transfers to support ongoing expenses, other needs maybe considered.</li> <li>- New methods and approaches will be required and will be adopted.</li> </ul>

Topic	Issues raised	Responses provided
	allowances and benefits, provide personal protection items for staff and raise general awareness	
<b>Risks and impacts</b>	<p>VG: Needing to be extra careful due to beneficiary health condition, some people not being careful or responsible, not following rules or precautions due to lack of awareness/understanding, is a good project and should be implemented, will be helpful if implemented safely.</p> <p>OS: Project should not interfere with existing duties, details should be made clear, staff safety, lack of knowledge/skills among staff, accurate beneficiary information, transparent selection processes, others also asking for benefits (such as pensioners and government servants)</p>	<ul style="list-style-type: none"> <li>- Project will take into consideration risks and impacts before implementation.</li> <li>- Project will be implemented with minimum negative impact after careful assessment.</li> </ul>
<b>Risk/Impact mitigation</b>	<p>VG: Not a high-risk project, officers or those visiting house wear masks, use sanitizers, and do social distancing etc, maintain records of everyone met, day, time so tracing can happen, follow basic safety guidelines, raise general awareness, encourage public to be responsible</p> <p>OS: Minimum negative impact or risk, reallocate staff/duties as required, proper awareness raising of project, material and safety measures in place, maintain transparency, sound communication, do follow up, adjust eligibility criteria and amounts for beneficiaries if needed, educate the public on program.</p>	<ul style="list-style-type: none"> <li>- Mitigation approaches will be put in place.</li> <li>- Mitigation approaches will be designed and implemented as required.</li> </ul>
<b>Stakeholder engagement</b>	<p>VG: Information provided through phone call, letters, text messages, newspapers, television, through Grama Sevaka or officers visiting house or beneficiary going to meeting (if situation improves).</p> <p>OS: Use of telephone, email, online conference calls and other IT facilities, minimize and limit staff interaction, field visits using safety gear (masks, sanitizers, social distancing), work through Grama Sevaka and Divisional Secretary (improve communication between and with them).</p>	<ul style="list-style-type: none"> <li>- Culturally and economically fitting techniques will be used.</li> <li>- The project will develop systems to fit new environment and requirements.</li> </ul>
<b>GRM</b>	VG: Report complaints by phone calls, registered letters, fax or personal visit to relevant officer or lodge	- A GRM specific to the cash & in-kind transfer component will be put in

Topic	Issues raised	Responses provided
	<p>message through Grama Sevaka</p> <p>OS: Grievances through letters, phone calls, meetings with accountant or Director or Secretary, Elders Committees, Maintenance Board in place, better if issues are settled locally at village or divisional level before being brought to Ministry.</p>	<p>place, in addition to the existing GRM.</p> <p>- The project will use &amp; strengthen the existing GRM.</p>
<b>Gender &amp; gender based violence (GBV)</b>	<p>VG: Mix of opinion GBV, not increased, may have increased, has increased, some arguments and quarrels taking place, due to income and expenses issues, pressure and stressful condition, illicit liquor available for men, wife beatings and other abuse occurring.</p> <p>OS: GBV may have increased, don't have evidence, Ministry has a counselling section connected to Police, has done some GBV related programs, should continue with them.</p>	<p>- Project will taking these into consideration to respond GBV issues.</p> <p>- Project will be built on existing services to respond to GBV related issues.</p>
<b>Inclusion of Vulnerable</b>	<p>VG: Unemployed people, daily workers, part-time workers, people with mental health problems, those paralyzed, left alone at home, households with sick people, blind people, provide food and other household essentials, not cash, care assistance</p> <p>OS: Beggars, drug addicts, prostitutes, elders left on roads, female headed households, TB and Leprosy patients, different and long term approaches for types, different facilities, bridging and follow up techniques, must be long term.</p>	<p>- Project has limits and will reach out to others within its resource scope and feasibility</p> <p>- Same as above</p>

#### Details of the Consultations done in relation to the Cash Transfer program for Livelihood Lost families and in-kind transfer program (During Dec 2020)

These consultations were carried mainly over the phone during the period covering Dec 10-17, 2020.

# of beneficiaries by each category	<p><u>Vulnerable groups (VG)</u>: Loss of Livelihood –3, in-kind transfer - 2</p> <p><u>Other stakeholders (OS)</u>: Government officers – 3</p>
# Male & Female	Male – 2 ; Female – 4
Districts/locations covered	Colombo and Gampaha Districts.



Consultation with beneficiaries revealed that the cash and in-kind support program has been implemented satisfactorily. Some families had received both livelihood support for having lost their income source and also food packs at the same time if they had been under quarantine. Some families received weekly food packs for 4 weeks based on the time period they had been put under quarantine. Beneficiaries mentioned that vulnerable families had been well supported and the quality of the good packs had been good. Even multiple families living under one room, all families had received cash grants if their livelihood had been lost. Families had received information about the program from the Grama Niladari and other officers who visited their home and through phone calls.

Government officers consulted informed that, to finalize beneficiaries for the income support grant, the village committees had reviewed the existing lists, updated them based on the appeals received and also remove those currently employed and those who moved out of the area. They also noted that it was a challenge to deliver so many food packs because the number of packs required varied depending on the day, hence they had to closely work with the public health inspectors and medical officers of health. In addition, mentioned that households under lockdown and quarantined for long periods are experiencing mental stresses especially among low income households occupied by multiple families.

Please refer annex for the detail consultation notes.

#### **b) Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement**

Strong citizen and community engagement is a precondition for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19 and the vaccination.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., initial rounds of consultations have already been carried out with a cross-section of stakeholders, including relevant government officials, health experts, hospital administrators, police, institutions working in health sector and representatives from vulnerable groups etc. Similar engagements will be carried out throughout the project period, and the SEP will accordingly be updated throughout the project implementation period.

With the evolving situation, as the Sri Lankan Government has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. 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 mitigate prevention of the 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 & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing

traditional channels of communications such TV, radio, dedicated phone-lines, sms broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the awareness-raising activities under Component 2, project activities will support awareness around: (i) social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings); (ii) preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic; (iii) design of comprehensive Social and Behavior Change Communication (SBCC) strategy to support key prevention behaviors (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials; and (iv) Community health workers will be trained as part of the SBCC strategy, to support the mobilization and engagement in their communities.

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

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

### **c) Citizen Engagement for Vaccination Program**

The Citizen Engagement (CE) strategy for the vaccination program will focus on demand generation in communities, clarification on target groups and removal of misconceptions related to vaccinations while ensuring a community feedback loop. Thus the objectives of the community engagement strategy includes: (i) disclosure of the criteria and justification for priority populations identified for vaccination program as well as details on groups not eligible to receive the vaccines until the safety of vaccination of these groups has been established, such as citizens below 18 years and pregnant/lactating women (ii) building trust and awareness on COVID-19 vaccines, using data and evidence to dispel rumors and public misperceptions and to address vaccine hesitancy to improve demand generation; (iii) development and provision of context specific IEC/BCC materials targeted to priority groups, details on available services at the vaccination centers catering to needs of women and other high-risks groups and measures in place to manage Adverse Effects Following Immunization (AEFI); (iv) training of front line workers, including 'Field Health Facilitators' about the COVID-19 vaccine, its importance and measures to promote safety and wellbeing of the public, (v) promoting the COVID-19 vaccine through use of different channels, including mass communication, social media and community & public outreach interventions; (vi) citizen engagement, feedback and grievance redressal mechanisms in place for the vaccine program; and (vii) dissemination of information on available services and helplines, and

integrating SEA/SH mitigation measures in this SEP, (viii) disseminate information regards the involvement of the army in the vaccination program, on guidelines & codes of conduct that will be followed and adhered to by the army and complaint reporting hotlines that will be made available at army operated vaccination centers.

#### d) Stakeholder Engagement Plan

As mentioned above, 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,<sup>4</sup> (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

#### (i) Stakeholder Engagement related to Health Interventions including for the vaccination program

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> <li>Need for the project</li> <li>Planned activities</li> <li>Eligibility criteria to receive vaccination &amp; the process</li> <li>Addressing rumors and misperceptions on vaccinations.</li> <li>E&amp;S principles, management of E&amp;S risks and impacts (e.g., ESMF, SEP, LMP)</li> <li>Grievance Redress mechanisms (GRM)</li> <li>Health and safety impacts</li> </ul>	<ul style="list-style-type: none"> <li>Phone, email, letters</li> <li>Via 'Friends of the Facility' committees</li> <li>One-on-one meetings</li> <li>FGDs, Scorecards etc.</li> <li>Outreach activities</li> </ul> <p><i>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.)</i></p>	<ul style="list-style-type: none"> <li>Government officials from relevant line agencies at local level</li> <li>Health institutions</li> <li>Health workers and experts</li> <li>Military personnel</li> </ul>	Environment and Social Specialist  PMU  Provincial & District Health Departments
	<ul style="list-style-type: none"> <li>Need for the project</li> <li>Planned activities</li> <li>Eligibility criteria to receive vaccination &amp; the process.</li> <li>Addressing rumors and misperceptions on vaccinations.</li> <li>E&amp;S principles, management of E&amp;S risks and impacts (e.g., ESMF,</li> </ul>	<ul style="list-style-type: none"> <li>Outreach activities that are culturally appropriate (e.g. phones calls, audio-visual communication &amp; material in local languages, using simplified terms).</li> </ul> <p><i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such</i></p>	<ul style="list-style-type: none"> <li>Affected individuals and their families</li> <li>Local communities</li> <li>Vulnerable groups</li> </ul>	Environment and Social Specialist  PMU  Provincial & District Health Departments

<sup>4</sup> -Among others, this will also involve making respective communities aware of the involvement of military personnel in the vaccination program and other activities such as construction/establishment of isolation wards in the district hospitals, especially those residing near hospitals and isolation centers and regards about the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.

	<ul style="list-style-type: none"> <li>SEP, LMP)</li> <li>GRM</li> </ul>	<i>as telephone calls, SMS, emails, etc.)</i>		
	<ul style="list-style-type: none"> <li>Need of the project &amp; planned activities</li> <li>Eligibility criteria to receive vaccination &amp; the process</li> <li>Environment and social risk and impact management/ESMF</li> <li>Grievance Redress mechanisms (GRM)</li> <li>Health and safety impacts</li> <li>Addressing rumors and misperceptions on vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Phone, email, letters</li> <li>One-on-one meetings</li> <li>FGDs, if permissible</li> <li>Outreach activities</li> <li>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.)</li> </ul>	<ul style="list-style-type: none"> <li>Public at large</li> <li>Civil society organizations</li> <li>Religious Institutions</li> <li>Regulatory agencies</li> <li>Media,</li> <li>Education Institutions</li> <li>Private sector</li> <li>transport services.</li> </ul>	<p>Environment and Social Specialist</p> <p>PMU</p> <p>Provincial &amp; District Health Departments</p>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Project scope &amp; ongoing activities, incl. involvement of security/military personnel</li> <li>Health and safety issues</li> <li>Environmental concerns</li> <li>Social concerns, including GBV, exclusion, social tensions</li> <li>ESMF, SEP, LMP</li> <li>GRM</li> <li>Managing Adverse Effects Following Immunization (AEFI);</li> <li>Lessons learnt and best practices</li> </ul>	<ul style="list-style-type: none"> <li>Training and workshops</li> <li>Disclosure of information through Brochures, flyers, website, etc.</li> <li>Information desks at municipalities offices and health facilities</li> </ul> <p><i>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.)</i></p>	<ul style="list-style-type: none"> <li>Government officials from relevant line agencies at local level</li> <li>Health institutions</li> <li>Health workers and experts</li> <li>Military personnel</li> </ul>	<p>Environment and Social Specialist</p> <p>PMU</p> <p>Provincial &amp; District Health Departments</p>
	<ul style="list-style-type: none"> <li>Project scope and ongoing activities, including engagement of security/military personnel</li> <li>Health and safety issues</li> <li>Environmental concerns</li> <li>Social concerns (GBV, exclusion, social tensions)</li> <li>ESMF, SEP, LMP</li> <li>GRM (for project, security/military personnel, labor and GBV)</li> <li>Community feedback</li> <li>Vaccination program success stories</li> </ul>	<ul style="list-style-type: none"> <li>Public meetings in affected municipalities/villages (if permitted)</li> <li>Brochures, posters</li> <li>Information desks in local government offices and health facilities.</li> </ul> <p><i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, telephone calls, SMS, emails, radio, tv etc.)</i></p>	<ul style="list-style-type: none"> <li>Affected individuals and their families</li> <li>Local communities</li> <li>Vulnerable groups</li> </ul>	<p>Environment and Social Specialist</p> <p>PMU</p> <p>Provincial &amp; District Health Departments</p>

<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> <li>• <i>Vaccination program success stories</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Disclosure of information through Media including social media, Brochures, flyers, website, etc.</i></li> <li>• <i>Public meetings in key locations</i></li> <li>• <i>Information desks in key Institutions</i></li> <li>• <i>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, radio, tv etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public at large,</i></li> <li>• <i>Civil society organizations,</i></li> <li>• <i>Religious Institutions</i></li> <li>• <i>Regulatory agencies</i></li> <li>• <i>Media,</i></li> <li>• <i>Education Institutions</i></li> <li>• <i>Private sector</i></li> <li>• <i>Transport services.</i></li> </ul>	<p>Environment and Social Specialist</p> <p>PMU</p> <p>Provincial &amp; District Health Departments</p>
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## (ii) Stakeholder Engagement related to the Cash Transfer and In-Kind support Program

Enrolment information sessions for project beneficiaries will be conducted virtually, mainly via phone calls. Further Grama Niladaris, Development Officers, Elders Rights Promotion Officers, Community Based Rehabilitation (CBR) members, Social Services Officers etc. at Divisional level will create necessary awareness and dissemination application forms to eligible applicants. Local languages will be used in all engagements following appropriate social distancing protocols of the government. Engagement with inter-governmental/project staff, development partners/interested parties will be via phone calls, emails and virtual meeting platforms given social distancing requirements.

Stakeholder group	Key topics of consultation	Methods and channels	Timing
Beneficiaries receiving cash assistance for livelihood support	<ul style="list-style-type: none"> <li>• Submission of applications, accessibility to payments, any concerns and suggestions for improvements.</li> <li>• GRM/Appeal and feedback mechanisms</li> <li>• Health and safety risks including GBV risks</li> </ul>	Phone calls and house visits, Scorecards etc. Outreach activities (following safety precautions).	Throughout the project implementation
Households under quarantine receiving in-kind support (food packs).	<ul style="list-style-type: none"> <li>• Food items to be customized</li> <li>• Distribution process, any concerns and suggestions for improvements.</li> <li>• GRM/Appeal and feedback mechanisms</li> <li>• Health and safety risks including GBV risks</li> </ul>	Phone calls, emails & virtual meetings.	Throughout the project implementation
Rural committees, GNs, Divisional & District Secretariats, NSE, NSPD, MoF	<ul style="list-style-type: none"> <li>• Planned activities, E&amp;S principles, management of E&amp;S risks and impacts (e.g., ESMF, SEP, LMP)</li> <li>• GRM and feedback mechanisms</li> <li>• Payment &amp; food pack delivery regulations, procedures and practices</li> <li>• Key areas for capacity building for key stakeholders involved.</li> </ul>	Phone calls, emails & in-person/ virtual meetings.	Throughout the project implementation

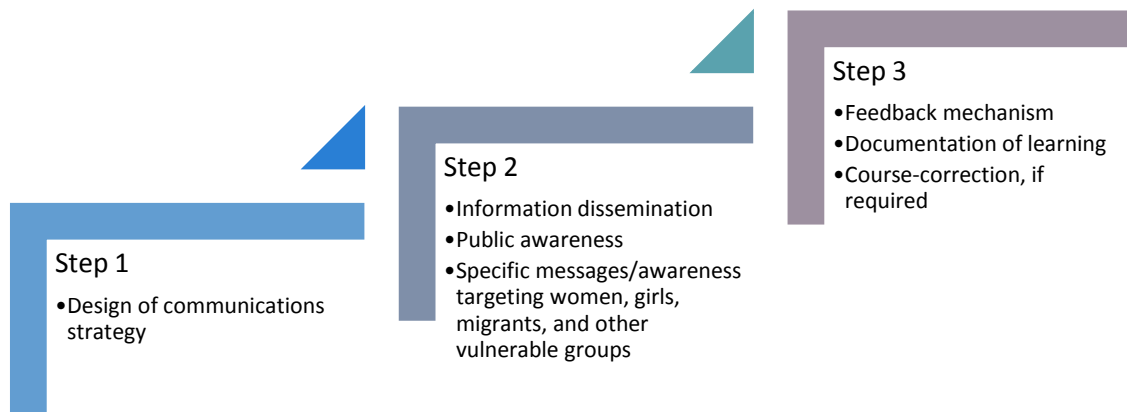
Other Government agencies, NGOs donors, etc. (involved in supporting vulnerable groups)	<ul style="list-style-type: none"> <li>Planned activities, E&amp;S principles, management of E&amp;S risks and impacts (e.g., ESMF, SEP, LMP)</li> <li>Payment delivery regulations, procedures and practices</li> <li>Progress of the Cash transfer&amp; in-kind support program implementation</li> </ul>	Phone calls, emails & virtual meetings.	Throughout the project implementation
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**e) Public awareness related to Health Interventions including for the vaccination program**

One of the key activities under Component 1 of the project is ‘Risk Communication, Community Engagement and Behavior Change’ through a comprehensive SBCC strategy. Specific areas/activities for focus in the strategy will include: promotion of behaviors to complement social distancing (e.g. personal hygiene promotion, including promoting handwashing and hygiene, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic) and with a special emphasis on Colombo district where the population density is so high that transmission is much more quickly to spread.

The communication campaign for the vaccination program will focus on demand generation in communities, clarifying target groups and removing misconceptions related to vaccinations while ensuring having a community feedback loop to receive feedback. The vaccination awareness campaign will also seek to build public trust on COVID-19 vaccines, using data and evidence to dispel rumors and public misperceptions and to address vaccine hesitancy to improve demand generation. The context specific IEC/BCC materials will be developed targeting priority groups including catering to needs of women and other high-risks groups. The vaccination communication campaigns disclose information on: i) criteria, rational for prioritizing of high-risk groups, ii) guidance on accessing vaccination services, vaccination process and available facilities at the center for women and other vulnerable groups, iii) communications addressing common questions to dispel myths, fears and concerns about the vaccination, iv) facilities to manage Adverse Effects Following Immunization (AEFI) and other safety measures & protocols in place at the vaccination clinics; and v) available mechanisms to engage with health officials, to raise questions and provide feedback etc.

Community mobilization will take place through credible and effective institutions and methods to ensure that information reaches not only the national level but also the local population. School closures will have implications for the education sector at large, and this component will support measures to mitigate these effects as well as other effects of long-term social distancing. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstances. For stakeholder engagement relating to public awareness, the following steps will be taken:



### Step 1: Design of communication strategy

- Assessment of the level of ICT penetration among key stakeholder groups 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.
- Rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Preparation of a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures.
- Coordination with organizations supporting people with disabilities, elderly, and other vulnerable groups (e.g., Veddhas) to develop messaging and communication strategies to reach them.
- Preparation of local messages and pre-testing through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identification of and partnership with tele/mobile communication companies, ICT service providers, community groups and local networks to support the communication strategy. (e.g., 'Friends of the Facility' committees, other community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

### Step 2: Implementation of the Communication Strategy

- Establishment of processes/procedures for timely dissemination of messages and materials in local languages (Sinhala and Tamil) and also in English
- Adoption of relevant communication channels (including social media/online channels) for the dissemination in a culturally appropriate manner.
- Utilization of radio, short messages to phones, etc., 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, short messages to phones, etc
- Dissemination of specific messages/awareness targeting women/girls on risks and safeguard measures to prevent GBV/SEA in quarantine facilities and during vaccination deployment.
- Disseminate information to address issues of stigmatization and fears of healthcare workers,

affected people and those residing near hospitals treating COVID patients.

- Establishment of two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation, including to dispel myths, fears and concerns about the vaccination.
- Preparation and implementation of 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.
- Coordination/partnership with existing health and community-based networks (Friends of the Facility' committees), media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.
- 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.

### Step 3: Learning and Feedback

- Administering of scorecard periodically by the 'Friends of Hospital Committees' to receive ratings and feedback on the quality of health services provided by the respective hospitals pertaining to the project. This scorecard could be further converted into an online App where people could provide reviews and ratings remotely.
- Social media monitoring, direct dialogues and consultations, either managed virtually or done in a manner that would prevent COVID-19 transmission, to receive additional feedback that would complement the score card.
- Changes to community engagement approaches based on evidence and needs (including as determined through the results of the scorecard rating) and cultural appropriateness.
- Documentation of 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:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. 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 women groups, youth groups, training of peer educators, etc. 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, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at offices of Grama Niladari, Divisional/District Secretary, Municipal Council, Community health boards, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan and the Environmental and Social Management Framework (ESMF) have been prepared through consultative process, to the extent possible given the current circumstances, and was disclosed on 2020/03/25 on the World Bank website link:

<http://documents.worldbank.org/curated/en/373631585174010238/Stakeholder-Engagement-Plan-SEP-Sri-Lanka-COVID-19-Emergency-Response-and-Health-Systems-Preparedness-Project-P173867>

During implementation, the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed.

#### **f) Public awareness and information disclosure related to Cash Transfer & In-Kind Support Program**

The project documents, including the SEP, and details of the project Grievance Redress Mechanism will be disclosed in websites of: Ministry of Finance (MoF), Ministry of Health (The National Secretariat of Elders is now under) and State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development (National Disability Secretariat is now under). Below is a table showing the proposed strategy that will be adopted by the PCU for information disclosure, considering the needs of different stakeholders during project implementation. All information will be updated regularly so that it is kept up-to-date with the evolving situation and to include future stages of project including supervision and monitoring.

Stakeholder group	Key characteristics	Specific needs	Preferred Methods means	List of Information to be disclosed	Responsible Entity
<b>Project beneficiaries</b>	<p>Elderly, Persons with disabilities and Chronic kidney disease patients from low-income households.</p> <p>People who have lost incomes/livelihoods.</p> <p>Quarantined Households</p>	<ul style="list-style-type: none"> <li>- Communication to be done in clear manner in Sinhala &amp; Tamil.</li> <li>- Support in submission of applications.</li> <li>- Explanation of payment amounts, regularities &amp; payment methods</li> </ul>	<p>Mass Media (Radio, TV and e-newspapers) Social Media, Phone calls, SMS, information sessions during field visits, audio-visual materials, outreach activities (following safety protocols).</p>	<ul style="list-style-type: none"> <li>- Eligibility criteria/conditions, benefit amount, program duration, payment mechanism &amp; enrollment steps.</li> <li>- Application forms &amp; documents required to support application.</li> <li>- Contents and costs of the food packs</li> <li>- Contacts of GNs, Divisional &amp; District Secretariats, National Secretariat for Elders (NSE), National Secretariat for Persons with Disability (NSPD), Ministry of Finance (MoF), &amp; Ministry of Health (MoH), State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development.</li> <li>- Information about GRM (incl. for GBV-related issues)</li> <li>- SEP, LMP, ESMF, ESCP (in project and World Bank's external website)</li> </ul>	<p>Rural committees, GNs, Divisional &amp; District Secretariats, NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development &amp; relevant PCU / PMU.</p>
<b>The Public</b>	<p>Households in Sri Lanka; of variety of deciles, educational levels, geographic areas, age, gender</p>	<ul style="list-style-type: none"> <li>- Communication to be done in a clear manner, including relevant facts, in Sinhala, Tamil and English.</li> </ul>	<p>Mass Media (Radio, TV and e-newspapers) Social Media (Governmental platforms), outreach activities, audio-visual materials</p>	<ul style="list-style-type: none"> <li>- Explanation about program (objective, duration, target population, selection criteria, sources of data)</li> <li>- Share experiences on the impact of the project, incl. on vulnerable households</li> <li>- Sensitization on payment methods</li> <li>- Explanation about how the program and other governmental programs are implemented in a complementary manner</li> <li>- Information about GRM (incl. for GBV-related issues)</li> <li>- SEP, LMP, ESMF, ESCP (in project and World</li> </ul>	<p>GNs, Divisional &amp; District Secretariats, NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development &amp; relevant PCU / PMU.</p>

Stakeholder group	Key characteristics	Specific needs	Preferred Methods means	List of Information to be disclosed	Responsible Entity
				Bank's external website)	
<b>Government officials, including, other concerned ministries/agencies</b>	MoF, MoH, Department of Social Services, Ministry of Samurdhi, Divisional & District Secretariats, NSE, NSPD.	Brief and clear, in working language.	Emails, phone calls/SMS and virtual meetings as possible	<ul style="list-style-type: none"> <li>- Brief about the project, launch date, objectives and the role of GNs, Divisional &amp; District Secretariats, NSE, NSPD, MoH, MoF &amp; PCU. in targeting, data verification and payment.</li> <li>- Share experiences on the impact of the project, incl. on vulnerable households</li> <li>- Explanation about how the program and other governmental programs are implemented in a complementary manner.</li> </ul>	NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development & relevant PCU / PMU.
<b>Mass media and associated interest groups</b>	Dissemination channel of news and information, local and international NGOs, digital/web-based entities, and their associations.	Frequent updates that are accurate.	Depends on the media type and technology use (TV, radio, social media, etc.)	<ul style="list-style-type: none"> <li>- Information about the program objective, target groups, duration of support and showcase of the positive effect it will have on targeted beneficiaries</li> <li>- Experiences on project impact the impact of the project, incl. on vulnerable households</li> <li>- Explanation about how the program and other governmental programs are implemented in a complementary manner</li> <li>- SEP, LMP, ESMF, ESCP (in project &amp; WB's external website)</li> </ul>	NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development & relevant PCU / PMU.
<b>Other development partners engaged in COVID-19 response</b>	Financing or supporting COVID-19 projects/ initiatives in the Sri Lanka through loans, funds, technical assistance	Regular	Emails (status reports), briefing notes, and virtual meetings	Project implementation updates; in line with the planned activities, outputs and outcomes	NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development & relevant PCU / PMU.

Stakeholder group	Key characteristics	Specific needs	Preferred Methods means	List of Information to be disclosed	Responsible Entity
<b>Vulnerable groups</b>	Illiterate, without access to internet and other government services, limited mobility, in remote locations, survivors of GBV, SEA, SH	Audio communication in Sinhala & Tamil, using simplified terms; Support in enrollment and application; written guidance provision in Sinhala & Tamil.	Phone calls, audio-visual materials, outreach activities, house visits by community and other workers mobilized GN & DS.	<ul style="list-style-type: none"> <li>- Program duration and objective</li> <li>- Eligibility criteria/conditions, Benefit amount, payment mechanism &amp; enrollment steps.</li> <li>- Application forms &amp; documents required to support application</li> <li>- Contacts to reach for support</li> <li>- Information about GRM (incl. for GBV-related issues)</li> <li>- SEP, LMP, ESMF, ESCP (in project and World Bank's external website)</li> </ul>	Rural committees, GNs, Divisional & District Secretariats, NSE, NSPD, MoH, MoF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development & relevant PCU / PMU.

## f) Information disclosure related to Health Interventions including for COVID Vaccination

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local languages both in Sinhala and Tamil, the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in every district, division and at every Grama Niladari division, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local communities. The involvement of military personnel in carrying out the vaccination program and other involvements will be disclosed and feedback will be solicited from the relevant stakeholders to manage risks associated with the same.

The strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<b>Preparation of social distancing and SBCC strategy including for the vaccination program</b>	<i>Government entities including Provincial Councils; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&amp;S principles and obligations (e.g., ESMF, ESCP, etc), Consultation process/SEP, GRM, update on project development, details of the vaccination program including involvement of military (guidelines, cocs, GRMs etc.).</i>	<i>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 meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
<b>Implementation of public awareness campaigns including for the vaccination program</b>	<i>Affected parties, public at large, vulnerable groups, Indigenous Veddha community, public health workers, government entities, other public authorities including Provincial Councils.</i>	<i>Update on project development; the social distancing, SBCC strategy &amp; details of the vaccination program including involvement of military (guidelines, cocs, GRMs etc.)</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls,</i>

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
			SMS, etc).
<b>Site selection for local isolation units, quarantine facilities and vaccination clinics.</b>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, operational guidelines for vaccination clinics, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development.</i>	<i>Public notices; Electronic publications and press releases on the Project website &amp; via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<b>During preparation of ESMF, ESIA, ESMP</b>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial Councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, operational guidelines for vaccination clinics, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development,</i>	<i>Public notices; Electronic publications and press releases on the Project website &amp; via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<b>During project implementation</b>	<i>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, SMO PCLGA, airline and border control staff, police, military personnel, government entities, Municipal councils;</i>	<i>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development including vaccine rollout progress.</i>	<i>Public notices; Electronic publications and press releases on the Project website &amp; via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

**Information disclosure for the Vaccination program:**

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing, National Deployment and Vaccination Plan for COVID-19 (NDVP) is to reach 20% of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. 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;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; 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 will answer frequently asked questions by the public and the different concerns raised by stakeholders.

As 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 will 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.

As the army is supporting the MoH to carryout vaccinations, the communication strategy will be rolled out to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

#### **g) 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 the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

Changes in preparedness and response interventions will be announced and explained ahead of time and will 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. The PMU-MOH & PCU-MoF will thereby adapt to different requirements.

#### **h) 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 vaccination services and other challenges they face at home, at work places and in their communities, as per the stakeholder engagement plans described in the earlier sections. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF, to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women including survivors of GBV, SEA, SH:
  - 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 the literacy levels of women while developing communications materials; consider provisions for childcare, transport, and safety for any in-person community engagement activities, discuss measures to respond to GBV issues, about the available support systems & psychosocial services for survivors of GBV, SEA, SH.
  - ensure equitable targeting of vaccines among women especially high-risks groups during vaccine deployment by working with PH midwives and CSOs which work on women's rights to ensure information around the vaccines and have access to the vaccine and by conducting sessions with families, religious leaders and community leaders within communities to educate them on the importance of gender equitable access to the vaccine while addressing misinformation which may prevent families from getting vaccinated.
  - 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.
- During vaccinations, organize separate queues for and help pregnant mothers including mothers with infants, including for elderly, have segregated toilets and have at least one female staff or female military cadre in place etc. at vaccination centers.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk and 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, text captioning for hearing impaired, online materials for people who use assistive technology.



- Illiterate or those with limited education - use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques.
- Daily wage earners, unemployed & homeless - assess/understand their sources of information, use audio and visual communication techniques to engage as some may be illiterate, work with social service/protection agencies to better understand the issues of this category and better target the communications and interventions.
- 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.
- Other vulnerable groups (e.g. Veddas), including those in remote and inaccessible areas - assess/understand their sources of information, prepare public awareness and dissemination materials in relevant languages, tailor messages to the cultural contexts and work with relevant institutions to engage this category of people and disseminate information.

## 7. Resources and Responsibilities for Implementation of SEP

### a) Resources

**Health interventions and vaccination program:** - While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the SMOPLGA are responsible for the implementation of the vaccination program at the provincial and district levels. Thus, the MoH will be working closely with the SMOPLGA in the project management structures and directly with the provinces and their department of health services in coordinating, monitoring, and reporting on the project implementation. The Project Management Unit (PMU), established within the MoH under the World Bank assisted PSSP will be in charge of implementing the stakeholder engagement activities in partnership with the Health Promotion Bureau.

**Cash & in-kind transfer program** – Post the parliamentary elections held in August 2020, the Ministry of Women, Child Affairs and Social Security (MoWCS) and major functions particularly in the context of implementation of sub-component 1.2 have been bifurcated. The National Secretariat of Elders which administers the Elderly Allowance has been shifted under the Ministry of Health and the National Disability Secretariat which administers the Disability Allowance and the Allowance for Chronic Kidney Diseases is now under the State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development. Further, the Ministry of Finance (MoF) is administering (i) one-time cash transfer of LKR 5000 (about US\$30) to households who have lost their livelihoods due to COVID; and (ii) provision of a pack of essential goods (comprising of food rations and other essentials) for a value of LKR 5,000 per week for families in quarantine; through the District & Divisional Secretaries and Grama Niladhari's in the division.

The budget for the SEP is included under Component 1: Emergency Response for COVID-19 under *Community Engagement and Risk Communication*, and will approximately US\$ 5 million.

### b) Management functions and responsibilities

The activities in the SEP related to Health interventions including the vaccination program will be implemented by the on-going Bank-funded Primary Sector Strengthening Project (PSSP) under MoH which will be strengthened as necessary with additional staffing and resources. Until a dedicated Environment, Health and Safety Specialist and a Social Development Specialist is recruited to specifically support the emergency operation, the PSSP PMU will be supported by designated specialists from (i) the Directorate of Environment, Occupational Health and Food Safety to cover environmental aspects, and (ii) the Health Promotion Bureau to cover social aspects.

Accordingly, advocacy and communication, including risk communication, will be carried out by the Health Promotion Bureau (HPB), together with relevant program stakeholders of the Epidemiology Unit, Ministry of Health, other health officers, and other partners. The PMU at the MoH will be working closely with the SMOPLGA in the project management structures and directly with the provinces and their department of health services in coordinating, monitoring, and reporting on the implementation of stakeholder engagement activities.

The activities in the SEP related to Cash & in-kind transfer program will be implemented by the relevant Ministries. The Ministries will work together to implement stakeholder engagement activities.

Arrangements	Roles and responsibilities
Project Steering Committee (a 22-member committee comprised of members of the National Action Committee set up by the MoH – Secretary of MoF also represented),	Oversee multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. Provide oversight and guidance for the implementation of project activities, including the SEP.
PMU at the MoH, Health Promotion Bureau, Epidemiology Unit, Ministry of Health, Regional Director of Health Services (RDHS) Provincial Director of Health Services (PDHS) Director General of Health Services (DGHS).	<p>Implement the behavior change communication activities in partnership with Health Promotion Bureau.</p> <p>Implement the stakeholder engagement activities to together with support of public health workers, the project will also partner public education institutions, provincial councils and religious and community leaders to rollout the communication and behavior change campaign.</p> <p>Document stakeholder engagement activities and share with the World Bank through quarterly progress reports.</p>
PCU at the MoF, Divisional & District Secretariats, NSE & NSPD.	<p>Implement the stakeholder engagement activities to together with staff attached to the Divisional Secretariats – supported by Development officers, Elders Rights Promotion Officers, Social Services Officers, Grama Niladari's etc.</p> <p>Document stakeholder engagement activities and share with the World Bank through quarterly progress reports.</p>

## 8. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first);

The project has implemented two separate GRMs:

- The first GRM is for the Health sector, which operates under the Ministry of Health (MoH), which receives grievances related to the activities implemented by the MoH & SMOPLGA under the parent project and the AF vaccination program (for first and second AFs).
  - The GRM for the Health Interventions is operated at the Office of Additional Secretary Medical Services. The Project Director of the PMU coordinates with the Office of Additional Secretary Medical Services for the collation and reporting of GRM at the Project level. Hence Project Director of the PMU is responsible and accountable for the final collation and reporting on GRM issues including reporting on beneficiary feedback.
  - This project supported GRM functions as the National Grievance Management System for Health Services. Grievance can be received through postal mail, e-mail (Suwasawana@health.gov.lk), short cord hotline (1907) and social media including WhatsApp & Viber. National call center is well resourced, can receive complaints in all local languages. GRM units have been established and awareness created in island wide in all hospitals. In addition to awareness done at hospitals, GRM details were published in the MoH website and through other ministry newsletters.
  - Grievances are manually analyzed and forwarded to relevant departments in the MoH for responses. Procurement is ongoing to install an IT system to automate the GRM. The national call center has been adequately staffed and is able to receive complaints in English and in the two local languages. GRM units/committees have been established at in Hospitals nationwide.
  - Since the establishment of the GRM, 1552 grievances have been received and 1314 have been resolved. As the project supports the entire health system, it is not possible to separately identify grievances related to project financed activities. However, the GRM at the moment analyzes the different types/categories of grievances received.
  - From the grievances received, 928 of the grievances were from people requesting Pfizer vaccine and others vaccine related enquiries such as requesting vaccines / vaccine certificates for foreign employees and individuals to be immigrated, requesting vaccines for elderly, people with special needs and pregnant mothers. Accordingly, the GRM guided the callers to information sources and also diverted the calls to MoH information hotline 1906 .

- Based on the types of grievances received, MoH strengthened its communication activities to address information gaps, e.g.: MoH encouraged public to not pick and choose vaccines, but to take the most accessible vaccine.
- At military run vaccination centers also complaint reporting hotlines and recording books are available. Going forward, project will ensure the project will continue publicly disclose GRM details throughout the country through broadcast and print media. The grievance redress system will also be equipped to further to handle cases of SEA/SH with a survivor-centered approach and refer cases to key GBV service providers eg: MoH GBV Care centers (Mithuru Piyasas) , NGOs (e.g. Women In Need) etc.
- The second one, is for the Cash/In-kind transfer program, which operates under the Ministry of Finance (MoF), which receives grievances related to Cash/In-kind transfer program supported under the AF of the parent project.
  - The Director General, National Planning Department (ND, NPD) at the Ministry of Finance (MoF) through the PCU coordinates with the respective departments, including district and divisional secretariats for the collation and reporting of GRM at the Project level. Hence the ND, NPD at the MoF has the overall responsible and accountable for the final collation and reporting on GRM issues including reporting on beneficiary feedback.
  - PMU is currently involved in gathering and analyzing the grievances and is expected to submit a report to WB.

For the project, two GRMs are proposed due to the following reasons:

- Grievances need to be resolved by relevant Ministries because project activities are implemented by different Ministries namely a) Ministry of Health and Indigenous Medical Services (MOH) and b) Ministry of Finance (MoF). As a result, responsibility of handling the grievances will fall on all these ministries.
- The type of grievances received will be different because activities implemented by the two ministries are entirely different. MoH is responsible for implementation of all health interventions to upgrade and equip health systems and strengthen health services to response to the Covid. While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the SMOPLGA are responsible for the implementation of the vaccination program at the provincial and district levels.
- On the other hand, NSE & NSPD is responsible for providing cash transfers to elderly, people with disabilities and CKDu patients in low income households and cash & in-kind support will be provided under the MoF through the District & Divisional Secretaries.

Therefore, considering the need to efficiently resolve grievances with the involvement of the relevant ministries implementing diverse activities, in consultation with the respective Ministries, the decision was made to have separate GRMs. MoH which will handle grievances related to health interventions including ones related to activities implemented by SMOPLGA and MOF will handle grievances related to the cash & in-kind transfer program.

## a) GRM under the MoH (for the health interventions including for the vaccination program)

### Description & Structure of GRM

The same GRM mechanism used by World Bank assisted PSSP will be used for the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project, which functions as the national GRM for the Health Sector. This GRM can be used to report grievances related to military involvement as well, such as during the operation of the vaccine program by the Army Medical Corps.

The GRM mechanism proposed for PSSP is a 4-tire GRM (please see figure 1) designed as per the guidelines developed by MoH for 'Community Engagement and Grievance Redress Mechanism'.

The GRM will be operated at 4 levels by the following institutions:

- Tire 1:(MOH/Divisional level) Primary, Secondary, Tertiary Medical Care Institutions – these include all hospitals, hospitals where case are treated and isolation/quarantine centers
- Tire 2 (District level): Regional Director of Health Services (RDHS)
- Tire 3 (Provincial level): Provincial Director of Health Services (PDHS)
- Tire 4 (National level): Office of Additional Secretary Medical Services at MoH.

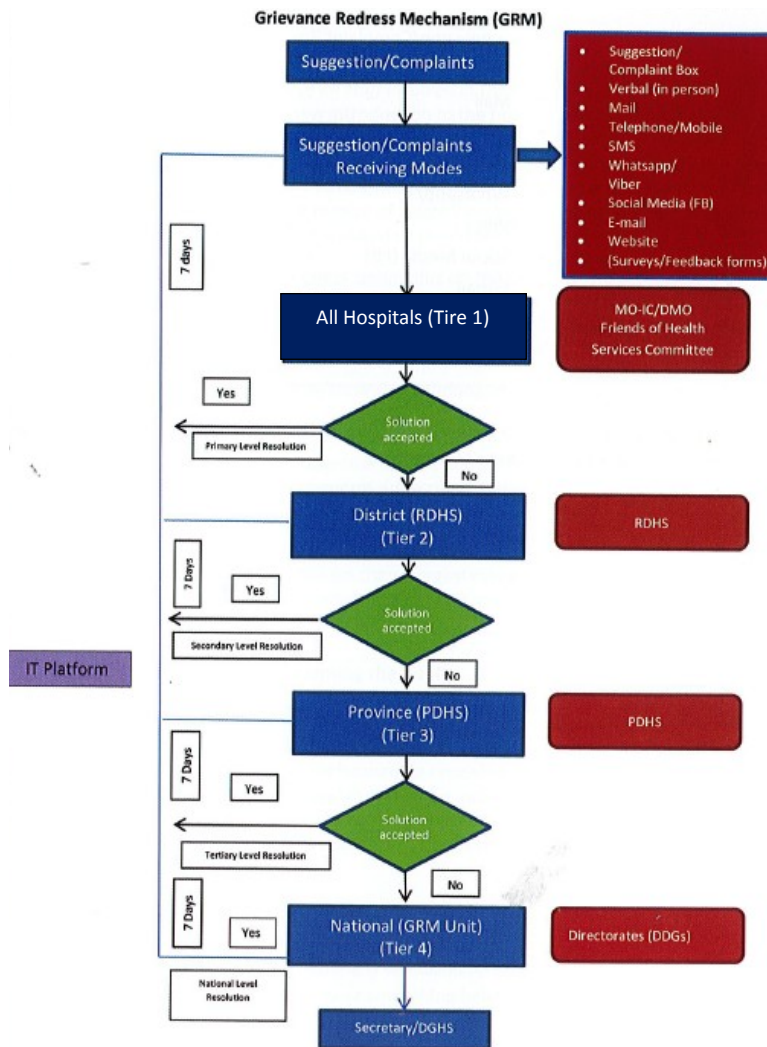
### Complaint Handling Process

- **Step 1:** Submission of grievances either orally, in writing via suggestion/complaint boxes, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, viber, FaceBook etc.), email, website, and via 'Friends of Facility' committees at community level to any of the 4 tires. The GRM will also allow anonymous grievances to be raised and addressed, including those relating to security/military personnel.
- **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 immediately as possible at the tire 1 level focal point (Nursing 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. At each level, there will be committees designated to resolve grievances.
- **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 the MoH.

Initially, GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Monthly/quarterly reports in the form of summary of complaints, types, actions taken and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at levels, including to RDHS, PDHS, AS and to the secretary of MoH. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

The typology will be based on:

- The characteristics of the complainant: e.g., vulnerable groups, persons with disabilities, people with language barriers, etc., and
- The nature of the complaint: e.g., disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, GBV related complaints, concerns or complaints regarding the conduct of armed forces etc.



## b) GRM under the MoF (for the Cash Transfer & in-kind support program)

### GRM Description & Structure

For the Cash/In-kind transfer program, the GRM will operate under the Ministry of Finance (MoF). Given the emergency nature of the cash & in-kind transfer program, all grievances will be handled at the Divisional Secretariat level. However, grievances can be submitted to the District Secretariat, National

Secretariat for Elders (NSE) or to National Secretariat for Persons with Disability (NSPD). Therefore, while GRM will have 4 tires to submit grievances, processing of grievances will all take place at Tire 1 - Divisional Secretariat level. Details of the 4 tires are given below:

- Tire 1 (Grama Niladrari): Grama Niladrari Office - Grama Niladrari Officer will be the focal point.
- Tire 2 (Divisional level): Divisional Secretariat (DS)- Divisional Secretary will be the focal point.
- Tire 3 (District level): District Secretariat (DS) - District Secretary will be the focal point.
- Tire 4 (National level):
  - o National Secretariat for Elders (NSE): Director of the Secretariat will be the focal point.
  - o National Secretariat for Persons with Disability (NSPD): Director of the Secretariat will be the focal point.
  - o Director General at National Planning Department of the Ministry of Finance.

### Complaint Handling Process

**Step 1: Submission of grievances** – Grievances can be submitted directly to the Grama Niladari (i.e. Village government administrator/officer) in writing, sms or over the phone. Grievances can also be directly submitted in writing, sms, email or by calling the Divisional Secretariat, District Secretariat, NSE & NSPD. The village-level pandemic response committees established at the Grama Niladari level will review the grievance/complaint. The committee comprises representatives from the local authority, Grama Niladari (Village Officer), Family Health Service Officer, Economic Development Officer, Samurdhi Development Officer, and Agriculture Research Officer. The resolutions/recommendations made by the village committee, will be submitted to Divisional Secretary for approval.

**Step 2: Forwarding of grievances to Divisional level** (acknowledgement within 5 days) – Divisional Secretariat is responsible for approving the resolutions made by the Village committees at the Grama Niladari level. In addition, all grievances received by the District Secretariat, NSE, NSPD & MoF will be forwarded for assessment and resolution to the Divisional Secretariat within 2 days. The Divisional Secretariat will send an acknowledgment of the receipt of the grievance within 5 days.

**Step 3: Assessment and resolution** (within 2 weeks) – As soon as a grievance is received, the Divisional Secretary (DS) will assign a relevant officer or appoint Committee to assess the case by conducting a field visit. Subsequent to the field visit, the relevant officer or committee will submit a report of their assessment and their decision to the DS. The DS will review the report and decide whether to approve the recommendations given in the report. Accordingly, the Complainant will be informed in writing about the decision of the DS. Within 3 weeks the grievances will be resolved, and the Complainant will be informed of the decision.

**Step 4: Appeal process** – this will be similar to step 3. All appeals will also be forwarded to the DS and after an assessment a decision will be made, which will be informed to the Complainant.

Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he is free to take legal recourse.

Based on the complaints received in the existing cash & in-kind transfer program, some of the common complaints are:

- Those in waiting list wanting to know when they will be added to the beneficiary list
- New applicants and rejected applicants appealing to be included into the cash & in-kind transfer program



- Beneficiaries complaining about late payments.

Monthly/quarterly reports in the form of summary of complaints, types, actions taken and progress made in terms of resolving of pending issues will be submitted by the District Secretariat, National Secretariat for Elders or the National Secretariat for Disabled to the relevant Ministry.

### **c) Handling Gender Based Violence (GBV) issues**

World Bank Group's 'Technical Note on SEA/H for HNP COVID Response Operations,' Inter-Agency Standing Committee's 'Interim Technical Note: Protection From Sexual Exploitation and Abuse (PSEA) during COVID-19 Response,' 'The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific,' 'UN Women, 2020 and the COVID-19 resources to address gender-based violence risks', will be used as a guide towards the design and implementation of GBV prevention measures. Specific steps that will be taken will include:

- Publicly post or otherwise disseminate messages clearly prohibiting (sexual exploitation and abuse (SEA)/ sexual harassment (SH) during community interactions. Key messages to be disseminated will focus on : i) No sexual or other favors can be requested during provision of cash & in-kind transfer; ii) Government staff/social workers are prohibited from engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse to be reported to the GRM.
- Prepare and implement and train all workers in regard to GBV prevention protocols during community engagement activities. First respondents to be trained on basic skills to respond to disclosures of GBV, in a compassionate and non-judgmental manner and know to whom they can make referrals to.
- Ensure GBV psychosocial support services are identified and are ready to support victims.
- GRM to have procedures to handle allegations of GBV/SEA/SH violations and to immediately notify to respective Ministries namely MOH, SMOPLGA, MOF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development and the World Bank of any GBV complaints, with the consent of the survivor.

The conduct of the military personnel engaged with the public is governed by the Sri Lanka Army Act 1949 and persons found guilty of violation of prescribed behavior and misconduct will be punished under the provision of "punishments by courts martial in respect of civil offences" thereof. The army personnel have also been trained by the 'Directorate of Human Rights and International Humanitarian Law' established within the army. Presence of military police at community vaccination centers is also mandatory as army personnel involved in public activities have to be accompanied by the military police. In addition, complaint reporting hotlines and recording books are available at all vaccination centers operated by the army.

In addition, first responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to

provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country . Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH, SMOPLGA and the World Bank of any GBV complaints, with the consent of the survivor. The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations and cases will be referred to GBV service providers that have been identified from the MoH which is their GBV Care centers (Mithuru Piyasas) and from the NGOs, organizations such as Women In Need) etc. WB has also done additional service provider mapping and the details will be made available as required to the client.

**d) Reporting on GRM and Beneficiary Feedback**

Monthly and 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 the designated GRM focal person, and referred to the senior management of the project. The quarterly 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.

Specific responsible entities for collating and reporting on GRM and on beneficiary feedback:

GRM	Final collation and reporting on GRM issues including reporting on beneficiary feedback.
GRM for the Health Interventions	<p>The GRM for the Health Interventions will be operated at the Office of Additional Secretary Medical Services.</p> <p>The Project Director of the PMU will liaise with the Office of Additional Secretary Medical Services for the collation and reporting of GRM at the Project level.</p> <p>Hence Project Director of the PMU will be responsible and accountable for the final collation and reporting on GRM issues including reporting on beneficiary feedback.</p>
GRM for cash and in-kind transfer	<p>The GRM for the for cash and in-kind transfer program will be operated under the Ministry of Finance.</p> <p>The Director General, National Planning Department (ND, NPD) at the Ministry of Finance (MoF) through the PCU will coordinate with the respective departments, including district and divisional secretariats for the collation and reporting of GRM at the Project level.</p> <p>Hence the ND, NPD at the MoF will be overall responsible and accountable for the final collation and reporting on GRM issues including reporting on</p>

	beneficiary feedback.
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## 9. Monitoring and Reporting

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.

The relevant Ministry will submit quarterly and annual reports on stakeholder activities implemented, updates on the status of grievances received and resolved, including , type of complaints received and also regards beneficiary feedback received. In addition, they will provide details on how beneficiary feedback was used to improve project activities and procedures, including community engagement approaches, based on evidence and needs and cultural appropriateness. Further, the feedback will also be used as part of documentation of lessons learned to inform future preparedness and response activities.

Following beneficiary feedback indicators are to be monitored by respective Ministries:

### **Health Interventions & vaccination program (PMU – MoH):**

- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
- Number of changes made in project activity/implementation based on feedback received from the scorecards (annually).

PMU-MoH will be working closely with the SMOPLGA in the project management structures and directly with the provinces and their department of health services in coordinating, monitoring, and reporting on the project implementation.

**Cash & in-kind Transfer programs (PCU / PMU – MoF & State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development:**

- Beneficiary satisfaction with the Cash & in-kind grants enrollment and payment processes (percentage by gender)
- Percentage of grievances addressed within 2 weeks

Monitoring and reporting commitments and responsibilities in relation to implementation of SEP are as follows:

Area	Monitoring & reporting commitments	Frequency / Duration	Responsibilities
Stakeholder engagements & communication activities	Update on project's interactions (communications and consultations) with the stakeholders – details of communication activities (with samples), including methods used, stakeholders consulted, findings from consultations and responses provided and any actions taken.	Quarterly and Annual – throughout implementation	PMU – MoH PCU / PMU – MoF & State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development
Beneficiary feedback & learnings	Results from beneficiary feedback indicators and other surveys/scorecards. Measures to incorporate beneficiary feedback to improve project design and delivery. Documentation on lessons learnt for future programs.	Annual – throughout implementation	PMU – MoH PCU / PMU – MoF & State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development
GRM	Summaries of grievances, inquiries and related incidents, the number, the nature of complaints, associated corrective/preventative actions taken in a timely and effective manner.	Quarterly and Annual – throughout implementation	PMU – MoH PCU / PMU – MoF & State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development

## Annex 1: Details of the Consultations done in relation to the Health Interventions

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to few face-to-face and telephone interviews with relevant government officials, health experts, hospital administrators, police, institutions working in health sector and representatives from vulnerable groups. Consultations particularly for the preparation of the SEP and ESMF were carried out from 17-19 April 2020 and 31 respondents were interviewed during the consultations. These consultations were carried out by Health Promotion Bureau with the support of Project Management Unit of the PSSP project and Public Health Specialists in targeted four high risk districts for COVID (Colombo, Gampaha, Puttalam & Kandy). World Bank provided necessary technical guidance in preparing the questionnaire and the interview guidelines. Given below are the details of the 31 respondents and the analysis of the discussion:

Stakeholder Category	Participant type, # interviewed & location
District administration	Government Agent (1) - Puttalam Divisional Secretary (1) – Kandy Grama Niladhari (1) – Kandy Public Health Inspector (4)– Colombo (1), Gampaha (1), Puttalam (1) & Kandy (1) Police Officer (1) – Colombo Assistant Director Disaster management (1) – Gampaha
Health Administration	Regional Director of Health Services (2) – Kandy (1) & (1) Medical Officer Planning (3) – Puttalam (1), Gampaha (1), Kandy (1) Regional Epidemiologist (2) – Kandy (1), Puttalam (1)
Health workers	Medical Officer of Health (4) – Colombo (1), Puttalam (1), Gampaha (1) & Kandy (1) Medical Officer In charge (1) - DH, Akurana/Kandy Nursing officer (2) - Colombo (1) & DH Akuran/Kandy (1) Midwife (1) - Colombo Cardiologist (1) – NHSL/Colombo
Vulnerable groups	Patient who was infected with Covid-19 (1) - Colombo Elderly person (2) – Colombo (1 in elders' home) & Kandy (1) Person with a chronic illness (1) – Colombo Daily wage earners (1) – Colombo
Communities/Civil society	NGO (World vision) worker (1) - Gampaha Housewife from the Community (2) – Puttalam (2), Kandy (1) Person Living near Infectious Diseases Hospital (1) – Colombo (1)
<b>Total</b>	<b>31</b> - Colombo (11), Gampaha (5), Kandy (11) Puttalam (6)

## Analysis of the Consultations

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
<p><b>Health &amp; Safety -PPEs, Disinfectants &amp; Clinical Waste Disposal</b></p>	<p>Health staff, especially the field health staff lack quality PPEs. Locally made PPE do not meet the required quality standards. Due to lack of PPE sometimes optimum care is not provided to patients as health staff are worried about contracting the disease.</p> <p>There is also inadequate supply of chemicals for disinfection and limited number of spray machines available at hospitals. As a result, cleaning of floors and surfaces are not done properly, and disinfection procedures are not followed properly. There is also lack of handwashing facilities in hospitals.</p> <p>Lack of clear guidelines/procedures for safe disposal Clinical waste and non-biodegradable PPEs is also an issue.</p> <p>Law enforcement also lack adequate PPEs, disinfectants and clear guidelines/procedures on occupational health and safety.</p>	<p>Take measures to urgently supply all health staff especially field health staff with urgent quality PPEs and ensure consistency of the supply of PPEs.</p> <p>Establish a mechanism to supply disinfectants and the required number of spray machines to hospitals. Disinfection procedures should be strictly enforced in all hospitals. Hand washing facilities need to be arranged at all clinics and hospitals. Continuous supply of hand sanitizers and face masks should also be made available to other officials in other sectors that interact with public (e.g., law enforcement officers), including necessary training on occupational health and safety.</p> <p>Establish clear guidelines for safe and systematic disposal of clinical waste and non-biodegradable PPEs. Also promote use of biodegradable PPEs.</p>	<p>The project will procure of essential PPEs for all primary, secondary and tertiary care hospitals.</p> <p>The project will include a Health Care Waste Management Plan (HCWMP) which will include specific guidance and protocols on developing site-specific HCWMPs taking into consideration (i) existing treatment and disposal methods within the facility; (ii) current treatment capacity; (iii) rapid measures needed to augment capacity; and/or (iv) alternative disposal methodologies. WBG EHS Guidelines, such as those related to Community Health and Safety will apply to the extent relevant. Further, health staff will be trained regards to preventions of intra-hospital infections, particularly medical waste management and disposal systems, management of patients with infectious diseases, including dead bodies, and instituting a system to monitor the same. Non-pharmaceutical interventions (NPIs) such as handwashing, sanitizing and cleaning surfaces, etc., will also be promoted with at primary medical care institutions and during planned home visits by field health staff.</p>

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
<p><b>Hospital Facilities - Drug supply, Equipment, ICT &amp; Infrastructure</b></p>	<p>In most hospitals and clinics essential drugs were not available to treat patients. Due to travel restriction, it was also a challenge to distribute essential drugs to patients.</p> <p>There is a lack of facilities to carryout Covid related investigations within a region. All hospitals, MOH offices &amp; clinics need to be upgraded (isolation areas, wards, labs etc. ) to handle Covid-19 situation and prevent transmission. Hospital preparedness for isolation, investigation and treatment of Covid-19 patients should be improved.</p> <p>Delays in procurement processes &amp; supply interruptions during construction work should also be addressed.</p> <p>There is inadequate ICT technology for all levels of health staff to engage, coordinate and hold meetings remotely. Field health staff also not provided with adequate data/credit to carry out their duties / engage with communities in an effective manner.</p>	<p>Establish a mechanism to purchase drugs locally through a multisector stakeholder approach, mobilize non-health stakeholders to distribute medicine and establish a systematic mechanism to provide medication to clinic patients.</p> <p>Improve investigation facilities within the region. Upgrade health care facilities to mitigate risks of Covid-19 transmission. Renovate/refurbish infrastructure and construct new ones such as isolation areas, wards, labs etc. In addition, ensure urgent procurements and renovations are expedited and completed in a timely manner.</p> <p>Increase ICT technology at all levels such as web conferencing facilities and provide free of charge connectivity for field health staff, as a business continuity strategy because health is an essential service during pandemics.</p>	<p>The project will supply essential equipment (ICU beds, oxygen delivery units etc.) and drugs for all primary, secondary and tertiary care hospitals etc. following a needs assessment.</p> <p>The project will upgrade facilities and safety systems, setting up isolation units/wards, screening posts, ISUs and laboratories. Laboratory facilities will be strengthened by providing the necessary testing kits, equipment for safe transport of biological samples, training and re-orientation of lab technicians on standardized sample collection, channeling and transportation for infectious diseases, and decontamination practices. The proposed procurement approach for the project will fast track emergency procurement of goods, works and services with the support of WHO and other UN agencies (specifically WHO and UNICEF).</p> <p>Guidelines for engaging a network of private hospitals and laboratories for supporting care and testing will also be developed to support existing facilities and labs deal with surges in samples and patients. The project will support preparation of a Business Continuity Plan in healthcare institutions as well.</p>

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<b>Facilities for staff - Accommodation, meals and Transport</b>	<p>Frontline Health staff lack proper facilities such as accommodation, meals &amp; transport meals especially when working long shifts and early morning / night shifts.</p> <p>In addition to health staff, certain categories of staff such as Lab Technicians and Pharmacist also face transport issues due to their irregular working hours specially when curfew restrictions are enforcing. Midwives, PHIs &amp; Grama Niladaris also face similar issues related to accommodation and transportation when they have to conduct multiple field visits for long hours during lockdowns.</p>	<p>Establish a mechanism to arrange accommodation, meals &amp; transportation for health staff when they work long shifts allowing them to work effectively by providing them the essential facilities and provisions.</p> <p>Provide required transport facilities (motor bicycles and scooters etc.) for field health staff, including PHIs &amp; Grama Niladaris so they could reach communities and provide necessary services in a timely manner.</p>	<p>Project will provide public health cadres, mobility support such as two-wheelers to undertake field level follow up and support, in particular to those who are self-isolated or quarantined in their homes. Women health workers will be prioritized for this support;</p>
<b>Emergency Preparedness</b>	<p>Poor emergency preparedness is a serious issue to be addressed. Preparation of guidelines on control and prevention of Covid-19 has not been done in a timely manner.</p> <p>Health staff are not experienced in disaster management and implementation of hospital emergency preparedness plans. Increase in other diseases like Dengue could also compound Covid impacts.</p> <p>There were no resources allocated to carryout rapid assessments to assess</p>	<p>Develop emergency preparedness plans with funds allocated to immediately implement critical activities. Mechanisms for data collection/ compilation in emergencies and monitoring/evaluation mechanisms for early identification of risks and negative impacts should be strengthened. Theses mechanism could utilise already existing systems such the ones in place to control Dengue.</p> <p>Field health staff should be trained</p>	<p>The project will establish and strengthen an Emergency Operation Center at the Disaster Response and Management unit at the National level to improve coordination and timeliness of national level activities in emergencies of pandemic nature.</p> <p>Secondary and tertiary hospitals in particular will be additionally supported to develop an emergency preparedness plan and response protocols, including constituting emergency response teams in facilities to cater to both regular and infectious disease patients and a plan for re-deployment of health staff to address</p>



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	<p>risks and impacts. Also, there were no funds available at district level to effectively implement response measures.</p> <p>There are also human resource gaps (e.g. lack of Public Health Inspectors in some areas) that need to be filled.</p>	<p>on disaster management and implementation of hospital emergency preparedness plans. Ensure timely dissemination of guidelines on control and prevention of Covid 19.</p> <p>Implement safety measure once clinics become fully functional once curfews are lifted.</p>	<p>surges in potential ‘hotspots’. Medical officers of health, public health inspectors and public health midwives at health care facilities will also be trained in case identification, contact tracing, prevention and reporting through the existing surveillance information, based on standard guidelines.</p> <p>There will also be a re-organization of patient flows to limit transmission within healthcare facilities to reduce the risk of patients and healthcare workers becoming infected within the hospital.</p>
<b>Coordination</b>	<p>There are many coordination gaps that need to be improved to effectively respond to the pandemic. For example, communication with curative care institutions and inter-sectoral coordination needs to be improved. Further, coordination with non-health sector actors such as NGOs should be strengthened to better response to ground needs and reach at-risk communities.</p>	<p>Improve networking and communication between curative and public health sectors. Establish a district level intersectoral coordination platform with all the stakeholders’ participation including NGOs to support response measures. Strengthen coordination mechanisms at every level - e.g. MOH level, Ministry level etc. Reach consensus in delivering information and guidelines in a uniform and a consistent manner. Establish a proper monitoring mechanism to review progress and address issues/challenges in health response delivery.</p>	<p>Regional/district emergency operation centers, which will act as coordination units for emergency response will be established and strengthened. These will be linked to the national emergency response unit, under the Directorate of Disaster Response and Management, MoH and will coordinate sub-national emergency response strengthening the MoH’s pandemic response and coordination capabilities.</p> <p>A Multi-stakeholder Project Steering Committee (PSC) at the MoH will be established to provide oversight, monitor implementation progress and decide on critical actions to address implementation challenges. An Emergency Response Coordination Committee (ERCC) will also be</p>

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			established, chaired by the Secretary to the President. The ERCC will provide overall guidance and clearances to the technical team and its implementation plans. The ERCC will be responsible for coordinating with other line ministries.
<b>Communication &amp; Stakeholder Engagement/ GRM</b>	<p>There is also resistance from community and patients to change their routine behavior and comply with health and safety precautions and guidelines in place.</p> <p>There is no proper system/GRM to record complaints, issues and feedback of people. A mechanism to engage with communities via social media/web conferencing tools is also lacking. Some hotlines to raise queries (e.g. 1390 hotline) are not responding.</p> <p>Lack of proper awareness among vulnerable groups regards the entitlements and process for provision of welfare allowance resulted in raising unnecessary complaints against the government.</p>	<p>Carryout extensive awareness through mass media and conduct targeted training programs to achieve behavior change in communities and in patients visiting hospitals and clinics.</p> <p>Priorities the implementation of a GRM - establish a hotline/mechanism to receive complaints/suggestions and even allowing people to raise issues at higher levels. Streamline many multiple hotlines available so that there will be one hotline that is responsive and functional. There should also be online platforms for people to provide feedback and understand the issues at grassroots level.</p> <p>There should be clear and transparent awareness made among public, especially among the vulnerable groups regards procedures to apply for &amp; receive</p>	<p>The project will carry out awareness programs with the support of public health workers, public education institutions, provincial councils and religious and community leaders as feasible to ensure consistent and correct messaging is reaching the public. Training modules, slide sets and videos for training of health workers, other field level social workers will also be developed.</p> <p>Multiple channels including community networks will be used to reach vulnerable groups with targeted messaging. The project will strengthen existing toll-free call-in number that has been put in place to provide information, counselling and medical advice to citizens related to COVID-19, to ensure there is easy access and support as the number of patients and concerns among the general population rises. A Grievance Redress Mechanism will also be established for the project for addressing any concerns and grievances raised by people affected</p>

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		welfare support.	by project activities in an accessible, transparent and inclusive manner.
<b>Needs of Vulnerable groups</b>	<p>There is lack of health facilities to cater to the issues of vulnerable groups such as those having Chronic non communicable diseases (NCD). These groups including those in institutional establishment face challenges in terms of attending their routine clinics, accessing laboratory services and getting medicine delivered during lockdown periods. Since vulnerable groups have limited access to ICT facilities, they are not able to utilise systems established by hospitals to get medicine delivered and receive advice from doctors remotely.</p> <p>Vulnerable groups, especially daily wage earners are also faced with loss of income due to loss of employment. Hence, they are unable to afford their essential food requirements or unable to afford medication etc. for those sick in their households. Even elder care facilities, homes for the differently abled and orphanages also do not receive the usual support /donations from their donors.</p> <p>Poor targeting has also been a</p>	<p>Establish mechanism to address the needs of chronic NCD patients within the health institutions. Organize mobile blood testing, medicine delivery through community networks/field health staff and mobile clinics so vulnerable groups are not prevented from accessing health services during lockdowns. Provide mobile clinic and health service facilities to those in elder care facilities, homes for the differently abled and orphanages.</p> <p>Establish a robust social protection system so that vulnerable groups are also provided in a timely manner with finances, dry rations, other essential/daily needs, medicine to their door stop during lockdowns. These interventions should be linked to a long-term poverty alleviation programs. Though Government has provided financial support to these groups during this lockdown, there should be a long-term strategy for these groups to help re-start their livelihood once the pandemic situation improves.</p>	<p>The project will support case management at hospitals, including expansion of ICU services, with special attention given to support &amp; ensure that vulnerable population have access to essential services. Investments will focus on provision of PPE, cleaning products, and logistical support through easy access to testing and essential medicines for vulnerable groups and for elder care homes. Guidelines and training will also be provided to social welfare workers and other field level staff to ensure proper isolation, treatment and transportation of suspected cases and avoid spread targeting vulnerable groups.</p> <p>Special measures will also be taken to target groups who are marginalized and may not have access to regular channels of media communication, women, the elderly living on their own, people with disabilities, people who do not speak Sinhala, or people in remote locations without access to mainstream media. The SEP developed for the project details the key strategies that will be used to reach vulnerable groups.</p>

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
	<p>challenge - because some of the most vulnerable households have not received any support though they are entitled for it. Some of these groups that are not adequately benefited include: female headed families, care givers of disabled people, elderly etc.</p>	<p>There should be a transparent system to select those who need social benefits and an unbiased database developed with the details of the vulnerable population. Ensure prior identification of vulnerable groups efficiently target and provide support to these groups in a timely manner without creating unnecessary social tensions.</p>	<p>The project will also leverage the support of Development partners such as UNICEF who are supporting risk communication and have the expertise on issues of GBV, child protection and reaching vulnerable communities, to provide technical assistance and capacity building support as needed.</p> <p>The project will provide, if needed, financial support to poor households through cash transfers, particularly if the outbreak is not controlled in the coming few months, resulting in food and nutrition insecurity.</p>
<p><b>Needs of Female Health Workers and Women</b></p>	<p>Female health workers are also challenged due to lack of transport and accommodation facilities. Pregnant health care workers are most affected due to lack transport facilities. Health system also should better address the needs of pregnant women who are not able to visit hospitals to do their routine scans. Women in low income groups also faced challenges regards to their sanitary requirements.</p>	<p>Provide transport facilities to cater to the needs of female workers, special consideration should be given to pregnant healthcare workers. Establish a mechanism to meet the sanitary requirements of females such as providing sanitary packs to needy females with required items. Additional efforts should be made to identify needs of women and provide necessary support.</p>	<p>The project will prioritize Women health workers to provide with mobility support such as two-wheelers, and personal and protective equipment (PPE) to undertake field level follow up and support. In additional the project will attend to the specific needs of female health care workers beyond personal protective equipment (e.g., menstrual hygiene, transport when changing shifts and returning home).</p>

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
<p><b>Psychosocial issues – Fears and Stigmatization</b></p>	<p>As frontline staff, many health staff fear of being exposed to the virus and infecting their families. Others have isolated themselves from their loved ones due to fear of infecting their loved ones, hence they grapple with issues solitude &amp; work pressures alone. Health staff also increasing are faced with stigmatization – for example, those living on rent, their house owners are not willing to keep the health workers anymore and a pressured to vacate their rented premises.</p> <p>Those who have been infected by Covid, are concerned if their community and work colleagues will accept them once they return to their homes and work. They also fear of the implications &amp; dangers of getting re-infected.</p> <p>General public also face many fears. Especially those living in low income settlements, they are afraid of being sent to quarantine facilities. Others living close to hospitals treating Covid patients and quarantine facilities are worried whether through airborne the infection would reach their homes.</p>	<p>Establish volunteer groups to provide mental and psychosocial support to health staff. Take necessary measures to ensure safety of health staff and patients in the health institutions. Address stigma against health workers through regular public communication campaigns.</p> <p>Recovered Patients should be closely monitored and reviewed. Stigma against infected persons needs to be addressed through regular public communication campaigns as well.</p> <p>Specific messages should also be delivered to people living close to hospitals and quarantine centers to address any doubts and correct any misinformation.</p>	<p>Psycho-social support and other support systems will be established and be made be available for health workers as well.</p> <p>Project will enforce specific protocols/code of conduct including training of health staff in treating vulnerable patients in a dignified irrespective of their religion and ethnicity.</p> <p>Awareness programs will be crafted and carried out for the public to address misconceptions and fears of people and stigmatization of those affected and also that of health workers.</p>

## Annex 2: Details of the Consultations done in relation to the Cash Transfer program

These consultations were carried mainly over the phone during 18-19 May 2020.

# of beneficiaries by each category	<u>Vulnerable groups (VG)</u> : Persons with disabilities – 3, CKDu patients – 4, Elderly persons - 3 <u>Other stakeholders (OS)</u> : Government officers - 4
# Male & Female	Male – 9 ; Female – 5
Districts/locations covered	Colombo, Hambanthota, Kurunegala, Gampaha, Anuradhapura, Ampara, Polonnaruwa, Vavuniya, Matara

Area	Responses:
<b>Elderly, Female; from Matara</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Was unable to go out to get medicine, was delivered only once, had to buy some from pharmacy</li> <li>- Some difficulty with food and other essentials</li> <li>- Caretakers (daughter) had other responsibilities, so was hard</li> <li>- Was unable to do small business (bites packets)</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- If complete medicine can be delivered to house monthly</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- If people abide by rules there should not be any risks</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Follow the rules and be responsible for yourself and others</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Call and speak and by phone, officer can visit house</li> <li>- Same way, best to phone or visit house with appointment</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Can go meet officer if nearby/or GS, calling is easy, or write letter</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Medicine issues was the biggest, unable to go to hospital, aggravated by financial issues</li> <li>- Domestic quarrels had increased, mostly due to income and expenses issues, GBV and beatings increased, some husbands did/consumed illicit things (men change)</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Daily workers were badly affected, theft and crime increased, help them with income support measures</li> </ul>
<b>Elderly, Male; from Gampaha.</b>	

Background / Challenges / Needs	- Household had (sons income) financial issues, sick members, had to use my allowances to support them, spent money on additional medicine
Project design / support	- Help with a means for a home based income
Risks and impacts	- Project is good to do, no harm or risks
Risk/Impact mitigation	- No major risks
Stakeholder engagement	- Information through the Grama Niladari, some information though phone, officer can visit home - Same way as above, call, visit house or meet through GS
GRM	- Lodge complaint through GS, call specific number, speak to official
Gender & (Gender based violence) GBV	- Medicine and health matters was the biggest issues, also care issues, as some people were left alone or neglected - Did not happen in this area, no increase, no increase in GBV, not much alcoholism or fights in this area
Inclusion of Vulnerable	- Help households with sick members (care assistance), wage earners who lost their income, debts
<b>Elderly, Female, from Colombo</b>	
Background / Challenges / Needs	- Living along, going to daughters house in the night, no major problems - No serious medical issues, taking few medicines - Since received some government allowances and has support from daughter no major expense issues
Project design / support	- Some financial support would be good, because all I get is the monthly elderly allowance
Risks and impacts	- Project is good to do, would be helpful, no risks
Risk/Impact mitigation	- Give money or other assistance using safe ways, otherwise fine
Stakeholder engagement	- Mailing information home is fine - Call or officer can visit home
GRM	- Telephone call to officer in charge
Gender & (Gender based violence) GBV	-Am not aware of it, everyone here is calm, there has not been any no disturbances - Not aware of GBV increasing
Inclusion of Vulnerable	- I don't know too much, but better to help people who are suffering
<b>CKDu patient, Male, from Anuradhapura</b>	
Background / Challenges / Needs	- Was a paint laborer in Gampaha, unable to go back for work after coming home for medicine - Was earning small income/facing financial difficulties, small children - Stayed fully at home due to condition - Did not have medical issues during period

Project design / support	- Living in a very small shabby house, assistance to renovate it, so can live comfortably, medical issues are addressed by the hospital
Risks and impacts	- Due to my condition have to be extra careful if am involved with project, others should also
Risk/Impact mitigation	- Assistance should be given by officers coming to home, should wear mask, social distance, records should be kept on who was met, where, what time, so anyone can be traced
Stakeholder engagement	- Television since we watch it a lot at home, phone text, official calls from officers, newspapers once circulation starts - Phone conversations would be the best, it's always charged and with credit
GRM	- Would like to report complaint by phone, otherwise letter or meet
Gender & (Gender based violence) GBV	- They are unable to move around, unable to access to clean water, buy essentials, price increases - Don't know much, yes some arguments maybe taking place, not aware of GBV, especially as no liquor
Inclusion of Vulnerable	- Most people in the area do agriculture, was allowed to work, so no issues, people generally have jobs, only issue is the KD, help should be given to such people like an additional cash allowance
<b>Person with disabilities (including children), Male, from Kurunagala</b>	
Background / Challenges / Needs	- Blind, Feeling isolated, not being able to associate others - Was receiving government allowance, delivered to home by GS - Household members were unable to earn/financial shortage/some savings - Was not able to go for medical checkup/curfew
Project design / support	- Some kind of financial assistance, monthly, current Rs 5000 not enough
Risks and impacts	- No risks from intervention, it's good to do, officers should interact with us, visit us, not afraid of infection if they are taking precautions
Risk/Impact mitigation	- No risks, project and community interaction should happen, use basic safety precautions
Stakeholder engagement	- Officers to visit the house, phone only for emergency, can go for group meetings if situation improves - As of current situation visit the house to get my feedback, otherwise call on the phone as its always working
GRM	- Complaining by phone is the easiest
Gender & (Gender based violence) GBV	-They are afraid, because they are more vulnerable (as commonly known), as medicine is delivered may not have medical problems but not sure, they may not be able to go to hospitals, see doctors, checkups due to travel issues - It maybe less due to lack of alcohol, many problems caused due to alcohol, but violence maybe taking place because stuck together, no one has told me



Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Support people who are paralyzed and others with similar ailments (who need care help)</li> <li>- Elderly will be left alone</li> <li>- Those with mental health issues</li> <li>- Blind people will struggle in public places as no one will help</li> </ul>
<b>CKDu patient, Male, Polonnaruwa</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- All allowances delivered to home, no issues with medicine, delivered to home</li> <li>- Income reduced in farming while working, some shortages in food and other essentials</li> <li>- Since rural area was able to move around a little</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Support to improve the house/kitchen</li> <li>- Cash grant for living expenses</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- If basic safety measures are followed no problem, everyone must be responsible</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- As above, basic protection and being responsible</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Inform through Grama Sevaka, telephone calls also fine</li> <li>- Telephone call, officer can visit home, close by meetings fine</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Send registered complaint letter to appropriate department head</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- If they are careful no major problems as all medicines and allowances provided</li> <li>- Not aware of such happening in the area</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Provide help to poor people affected, daily wage earners</li> </ul>
<b>Person with disabilities (including children), Male; from Gampaha</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Income issues as head of household, was renting out rooms for income and was not able to get rent</li> <li>- Motorbike broke, was unable to travel even close by as not able to repair</li> <li>- Was unable to get free medicine (Gampaha clinic) and had to purchase from pharmacy using own money</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Repair the motorbike that was made for disabled people, so can travel a little including hospital</li> <li>- Cash grant to meet expenses</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- There are no risks, project should be done</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- No specific risks, basic guidelines to be followed</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Officers do personal visit, call by phone</li> <li>- Same as above, personal visit or personal calls as is a disabled person</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Call head of department, send a registered letter, or personally meet if possible</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- If one type of allowance is given they others types may not be given, they have financial issues with health and care, some people do not get their medicine delivered to house, unable to go to hospital/see doctors,</li> </ul>

	<p>stopped at check point</p> <ul style="list-style-type: none"> <li>- Domestic violence increased, mainly due to economic issues, arguments, always being inside, some men able to access illicit liquor, GBV/beatings of wife increased, reduced when some movements were allowed</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Check on and provide household essential support (not cash) to daily workers, laborers, part time workers</li> </ul>
<b>CKDu patient, Male; from Vavuniya.</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Medicine, treatment and travel issues (costs money to go town)</li> <li>- Had income issues, as less income from agriculture, expenses for health/travel/neglected job</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Finance support</li> <li>- Clean water (paying for it now, not enough)</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Good to do the project, no risks</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Nothing to mitigate</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Call by phone, inform through Grama Sevaka, by mail or officer visit house</li> <li>- As above by phone, officer visit house, can go for meeting if transport support is provided</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Go report personally if office is close by, by phone and follow with letter and fax</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Income, transport and health issues, greater than for men, poor people, unable to go to clinics, 3 wheel costs very expensive, language issues when communicating</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Help people find livelihoods, income support, rural agriculture area</li> </ul>
<b>Person with disabilities (including children), Male; from Hambantota</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Is an heart patient besides being disabled</li> <li>- Income issue and high expenses</li> <li>- Difficulty accessing medicine, not enough, had to purchase from pharmacy</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Financial support would good</li> <li>- Restart existing small business or income</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Good to do such a project, no negative impact, follow some safety guidelines</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Follow safety guidelines, otherwise fine</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Send information by mail, personal visit, telephone call</li> <li>- As above, can call, visit house, can take part in meetings</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Personally meet officer and speak, otherwise registered letter and call to specific number, share contact information beforehand</li> </ul>

Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Accessing medicine, medical checkups, meeting living expenses</li> <li>- Liquor among men was a problem, GBV may have increased</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Some sort of financial support would be good, help them with food and other basic needs</li> </ul>
<b>Person with disabilities (including children), Male; from Ampara</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Could not go to monthly clinic (was told not to come), did not send medicine, had to buy from pharmacy</li> <li>- Have to be extra careful because of Kidney issue</li> <li>- Need to get dialyzed frequently, spends a lot of money for travel, so expenses, cutting down on living expenses</li> <li>- Has little income, large family, borrowing from friends, always worrying</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Some financial support would be useful</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- No negative risk impact, project is good</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Implement it well, safety measures due to disease</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- By mail, phone call, or house visit is fine, or send information through Grama Sevaka</li> <li>- As above, by phone, officer visit house, can send son or wife for meeting</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Send letter by registered mail</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Am not aware, but they would have also faced difficulties</li> <li>- Domestic quarrels did not increase as far as am aware</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Support poor and unemployed people with small jobs so they have basic income to survive</li> </ul>
<b>Elders Rights Promotion Officer NSE, Female; from Colombo</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Technological challenges as had to use mobile, whatsapp groups etc. Govt servants not very familiar as used to meet face to face, fax etc.</li> <li>- Change in communication techniques</li> <li>- Some safety concerns when coming to office and being in office</li> <li>- Being stuck in small rental location in Colombo during the curfew</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Some kind of integrated method using technology to work with staff everywhere</li> <li>- Access to some of the allowances and other facilities received by other government officers</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Project should not interfere with existing duties</li> <li>- Details should be clear to officers</li> <li>- Safety of staff involved</li> <li>- Some officers may not have knowledge/skill capacity</li> </ul>

Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Reallocation of duties and staff as required</li> <li>- Good awareness raising of project and communication</li> <li>- Safety measures in place</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Use telephone and email when face to face is not required</li> <li>- Do field visits using safety measures (social distancing, face mask etc)</li> <li>- Minimize physical meetings, trainings with online conference calls etc</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Currently written letters, telephone calls, personal visits to subject officer or Director</li> <li>- It would be good if issues can be solved at the local level, so they don't need to travel or spend time, local officers also more aware of issues and remedies.</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- They are stuck in house, have to be extra safe, mentally effected as unable to move around and talk, socialize, meet family, friends</li> <li>- Difficulties in accessing medicine, doctors, especially the poorest</li> <li>- I think it has increased, though no specific proof, including the said group</li> <li>- Ministry has counselling division, has a disabled and elders secretariat, will connect with Police if required</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Beggars (they are vulnerable), they need different facilities due to different behavior</li> <li>- Elders are occasionally left on the road, a place for them to stay safely</li> <li>- If an allowance can be given (should follow up afterwards), self-development/employment program</li> <li>- The project must develop a method to bridge with these communities and members, trust building so programs can sustain and be effective</li> </ul>
<b>Assistant Director NSC, Assistant Director NSC; from Colombo</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Our beneficiary groups (elders) are more vulnerable due to previous conditions, they feel isolated, not able to access information and other needs, elders homes not receiving alms</li> <li>- No place to put/quarantine beggars due to space shortages</li> <li>- Some elders unable to make monthly stay payments, buy medicine</li> <li>- Difficulties doing identifications, cash transfers</li> <li>- So very large amount of sudden problems, coordination to do</li> <li>- Staff shortage due to lock down, they are stuck in their homes</li> <li>- Lot of work had to be done by phone, attendance changes</li> <li>- Some staff scared to work in the field</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Facilitate and increase the number of cash transfers/and amount, including those in the waiting lists, plan for the future demographics</li> <li>- Raising awareness through programs , handouts of masks, sanitizers, confidence building measures</li> <li>- Officers to have personal protection gear, awareness</li> </ul>

	<ul style="list-style-type: none"> <li>- Some capacity building training on elder care industry</li> <li>- Updates on latest medical, IT anti COVID-19 measures globally</li> <li>- Separate COVID quarantine/treatment center for elders</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- No negative impact, will be positive, cash transfers helpful under current situation, safety measure to be followed</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Minimum/negligible risks or negative impacts</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Government meetings can be held face to face in ministries, departments with basic safety measures, limited personnel allowed, prior invites</li> <li>- Divisional level meetings can be held in same fashion</li> <li>- Elders committees meetings can be arranged with safety</li> <li>- However if there serious outbreak government officials can use IT but elders will need some sort of personal visits depending on area and persons background</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- There is a Maintenance Board set by the Elders Act, to discuss and resolve issues among elders, can also inform Officer as DS, there are also local elder committee across the country, can also telephone, mail , or personally meet</li> <li>- Current is fine, perhaps some resources for transport , staff and IT capacity etc. for field officers and elders to travel when needed</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Difficulties getting medicine on time, unable to attend clinics, financial issues, medicine supply chain issues, sometime not able to meet doctor or doctor not wanting to visit</li> <li>- Mostly economic, transport and medical issues, GBV is not reported but maybe happening</li> <li>- Not aware of earlier GBV programs</li> <li>- Conduct empowerment, socializing and GBV awareness programs, strengthen links with elder committees</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Those mental health issues, beggars, drug addicts, prostitutes, those unemployed</li> <li>- Cash transfers, self employment support, or technical knowledge, financial/equipment capita, market links to help with livelihoods</li> <li>- Field community outreach, awareness raising, public relations training/supportive staff, publicly visible information, trust building, protection support, monitoring and post evaluations</li> </ul>
<b>Assistant Director NSPD, Female; from Colombo</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Staying at rented location in Colombo and problem with caring for baby as regular help was unavailable, had to work from home, email, phone and manage new arrangement</li> <li>- Because lockdown happened suddenly certain information and items were left at office, data hard copies, files, pen drives etc, offices closed, this impacted work from home</li> </ul>

Project design / support	<ul style="list-style-type: none"> <li>- If there was updated and timely basic database on all vulnerable populations, helps decision making, coordination</li> <li>- Develop the IT based network, infrastructure and other new methods for communication</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Ensure accurate information is collected of beneficiary and transparent section method for assistance combining grassroots and national level</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- As above, correct data, transparency, proper communication, follow ups</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Meet with limited selected stakeholders, some physical meetings are required, IT/web can be used for department level , strong linkup with and between Divisional Secretary and Grama Sevaka using platform</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Divisional Secretary usually addresses issues, otherwise sent to ministry, letter format, Director or accountant involvement, or Ministry Secretary finally</li> <li>- Most grievances are beneficiary selections/allocations, waiting lists, other issues generally settled at district/division level, current methods fine</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Mostly health, medicines, financial and transport issues</li> <li>- It may have increased due to situation and issues people faces, we did not collect such information</li> <li>- Might have done a GBV related plan, should carry forward program.</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Support female headed households, unemployed people, daily workers</li> <li>- Unable to support continuously, provide some households essential items</li> <li>- Visit to house personally , engage through representative or trusted person, use GS</li> </ul>
<b>Director NSPD, Male; from Colombo</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Making payment transfers was difficult as original group beneficiary , waiting list group and new group, but were paid</li> <li>- Some disabled/elderly homes had food and other essential shortages but were attended to</li> <li>- Sudden workload increase and progress reporting requirements</li> <li>- Was concerned as wife is a cancer payment, if infection , used all safety measures</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Build staff capacity with disabled homes management training including adjusting for pandemic</li> <li>- Set up a clear database on disabled persons and kidney patients</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Other people will also ask, such as pensioners and government servants who are not eligible</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Sometimes the requests are fair, so perhaps revise the existing circulars, to adjust the amount or eligible people, and educate the public</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Work through the Grama Niladari to hand over the money and other requirements, use IT based methods for meetings, or limited staff for physical, safety masks, sanitizers</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Beneficiaries can directly call us, all complaints sent to the Task Force or Presidents office are sent to us, we take action, issues are also settled at DS level</li> </ul>

	- Current system is fine
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- They had the issues other people faced, had medicine and transport issues, was supported</li> <li>- We are not involved with the subject, did not get any reports, but it domestic issues because people are under pressure</li> <li>- There is a Davison for counselling, they may have done programs, should continue</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- TB patients, leprosy patients, cancer patients, and others such as poor people, the unemployed, day workers</li> <li>- Better not to give cash, should be a more involved long term method, suiting the category</li> <li>- Use available officers to help and educate, empower them, so they build confidence and start engaging with institutions</li> </ul>

### Annex 3: Details of the Consultations done in relation to the Cash Transfer program for Livelihood Lost families and in-kind transfer program

These consultations were carried mainly over the phone during the period covering Dec 10-17, 2020.

# of beneficiaries by each category	<u>Vulnerable groups (VG):</u> Loss of Livelihood –3, in-kind transfer - 2 <u>Other stakeholders (OS):</u> Government officers - 3
# Male & Female	Male – 2 ; Female – 4
Districts/locations covered	Colombo and Gampaha Districts

Area	Responses:
<b>Loss of livelihood Cash Transfer and In-Kind Support, Female; from Colombo District (Multistory flat resident, Kolonnawa) – second wave</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Lives in one of the multistory flats (3 blocks of flats next to each other)</li> <li>- Very little space to move around/ Very crowded area.</li> <li>- Random PCR tests taken frequently</li> </ul>

	<ul style="list-style-type: none"> <li>- There are many COVID positive individuals or associates in the flat</li> <li>- Husband is a school van driver. Since schools are closed, he does not have any work</li> <li>- Confined to house. It is too risky to go out.</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Received Rs. 5,000 allowance per month due to loss of livelihood in April, May and in Oct 2020</li> <li>- Filled an application in April 2020 to receive loss of livelihood assistance of Rs. 5,000</li> <li>- Since there are many positive cases and associates, the entire set of flats under lockdown</li> <li>- Cash in Nov delivered by GN (Samurdhi Officer and Police Officer present)</li> <li>- Cash delivered by GN</li> <li>- ID checked.</li> <li>- Food pack given to all from all three block of flats (all three were under locked down status for a long time)</li> <li>- Both cash and food pack delivered to one of the open spaces near flat</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- If people abide by rules there should not be any risks</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Follow the rules and be responsible for yourself and others</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Call and speak and by phone</li> <li>- Not safe to visit home</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- Can call or write letters. So far, no complaints. The quality of food items was satisfactory</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Not sure</li> <li>- Some can be frustrated</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Daily workers were badly affected, theft and crime increased, people frustrated due to limited space</li> </ul>
<b>Loss of Livelihood Cash assistance and In-Kind assistance, Female; from Colombo District (Colombo 13- multifamily household) -second wave</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Multi-family household. There are three families [(i)mother and daughter; (ii) son's family; and (iii) elder daughter's family). Only two rooms. Congested.</li> <li>- Daily wage workers</li> <li>- Lockdown area. Many COVID positive cases and associates</li> <li>- Received Loss of Livelihood Cash Allowance of Rs. 5,000/- in April and again in May (during the first wave. All three families received)</li> </ul>



	<ul style="list-style-type: none"> <li>- Filled an application in April 2020 to receive loss of livelihood assistance of Rs. 5,000</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Received Loss of Livelihood Cash Allowance in Nov. During the first wave, again all three families received Rs. 5000/- each</li> <li>- Received food packs twice due to lock down (all three families received)</li> <li>- The quality of food was good.</li> <li>- Went to nearby Hall to receive cash and food packs (GN, Samurdhi Officer and two other officers were present)</li> <li>- ID checked and signed</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Too many COVID positive associates</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Maintain social distancing, wear mask</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>- Information through the Grama Niladari, some information through phone, officer can visit home</li> <li>- Same way as above, call, visit house or meet through GS</li> </ul>
GRM	<ul style="list-style-type: none"> <li>- In April only one family received cash grant. Then, the govt include multi-families and all three families received in April and May (during the first wave). No complaints during the second wave. The quality of food items was good.</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Not aware</li> </ul>
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- -vulnerable need help. All known received assistance</li> </ul>
<b>Loss of Livelihood Cash assistance, Female; from Gampaha District (Divulapitiya) -second wave</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Daily wage construction worker (painting and other work)</li> <li>- Received Loss of Livelihood Cash Allowance of Rs. 5,000/- in April and again in May (during the first wave).</li> <li>- Started receiving Samurdhi last year. 5 members in the family</li> <li>- Filled low income household application in April</li> <li>- Received loss of livelihood assistance in Oct (second wave). No food packs given.</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Received Loss of Livelihood Cash Allowance in Oct</li> <li>- Went to nearby GN's office to pick up cash (GN, Samurdhi Officer and two other officers were present)</li> <li>- ID checked and signed</li> </ul>
Risks and impacts	<ul style="list-style-type: none"> <li>- Nearby GN had many COVID positive individuals. There was a risk of contracting COVID</li> </ul>
Risk/Impact mitigation	<ul style="list-style-type: none"> <li>- Maintained social distancing, wore mask</li> </ul>

Stakeholder engagement	- Information through the Grama Niladari, some information through phone, officers can also visit homes
GRM	- No complaints
Gender & (Gender based violence) GBV	- Not aware
Inclusion of Vulnerable	- -vulnerable need help. All known vulnerable in the village received assistance
<b>Grama Niladari, female, Colombo District</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- There are many low-income vulnerable households and COVID positive patients and associates in the area.</li> <li>- Therefore, it is difficult to move around. Has been working almost every day to serve people in the area.</li> <li>- Loss of Livelihood cash transfer of Rs. 5,000 per family given during the first and the second wave.</li> <li>- Was part of the village committee in selecting beneficiaries in April 2020. After considering appeals, the April list was updated to provide cash transfers in May.</li> <li>- The list of beneficiaries from May 2020 were considered as the base list. Reviewed and updated the list by removing those currently employed and those who moved out of the area.</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Loss of livelihood cash transfers were delivered to beneficiaries and got them to sign.</li> <li>- Those in multi-storey flats were asked to come down in batches to pick up cash. Samurdhi Officer or Samurdhi Community group members assisted in this process.</li> <li>- There were many who were sent on quarantined. The Divisional Secretary received information from the Public Health Inspector (PHI) and MOH. The food packs were purchased by the Divisional Secretary and those food packs were delivered to quarantined families. Since there were many quarantined families, it was very difficult to manage.</li> <li>- Other Officers from the Divisional Secretariat assisted in delivering food packs. Police Officers assisted in delivering food packs.</li> <li>- All families in the multi-story flats were sent on home quarantined and all had to be given food packs.</li> </ul>
Risks and impacts	- Risk of contracting COVID. Some Officers had be sent on home quarantine
Risk/Impact mitigation	- Maintained social distance, wore mask
Stakeholder engagement	- Meet officers and families every day.
GRM	- Not many complaints received. All were communicated to the Divisional Secretary to act.
Gender & (Gender based	- Possible due to lock down. People can get frustrated as they cannot go out

violence) GBV	
Inclusion of Vulnerable	- Tried to assist vulnerable
<b>Grama Niladari, Male, Colombo District</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- There are many low-income vulnerable households and COVID positive patients and associates in the area. Therefore, it is difficult to move around.</li> <li>- Has been working almost every day to serve people in the area. GN area is still under lockdown.</li> <li>- Loss of Livelihood cash transfer of Rs. 5,000 per family was given during the first wave and the second wave.</li> <li>- Was part of the village committee in selecting beneficiaries in April 2020. After considering appeals, the April list was updated to provide cash transfers in May.</li> <li>- The May list of beneficiaries were considered as the base list and reviewed to find out the present status. Those currently employed and those who moved out of the area, removed from the list.</li> <li>- After May, there were few appeals received and those were included to create the list for Nov 2020 (second wave). This list was approved by the Rural Committee.</li> <li>- Food packs were given to in lockdown areas and those sent on home quarantined.</li> </ul>
Project design / support	<ul style="list-style-type: none"> <li>- Loss of livelihood cash transfers were delivered to beneficiaries in Nov 2020. They were asked to come to a Community Hall. Identity was verified before handing over of cash. All had to sign.</li> <li>- There were many who were sent on home quarantine. The Divisional Secretary received information from the Public Health Inspector (PHI) and MOH. The food packs were purchased by the Divisional Secretary and those food packs were delivered to quarantined families. Since there were many quarantined families, it was very difficult to manage.</li> <li>- When a positive patient is taken to the hospital, the remaining members are given a Rs. 10,000 food pack for two weeks. Once the person is back, again the family members are sent for home quarantine for another 14 days and then again, a Rs. 10,000 worth pack is given. There are some families who have received food packs worth Rs. 20,000 in the area. These food packs are delivered to door step of all quarantined families.</li> <li>- Since this is a lock down area, Rs. 5,000 worth food packs per week given to vulnerable families. They are given a short form and ask them to sign and hand over. There are few designated locations to deliver goods. So far, two sets of food packs have been given to families.</li> <li>- Other Officers from the Divisional Secretariat (Samurdhi Officer, Development Officers) and Police Officers assisted in delivering food packs.</li> <li>-</li> </ul>

Risks and impacts	- Risk of contracting COVID. Some Officers were sent on quarantined. He was also identified as an associate of a COVID positive officer and therefore, he was sent on home quarantined. Now he is back at work.
Risk/Impact mitigation	- Maintained social distance, wear mask
Stakeholder engagement	- Meet officers and families every day.
GRM	<ul style="list-style-type: none"> <li>- Not many complaints received. Complaints can be handed over.</li> <li>- There is box placed at the Divisional Secretariat to allow people to drop written complaints.</li> <li>- All complaints communicated to the Divisional Secretary to act.</li> <li>- Some people complain space management issues in the houses. Some do not follow lock down rules and difficult to keep them inside.</li> <li>- Some families requested 'Keeri' rice and not 'Nadu' and since 'Keeri' was expensive, request could not be fulfilled</li> </ul>
Gender & (Gender based violence) GBV	<ul style="list-style-type: none"> <li>- Possible due to lock down. People can get frustrated as they cannot go out</li> <li>- No one communicated about GBV issues</li> </ul>
Inclusion of Vulnerable	- Tried to assist vulnerable
<b>Divisional Secretary, Male; Colombo District</b>	
Background / Challenges / Needs	<ul style="list-style-type: none"> <li>- Represent a Divisional Secretariat with many vulnerable and COVID positive people</li> <li>- There are many challenges in managing activities. Not all can come to office. Some staff had to be quarantined.</li> <li>- During the first wave cash transfers were given to those who had lost livelihood. The beneficiaries were selected by the Rural Committee. The Rural Committee also accepted appeals. Samurdhi Dept took the leadership in the cash transfer during the first wave</li> <li>- In addition, appeals were also accepted at the Divisional Secretariat.</li> <li>- The loss of livelihood cash transfer previous list (May) was considered and reviewed to select beneficiaries for Nov cash transfer. Those in employment and those who no longer live in the area were removed from the list. Appeals received between May to Oct were also considered and received approval from the Rural Committee to process payments in Nov.</li> <li style="margin-left: 40px;">- Food packs had to be purchased and it was a challenge to deliver food packs to many. The number of packs required varied depending on the day. Kept a close contact with PHI/MOH.</li> </ul>
Project design / support	- The list of beneficiaries whose names were on May beneficiary list and those who submitted appeals

	<p>were considered as the potential cash transfer beneficiaries. However, those who are on permanent salaried employment and those who had moved out of the area in Nov were eliminated from the Nov cash transfer list.</p> <ul style="list-style-type: none"> <li>- Food packs were given in the lock down areas and for those in quarantined (certified by the MoH).</li> <li>- food packs were mainly purchased from Sathosa</li> <li>- Food packs had to be sent to multi-story housing area. Approx. more than 2500 packs could not be purchased from Sathosa and therefore, 3 quotations taken to source packs from other vendors</li> <li>- It was a challenge to deliver food packs. The Police Officers also assisted in the food pack delivery process.</li> </ul>
Risks and impacts	- Safety of staff was a concern. All staff worked from morning till evening on all 7 days of the week
Risk/Impact mitigation	-all wore face masks and kept social distancing
Stakeholder engagement	- Do field visits using safety measures (social distancing, face mask etc)
GRM	- Currently written letters, telephone calls, personal visits to Divisional Secretariat
Gender & (Gender based violence) GBV	- They are stuck in house, have to be extra safe, mentally effected as unable to move around and talk, socialize, meet family, friends
Inclusion of Vulnerable	<ul style="list-style-type: none"> <li>- Loss of livelihood allowance was given to all vulnerable.</li> <li>- The food packs were given in the lock down areas. MoH/PHI gave the list of families sent on home quarantined.</li> </ul>

#### Annex 4: Details of the Consultations done in relation to the Vaccination Programme (during April 2021)

<b>Number of respondents by each category</b>	Health workers – 4, Other government and frontline workers – 3, Vulnerable groups (including Veddha) – 10, Community groups – 3 & High-risk category workers – 2
<b>Number of Male &amp; Number of</b>	Male – 15      Female – 7

<b>Female</b>	
<b>Districts/locations covered</b>	Colombo, Kandy, Anuradhapura, Batticaloa, Jaffna, Puttalam, Kurunegala, Badulla, Mannar, Kegalle
<b>Occupations</b>	Doctors, Government Teacher, University Senior Lecture, Samurdhi manager, Building Worker, Estate Laborer, Veddha's, NGO Worker, Housewife, Village Elder, Flight Attendant/Cabin Supervisor, Private Sector Worker

<b>Vulnerable group – Veddha, Elderly, Low income, with co-morbidities (oral cancer), Badulla - Male</b>	
Background	Not aware of that.
Risks and impacts	There's an uncertainty about the complications after the vaccination.
Risk/Impact mitigation	It is advisable to give the vaccine in a way that minimizes complications.
Inclusion of Vulnerable	In the course of vaccination, a special care should be given to older people concerning the possible complications.
Gender	Women also should have the equal opportunity to get the vaccine as men.
Stakeholder engagement & Grievance Redressal	It is recommended to communicate information regarding the vaccination through the Aboriginal (Aadiwasi) leader. It is appropriate to have any clarifications of the grievances and complaints to be done through the Aboriginal (Aadiwasi) leader.
<b>Vulnerable group -Veddha, Low income, Aboriginal (Aadiwasi), Badulla - Male</b>	
Background	There is no enough awareness
Risks and impacts	No risk or doubt
Risk/Impact mitigation	-
Inclusion of Vulnerable	The priority should be given to vulnerable and elderly people.
Gender	Equal opportunity should be given to women according to their discretion for vaccination.
Stakeholder engagement & Grievance Redressal	Making people aware verbally through public meetings is suitable. It is recommended to manage grievances/complaints through the leader.
<b>Vulnerable group – Veddha, Low income, Aboriginal (Aadiwasi), Badulla - Male</b>	
Background	There is no enough awareness
Risks and impacts	There's a fear of the possible risk to the body from the vaccine.
Risk/Impact mitigation	Prior to the vaccination, a proper awareness should be given regarding its healthy and unhealthy effects.
Inclusion of Vulnerable	When vaccinating vulnerable and elderly people, it should be concerned about its risk.
Gender	Vaccine should be given equally to everyone.
Stakeholder engagement & Grievance Redressal	Make people aware in a way of discussions through meetings about the vaccination. It is recommended to solve problems through discussions.
<b>Vulnerable group -Veddha, Low income, Aboriginal (Aadiwasi) (Young), Badulla - Male</b>	
Background	Aware of that.
Risks and impacts	There is no specific concern or fear.

Risk/Impact mitigation	-
Inclusion of Vulnerable	It is recommended to give the vaccine to vulnerable people at first.
Gender	Both men and women should be vaccinated.
Stakeholder engagement & Grievance Redressal	It is appropriate to make people aware through TV programs. In problematic situations, it is recommended to address them through the leader.
Vulnerable group -Veddha, Low income, Aboriginal (Aadiwasi), Badulla - Male	
Background	There is not enough awareness.
Risks and impacts	Even though there is a fear about the vaccination, it is recommended as suitable. Concerned about the side effects of the vaccination.
Risk/Impact mitigation	The vaccination should be carried out subject to the national health guidelines so as to minimize the side effects.
Inclusion of Vulnerable	Everyone should undergo a health check-up and thereby the groups to be given the priority need to be identified and then the vaccination program should be carried out accordingly.
Gender	Need to ensure that there is no adverse effect to the fertility of women from the vaccination.
Stakeholder engagement & Grievance Redressal	Information should be published through TV/radio or by any other means. Problems to be solved by the aboriginal (Aadiwasi) Leader/ PHI or the institution which carries out the vaccination program.
Vulnerable group -Veddha, Low income, Suffering from diabetes, Badulla - Male	
Background	There is a general awareness about that.
Risks and impacts	There's a fear/uncertainty of possible adverse health effects from the vaccine.
Risk/Impact mitigation	Prior to the vaccination, a proper awareness should be given regarding its healthy and unhealthy effects.
Inclusion of Vulnerable	The vaccination should be done on the recommendation of the doctor after a pre conclusion regarding the illnesses of each person.
Gender	A special concern should be given to older women. When vaccinating pregnant women, the attention should be given to possible adverse effects by the vaccine. Need to ensure that there is no adverse effect to the fertility of women from the vaccine.
Stakeholder engagement & Grievance Redressal	Making aware through Television and meetings. A system of solving problems through direct involvement is recommended.
Vulnerable group -Veddha, Low income, Badulla - Female	
Background	There is a general awareness about that.
Risks and impacts	There is no any specific concern or doubt. I prefer vaccination.
Risk/Impact mitigation	-
Inclusion of Vulnerable	No idea.
Gender	No idea.
Stakeholder engagement & Grievance Redressal	Meetings/Television Problem solving through discussions.

Community groups - NGO worker, 34 years, Mannar - Female	
Background	I am aware of the vaccine programme, but have some doubts about the vaccine, some concerns because they come from 3 different countries – India, Russia and China, I do not know enough about the vaccine, but there are people in the community who are saying not to take it because it will have negative reactions, to just take hot water for the Covid treatment
Risks and impacts	It will be challenging implementing the programme nationally, have heard that some people who take the vaccine still get the infection, some people may not take it because they are not aware of it or do not want to take it, especially Muslim people do not like to take the PCR or the vaccine, there are many people who do not like/or do not want to take the vaccine, they are also scared of the PCR due to the chance of a positive report, they are influenced by news and their family members abroad, there may be occasions of forced vaccination
Risk/Impact mitigation	Give awareness to all levels of the community, MoH and other officers must provide clear answers to the doubts people have, also provide clear answers about pregnancy and child birth related aspects, do not force people to take the vaccine, take one country vaccine only (not different countries), do not take a PCR after the vaccine
Inclusion of Vulnerable	There are stigmas about Covid, some people compare it to Aids and avoid certain individuals, some marginalized/poor people do not like to go to hospital or take the vaccine, there are feelings of marginalization due to the staggered/target groups in the vaccination, they do not want to be the last or receive a weak vaccine that could risk their health
Gender	Concern about pregnancy and child birth, believe there will be side effects after 10 ten years, husbands threatening their wives to not take the vaccine (Muslim and Tamil families), telling women to not come to the house afterwards, so there is mental stress about the vaccine
Stakeholder engagement & Grievance Redressal	Provide awareness programmes about Covid and the vaccination, provide good care and treatment for all patients and not some, because some patients and effected families are neglected, media not to give negative information about the vaccine as people get frightened, PHI and GN and Development Officers must visit all houses for strong community relations
Labor	These days some health workers are overworked, some complaining that salaries and benefits are not enough, especially ambulance drivers and PHIs, it is better to look into these issues There are no child care centers in Mannar, but families adjust, there have been occasions of some harassment from senior officers, some government officers do not have sufficient safety checks also or PPE for staff or follow safety guidelines, this is a risk for women.
Environment	Am not sure how/where they are disposing the waste, but it should be done carefully
Training & Capacity building	Only one training has been given so far, it is not enough, there should be more and given every month, health workers are aware of the disease but do not know how to treat the or interact with people
Community group – Housewife, 67 years, Keggale - Female	
Background	I am aware that the programme has started, but not too aware of the details, there are different opinions, if I get the chance, I will take the vaccine
Risks and impacts	I am also concerned about the risk of taking it, if I can get the information from the a trusted person/organization it will help me, there may be people who will be missed by the programme, currently no one has come to my areas to inform about the vaccine, we know about it only from television
Risk/Impact mitigation	People must be informed about the vaccine, it will have many positive effects, besides regular media channels officials should



	visit and speak to us, because there is already fear and nervousness about the corona
Inclusion of Vulnerable	The programme should be planned properly so no one is missed, issues of poor targeting etc. and poor information sharing can happen, for this the community should be well informed through multiple channels, neighborhood announcements, leaflets, notices, newspapers, news, television etc.
Gender	I do not know enough, but aware that young and pregnant women are worried about it, the vaccine details should be clearly informed, so women also know about it
Stakeholder engagement & Grievance Redressal	People are different and have different views, due to beliefs, religion etc., I could die from the corona or the vaccine, am not too afraid as aware that what the government is doing for the public is good, it is my personal position, some people may not change due to any kind of programme or public engagement
Labor	The workers will expect additional salaries, it is not however extra work as it their duty and during work hours, if they properly wear safety gear, they will be safe. Childcare problems will not be an issue as they anyway work, harassment should also not take place as clinics are usually taking place and women and men work together.
Environment	I am not personally worried about it, no one will dump it here, but government officials should know how to dispose it safely and in a proper manner .
Training & Capacity building	It will be good to give an additional training for everyone involved in giving the vaccine, as this is a new vaccine
<b>Community group – Village elder, 67 years, Batticaloa - Male</b>	
Background	I watch a lot of television news, from that know that the vaccine programme has started in Colombo, that it will come to this area in March, I think it is good to give the vaccine, the programme should be implemented prioritizing the correct people first like elderly, the sick, those intermingling with public etc.
Risks and impacts	Am aware it is not for children or pregnant women, it should cover the priority groups mentioned above, it should be given only to people who give consent, if the field officials do their duties well then there should not be problems with exclusion, information etc.
Risk/Impact mitigation	Any issues should be minimized by proper communication and vaccination at the centres in manageable batches on specific days and times, the vaccination should be done GN by GN, so the crowd does not become large, this should involve the Grama Sevaka, Development Officer and PHI, and maybe the Police, the clinic should have PHIs, nurses, mid wives, doctors and the Police
Inclusion of Vulnerable	The Grama Sevakas, PHIs and mid wives are aware of the vulnerable groups in every GN, they should visit, share information and engage with these specific households (due to existing trust and relationships) to ensure they are not discriminated or ignored or otherwise not in the programme
Gender	Ensure field officers provide upfront information to the women, there should be separate facilities for women (if there is space), including rest areas for those coming from far, there should be officers to monitor post vaccination conditions at the clinic and assist if required
Stakeholder engagement & Grievance Redressal	The Rural Development Societies and GSs should organize and educate the public at community level, this should involve all the local level government officers like GN, PHIs, mid wives, development officers etc., senior officers like MOHs, Police OICs, Divisional Secretaries should visit villages and speak to them, encourage participation and build confidence, there should be

	clear and detailed programmes about the vaccination in television, radio and newspapers by the government with senior Ministries officials, Doctors etc., can involve private sector for greater coverage of the messages
Labor	The staff at the clinic should be safe if they wear proper safety gear, work should be properly divided and organized, ensure every clinic has sufficient staff, they will ask for overtime allowance if working more than 8 hours, payments will be required for additional community level assistance, as it is just for a few days these costs should be covered It is difficult to tell, sometimes issues like harassment could rise, so there should be monitoring of it and follow above suggestions
Environment	They should be properly disposed according to guidelines, weather buried, burnt or recycled should be decided by correct health and administrative officers
Training & Capacity building	The knowledge and experience the health workers have is enough, but if there is time and funds for additional trainings that is also fine, however it is not essential and better to get the vaccination done quickly

<b>High risk category - Flight attendant/cabin supervisor, 39 years, Colombo - Female</b>	
Background	Am aware of the Covid (fully about it and how serious it is) but not about the vaccine programme, some mails were circulated, I have already taken the vaccine through the Sri Lankan airline, I gave my consent
Risks and impacts	I was concerned about the side effects, the literature is quite disturbing, but there were no side effects, we took Panadol every 6 hours, my arm was a little sore, am completely fine, I would definitely encourage others to take it, it was fine for me, the risk may depend on the individual .
Risk/Impact mitigation	There should be good planning by the MoH in collaboration with ground staff, and other partners, and manage the programme well
Inclusion of Vulnerable	Use Facebook, WhatsApp groups, parent groups, use these as people are on the move and busy, mediums like television, radio, newspapers will take time, so
Gender	I am not too aware of it, however it will be better for pregnant women to be out of it due to the risk and lack of data, there will not be any difficulties with access to the vaccine or any discrimination
Stakeholder engagement & Grievance Redressal	As above There may be some who have side effects, it can happen with anything, cannot stop that, there should be leaflets on how to lodge complaints or concerns, toll free numbers, website etc.
Labor	Concerns will be there, there should be guidelines, and monitoring of the staff's own wellbeing and safety The women take far more precaution than the men, so men should be more careful, I do not think there will be any harassment type risks etc. as they will work under institutional administration
Environment	Yes, this is a concern, better to dispose them properly following all health guidelines, it needs be done correctly
Training & Capacity building	Any medical staff should be able to do it easily, the vaccine does not need extra training, so ensure people can get it quickly
<b>High risk category – Private sector worker, 34 years, Colombo - Male</b>	
Background	I am aware a programme has started, it has arrived to my area, I have not taken the vaccine yet, am undecided whether to take or not, but under the current situation may have to, am not confident about it due to lack of information or understating of it

Risks and impacts	These sorts of problems can happen, the vaccine has also become politicized, the way it is going there may be various problems, we always start with rules and then it changes and becomes different
Risk/Impact mitigation	There should be a system, with an order, and then it should not change, and be consistent, e.g. above 30 age, or some specific group
Inclusion of Vulnerable	There is already a shortage of vaccines, a particular class group that is benefitting, it was clear, the low class people may end up last, or not even get the vaccine, there are poor or vulnerable people who are very mobile due to various reasons, they must be identified and supported fairly, and the activity monitored , for the lowest category multiple medias should be used, give clear and consistent messages, and use community engagement methods, societies, groups, clubs etc. , it is very important to inform and empower these group
Gender	There should not be problems for females, but common problems for everyone, in our culture they (women) may even get special treatment
Stakeholder engagement & Grievance Redressal	Personally I am not aware enough if the vaccine is good or not, we should use religious institution and such leaders to pass the message, and other respected personalities accepted by the public, at national level and community level, using appropriate mediums and venues using safe ways, this would be build confidence and bring clarity
Labor	These issues could happen due the large number of centers and staff that will be involved, safety measures and monitoring should happen, there is the risk of some staff catching the disease, they should be given overtime or other incentive for their tireless effort and the risks they take, such as what the PHIs do now Emotionally they may get tired but there should not be physical harassment or other safety issues, but it is also not completely sure
Environment	It may get disposed properly in the main urban and city areas, but it may be different in poor rural areas, so it has to be closely monitored across the country level
Training & Capacity building	Our health sector is of high quality in relation to vaccines, they are knowledgeable and experienced, however an additional training can take place on public relations, sensitivity to people, stress management etc.

<b>DMO - Female</b>	
Risks and impacts	Allergic reactions can occur. Effectivity of the vaccination is not assessed properly and ensured.
Risk/Impact mitigation	The population should be well aware of the current situation of the vaccination and allergic conditions. More research required in different aspects, clinical as well as social
Inclusion of Vulnerable	Other than vaccination, better elders and vulnerable groups to be stay safely at home
Gender	When it is pregnant women or women with other morbidities or disability it is better to stay safely in their own places without going for vaccination unit a widely accepted more effective vaccine arrives
Stakeholder engagement & Grievance Redressal	Community engagements can be used to identify the risk groups for vaccinations
<b>DMO - Male</b>	
Risks and impacts	Only mild aftereffects reported. No high-risk conditions reported after the vaccination. However, people are willing to get the vaccine from a place where the emergency treatment facilities are available

Risk/Impact mitigation	Vaccination programmes should be arranged in hospitals that have ETUs, not in the MOH office
Inclusion of Vulnerable	We have vaccinated many people including vulnerable individuals. They have not reported any unusual conditions that cannot be managed. Therefore, it is recommended to promote the vaccination even among the vulnerable groups under close medical supervision
Gender	Nothing reported yet except for pregnant women
Stakeholder engagement & Grievance Redressal	We have already done it through friends of facility, committees and people are requesting the vaccination. However, it is noticed that some social groups are promoting myths on the Covid vaccination which is badly affecting the programme. Therefore, these myths have to be identified and addressed through community networks
<b>Acting Director Base Hospital, Gampola - Male</b>	
Risks and impacts	Anaphylaxis
Risk/Impact mitigation	Emergency treatment facility. Reserved a team and ETU beds
Inclusion of Vulnerable	Past history of allergic candidates were analyzed by VP OPD prior to vaccinate and few were observed for extended period of time of up to 4 hours
Gender	1.Lacking clear instructions for Issues on lactating mothers 2. Fear about impotence were there, among some staff's 3. Efficacy of the vaccine around 70%, it was an issue for some individuals
Stakeholder engagement & Grievance Redressal	Clarify the issues in number 4 through mass media before the community vaccination programme begins
<b>Health worker – Medical Doctor, 55 years, Colombo - Male</b>	
Background	Am aware of the programme, I don't like the way it is done, there was a pre-planned way vaccine was to be given, with identified groups, then all of a sudden it was changed, to ages above 30 etc., the way it is given now to the high risk population may spread the disease, there are long ques, too many people, not well organized, different places , it is chaotic
Risks and impacts	Yes, there are access issues, the vaccines is given in open grounds, where if there is an emergency there are not enough facilities, even those who have allergies, they are not provided any referrals but just rejected, with people congregating at in large numbers it risks increasing disease transmission
Risk/Impact mitigation	Each GS division has all the public details, they can decide on the ages of the people, but not the health condition, nor does the MoH have these information, but they can minimize the ques by asking people to come on different times in batches, and given a mechanism of some sort for people in high risk categories through the health facilities and selected outlets in the area
Inclusion of Vulnerable	The patients who have various diseases are not aware if they should get the vaccine, there are not enough clear messages, there should be circulars, who should/should not get it, can be done with print and electronic media, lay people can also be left out at the current rate, there is no method to strictly verify the person's eligibility at the centres, their real area of residence etc.
Gender	There should not be any issues of this kind
Stakeholder engagement & Grievance Redressal	There is time to rectify some issues at present, clarify to the public how the vaccination is done, done in a staggered basis, there is unhealthy social media, provide clear messages, these should be coming from known/trusted people, such people can come on televised programmes, other mass media, there are myths, community leaders, religious leaders should be

	engaged to address these and the vaccine benefits explained
Labor	They are adequately protected, there are no problem at the moment to my knowledge There should not be any issues
Environment	Some places may do the waste management better than others, MoHs should look at it, so there is consistency and standards are maintained, it is important and should not be neglected
Training & Capacity building	I don't think there is a need, they have been doing vaccinations, it is not difficult
Government - Teacher, 40 years, Anuradhapura - Female	
Background	As per my awareness the vaccination is approved by the WHO and other organizations, there is a serious pandemic ongoing, it is good to take the vaccine, am not too aware of the vaccine programme in Sri Lanka, other public also not too aware, we want to take the vaccine quickly, so willing to buy it even privately if available
Risks and impacts	When I was small and living in a rural area I received 3 encephalitis vaccines but still got the infection, am suspecting it was given to me by the mid wives without proper cold storage (but no proof), so its important the Covid vaccine is stored and given properly to the public, an active injection should be given, currently the risk is mostly in town areas, spreading across the adult labor force, so this group needs to vaccinated prioritizing urban and then rural, if the govt does not have sufficient funds many people are willing to purchase it at their own cost
Risk/Impact mitigation	Prepare detailed lists of different categories - high risk people from hospitals, kidney patients, other ailments etc. though MOH/PHI/Zonal education/DS/GN and ask them to come on specific dates and times in limited batches, I have seen what happened in Colombo where the crowd was uncontrollable, there is a risk of infection, further all security forces people are not exposed, there are only specific units within that which are vulnerable, so it should be on selective basis and the vaccine given to other high risk groups like risky parents, staff at schools etc.
Inclusion of Vulnerable	Use social of media for sharing information, many people use it, they are in various WhatsApp and other groups, use these to share and reach out to all types of people, even the children in low income communities have a smart phones and they will convey the message to their parents, family and friends, also nearly everyone in the country use/have access to normal phones/television, so use that also, phone and television companies, a message can replace the ringing tone
Gender	There are various rumors going around, about pregnancy and child birth, if the WHO statements on risks and benefits could be shared in local language, especially with women, it will help, using earlier mentioned methods, including special television programmes in partnership with the WHO and Govt doctors
Stakeholder engagement & Grievance Redressal	As above
Labor	We should not be over feared (paranoid) about the corona, if people wear basic face masks and use sanitizers, it is sufficient, we already have immunities and protection systems in our own bodies, there is sunlight, herbal medicine, and people have jobs, duties and responsibilities, and the difficult period is only for a short time, so everyone should contribute and get the programme done, if there is insufficient staff then use nursing and medical students on short term basis, with a small special payment, to fill the gaps  It is the same female staff from hospitals etc. who will work at the centres, so the same standards will happen, there are no major harassment or safety issues in these places, if such take place there are institutional mechanisms to address it, and

	women are more empowered and assertive than before, they will not stay quite if any incidents are happening, there are also human rights and social media , also various channels for communicating such issues
Environment	They should be recycled, using special methods, there will be air pollution if the material is burned, do not bury it (due to soil and water contamination)
Training & Capacity building	Most of the staff are aware of the disease and vaccinations, health workers are already very well trained, so they can immediately start working at the centres, additional training is not necessary
Government – Lecturer, 48 years, Jaffna - Male	
Background	Am aware of the programme, we must take the vaccine, my niece is a doctor, she got it, it is a good thing, should be made mandatory, everyone should get it
Risks and impacts	There are issues, an example I want to give, some of the university staff got vaccinated last week, they got it because of a convocation, possibility of disease transmission, others did not get it, and were not asked, there were arguments afterwards, some people are also asking why did not some senior government people take it (or did they take it?), is there any side repercussions we are not aware of, there is a lack of understanding creating some confusion, there is a very big ambiguity about the programme and the side effects, most people think the programme should start from the high risk groups and then work backwards, people are concerned about the health implications, pregnancy and child birth concerns for women, fertility sperm count etc., media is contributing to this confusion, people want the leaders of the country to take the vaccine and be a role model
Risk/Impact mitigation	People with low incomes and high risk groups, vendors, health workers etc. should be vaccinated first, there should be clear messages to the people from officials, supported by media and community awareness methods, the community awareness is very important, the media should be made aware about their responsibility, not to promote negative and harmful messages, especially diaspora backed media, and other political persons doing it for agendas and other reasons
Inclusion of Vulnerable	People like beggars, street dwellers, homeless people, displace people should not be excluded, there are some poor people who think only the rich and influential will get the vaccine, that is their perception, this has to be addressed, no one has approached them to talk about the programme, there must be outreach to people like them, the vaccine discussion is taking place only among a privileged community, not the vulnerable, ensure officials visit these people, use family health workers, PHIs, GNs, Samurdhi officers etc. engage with them and spread the information and reduce the disinformation
Gender	There may be families where husbands will not allow women to get vaccinated, especially among youngsters and newly married couples, this is a serious household and social issue, it has to be addressed, they are naturally inadequately educated or unaware of the subject matter or being influenced by others
Stakeholder engagement & Grievance Redressal	As mentioned before, complaints should be lodged at the clinic itself, a desk with a complaint book is suitable, interior people not come out or travel, so decentralize a complaint mechanisms to rural level, can also share telephone numbers with personnel answering them, the mechanism should fit he background and context of the locality
Labor	There was an examination of a student with covid 19, I went to the treatment centre, staff said they are suffering from overwork, and exhausted, they had been given a lot of work, those who did not get the vaccine there is a risk of them catching the disease, examples of senior doctors getting the disease and affecting capacity in the hospital and entire region, some additional payment and incentive for the staff working in the centres is a good thing, as there are cases of vaccinated

	people also getting infected, we can also decentralize this responsibility to others e.g. there are army doctors, health workers, etc. , they are very dedicated and working hard, they should be given the work and recognition credit
Environment	Very concerned, should be a crucial issue, must think of recycling the material, must find a good mechanism using medical, environmental scientists, sociologists, and DS, MC, and Pradeshiya Sabaha administration officials, a collective and scientific effort should be conducted
Training & Capacity building	The staff are sufficiently trained, but they must get training on how to deal with the public, various kinds of people and the various issues they have, strengthen public relations capacity and their communication skills, this will have a major impact on confidence, trust and relations
DS Officer – Samurdhi Department, 53 years, Batticaloa - Male	
Background	Am aware that the vaccine programme has started, it is very important for our future, everyone should take part in it, however it is everyone’s personal choice, I will encourage people to take it
Risks and impacts	The risk is small, according to my knowledge there are no issues taking the vaccine, the awareness raising is important, using various media and other channels, the vaccine should be given on priority list, health sector forces, armed forces, sick, elderly, health/vulnerable people etc., vaccine should be given systematically, this priority list must be strictly followed
Risk/Impact mitigation	There should be no issues, its already a prepared programme that has been adequately planned
Inclusion of Vulnerable	This group should be a small number, so that is why the delivery should be prioritized, then there will not be bias, everyone should equally have the right to get the vaccination once they are in the priority list, no forced vaccination should take place, there may be people who are not interested in taking the vaccine, due to religion etc., it is their choice
Gender	There maybe a few complaints, they have to be closely monitored and the issues addressed
Stakeholder engagement & Grievance Redressal	Some people’s views will be different, they may be influenced by religious values, it is important to do grass roots level awareness raising and confidence building, this will create harmony in views towards the programme and give valuable results
Labor	Yes defiantly, these people are working more hours than routine work, there is a belief there are not enough safety arrangements, especially among low level health sector workers, extra payments must be made, as this is additional work beyond routine work and incentives and other encouragements should happen during this time, as they are working in a situation that is like a disaster , and under some risk  Maybe, it has to be monitored and addressed immediately
Environment	This is a high-risk issue, it should be handled very carefully, the waste should be destroyed properly so the infection does not spread, in Sri Lanka burning should be the most suitable way
Training & Capacity building	Current capacity is not enough, health sector workers should be exposed to covid prevention awareness programmes, also provide them additional trainings related to the vaccination

Vulnerable group - Diabetic and heart patient, medical doctor, 86 years, Colombo - Male	
Background	Am aware of it, any vaccine will prevent the infection, it is good, some vaccines last for short periods, others longer or

	lifetime, from what I read and hear the programme is very well organized and is being done efficiently
Risks and impacts	At the moment everyone above 30 years is being given, that is good, consent depends on people and they should cooperate, take the vaccine when they have the opportunity, sufficient information is being provided, the current 6 vaccination centers may not be sufficient to cover the whole western province within short period, there is no waste risk or OHS risk as being done by experienced staff
Risk/Impact mitigation	Increase the number of vaccine centers within a manageable level and finish the programme quickly
Inclusion of Vulnerable	Explain and share the benefits of the vaccine, major post-vaccine reactions like anaphylactic shock will happen very rarely and precautions are being taken for that, to handle such cases, there is not enough information about reactions from pregnant mothers, other risk groups are the most vulnerable, so should take the vaccine and be included in the programme by all means
Gender	There are no specific concerns for women
Stakeholder engagement & Grievance Redressal	Enough information is being provided by the government and media and other sources at the moment, if individuals need further information they need to speak to or raise complaints with the health staff at the vaccination centres, there are rumors ongoing about the vaccine and the programme, they are baseless
Labor	The administration needs to look into these if there are any issues, since the programme is being done in a planned manner there are no concerns at the moment At the moment there is nothing reported or heard, but incidents could happen at individual level and should be looked into
Environment	At the moment there are no concerns, but it is important and should be managed properly in the future
Training & Capacity building	The vaccination centers are currently handled by qualified and experienced health workers, refresher trainings in the future as the programme expands is a good idea
<b>Vulnerable group – Building worker, father of diabetic patient (25-year-old daughter), Puttalam - Male</b>	
Background	Am not aware of the covid vaccine programme, also not aware of the vaccine, I do know about the pandemic, it's not too serious here, we are however taking precautions, it would be good if a vaccine is given
Risks and impacts	If it is given am expecting it to be given to everyone, my whole family will take it, and we will give consent
Risk/Impact mitigation	If some information is shared it will be good, however I think if the government is doing it then it is for the correct reason, if a date and time is given we will go and take it, this should apply to others also
Inclusion of Vulnerable	It will be good if information is shared in television, radio, newspapers etc. so people are aware, it is not necessary to do workshops and other events, I think most people will give their consent
Gender	There are no differences among women and men, it is the same problem for everyone, so whatever facilities and services should be given equally
Stakeholder engagement & Grievance Redressal	There are already some undercurrents between Muslim and Sinhala communities, which maybe contributing to suspicions and fears, so people may think this programme has other agendas, it will be good to share information with the community and engage them at churches, temples, schools etc. along with television, radio, newspapers etc. to reduce suspicions, tension and fears
Labor	There should not be problems, they should wear appropriate safety gear and be an example to the public and others, the programme should be implemented



	No specific issues for females
Environment	Disposal should be done according to health and environmental guidelines
Training & Capacity building	They already have enough training and knowledge, it is the public who lacks the knowledge, so the staff has to do their job, and attend to the need, without further trainings etc.
Vulnerable groups – Laborer, 53 years, Kurunegala - Female	
Background	Yes, am aware there is a vaccine, it has started in Colombo, I think it will come here, am not sure whether to take the injection or not, in the middle at the moment
Risks and impacts	Am afraid what will happen when I take the injection, my mind is in two places, weather I will take the injection or if I will get the disease if I don't take it, or if something will happen if I take it, if everyone in the village takes it then I will also take it, and not too aware about the vaccination also, only what I hear from the radio
Risk/Impact mitigation	If the government could communicate clearly to us about the injection and the vaccination programme and after-effects it will be helpful, they can say it in radio in simple language, we listen to it a lot
Inclusion of Vulnerable	The very elderly may not be able to get it, or those who are sick and unable to travel, or the disabled, some ways have to be arranged to make sure they get the vaccine, perhaps home visits for them due to their situation
Gender	I think there will not be male female differences, or any discrimination, the support and facilities will be available for everyone
Stakeholder engagement & Grievance Redressal	Giving examples that the vaccine and programme is safe is the best way, perhaps known people can take it or speak about it, also show positive news in television and other media, television programme and newspaper articles for awareness is helpful
Labor	There may be issues, they may get infected, which is the main risk, so they must be given all protection gear, other things are not an issue as it is just a few days at a place No, usually we do not have those types of issues in government clinics
Environment	Since there is a lot of concern about the danger of the disease, I think they will be destroyed properly
Training & Capacity building	I think the knowledge and experience they have is sufficient, many are always doing vaccinations and know how to do it