Assessment of Social and Environmental Risks Associated with the Involvement of the Army in the COVID 19 Vaccination Initiative

Under the World Bank financed

Sri Lanka COVID19 Emergency Response and Health Systems Preparedness Project

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Abbreviations

CEA	Central Environmental Authority
CoV	Corona Virus
CoVID	Corona Virus Disease
DGH	District General Hospital
DGHS	Director General of Health Services
DH	District Hospital
EHS	Environment, Health and Safety
EPL	Environmental Protection License
ESF	Environmental and Social Framework
ESIA	Environment and Social Impact Assessment
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environment and Social Standard
GRM	Grievance Redressal Mechanism
HCF	Health Care Facility
HCWM	Health Care Waste Management
HCWMP	Health Care Waste Management Plan
ICU	Intensive Care Unit
LMP	Labour Management Procedure
MOH/MOHIMS	Ministry of Health/Ministry of Health and Indigenous Medical Services
MRI	Medical Research Institute
NCCWM	National Committee on Clinical Waste Management
NDVP	National Deployment and Vaccination Plan
OHS	Occupational Health and Safety
PCR	Physical Cultural Resources
PDHS	Provincial Director of Health Services
PMCU	Primary Medical Care Unit
PPE	Personal Protective Equipment
QTC	Quarantine and Testing Centers
RDHS	Regional Director of Health Services
SEA/SH, GBV	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SLCM	Sri Lanka College of Microbiologists
SMoPCLGA	State Ministry of Provincial Councils & Local Government Affairs
SWML	Scheduled Waste Management License
WHO	World Health Organization
WIN	Women In Need

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Executive Summary

Sri Lanka COVID-19 Emergency Response Health Systems Preparedness Project (P173867) was prepared as an emergency project in April 2020, to respond to and mitigate the threat posed by the present global pandemic situation caused by COVID-19. Its main objective is to strengthen national systems for public health preparedness for present and future outbreaks of infectious disease or any other health emergencies. The national vaccination drive has also 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.

Given the involvement of the army medical team to supplement the national vaccination, a due diligence /risk assessment was carried out to ensure the required risk mitigation measures are in place to meet the requisite commitments in compliance with the Project's Environmental and Social Management Framework (ESMF). The assessment was carried out by the PMU at the Ministry of Health (MoH), Sri Lanka, which consisted of a desk review, a process of consultations with key project stakeholders from the government and the army. The risks/due diligence assessment was conducted following the World Banks's guidelines, namely : a) Assessing and Managing the Risks and Impacts of the Use of Security Personnel, World Bank and b) Use of Military in COVID -19 Operations: Suggestions for Due Diligence and Mitigation. Version 1: March 25, 2020. The assessment focused in assessing the measures, capacities, and systems in place by the military to address key risks such as : use of excessing forces, sexual exploitation and abuse/sexual harassment, social exclusion and discriminatory practices, forced vaccinations, infection transmission, & improper management of hazardous waste etc.

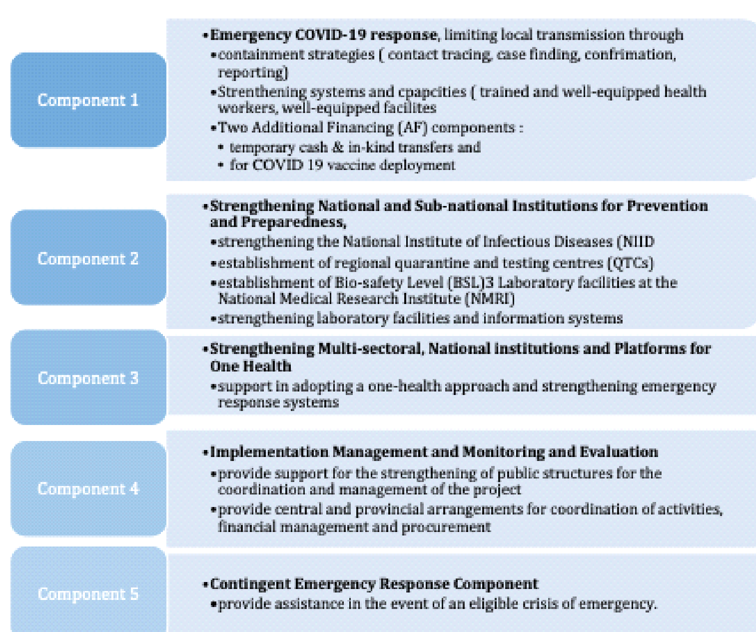
Findings from the risk assessment and consultations concluded that the overall E&S risk of involving military as being 'low', given the measures in place – such as Code of Conduct, training on , GRM hotlines and vaccination operation guidelines which are followed by military issued by the MoH. As per the findings from the assessment, no human right violations or GBV/SEA/SH incidences have been reported to the military or the MoH through the available channels during the vaccination program. 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 performance of the security forces in the COVID-19 operations are closely monitored and supervised by none other than their respective commanders-in-chief who in turn work intensively with the health and related authorities of the country. The conduct of the army are governed by the 'Army Act (1949)[1]'. The Act enforces strict legal action / court martial for those accused of offences against property or persons. Further, army follows a standing order containing, instructions, rules & regulations to carry out community vaccination issued by Commander-in-Chief of the army infantry unit as well. In addition, complaint reporting hotlines and recording books are available at all vaccination centers operated by the army.

[1] https://www.defence.lk/Publication/army_act

1. Project Background

The Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness (P173867) was prepared to aid the country in combatting the COVID-19 global pandemic that has been spreading across the world since it was first detected in Wuhan, Hubei Province, China in December 2019. Its main objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen the national systems for preparedness in Sri Lanka for future health emergencies. The project also supports two additional financing (AF) components, a) temporary cash & in kind transfers, aids the scale up of cash transfers through existing programs for the elderly, persons with disabilities and CKD patients and cash transfers for those who have lost their livelihoods and in-kind support for families in quarantine, and b) for vaccine deployment (safe, effective and equitable access to COVID -19 vaccines).

The Project comprises of **five components,**



2. Objectives and Methodology of the Risk Assessment

The World Banks Environmental and Social Framework (ESF) defines ten Environmental and Social Standards (ESSs). Each ESS sets out mandatory requirements that apply to the Borrower and project being implemented. The ESSs supports the Borrower in achieving prescribed development goals/development objectives that are sustainable, non- discriminatory, transparent, accountable whilst promoting good international practices and good governance.

As required under the ESF, given the military involvement in the vaccination program, the objective of the risks assessment was to PMU to identify the specific risks associated with the proposed use of military including assessing the level risks and to ensure that appropriate mitigation measures are in place. The risk risks/due diligence assessment was conducted following World Bank's Policy requirements on the use of security personnel. The risk assessment followed the guidelines given in the:

a) Assessing and Managing the Risks and Impacts of the Use of Security Personnel, World Bank.
b) Use of Military in COVID -19 Operations: Suggestions for Due Diligence and Mitigation. Version 1: March 25, 2020

The assessment focused in assessing the measures, capacities, and systems in place by the military to address key risks such as : use of excessing forces, sexual exploitation and abuse/sexual harassment, social exclusion and discriminatory practices, forced vaccinations, infection transmission, & improper management of hazardous waste etc. Along with training, equipping, monitoring and disclosing arrangements for deployment, and others like non-discrimination, child labor and grievance mechanisms, the World Bank standards require security personnel deployed to act within the applicable law, be suitably trained, not be implicated in past abuses of any nature, and investigations and action taken against any unlawful or abusive incidents. .

Accordingly a detailed questionnaire was prepared (**please refer Annex 1 – Assessment Questionnaire**) to assesses the key areas following World Bank's requirements to guide the data collection for the assessment**.** Annex 3 lists the questions for which the answers were provided to assess the risks from the involvement of the military across a number of areas, along with measures for risk mitigation that are in place. Guided by the questionnaire serving as a framework to analyze the findings, the assessment included a desk review and a series of consultations with key stakeholders including vaccine recipients. The desk review consisted of reviewing available documents that made the basis of the planning, designing, and operation and monitoring of the national COVID 19 vaccination program and conducted with a view of gaining sufficient knowledge about key components of the program and how they are executed. The consultations with the key stakeholders of the program was intended to find answers to the questions pertaining to the potential risks of the involvement of the army in the community vaccination drive as part of the national COVID 19 vaccination program. **Annex 2 provides some recordings from beneficiaries and Annex 3 gives the list of documents that were reviewed for the assessment**.

3. Involvement of the Army in the COVID 19 Vaccination Program

3.1 Background

Involvement of the military in Sri Lanka COVID-19 Emergency Response and Health System Preparedness project constitutes, supporting the health sector in its vaccination activities in the country. In this regard, it is considered important to provide a detailed account of how the military involvement in the vaccination drive came into being. When the COVID 19 morbidity began to spread length and breadth of the country in early parts of 2020, His Excellency the President decreed the establishment of the National Taskforce on COVID-19 of which stakeholders, among others, are health sector, armed forces , information, aviation, tourism, port authorities, education and communication sector, disaster management. The inclusion of the armed forces is backed by the fact that they possess enough and all capabilities to handle national emergencies which no other organization or agency has the ability to be mobilized almost immediately; efficiently, is experienced and has trained manpower to work under challenging situations; sufficient equipment and machinery etc. This is recognized as one of the key strategies on national disaster management drives in the past, such as landsides, floods, Tsunami etc. The taskforce on COVID -19 is a civil body headed by the Commander of the Army and meetings are co-chaired by the Commander of the Army and the Director General of Health Services. The army is represented by its medical team in the Task Force. The Sri Lanka Army Medical Corps has exactly same cadre structure as that of its counterpart Ministry of Health (MoH) and receive the same basic and post graduate training the MoH professionals such as medical specialists, medical officers, nursing staff, Public health inspectors, public health midwives receive.

3.2 Involvement of the Sri Lanka Military in the National COVID 19 Vaccination Program

Initially, the Sri Lanka army involvement in COVID-19 vaccination drive entailed only the vaccination of armed services personnel at the Army hospital, further this included the vaccination of the foreign diplomatic corps, VIPs, who did praise the Army's endeavor. At a time when the MOH vaccination program was gathering momentum, trade union actions by the health sector employees resulted in a sharp decline of the numbers vaccinated in a day – to a level as low as 2000 per day. The need of the hour was to call in the Army medical team to supplement the national vaccination program in the interest of this national priority in keeping the momentum gained. From there onward, the Army medical team, under the overall supervision of the MOH, is involved in the National COVID-19

vaccination program, this can be viewed as the execution of a national program by two partners, who are trained on the same processes and use the same guidelines issued by the MoH for COVID vaccination. As such the necessity for segregation of duties, in the form an official agreement, between the Army medical personnel and the MoH personnel involved in the COVID-19 vaccination program does not arise. In this context, it is the MoH that requests the army medical team to conduct vaccination centers at locations decided upon mutually. Community vaccination centers are located in public places away from residential and business areas in order to minimize any disturbances and inconveniences caused to public, where large crowds could be accommodated. These are large open areas with erected temporary shelters with essential utilities.

Army-run vaccination centre. Narahenpita Colombo District. Source : www.army.lk

In addition to the conduct of community vaccination centers, the Army launched a mobile COVID-19 Vaccination Fleet on 12th August 2021, that prioritized the vaccination of the elderly, sick, handicapped and feeble sections in society, a combined effort of the Sri Lanka Army Medical Corps (SLAMC), Directorate of Preventive Medicine and Mental Health MOH, Directorate of Supply and Transport, Sri Lanka Signal Corps, and Sri Lanka Corps of Military Police.

The mobile vaccination teams visit homes of the needy and carry out the vaccination, following their requests for services. Eligible persons who are expecting to avail themselves of the mobile service are required to be registered with the National Operation Centre for Prevention of COVID-19 Outbreak (NOCPCO) through Hotline Nos. 1906 or 0112860002. Like in community vaccination centers, prior to vaccination, a written consent is obtained from the person receiving the dose of vaccine.

Door-to-door vaccination by the army mobile team in Jaffna District. Source: www.army.lk

3.3 District Level COVID 19 Operations

At district level, the execution of the COVID-19 operations including the vaccination happens under the guidance and supervision of the Governor of the province and the Provincial Director of Health Services, through a joint mechanism. The stakeholders of this joint mechanism are: the Governor, the District Secretary, Regional Director of Health Services, Deputy Inspector General of Police of the province, and the District Military Coordinator. The MOH and the District Secretary are responsible for the administrative planning of the vaccination process at district level – dates and venue for vaccination and associated arrangements etc. and the Regional Epidemiologist requests the Army medical team to supply a vaccination team to carry out vaccinations at district locations based on the needs, and thereafter the military undertakes to transport vaccines to the vaccination centers and administer the vaccines following the MOH COVID-19 vaccination guidelines.

3.4 Training of Personnel on the COVID-19 Vaccination

As described previously, all professional cadres in the army medical team do possess exactly the same educational backgrounds as their counterparts in the MoH do. However, COVID-19 vaccination is considered a specialized task.

As such all medical personnel involved in the COVID-19 vaccination program, including the Army medical personnel involved in the process are trained by the Epidemiology unit of the MoH. In fact these personnel undergo training on each type of vaccine available in the country – Pfizer, AstraZeneca, Sino pharm etc. An instructions manual and guidelines are available for the deployed military personnel that lays down all necessary procedures to be followed, from point of collection at the central medical stores or at regional medical stores of the MoH up to the time when the vaccine recipient leaves the premises of the vaccination center, including transportation, maintenance of cold chain, storage, vaccine administration, AEFI observation.

3.5 Military engagement with the public

3.5.1 Procedures to be followed in the management of community vaccination centers

The current involvement of the military in the COVID 19 vaccination part of the project is considered comparatively special, because unlike in other situations that involve national emergencies of the nature of floods, tsunamis and other such disasters, the role of the military in the vaccination program is different, in that the military interacts very closely with the public. 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 may be punished under the provision of "punishments by courts martial in respect of civil offences" thereof.

A standing order containing, instructions, rules, regulations and procedures which have to be followed and adhered to by the military personnel deployed (Vaccination team) to carry out community vaccination, had been issued by Commander-in-Chief of the Army infantry unit. It is noted that, as a general rule to be followed, the military personnel cannot engage themselves with general public without the presence of the Police or the Military Police. 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, disabled,, 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 .

Elderly Lady being helped at a Vaccination Centre in Mannar District. Source: www.army.lk

Presence of Military Police at vaccination centre-Panagoda Colombo District. Source: www.army.lk

Brief interviews: A few, 10 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.

As the Northern and Eastern parts of the country have different social setups relating to their language and religious structure, separate feedback was collected from the 10 vaccine recipients representing each of those regions, who have received vaccines at centers established by the Military health services corps and MoH collaboratively. The sample represented people from different geographical locations, gender, race, age, and other vulnerable conditions including pregnancy and chronic diseases. The personal consent has taken before preceding the interview, and their identity was not questioned as per the purpose of receiving genuine comments under anonymous. Due to difficulties in travelling for all the regions of the Northern & Eastern Province; the interviews were conducted over the distant communication mechanisms. Open-ended questions were asked from the interviewees to express their own ideas related to the vaccination carried by the military forces under the purview of MOH staff. The questions were mainly targeted on the quality of service given by military health services corps at the event of informing of dates and venues for the vaccination, providing transportation to the vaccine centers, queue handling, Pre-diagnosis to evaluate the suitability for the vaccination, injecting of vaccine, post-diagnosis for the complications and transportation back to their living areas. The interviewees were directly questioned related to harassment, violence, negligence based on their race, gender, age or any other type of mismanagement within the vaccination centers which were organized collaboratively by military health services corps and MOH. The vaccine recipients have given positive feedback relating to the methodical way of vaccination and provision of equal opportunity to get vaccinated while protecting their dignity of gender and race without any type of verbal, physical, or sexual harassment. The beneficiaries have further mentioned that the date, time and venue for the vaccination has to be convenient to avoid travelling difficulties.

To mitigate any social tension that could erupt as a result of Army, predominantly being Sinhalese, working in different social settings, Army personnel conversant with Tamil language and Tamil government officers are employed. This strategy facilitates smooth flow of work and it is proved effective as no such disagreements or tensions between the Army and the pubic have been reported.

3.5.2 Hazardous waste disposal

All waste generated following a vaccination session are disposed of as per guidelines issued by the MoH and if no incinerator is available closer to the vaccination center, they are brought to army hospital and incinerated. Following are the strategies for waste disposal, as set out in the MoH guidelines.

• Adequate logistics for effective vaccine waste management will be ensured at all vaccination centers

• All empty vaccine vials and injection waste (vaccination session waste) will be subjected to incineration

• Nearest incinerator facilities will be made available for each clinic center within the same district

• Waste management plan (distribution plan to incinerators) for each clinic center will be included in identifying at district level micro plan development.

• Hospital Directors, Provincial and Regional Directors of Health Services will take the responsibility to ensure proper waste management guidance for each vaccination center.

• Environmental Authority, NGO and partner organization support in coordinating the waste management mechanism will be arranged by the higher authorities of the Ministry of Health, District level health authorities and hospital Directors.

• Incinerator facilities available at non health sectors, private health and private organizations are mapped out and mechanism will be identified for additional requirement for incineration facilities during the campaign.

• Vaccines and vaccination wastes are not recommended to be discarded through other ways (burial, burning, put into a pit) of waste disposal mechanisms.

3.5.3 Awareness of , codes of conduct, and training

The establishment of the Directorate of and International Humanitarian Law in early 2000s is a result of the Army's attempt to minimize the violations of by the members of the armed forces and the same fulfills a prerequisite for the involvement of Sri Lanka armed forces in UN Peace Keeping Missions. Every army camp has a Committee headed by the second-in-command of the camp. The Directorate conducts three-month training courses for the members and an advanced refresher training course for officer instructors of the armed forces.

Thus, the military personnel are aware of the need to respect and have received relevant training. The army personnel have also been trained by the 'Directorate of and International Humanitarian Law' established within the army on Principles, International Humanitarian Law (IHL), International Law System and IHL Universal Code. These trainings the army has received on the IHL Universal Code are compliant with the WHO Code of Ethics and Professional Conduct and meetings World Bank's requirements. In 1989 Sri Lankan government has signed the agreement with the ICRC (International Committee of the Red Cross) to count as an early manifestation of Sri Lanka's international commitment to IHL. Further, In 2000, Sri Lanka has established its National IHL Committee, following a cabinet decision. The Committee's mandate is to look into issues relating to the national implementation of international humanitarian law. However, there is no closure in the "Army Act" to comply with the code of conduct of IHL or WHO. But any type of violation of human rights by military personnel can be punished by the penal code of GoSL as per the provisions given in the "Army Act" to practicing country law even for a person under the military law. As the vaccination, centers are collaboratively organized by the medical staff of military forces and MOH in public places such as schools, temples, etc; the possibility

to violate the human rights or conducting of the verbal, physical and sexual harassment is generally very low.

Routine refresher trainings are also conducted at the training centers. This endeavor has produced effective results in violations by the members of the armed forces. No human right violations or GBV/SEA/SH are reported to the military or the MOH through the available channels for during the involvement of military in the vaccination program.

In terms of code of conduct, the 'Army Act (1949)' [2] governs the conduct of armed forced in all settings either during combat or during involvement in civilian affairs. The Act enforces strict legal action / court martial for those accused of offences against property or persons. These include offences related to theft, misappropriation, willfully damaging property, causing any form of violence, criminal breaching of trust, etc. Sections of the Army Act, especially those like the training, performance of non-military duties, and officers and soldiers subject to military law, relate to standards required by the World Bank on public safety, when security personnel are involved in funded projects. Section 131 of the Sri Lankan Army act mentioned that "a person subject to military law is convicted by a court-martial of the offence of rape, he shall be liable to suffer simple or rigorous imprisonment for a term not exceeding twenty years ". Other than that Sexual Exploitation and Abuse are not specifically mentioned as a military offense in the Army Act. However, every person subject to Military Law who commits any other fraudulent act not particularly specified, or any act of a cruel, indecent or unnatural kind, including sexual offences are tried under Section 109(e) of the Army Act. Military personnel in Sri Lanka are subject to the general law of the land and hence subjected to all offences stipulated in the Penal Code, which includes verbal, physical and sexual offences or harassment. This shows that any military personnel involved in the offence of SEA/SH or any other type of harassment can be punished by the Penal Code of Sri Lanka. So the personnel of military forces involved in the vaccination against C0VID 19 do not have any official authority to verbally, physical or sexually harass/ abuse the civilians.

The standing order issued by Commander-in-Chief of the army infantry unit stipulates 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. Presence of military police at community vaccination centers is also mandatory as army personnel involved in public activities must be accompanied by the military police. Both the female and male military health cadres are deployed at these centers for ensuring gender respect and dignity among the patents during the vaccination program. In addition, to mitigate any social tension that could erupt as a result of the army, predominantly being Sinhalese, working in different social settings, army personnel conversant in Tamil language and Tamil government officers are employed in such locations

4. Grievance mechanism

Public grievances in relation Army's involvement in the national initiative to contain the spread of COVID-19 could be channeled through the army hotline 1906 and MOH hotline 1900. Public could also utilize the hotlines for complaint reporting set up at the Presidential Taskforce: 0112334550/0112354655 and 0112354354 with extensions 3872/3874. And the Hotline for the GRM at the MoH is 1990.

In addition, every community vaccination center has a "complaints book" through which the public could bring to the notice of the Army authorities any injustices caused to them for redress. In the event of any violations of provisions as set out in the Army Act of Sri Lanka, inquiries will be held by the Military Police and if any person found guilty of offence will be punished and sanctioned under "punishments by courts martial in respect of civil offences" of the Army Act of Sri Lanka. Military policy

[2] https://www.defence.lk/Publication/army_act

is responsible for monitoring and taking action. Presence of Military Police at community vaccination centers is mandatory as Army personnel involved in public activities have to be accompanied by the Military Police.

In fact, other than requesting a selected type (preferred) of vaccines by a few people, no complaints have been reported to the Army through any of the channels mentioned above, contrarily some members of the public who were vaccinated at Army-run community vaccination centers have placed notes of praise in the “complaints book”. An extract from a “complaints book” is attached as **Annex 2**.

5. Key findings and Conclusion

The desk review facilitated to gain knowledge about the base upon which the entire national program for the prevention of COVID-19 outbreak is executed and procedures, rules, regulations and instructions that are in place which make the driving mechanism for achieving the stated objectives. The assessment focused especially on the involvement of the Army in the vaccination program, as such consultations held, in the form interviews, with key persons, from MoH and the Army, involved in the vaccination program, helped to gather information about how the vaccination program involving the Army is rolled out and executed practically in the public setting, under understand the key risks and mitigation measures in place. 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, held during the assessment process.

The site observations were not possible to be carried out due the prevailing situation in relation to the spread of COVID-19 in the country. However, the assessment relied on information including photographs and reports provided by the Army personnel involved in the monitoring of the vaccination program and the information gathered trough Telephone interviews.

Based on the findings from the risk assessment and consultations concluded that the overall 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. However, following World Bank’s ESF requirements, Environmental and Social Risk Management Plan (ESMP) – Annex 4 has been prepared for the Army when involving in the vaccination program which details all the measures that will be in place during vaccinations including the responsible parties for implementation and monitoring.

In terms of monitoring, the PMU will closely liaise with the Office of Director General Army Health Services, Army Headquarters, Sri Jayewardenepura, Colombo on a regular basis for twice a month to receive updates on the progress related to the implementation of the ESMP by the Army Health services corps participating for the vaccination program.

Annexes

Annex 1 – Assessment Questionnaire

List of Questions and answers that formed the basis of consultations with COVID 19 Vaccination Program

QUESTIONS	RESPONSES
Working arrangements and reporting lines of military	
What are their specific roles and responsibilities ?	*Both MoH and the army are two parties to one vaccination program. Both parties are guided by same procedures, rules, regulations and instructions. (explained in the report)*
Activities of the Military vs Health sector during Covid-19 – please clarify if any segregation of duties, if any MoUs etc. in place?	*The decisions are made by the National Taskforce on COVID - 19, headed by the Army Commander which is a civil body co-chaired by the Commander of the Army and the Director General of Health Services. Hence, there is no formal MoU in place as this is a joint effort directed by the task force on Covid-19. Both Army and MoH jointly implements the program following the same MOH issued guidelines. They discuss and coordinate the vaccination*
What are the accountability and reporting lines that are in place?	*Both parties follow same guidelines for the execution of the vaccination program in the discharge of duties. However, each party follows their respective organizational rules and regulations and reporting to the National Taskforce on COVID -19.*
What is the mechanism in place to identify activities financed by the project that involves military ?	*Financing for the import of vaccines and distribution island-wide was carried out utilizing the funding from different agencies as liaised by the MOH. The vaccination centers are also managed collaboratively by the MOH staff and Army medical corps, there for it is unable to exactly verify whether the particular vaccination center is fully organized by the military staff or funded completely by the allocations from the PMU.*
How does military interact / engage with civilians**?**	*In general army engagement with the public is governed by the provisions in the Army Act of Sri Lanka, and specifically by the standing order on instructions to be followed by army personnel involved in the COVID-19 community vaccination centers, issued by the Commander-In-Chief of the Army Infantry Unit.*
Risks and Impacts - Social exclusion risks, discriminatory practices, forced vaccinations etc.	
Are any prioritized groups, including those from high-risk and vulnerable categories and those in remote locations prevented from accessing the vaccines?	*No such incidents are reported and the risk of occurring such incidents is remote as the guidelines for the deployment of vaccination ensures equitable service delivery. Military is also deploying its mobile vaccination program.*
Are people treated equally and in a dignified manner including paying attention to specific, culturally determined concerns of minority and vulnerable group?	*Yes. No incidents of discrimination in the service delivery is reported. Separate queues are made available to elderly, disabled people etc. and also assisted by the military personnel to obtain the vaccines.*
Any potential risks/impacts on those that are disadvantaged or vulnerable?	*No apparent risks or impact*
Do elderly, disabled etc. have separate queues or waiting areas so they need to be inconvenienced?	*Yes. Special queues are available for the elderly, pregnant mothers, infirmed, and mothers with infants.*
Are people provided with consent	*Yes. This is a requirement*

forms?	
Are there any practices making people feel pressured to receive vaccination against their will?	*No such practices are reported through the available grievance reporting channels.*
Risks and Impacts - Health, safety and security including SEA/SE risks	
Any practices increasing risks to human safety and security of assets?	*No.*
Are proper COVID19 Safety protocols followed?	*Yes*
Will security personnel be armed? Is the management of weapons and other defenses structured and are procedures clear? Under what conditions can force be used?	*Strictly army personnel are instructed to be unarmed. Use of force is not included.*
Are there measures in place to manage Adverse Effects Following Immunization (AEFI)?	*Yes. Vaccination protocol stipulates AEFI*
Are vaccination conducted in the night?	*There are a few*
What is the composition of both male and female military personally at vaccination centers?	*Both male and female military personnel are employed in such a way to ensure gender balance.*
Are the vaccination centers happening within closed doors or open areas?	*Army-run vaccination centers are located in large public areas with erected shelters, away from residential and business areas. There is abundant ventilation and land area for crow accommodation.*
Are there separate resting facilities, including toilets etc. for women at the vaccination centers?	*Yes*
Are vaccination conducted in the night?	*There are a few.*
What is the composition of both male and female military personally at vaccination centers?	*Both male and female military personnel are employed in such a way to ensure gender balance*
Are there risks of tension due to different backgrounds among the security personnel, community members, and project workers?	*No. Mitigation measures are adopted to minimize such risks.*
Risks and Impacts - related to handling of hazardous waste	
What is the risks due to hazardous medical waste generated during vaccination?	*Potential environmental pollution and community health and safety issues from handling, transportation and disposal of health care waste (HCW) and iinfections due to injuries (cuts, bruises etc.).*
How is hazardous medical waste generated by COVID-19 vaccination program such as used sharps, syringes, empty vials, cotton swabs and discarded PPEs management, transport and disposed?	*According to vaccination protocol of MOH following WHO/international best practices specifically published on handling COVID-19 vaccination and the related waste generation.*
Is there a waste management plan in place?	*As per vaccination protocol.*
How is hazardous medical waste	*According to vaccination protocol of MOH.*

generated by COVID-19 vaccination program such as used sharps, syringes, empty vials, cotton swabs and discarded PPEs management, transport and disposed?	
Risk/Impact Management Measures already in place	
Any risk assessments already conducted?	*No.*
Any trainings already provided – please provide details.	*Yes, by the Epidemiology unit of MOH.(details in the report). The Army personal are already trained on the Army Action and also on Principal.*
Are the army complying with a Code of Conduct?	*All army personnel are subjected to the rules and regulations stipulated in the Military Act and for the vaccination, the army follows the additional Standing Orders Issued.*
Are these Codes of Conduct visibility displayed at the vaccination locations?	*No*
Describe procedures in place to handle incidents, violations of Code of Conduct etc.	*Will be handled by the military police and punished and sanctioned as per Military Act of Sri Lanka.*
Are information related to vaccine rollout procedures clearly displayed?	*Yes*
Are complaint reporting hotline displayed and complaint/suggestion box made available?	*Complaint and suggestion book is made available.*
How are complaints and feedback received handled?	*Complaints are received through the channels made available to the public and the responsible officer/s will respond to the complainant.*
Who is responsible and accountable to monitor? To enforce sanctions, disciplinary actions etc.	*Military police*
Are security personnel engaged in accompanying hazardous materials and production? If so, what are specific arrangements are in place.	*Army personnel involved in the vaccination program follow the guidelines issued by the MOH in disposing the waste generated at the vaccination centers.*

Annex 2 – Stakeholder and beneficiary consultations

A few Voice records from beneficiaries, in all three languages and pictures of GRM log books

https://drive.google.com/drive/folders/17v6ZLYSbWXM6MTs0RY2u1_QmXIWs32Pn?usp=sharing

All the beneficiaries have given positive feedback towards the methodical and professional way of handling the vaccination programme by the military health services corps collaboratively with MOH staff. Special thank is given related to the provision of equal opportunity for the receiving of vaccination by better queue management without giving favor to any individual or social group. Some of the vaccine receivers have recommended the military health service corps to carry out more vaccination centers as their systematic and planned way of handling the vaccination programmes. Further, some beneficiaries have appreciated the facilitation given to the elderly people, differently able people, and pregnant women by the military health services corps. The beneficiaries have further suggested to organize the vaccination camps on convenient dates, times, and nearby places to avoid traveling difficulties in rural areas.

Visit of the WHO Country Representative

https://drive.google.com/drive/folders/1LOX54vs7NWFrKikGCTeEk4lQKoL9NqAm?usp=sharing

Annex 3 - List of Documents Reviewed

The officials from the Director-General Health services, Epidemiology Unit of MOH, Sri Lanka Army Medical Corps, and PMU have participated in the meetings and consultations related to the vaccination against Covid 19.

- National Deployment and Vaccination Plan (NDVP) for COVID 19 Vaccinations, Ministry of Health Sri Lanka. 18 January 2021
- Guidelines for COVID- 19 Vaccination Program at Healthcare Institutions
- Guidelines for the Second Dose of the COVISHIELD Vaccine for Health Care Workers
- Instructions for Reporting of AEFI by Hospitals
- Guidelines for Covid-19 Vaccine Gam-COVID-Vac Combined Vector Vaccine (S-sputnik V) Vaccination Campaign (Guideline updated by 29/05/2021)
- Guidelines for COVISHIELD Covid-19 Vaccination Campaign 2021
- Instructions for Administration of an Extra Dose with COVISHIELD Vaccines Remaining in the Vials dated 15.02.2021
- Guidelines for Covid-19 VaccineSARS-CoV-2 Vaccine (Vero Cell), Inactivated (BIBP) vaccination Campaign(Update 06/06/2021)
- Guidelines for the Conduct of COVID-19 Community Vaccination Centers, Issued by the Directorate of Preventive Medicine and Mental Health of the Army.
- Standing Oder on Instructions to be followed by Army Personnel Involved in the Community Vaccination Centers, issued by the Commander-In-Chief of the Army Infantry Unit.
- Assessing and Managing the Risks and Impacts of the Use of Security Personnel, World Bank.
- Use of Military in COVID -19 Operations: Suggestions for Due Diligence and Mitigation. Version 1: March 25, 2020

Annex 4 – Environmental and Social Risk Management Plan (ESMP) during involvement of Military

The Military Risk Management Plan has been developed in line with best practice measures to be incorporated into the various stages of implementation in order to ensure and mitigate associated environmental and social impacts related to the vaccination program. Relevant World Bank Guidelines on the use of military, international best practice guidelines issued by the World Health Organization (WHO) and national guidelines issued by the Health Promotion Bureau and Ministry of Health (MoH) & Directorate of Preventive Medicine and Mental Health of the army (DPM&MH) have been referred to in order to prepare the ESMP for the military.

ESMP for the military has been prepared in meeting with World Bank's Policy requirements on the use of security personnel, referring to the following guidelines:

- Assessing and Managing the Risks and Impacts of the Use of Security Personnel, World Bank.
- Use of Military in COVID -19 Operations: Suggestions for Due Diligence and Mitigation. Version 1: March 25, 2020

Specific national guidelines followed for the preparation of this ESMP for the military

- Guidelines for the Conduct of COVID-19 Community Vaccination Centers, Issued by the Directorate of Preventive Medicine and Mental Health of the Army.
- Standing Oder on Instructions to be followed by Army Personnel Involved in the Community Vaccination Centers, issued by the Commander-In-Chief of the Army Infantry Unit.

ACTIVITIES AND ASSOCIATED ENVIRONMENTAL AND SOCIAL IMPACT	PROTECTION AND PREVENTIVE MEASURES	TIMELINE	MITIGATION COST	RESPONSIBILITY	
				IMPLEMENTATION	MONITORING
Before Deployment					
Risks of excessive use of force of civilians, sexual exploitation and abuse (SEA), sexual harassment (SH) including risks violations.	**Screening:** • The Military shall take measures to ensure that military personal involved in the vaccination program are: ○ screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA),	Before Deployment	Deployment costs	Directorate of Preventive Medicine and Mental Health of the army	DPM&MH and MOH

ACTIVITIES AND ASSOCIATED ENVIRONMENTAL AND SOCIAL IMPACT	PROTECTION AND PREVENTIVE MEASURES	TIMELINE	MITIGATION COST	RESPONSIBILITY	
				IMPLEMENTATION	MONITORING
	sexual harassment (SH) or excessive use of force; ○ Deployed in a manner consistent with applicable national law. • The Military shall promptly review all allegations of unlawful or abusive acts of any military/security personnel, take action (or request appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities.			(DPM&MH).	
	Code of Conduct • The Military will ensure that such personnel involved in the vaccination program are bound to a Code of Conduct (governed by the Army Act) on use of force and appropriate behavior and conduct including prevention of sexual exploitation and abuse (SEA), sexual harassment (SH) which is in line with WHO Code of Ethics and Professional Conduct, Principles and the International Humanitarian Law (IHL) Universal Code of Conduct.	Before Deployment	Deployment costs	DPM&MH	DPM&MH and MOH
	Training • The Military shall take measures to ensure that such personnel involved in the vaccination program are adequately instructed and trained on the use of force and appropriate behavior and conduct including prevention of sexual exploitation and abuse (SEA), sexual harassment (SH). These trainings should cover topics on Principles and WHO Code of Ethics and Professional Conduct. • The trainings should also cover key aspects related to violations of provisions as set out in the Army and specific sanctions which are "punishable by courts martial in respect of civil offences" . These include offences related to theft, misappropriation, willfully damaging property,	Before Deployment	Deployment costs	DPM&MH	DPM&MH and MOH

<table>
<tr><th rowspan="2">ACTIVITIES AND ASSOCIATED ENVIRONMENTAL AND SOCIAL IMPACT</th><th rowspan="2">PROTECTION AND PREVENTIVE MEASURES</th><th rowspan="2">TIMELINE</th><th rowspan="2">MITIGATION COST</th><th colspan="2">RESPONSIBILITY</th></tr>
<tr><th>IMPLEMENTATION</th><th>MONITORING</th></tr>
<tr><td></td><td>causing any form of violence, criminal breaching of trust, etc.
• The Military will ensure that such military personnel involved in the vaccination program are trained on the following guidelines and instructions:
o Guidelines for the Conduct of COVID-19 Community Vaccination Centers, Issued by the Directorate of Preventive Medicine and Mental Health of the Army.
o Standing Oder on Instructions to be followed by Army Personnel Involved in the Community Vaccination Centers, issued by the Commander-In-Chief of the Army Infantry Unit.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Lack of public engagement, spread of misinformation /rumors, Social tensions/ conflicts</td><td>Public Awareness and Information Disclosure
• Awareness will be created about the involvement of military in the vaccination program.
• Information will be disclosed about the vaccination guidelines, grievances redressal mechanisms and hotlines/contacts for public to obtain information and provide feedback/campanists.
• Information and notices will be displayed on Code of Conduct, stating zero tolerance of SEA/SH with contact numbers to key GBV service providers eg: Mithuru Piyasas, WIN, and accessible and accessible GRMs to female beneficiaries.</td><td>Before deployment and during vaccinations</td><td>Deployment costs</td><td>DPM&MH</td><td>DPM&MH and MOH</td></tr>
</table>

ACTIVITIES AND ASSOCIATED ENVIRONMENTAL AND SOCIAL IMPACT	PROTECTION AND PREVENTIVE MEASURES	TIMELINE	MITIGATION COST	RESPONSIBILITY	
				IMPLEMENTATION	MONITORING
During Vaccinations					
Lack of avenues to redress grievances including report on incidences GBV.	**Grievance Redressal Mechanism** • Complaint reporting hotlines and recording books will be made available at all vaccination sites. • GBV related incidences will be reported to GBV MoH GBV service: Mithuru Piyasas. • Military police will also be deployed at all vaccination centers operated by the military for added safety.	During vaccinations	Deployment costs	DPM&MH	DPM&MH and MOH
Risks of forced vaccinations including people feeling pressured or intimated to receive the vaccines.	**Informed Consent** • Informed written consent will obtained before vaccinating eligible individuals ensuring that no forced vaccinations will take place.	During vaccinations	Deployment costs	DPM&MH	DPM&MH, Military Police and MOH
Risk of exclusion of priority groups, especially those who are socially and medically vulnerable and disadvantaged, and discriminatory practices preventing them from receiving timely access to vaccines.	**Prioritize vulnerable / high risks groups** • Military will follow the National Deployment and Vaccination Plan for COVID-19 (NDVP), to vaccinate prioritized groups who will be targeted for COVID-19 vaccines following the WHO concept for fair access and equitable allocation of COVID-19 health products. • Military will follow operational guidelines issued by MoH and Standing Orders issued by the Army by the for vaccination centers will also ensure that everyone will be treated equally and in a dignified manner including paying attention to specific, culturally determined concerns of minority and vulnerable group	During vaccinations	Deployment costs	DPM&MH	DPM&MH and MOH

ACTIVITIES AND ASSOCIATED ENVIRONMENTAL AND SOCIAL IMPACT	PROTECTION AND PREVENTIVE MEASURES	TIMELINE	MITIGATION COST	RESPONSIBILITY	
				IMPLEMENTATION	MONITORING
Health & safety risks due to lack of facilities to manage Adverse Effects Following Immunization (AEFI).	**Managing Adverse Effects Following Immunization (AEFI)** • Military will follow guidelines issued by the MoH to manage AEFI following WHO guilddlines. • Readiness for AEFI will be ensured by proper screening for AEFI before vaccination. Emergency readiness is assured through observation for minimum 20 minutes post vaccination, the availability of emergency trays with essential medicines together with oxygen facilities for proper management and specialized care arrangements at vaccination centres. • Accordingly, the trained military personnel will closely monitor, track and respond to adverse events including.	During vaccinations	Deployment costs	DPM&MH	DPM&MH and MOH
Risk of spreading Covid19 if relevant safety protocols are not followed.	**COVID19 OHS health & safety** • All vaccination centers will follow MoH issues COVID19 guidelines inline with WB and WHO guidelines. • Adequate signage will be made available at centers mandating relevant sanitation and hygiene protocols that should be followed. • All military personnel will be provided with and use personal protective equipment (PPE).	During vaccinations	Deployment costs	DPM&MH	DPM&MH and MOH
Health risks due to improper disposal of medical waste (e.g. used syringes) causing injury to waste pickers and contaminating land and surface water.	**Health Care Waste (HCW) management** • All vaccination centers supported by the project will follow respective procedures on proper handling, transport and disposal of Health Care Waste (HCW) at vaccination centers issued by the MoH. • Waste management will be done in accordance with General Environment, Health and Safety Guidelines (EHSGs) and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19	During vaccinations	Deployment costs	DPM&MH	DPM&MH and MOH

Annex 2 – Sample Code of Conduct

Individual Code of Conduct
Implementing ESHS and OHS Standards
Preventing Gender Based Violence

I, ______________________________, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important.

The failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the deployment site, the site surroundings, at camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential of "punishments by courts martial in respect of civil offences" as per the Army Act. This will involve Prosecution by the Military Police for those who commit GBV.

I agree that while working on the project I will:

1. Consent to background check by the Military Police.
2. I have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force;
3. Attend and actively partake in training courses related to ESHS, OHS, GBV, Code of Conduct and as requested.
4. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
5. Take all practical steps to implement the environmental and social management plan for Military involvement.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff —for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors —for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
12. Not use prostitution in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent[3] by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered "non-consensual" within the scope of this Code.
15. Consider reporting through the GRM or to my Reporting Officer any suspected or actual GBV by a fellow Military Officer, or any breaches of this Code of Conduct.

[3] **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

With regard to children under the age of 18:

16. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
17. Wherever possible, ensure that another adult is present when working in the proximity of children.
18. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
19. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also "Use of children's images for work related purposes" below).
20. Refrain from physical punishment or discipline of children.
21. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
22. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank's safeguard policies on child labor and minimum age.

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I must:

23. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
24. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
25. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
26. Ensure images are honest representations of the context and the facts.
27. Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions

I understand that if I breach this Individual Code of Conduct persons and found guilty of violation of the prescribed behavior and misconduct, I will be subject to disciplinary action including punishment by courts martial in respect of civil offences of the Army Act of Sri Lanka.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: ___________________________

Printed Name: ___________________________

Title: ___________________________

Date: __________________________