STAKEHOLDER ENGAGEMENT PLAN (SEP)

3 May 2020

SRI LANKA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

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1. 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. As of May 3, 2020, the outbreak has resulted in an estimated 3,459,491 cases and 243,450 deaths in 2012 countries.

With the increasing incidence of COVID-19 in Sri Lanka, the public health system is under tremendous pressure. The country has only one institution – the National Institute of Infectious Disease (NIID), Angoda with adequate facilities to handle isolation and treatment of suspected and confirmed cases of COVID-19. Sri Lanka currently (as on May 3, 2020) has 702 confirmed cases of the novel coronavirus COVID-19, with 7 deaths. A majority of confirmed patients are currently being treated and quarantined in this facility and as the situation evolves and numbers increase, there will be an urgent requirement of capacitating additional facilities to support treatment and care. There are 4,581 persons in quarantine at 36 Tri-Services managed facilities.

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 creating 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. Further response requires scaling up its infrastructure and systems for strengthening surveillance and management of the disease. Constraints include shortage of trained health care providers, non-compliance by general public, health workers, on safety measures, shortage of Personal Protection Equipment (PPE), shortage of testing kits and labs with required capacities, and limited facilities equipped with isolation wards for quarantine and treatment.

The MoHIMS has 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. Given that restrictions on work and travel both within and outside the country with the closing of borders and internal curfews, are all likely to slow down economic activity and growth, the cabinet has authorized funds to sectors that are in urgent need of support. The Government is however yet to streamline their strategies to strengthen social measures to support vulnerable communities, particularly, the elderly, the poor, and women and children, for whom loss of income, living in a contained environment, may increase the risk of violence as well as translate to spikes in poverty, food and nutrition insecurity, and reduced access to healthcare far beyond COVID-19, especially if the crisis continues.

The Ministry of Health and Indigenous Medical Services (MoHIMS) 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) 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 developed another App called MyHealth Sri Lanka. This App maps the trail of the user's locations traveled so that in an unfortunate event of the user being infected with the virus, they can disclose the stored location history information with the authorities to protect their family and friends who they have associated with in the last 14-days.

2. Project Description

The proposed 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 supports the Health Disaster Preparedness, Response and Recovery plan developed by the MoHIMS 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.

The 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, households and vulnerable groups especially elderly will be socially and financially supported, to address significant negative externalities expected in the event of a 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.

This project is 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.

3. 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.

4. Stakeholder Identification and Analysis

Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

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 and the cultural sensitivities of diverse ethnic groups.

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[1], 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:

[1] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- COVID-19 infected people in hospitals and their families & relatives
- People in quarantine/isolation centers and their families & relatives
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff)
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics.
- Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories
- People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, inhabitants of areas where cases have been identified)
- Government Officials (Ministry of Health officials, Municipal Councils, District, Divisional Secretaries, Grama Niladaris/Village government administrations in affected regions
- Staff of janitorial & security services
- Waste collection and disposal workers in affected regions
- Airline and border control staff, law enforcement authorities and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them.
- Other public authorities (e.g. Sri Lanka's Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defense etc.)

c) Other interested parties

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

- The public at large
- Community based organizations, national civil society groups and NGOs
- Goods and service providers involved in the project's wider supply chain
- Regulatory agencies (e.g., Central Environmental Authority, Department of Social Services, Samurdhi Authority, Ministry of Public Administration, Ministry of Home Affairs and Provincial Councils & Local Government etc.)
- Media and other interest groups, including social media & the Government Information Department
- National and international health organizations/associations (e.g. GMOA - Government Medical Officers' Association)
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)
- Interested businesses
- Schools, universities and other education institutions closed down due to the virus
- Temples, churches, Kovils, Mosques and other religious institutions
- Transport workers (e.g. cab/taxi drivers)

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. 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) be adapted 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. 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. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups include and are not limited to the following:

- Elderly
- Individuals with chronic diseases and pre-existing medical conditions;
- People with disabilities
- Pregnant women
- *Veddas (forest dwellers)*
- Women, girls and female headed households
- Children
- Daily wage earners
- Those living below poverty line (e.g. Sumudri programme beneficiaries).
- Unemployed and the homeless
- Communities in remote and inaccessible areas

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

5. Stakeholder Engagement Program

a) Summary of stakeholder engagement done during project preparation

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. A summary of issues raised during consultation is provided below with details in Annex 1. In addition to these, the Project includes considerable resources to implement the actions included in the Plan, and will be continuously updated throughout the project implementation period, as required.

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 functorial 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.

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.

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. When required, the updated SEP will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

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, (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) 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,[2] (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

[2] -Among others, this will also involve making respective communities aware of the involvement of security personnel in the construction/establishment of isolation wards in the district hospitals, especially those residing

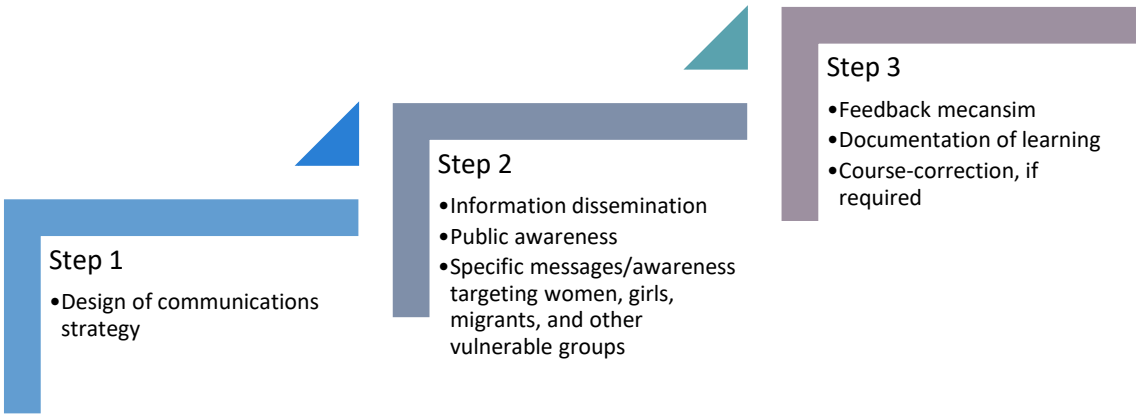
(i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• Need for the project • Planned activities • E&S principles, management of E&S risks and impacts (e.g., ESMF, SEP, LMP) • Grievance Redress mechanisms (GRM) • Health and safety impacts	• *Phone, email, letters* • *One-on-one meetings* • *FGDs* • *Outreach activities* *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.)*	• *Government officials from relevant line agencies at local level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist PMU
	• Need for the project • Planned activities • E&S principles, management of E&S risks and impacts (e.g., ESMF, SEP, LMP) • GRM	• *Outreach activities that are culturally appropriate* *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups*	Environment and Social Specialist PMU
Implementation	• *Project scope & ongoing activities, incl. involvement of security personnel* • *Health and safety issues* • *Environmental concerns* • *Social concerns, including GBV, exclusion, social tensions* • *ESMF, SEP, LMP* • *GRM*	• *Training and workshops* • *Disclosure of information through Brochures, flyers, website, etc.* • *Information desks at municipalities offices and health facilities* *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.)*	• *Government officials from relevant line agencies at local level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist PMU
	• *Project scope and ongoing activities, including engagement of security personnel* • *Health and safety issues* • *Environmental concerns* • *Social concerns (GBV, exclusion, social tensions)* • *ESMF, SEP, LMP* • *GRM (for project, security personnel, labor and GBV)*	• *Public meetings in affected municipalities/villages* • *Brochures, posters* • *Information desks in local government offices and health facilities.* *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.)*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups*	Environment and Social Specialist PMU

near hospitals and isolation centers and regards about the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.

(ii) Public awareness on COVID 19:

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. 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 (Sinahala 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 in self-isolation, managing increased burden of care work, female hospital workers, child protection protocols, etc.
- 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.
- 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.

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 completement 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 reached through alternative ways given social distancing measures to engage with women groups, edutainment, 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.

d) 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 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 Sinahala 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 circumstances of the individual islands. Where relevant, the potential involvement of security forces in the civil works associated with the establishment of isolation wards, 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
Preparation of social distancing and SBCC strategy	*Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others*	*Project concept, E&S principles and obligations (e.g., ESMF, ESCP, etc), Consultation process/SEP, GRM, update on project development*	*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.*
Implementation of public awareness campaigns	*Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities*	*Update on project development; the social distancing and SBCC strategy*	*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, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
Site selection for local isolation units and quarantine facilities	*People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.*	*Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc)*
During preparation of ESMF, ESIA, ESMP	*People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other*	*Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular*	*Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	public authorities; Municipal & Provincial councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies.	*updates on Project development*	*groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
During project implementation	*COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;*	*SEP, relevant E&S documents; GRM procedure; regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*

e) 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 will thereby adapt to different requirements.

f) Strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. 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: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.

- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.

- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.

- 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): consult with relevant communities on the proper method for communication and awarneess; disseminate information through the community leaders; use audiovisuals to facilitate understanding of the information shared.

6. Resources and Responsibilities for Implementation of SEP

a) Resources

The Ministry of Health and Indigenous Medical Services (MoHIMS) will be the implementing agency for the project. The Project Management Unit (PMU), established within the MoHIMS under the World Bank assisted PSSP will be in charge of implementing the stakeholder engagement activities in partnership with the Health Promotion Bureau. 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 project will be implemented by the on-going Bank-funded Primary Sector Strengthening Project (PSSP) under MoHIM 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.

The PMU will implement the behavior change communication activities in partnership with Health Promotion Bureau which is the Centre of Excellence for health Communication & Health Promotion in Sri Lanka. At provincial, district, divisional levels, PMU and Health Promotion Bureau will collaborate with the Primary, Secondary, Tertiary hospitals, the Regional Director of Health Services (RDHS), Provincial Director of Health Services (PDHS) and Director General of Health Services (DGHS) under the MoHIMS to implement the stakeholder engagement activities. 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.

Finally, there will be a Project Steering Committee comprised of members of the National Action Committee set up by the MoHIMS on January 26, a 22-member committee to oversee multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities, including the SEP.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

7. 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);

a) Description 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. The GRM mechanism proposed for PSSP is a 4-tire GRM (please see figure 1) designed as per the guidelines developed by MoHIMS 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

b) Complaint Handling Process

- **Step 1:** Submission of grievances either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (whatsapp, viba, FB 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 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
- **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 MoHIMS.

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 MoHIMS. 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.

Operationalizing Strategy for the GRM

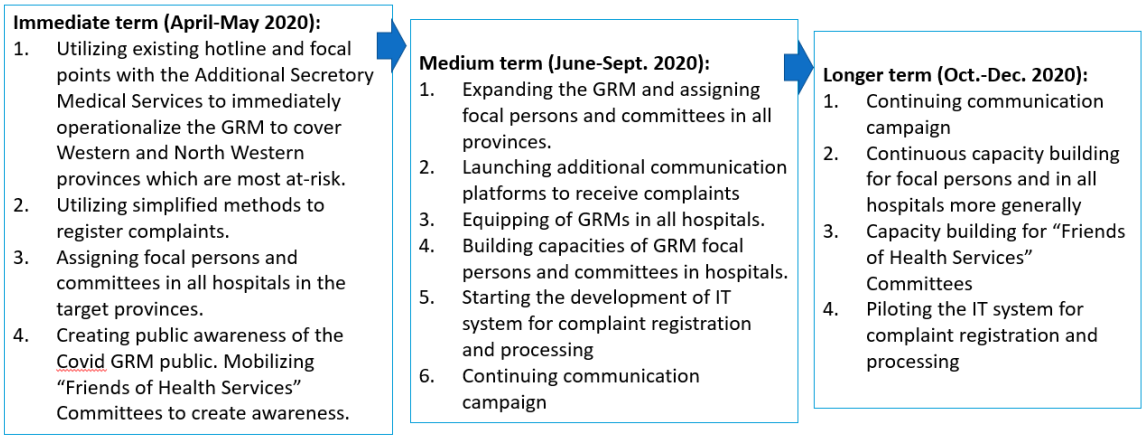


Figure 1: Strategy to operationalize the GRM

c) Handling GBV issues

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 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.

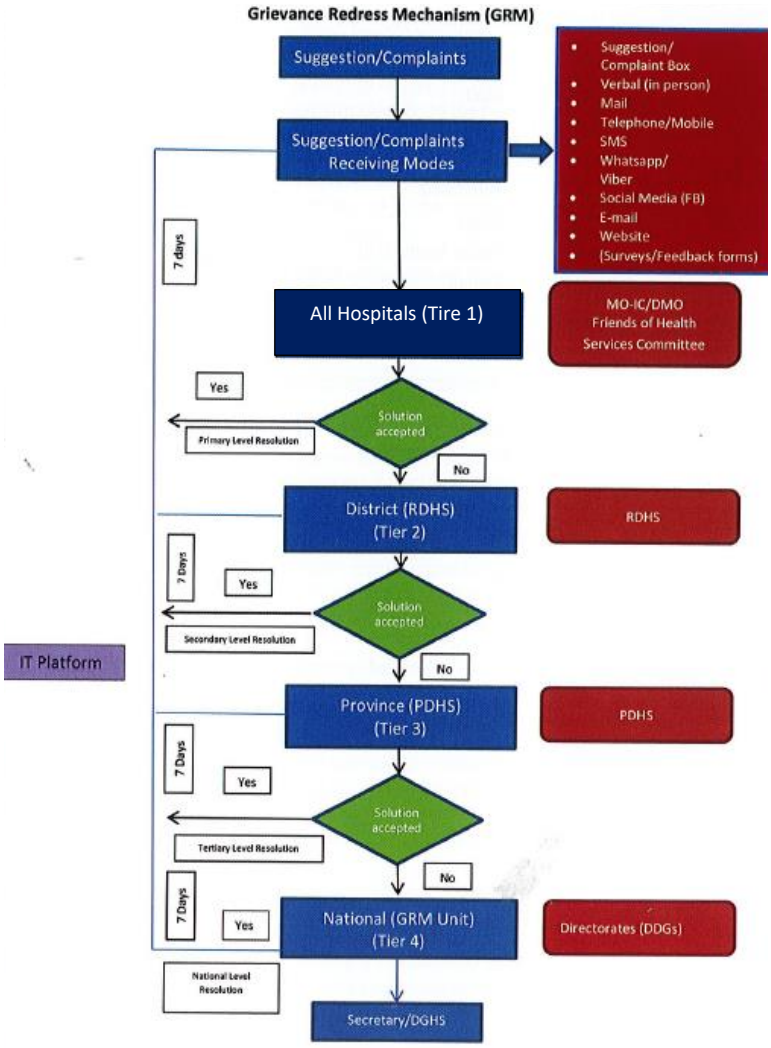


Figure 2: Proposed 4-Tire GRM

8. 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.

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 officer, 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.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis through:
    - 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).

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.

Annex 1: Details of the Consultations carried out during the finalization of the Stakeholder Engagement Plan

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)
Total	**31** - 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
Health & Safety -PPEs, Disinfectants & Clinical Waste Disposal	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. 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. Lack of clear guidelines/procedures for safe disposal Clinical waste and non-biodegradable PPEs is also an issue. Law enforcement officers such as the police and military also lack adequate PPEs, disinfectants and clear guidelines/procedures on occupational health and safety.	Take measures to urgently supply all health staff especially field health staff with urgent quality PPEs and ensure consistency of the supply of PPEs. 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 such as law enforcement officers and military including necessary training on occupational health and safety. Establish clear guidelines for safe and systematic disposal of clinical waste and non-biodegradable PPEs. Also promote use of biodegradable PPEs.	The project will procure of essential PPEs for all primary, secondary and tertiary care hospitals. 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.

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
Hospital Facilities - Drug supply, Equipment, ICT & Infrastructure	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. There is a lack of facilities to carryout Covid related investigations within a region. All hospitals, MOH offices & 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. Delays in procurement processes & supply interruptions during construction work should also be addressed. 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.	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. 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. 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.	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. 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). 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.

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
Facilities for staff - Accommodation, meals and Transport	Frontline Health staff lack proper facilities such as accommodation, meals & transport meals especially when working long shifts and early morning / night shifts. 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 & Grama Niladaris also face similar issues related to accommodation and transportation when they have to conduct multiple field visits for long hours during lockdowns.	Establish a mechanism to arrange accommodation, meals & transportation for health staff when they work long shifts allowing them to work effectively by providing them the essential facilities and provisions. Provide required transport facilities (motor bicycles and scooters etc.) for field health staff, including PHIs & Grama Niladaris so they could reach communities and provide necessary services in a timely manner.	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;
Emergency Preparedness	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. 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. There were no resources allocated to carryout rapid assessments to assess	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. Field health staff should be trained	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. 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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
	risks and impacts. Also, there were no funds available at district level to effectively implement response measures. There are also human resource gaps (e.g. lack of Public Health Inspectors in some areas) that need to be filled.	on disaster management and implementation of hospital emergency preparedness plans. Ensure timely dissemination of guidelines on control and prevention of Covid 19. Implement safety measure once clinics become fully functional once curfews are lifted.	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. 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.
Coordination	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.	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.	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. 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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
			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.
Communication & Stakeholder Engagement/ GRM	There is also resistance from community and patients to change their routine behavior and comply with health and safety precautions and guidelines in place. 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. 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.	Carryout extensive awareness through mass media and conduct targeted training programmes to achieve behavior change in communities and in patients visiting hospitals and clinics. 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. There should be clear and transparent awareness made among public, especially among the vulnerable groups regards procedures to apply for & receive welfare support.	The project will carry out awareness programmes 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. 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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
			by project activities in an accessible, transparent and inclusive manner.
Needs of Vulnerable groups	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. Vulnerable groups, especially daily wage earners are also faced with lose 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. Poor targeting has also been a	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. 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 programmes. 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.	The project will support case management at hospitals, including expansion of ICU services, with special attention given to support & 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. 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.

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
	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.	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.	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. 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.
Needs of Female Health Workers and Women	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.	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.	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).

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
Psychosocial issues – Fears and Stigmatization	As frontline staff, many heath staff fear of being exposed to the virus and infecting their families. Others have isolated themselves from their loved due to fear of infecting their loved ones, hence they grapple with issues solitude & 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. 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 & dangers of getting re-infected. 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.	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. Recovered Patients should be closely monitored and reviewed. Stigma against infected persons needs to be addressed through regular public communication campaigns as well. Specific messages should also be delivered to people living close to hospitals and quarantine centers to address any doubts and correct any misinformation.	Psycho-social support and other support systems will be established and be made be available for health workers as well. 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. Awareness programmes 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.