Ministry of Health
Democratic Socialist Republic of Sri Lanka

Strengthening One Health Laboratory Systems in Sri Lanka for Health Emergency Preparedeness (One Health) (P510192)

Stakeholder Engagement Plan (SEP)

February 23, 2026

Contents

1. Introduction and Project Description

Sri Lanka is recovering from a severe economic crisis that peaked with a debt default in April 2022, driven by the COVID-19 pandemic, macroeconomic mismanagement, and structural weaknesses. Inflation reached nearly 70% in late 2022, and poverty rates more than doubled, remaining high into 2024. Recent reforms—such as cost-reflective utility pricing, new revenue measures, prudent monetary policy, and domestic debt restructuring—have stabilized the economy. The newly elected government in 2024 has committed to continuing reforms, prioritizing people-centered policies, and fighting corruption.

Despite strong health outcomes, including a life expectancy of 77 years and high immunization coverage, Sri Lanka faces ongoing threats from emerging and reemerging infectious diseases like dengue and tuberculosis. The country's pandemic preparedness improved during COVID-19, but vulnerabilities persist due to high population density, urbanization, and close human-animal interactions. Critical gaps remain in surveillance, laboratory capacity, human resources, and community engagement, prompting the development of the National Action Plan for Health Security (NAPHS) 2024–2028.

Upgrading Sri Lanka's One Health laboratory systems is essential for pandemic preparedness. The four national reference laboratories—MRI, VRI, NARA, and CEA—require significant improvements in infrastructure, biosafety, quality assurance, and equipment. MRI needs to establish quality standards and digitize information systems, while the lack of a BSL-3 laboratory and outdated infrastructure in other labs limit advanced diagnostics and biosafety.

To address these challenges, Sri Lanka will implement the 'One Vision, One Shield' project, supported by an $18.4 million Pandemic Fund grant. The project, coordinated by the World Bank and supported by partners such as ADB, FAO, UNICEF, and WHO, will strengthen laboratory systems, surveillance, human resources, and risk communication in line with the NAPHS 2024–2028. This initiative will help Sri Lanka achieve Sustainable Development Goal 3 by enhancing early detection and response to public health threats, supporting national health security, and aligning with climate resilience objectives under the Paris Agreement.

Project Development Objective (PDO)

The project development objective is to strengthen national laboratory systems' capacity and quality with a One Health approach for timely detection of priority pathogens with public health emergency potentials.

The national reference laboratory systems covered in the project include the Medical Research Institute (human health), Veterinary Research Institute (animal health), The National Aquatic Resources Research and Development Agency (aquatic health) and the Central Environment Authority (environment health).

The project comprises four main components aimed at strengthening Sri Lanka's laboratory systems for public health preparedness and response:

Component 1: Strengthening Quality of Human Health Laboratory Systems

This component focuses on modernizing operations and establishing consistent quality standards at the Medical Research Institute (MRI) that will provide reliable test results, and high-through put testing, including the adoption of advanced digital laboratory information management systems (LIMS) for real-time data sharing, sample tracking, and integration across the One Health network. This component will include rigourously implemented standardized operating procedures (SOPs) for all laboratory proceses, ensuring consistency and quality, and align these with international acceditation frameworks such as ISO 15189, ISO 17025 while establishing robust external and internal quality assurance programs, including regular participation in proficiency testing and collaboration with global reference laboratories, to validate results and maintain credibility. This will position MRI to achieve international accreditation and recognition as a leading global reference laboratory, capable of supporting public health surveillence, research, and outbreak response at the highest standards.

- *Subcomponent 1.1:* Upgrades the existing Laboratory information systems (LIMS) tp provide real time, patient level information and sharing laboratory information among the One Health partners. This subcomponent will upgrade and expand the existing digital LIMS within each laboratory at MRI, enabling real time digital report generation, patient level data access, improved sample tracking, and integration of laboratory data across the One Health network that can support surveillance and early warning functions across sectors.
- *Subcomponent 1.2:* Strengthen key laboratoies at the MRI that have been identified as National Centers of Excellence. This subcomponent supports the development and implementation of standardized operating procedures (SOPs) for all MRI departments and laboratories and builds capacity of staff to follow robust external and internal quality assurance programs, including regular participation in proficiency testing and collaboration with global reference laboratories, to validate results and maintain credibility of the testing results. These will facilitate the accreditation of all MRI departments, positioning MRI as a centre for excellence that sets the benchmark for other national and regional laboratories and enhances its credibility both locally and internationally.
- *Subcomponent 1.3:* Strengthen laboratory quality management system at the MRI and public human health laboratories. This component will include developing minimum quality standards and training materials for the use of over 250 laboratories in Sri Lanka, including those in teaching hospitals, secondary care and primary care facilities. It will also create systems that allow for the testing of samples from animal, environmental and other One Health sectors.

Component 2: Expanding Laboratory Capacity for Priority Disease Detection and Biosafety
To detect and respond to both existing and emerging health threats, Sri Lanka requires laboratories with advanced diagnostic capacity and strong biosafety measures. This component enhances the country's ability to detect high-threat priority pathogens through expanded testing capabilities at MRI, including a modular Biosafety Level 3 (BSL-3) facility to carry out these procedures. The procedures are critical to ensure timely, accurate diagnostics for high-risk diseases, contributing to national and regional health security.

- *Subcomponent 2*.1: Enhance the biosafety capacity of the national public health reference laboratory (MRI) by having a modular BSL-3 laboratory. Sri Lanka currently does not have a BSL-3 certified laboratory for handling dangerous and emerging high threat pathogens. This sub-component will address that gap by establishing a modular BSL-3 laboratory at MRI, enabling the safe handling of high threat pathogens such as avian influenza and multi-drug-resistant bacteria.

- *Subcomponent 2.2:* Strengthen laboratory testing capacities for the detection of priority diseases. To respond to ongoing and emerging health threats, this sub-component will expand MRI testing capabilities for additional high-priority bacterial, viral, and fungal pathogens. It will also support the procurement of equipment and reagents for testing of the selected high-priority pathogens.

Component 3: Upgrading Infection Prevention, Control, and Environmental Standards in One Health Reference Laboratories

Addressing zoonotic, environmental and aquatic health threats require well-equipped, sector-specific reference laboratories. This component supports procurements and upgrades at the Veterinary Research Institute (VRI), National Aquatic Resources Research and Development Agency (NARA), and Central Environment Authority (CEA) central laboratories to ensure they meet the basic requirements of infection prevention which would include procurement of hand wash facilities, eye wash and air flow in these laboratories. This project will be promoting green laboratory concepts through installation of solar panels which will not only reduce the electricity cost but use solar energy as a backup power source and replace the non-functional incinerators at VRI and provide new incinerators to NARA for proper disposal of hazardous solid waste.

Component 4: Project Management, Administration, Monitoring, and Evaluation (M&E)

This component will finances activities related to project implementation, management, monitoring, and evaluation to ensure effective delivery and sustainability of project outcomes.

The Theory of Change leading to the outcomes envisioned in this project is presented in figure 1.

Challenges	Inputs /activities	Outputs/Intermediate Outcomes	Outcomes
• Lack of a BSL-3 laboratory for testing and research of high-risk pathogens • Limited capacity to detect new pathogens • National reference laboratory for human health and animal health have outdated infrastructure and equipment • Fragmentation and challenges with data sharing for integrated One Health surveillance • Gaps in laboratory quality standards and quality assurance • Insufficient biosecurity practices and waste management system in national laboratories	Component 1 • Set up a modular BSL-3 laboratory at MRI • Establish the biosafety standard, operations protocols, and staff capacity building for BSL-3 laboratory • Procurement of equipment and reagents for testing additional emerging high-priority pathogens (bacterial, viral, and fungal pathogens) at MRI Component 2 • Upgrade the existing Laboratory Information Management System (LIMS) and roll out in One Health laboratory network • Develop quality standards and support accreditation of national references laboratories at MRI • Develop quality standards for different levels of laboratories in Sri Lanka Component 3 • Develop biosafety standards for laboratories for NARA, VRI and CEA • Procurement of equipment to improve the biosafety, infection prevention control and waste management at NARA, VRI, and CEA Component 4: project management, M&E	• BSL-3 laboratory capacity developed at the MRI to handle high risk pathogens (PDO1) • National reference laboratories with enhanced capacity to detect additional emerging pathogens (PDO4) • Timely laboratory information sharing among One Health laboratory networks using LIMS • Improved quality standard of national reference laboratories at MRI (PDO2) • Implementation of minimal quality standard for laboratories • Better biosafety, infection prevention control and waste management at all national One Health reference laboratories. (PDO3)	Improved national capacity for integrated laboratory surveillance for pathogens that affect human health and animal health Better quality and biosafety practices in different levels of laboratories
Assumptions: Minor refurbishment, other operational cost and laboratory supplies will be provided by the government of Sri Lanka			

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Project beneficiaries: The direct project beneficiaries will be the four National Reference One Health

laboratories in Sri Lanka—MRI, VRI, NARA, and CEA. The project also aims to improve the technical capacities and infection prevention, biosafety, and biosecurity practices for over 600 staff working in these laboratories. The enhanced pandemic preparedness and response capacity will benefit the 22 million population in Sri Lanka.

Project implementation arrangements:

The Ministry of Health (MoH) will be the primary organization from the GoSL responsible for implementing the project. A Project Coordination Unit for Strengthening One Health Laboratory Systems for Health Emergency Preparedness and Response will be set up as a subunit within the existing Ministry of Health and Mass Media's project coordination unit for the PHSEP. The MOH will assign financial management and procurement staff from the PHSEP PMU to this new unit on a part-time basis (equivalent 1/3 full time employment -FTE) to ensure compliance with the World Bank environmental, social, and fiduciary requirements. A biomedical engineering staff member with laboratory equipment expertise will also join the team. Additionally, an extra procurement officer will be hired to support procurement processes for the new project. The Ministry of Health and Mass Media as the recipient organization of the project funds will enter into agreements with the Ministry of Agriculture, Land and Irrigation Ministry of Environment and Ministry of Fisheries , Aquatic and resources on the support provided to strengthen the infection prevention, solid waste management and support for green laboratory concept in the one health national reference laboratories veterinary research institute (VRI), laboratory of the central environment authority (CEA) and national aquatic resources research and development agency (NARA).

A Project Coordination Committee (PCC) to Strengthening One Health Laboratory Systems for the pandemic fund activities has been identified and will be chaired by the Director General of Health Services. The following will act as the members of the committee to include Deputy Director General Laboratory Services (Convenor) , Addl Secretary Building or his nominee , Addl Secretary Procurement of his nominee, Chief Financial Officer 1 or his nominee, Director General Department of Animal Production and Health or her nominee, Director General National Aquatic Resources Research and Development Agency (NARA) or his nominee, Director General Central Environment Authority or his nominee, Deputy Director General Planning, Deputy Director General PHS 1, Director Laboratory Services, Director Medical Research Institute, Director Information, Chief Epidemiologist, Representatives from the World Bank, Asian Development Bank (ADB), World Health organization (WHO) and Food and Agriculture Organization (FAO) as well as other relevant technical support staff. The PCC will meet monthly.

Project's Environmental and Social Risks:

Environment risks: The environmental risk of the proposed project is rated "Moderate" given the Health and Safety risks associated with BSL3 laboratories and incinerators. All the bio-safety related impacts will be expected during the operational phase of the project. Except for the minor foundation work to install modular units, there will not be any civil works/construction work during the project period. Although lack of experience, capacity and local regulations to handle BSL-3 is a considerable risk, establishment of the lab will address gaps of a certified laboratory to enable advanced diagnostics of high risk pathogens in a secure environment, reducing OHS risks of conducting such tests in BSL2 laboratory and potential disease outbreaks for the community. Given the innovative activities involving biosafety aspects, the project will provide substantial support for capacity building, accreditation, and certification which have not previously been addressed at this scale in the country. Upgrading Infection Prevention Control at the VRI, NARA, CEA with "green laboratory" principles involves better air circulation and the use of alternate energy sources and ventilation systems. Strengthening LIMS will require purchasing of IT equipment's which will generate e-

wastes at the end of their life cycle. Upgrading Laboratory QMS will include establishing minimum quality standards for laboratories, which will ensure proper use & management of chemicals and reagents to avoid contamination. Further, expansion of laboratory ventilation systems will result in air emission and resource efficiency concerns related to water and energy consumption.

Social risks: The project's social risk is rated Moderate at concept stage, primarily due to potential health and safety risks to surrounding communities and project workers during the operational phase of the BSL-3 laboratory at MRI and incinerators at VRI and NARA. The project aims to build national capacity to operate a certified BSL-3 laboratory that meets international standards and accreditation requirements, ensuring safe handling of high-risk pathogens. However, a due diligence assessment of country capacity and adequacy of measures for operating the BSL-3 lab will be completed before appraisal and based on its findings, the risk rating may be lowered at appraisal. The due diligence assessment will also advise on the required health safety measures, including those related to hazardous materials & waste management and Emergency Response. The BSL-3 modular laboratories and incinerators will be located within existing premises, and no resettlement impacts are expected. Minor civil works to establish a modular lab and install AC systems will cause minimal disturbances (e.g., noise, dust), which will managed using an Environment and Social Code of Practices (ESCOPs). Risks related to data protection and privacy of patient records with the implementation of the Laboratory Information Management System (LIMS), will be addressed by adhering to national legislation on personal data protection and computer crimes during LIMS implementation. There will be low risk of sexual exploitation and abuse (SEA) and sexual harassment (SH), since there will be no significant labor influx, with civil works limited to installing AC units, and hand washing stations. However, the project will adopt a SEA/SH prevention Code of Conduct (CoC) for all project workers, including other labor management requirements will be included as a commitment in the ESCP. A Stakeholder Engagement Plan (SEP) will also be prepared to engage stakeholders, and disclosed before Appraisal, with a GRM in place to address complaints. The project's risk of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) is rated as 'low' based on the World Bank's SEA/SH Risk Rating tool for Health Sector projects. Only minor civil works are planned, such as installing AC units, and hand washing units, resulting in minimal labor influx and no need for labor camps. To mitigate SEA/SH risks, all workers entering laboratory premises must adhere to a strict SEA/SH prevention Code of Conduct (CoC). The project will enforce zero tolerance for SEA/SH, which will be clearly communicated to all project participants through orientation sessions on Gender-Based Violence (GBV), SEA, and SH. Furthermore, the project's Grievance Redress Mechanism (GRM) will ensure that any SEA/SH cases are referred to appropriate GBV services, specifically the Mithuru Piyasas (GBV care service) within the Public Health system.

2. Objectives & Brief Summary of Previous Stakeholder Engagement Activities

2.1 Objectives of Stakeholder Engagement Plan

Strengthening One Health Laboratory Systems in Sri Lanka for Health Emergency Prepardeness (P510192) in accordance with the requirements of the World Bank's Environmental and Social Framework (ESF) and in particular with the Environment and Social Standard 10 (ESS10) on Stakeholder Engagement and Information Disclosure. Stakeholder engagement refers to a process of sharing information and knowledge, seeking to understand and respond to the concerns of potentially affected or impacted individuals and groups, and building relationships based on trust.

The purpose of the present SEP is to explain how the various stakeholders relating to the project will be engaged throughout the project lifetime and which methods will be used as part of the process. The SEP also outlines the responsibilities of the MoH, other relevant government institutions who will be part of the

project coordination committee in the implementation of stakeholder engagement activities, including the ways in which the MoH will communicate with stakeholders; the mechanism by which people can raise concerns; provide feedback; and/or make complaints about the MoH and Coordinating Committee, and other implementing partners and the project itself. SEP will identify stakeholders and mechanisms through which they will be included in the engagement process as part of project preparation and implementation and will serve as a record for the engagement process during the project preparation period.

During the project preparation phase, extensive consultations were carried out with the various departments and agencies that will benefit from the project, including the One Health partners. Summaries of these consultations are documented below. Additional consultations—including community consultations and discussions with interested groups and CSOs—will be conducted by the expert team undertaking the feasibility study and the Environmental and Social (E&S) assessment for the BSL- 3 laboratories. The findings from these consultations will be documented and disclosed. Furthermore, for incinerator operations, community consultations will be conducted during the E&S screening stage. The findings from these consultations will also be documented and disclosed.

2.2 Brief Summary of Stakeholder Engagement Activities

Stakeholder consultations with key government counterparts
Meeting Objective: To brief the Secretary on the planned One Health Project and obtain the commitment for the project Environmental and Social Risk Assessment of Hazardous and Infectious Waste management and BSL -3 Laboratory operations in Sri Lanka health sector. **Participant details: Ministry of Health and Mass Media - Secretary MoH & Additional Secretary** **Dates of consultation:** September 10, 2025
Key Findings: Meeting was to discuss the One Health Project and inform about the purpose of the project. The Secretary who was in charge at the time of the Covid-19 pandemic, has experienced hands on the constraints the country faced at the time of the pandemic and the absence of a BSL-3 Laboratory. Secretary confirmed his support to implement the project.
Meeting Objective: To understand the current laboratory infrastructure available, capacity and institutional arrangements including key constraints and gaps in existing systems impacting on human health. **Participant details: Medical Research Institute (MRI) – Director MRI, Medical Officer Planning, MRI Laboratory Staff** **Dates of consultation:** 25.09.2025
Key Findings MRI is the premier reference laboratory in the country for human health, responsible for infectious disease guidance, genomic sequencing, vaccine quality assurance, food safety testing, environmental testing and outbreak investigation. Existing safety measures in place include: • Biosafety cabinets, autoclaves, and negative pressure rooms in some units. • PPE use mandated, across microbiology labs. • Experienced workforce with extensive training from COVID-19 response. • Health hazard signage, restricted access areas, and chemical storage rooms. • Some compliance with WHO biosafety guidelines. Existing status and constraints in Occupational Health & Safety (OHS) and Community Health and Safety (CHS) measures in place are: • **Aging infrastructure and overcrowding** – a new building is over a century old therefore there are structural

limitations that threaten safety and equipment performance which poses an extreme risk level to staff and lab technicians.

- **Inconsistent biosafety systems across departments** – variation in ventilation systems – some areas lack proper containment posing an extreme risk level for OHS.
- **Lack of digital laboratory information management system (LIMS)** – paper based systems hamper traceability and biosafety monitoring leading to a medium to high risk.
- **Absence of national level quality assurance process** – laboratory quality varies by division, inconsistent internal audits poses a moderate risk.
- **Emergency preparedness gaps** – limited fire detection/alarm coverage, outdated electrical systems pose a high risk for both OHS and CHS.
- **Absence of BSL-3 capacity** – high risk pathogen work is constrained or outsourced, delaying national response which poses a very high risk.

Meeting Objective: To understand the current laboratory infrastructure available, capacity and institutional arrangements including key constraints and gaps in existing systems that impact on environmental health.
Participant details: Central Environmental Authority (CEA) -- Director, Laboratory Services and Water Quality Monitoring Laboratory, and Director, Laboratory Services (Air Quality).
Dates of consultation: 14.09.2025

Key Findings

Existing Occupational Health & Safety (OHS) and Community Health and Safety (CHS) measures in place are:

- Basic Personal Protective Equipment (PPE) for staff (i.e. gloves, masks, coats) – used irregularly by staff.
- Routine basic microbiological handling procedures.
- Chemical storage rooms with limited ventilation controls.
- Fire extinguishers and safety signage which is not up to standard.
- No induction training for new technical staff.
- Restricted laboratory access during testing activities.
- Foundational safety practices exist, but infrastructure limitations reduce the effectiveness of existing measures.

Survey findings of existing infrastructure facilities and measures that impact on OHS and CHS:

- **Inadequate Ventilation and Air Handling Systems** – systems are not designed to meet laboratory level negative pressure or chemical fume management requirements. This results in extreme risk levels in terms of OHS risks from airborne containments and chemical fumes.
- **Poor chemical waste management practices** - lack of proper neutralization or segregation systems and inconsistent disposal of solvents and re-agents poses a medium risk level to worker safety.
- **Absence of standardized biosafety frameworks** – SOPs for AMR environmental sampling and processing vary by section. There is no formal safety officer assigned. These pose a high risk level.
- **Inadequate electrical and fire safety infrastructure**- overloaded electrical outlets and aging wiring present fire hazards, and are exacerbated by insufficient fire suppression systems for chemical laboratories poses a high risk to worker safety and surroundings.
- **Limited emergency preparedness** – No structured emergency response plan or practice drills, including lack of spill kits and insufficient inventory of emergency PPE poses a medium level risk on health and safety of workers and surrounding communities.
- **Community Health and Safety risks** - include inadequate waste disposal that can contaminate common water resources, absence of environmental spill controls measures may result in toxic chemical release poses a medium level risk to CHS.

Meeting Objective: To understand the current laboratory infrastructure available, capacity and institutional

arrangements including key constraints and gaps in existing systems that impact on environmental health in terms of aquatic resources.

Participant details: National Aquatic Resources Research & Development Agency (NARA)- Senior Scientist, Head of NARA institute, Principal Scientist – Head, Inland Aquatic Resources and Agriculture Division (IARAD), Environmental Studies Division, Acting Head of the Division- Principal Scientist- Fishing Technology Division, Senior Scientist, Acting Head Post Harvest Technology Division, Principal Scientist, Marine Biological Resources Division, Senior Scientist, Senior Scientist – Oceanography Division – Socio-Economic and Marketing Research Division, Senior Scientist.
Dates of consultation: 12.09.2025

Key Findings

NARA laboratory conducts aquatic health surveillance, detection of pathogens in fisheries and inland waters, environmental toxin monitoring, and food safety testing. The laboratory plays a critical role in identifying waterborne outbreaks, fish diseases, and AMR in aquatic ecosystems. Existing safety measures in NARA laboratories include:

- Controlled access to microbiology rooms.
- Periodic PPE training
- Refrigerator and cold room storage for samples.
- Basic waste segregation for biological vs. chemical waste.
- Limited use of biosafety cabinets for high-risk sample processing.

Findings of existing infrastructure facilities and measures that impact on OHS and CHS:

- **Limited biosafety cabinet capacity –** high volume of aquatic samples processed without adequate containment pose a high risk.
- **Humidity and moisture issues affecting equipment safety –** water handling increases corrosion, short circuit risks, and equipment failure pose a moderate risk level.
- **Lack of structures sample transport systems –** fish and water samples transported in non-standard contains pose a medium risk level.
- **Inadequate wastewater decontamination systems -** effluents from sample processing released without validated treatment pose a moderate risk on CHS and environment.
- **Insufficient specialization in aquatic zoonoses –** limited staff trained in zoonotic aquatic pathogens increases operational errors that pose a medium risk.

Meeting Objective: To understand the current laboratory infrastructure available, capacity and institutional arrangements including key constraints and gaps in existing systems that impact on environmental and animal health.
Participant details and nos: Veterinary Research Institute (VRI) –Director VRI, Director , Veterinary and Public Health Specialist, Deputy Director – Animal Health, , Deputy Director (Research), Deputy Director (Veterinary Research), Deputy Director (Technical Services), Director Veterinary Regulatory Affairs.
Dates of consultation: 20.09.2025

Key Findings

The VRI is the primary national reference laboratory for animal health, conducting diagnostics for zoonotic pathogens, veterinary AMR surveillance, disease outbreak investigations, and vaccine production quality testing. Current OHS and CHS measures in place include:

- Restricted access to high-risk areas.
- Use of biosafety cabinets for most zoonotic pathogens,
- Basic ventilation systems in older laboratory wings
- On-site incineration for solid biological waste (outdated).
- PPE provision for staff and routine biosafety training in place.

Findings of existing infrastructure facilities and measures that impact on OHS and CHS:

- **Lack of BSL-3 Capacity for high threat animal pathogens –** Zoonotic pathogens (i.e. brucella, avian influenza) processed in sub-optimal containment posing extreme risk levels.
- **Aging infrastructure and poor airflow –** some labs have deteriorating air-handling units that pose an extreme risk level for workers and staff.
- **Inconsistent waste disposal and outdated incinerator –** inefficient combustion increases community emission hazards, posing a high level of risk to adjacent communities.
- **Occupational exposure risks –** High risk zoonotic agents handled without standardized exposure incident protocols posing a high risk to staff.
- **Insufficient PPE stock and storage –** periodic shortages limit consistent protection leading to a medium risk to laboratory staff.

Stakeholder Consultations with Interested Groups including those
Meeting Objective: To inform of proposed One Health Project, understand the current laboratory facilities, capacity and institutional arrangements, including key constraints and challenges faced by local health authorities in terms of existing laboratory facilities available in the country. **Participant details:** Deputy Director General – Public Health Services (PHS) **Dates of consultation:** September 13, 2025
Discussions were to inform and obtain views on the One Health Project and proposed BSL-3 Laboratory. **Key findings** : That as a country stated there is an importance for developing MRI as BSL-3 Modular laboratory while developing proposed guidelines, policies and regulations to minimize the risk for the employees and surrounding environment.
Meeting Objective: To inform of proposed One Health Project and obtain commitment, and to identify progress of proposed project components. **Participant details: Local Health Authorities –** Acting Deputy Director General (Laboratory Services) **Dates of consultation:** 13.09.2025
Key Findings: • Groups appointed by MRI for implementation of identified activities as per the One Health Project. • MRI has appointed a group to develop the specifications for Modular BSL-3 Laboratory at MRI. • Noted that while specifications for the modular laboratory are developed there needs to be policies, regulations related to the BSL-3 Laboratory that need to be developed.

3. Stakeholder Identification and Analysis

For the purpose of the SEP, stakeholders of the proposed Project will be divided into the following core categories:

1. **Affected Parties** : impacted or likely to be impacted directly or indirectly, positively or adversely, by the project, 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.

2. **Other Interested Parties**: may have an interest in the project, including individuals or groups whose interests may be affected by the project and who have the potential to influence the project outcomes in some way.
3. **Vulnerable/Disadvantaged 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 and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Engagement with all identified stakeholders will help ensure the greatest possible contribution from the stakeholders toward the successful implementation of the project and will enable the project to draw on their pre-existing, expertise, networks, and agenda. It will also facilitate both the community's and institutional endorsement of the project by various parties. Access to the local knowledge and experience also becomes possible through the active involvement of stakeholders.

Table 1: Stakeholder identification and Classification

Affected Parties	Other Interested Parties	Disadvantaged and Vulnerable groups
• Households and private or public facilities located near laboratories supported by the project and adjacent waste disposal sites. • Ministry of Health (MoH) • Regional Directors of Health Services (RDHS) • Central Environmental Authority (CEA) • Medical Research Institute (MRI) • Veterinary Research Institute (VRI) • National Aquatic Resources Research Development Agency (NARA)	• Ministry of Finance, Economic Stablization and National Policies (MoF) • Directorate of Environmental and Occupational Health • Health Promotion Bureau (HFB) • Public Health Services • Ministry of Agriculture, Livestock, Land and Irrigation • Ministry of Environment • Ministry of Fisheries and Aquatic Resources • Provincial and Local Government level councilors • Department of Wildlife Conservation • Development and technical partners (ADB, FAO, WHO, UNICEF) • Laboratories across the country, teaching hospitals, secondary and primary care facilities. • Sri Lankan Citizens and their civil society organizations • Information Community Technology Agency (ICTA) • Non-governmental / civil society organizations (NGOs/CSOs)	• Low-income and women headed households located near laboratories and waste disposal sites that may be exposed to hazardous substances and waste in the event of containment failures. • Staff working in BSL3 labs such as staff with disabilities or elderly staff members who are more at risk of impacts from accidental exposure to pathogens.

3.1 Affected Parties

"Affected Parties" are, persons, groups and other entities within the Project Area of Influence (PAI) who are directly influenced (actually or potentially) by the project and/or have been identified as being 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.

Table 2 provides an assessment of the project's risks and impacts on individuals, groups, and other stakeholders that may be directly or positively or negatively affected by the project. The assessment further extends to analyse the level of influence that these different stakeholder groups can exercise over the project preparation and implementation processes.

Table 2: Project's impact on affected parties and their level of influence

Project affected parties	Description of Impacts	Level of Impact	Level of Influence
Households and public or private facilities located near the supported laboratories and adjacent waste disposal sites.	Concerned about potential health risks in the event of accidental leaks of hazardous substances from laboratories, including exposure and contamination due to inadequate medical waste management practices.	Substantial	High
Ministry of Health (MoH)	MoH accountability and institutional capacity will be improved and will be responsible for the design and implementation of project activities while safeguarding the social and environmental sustainability.	Substantial	High
Regional Directors of Health Services (RDHS)	Will benefit from ability to obtain services from improved laboratory facilities to minimize or prevent disease outbreaks.	Substantial	High
Central Environmental Authority (Environment health)	Improved capacities of laboratory to assess pathogens, improved management of hazardous waste, improved infrastructure, improved OHS, improved worker and community health and safety.	Substantial	High
Medical Research Institute (human health),	Improved capacities of laboratory by upgrading of laboratory infrastructure and facilities, improved worker health and community health and safety, OHS improved, and ability to manage and safely discharge of hazardous waste.	Substantial	High
Veterinary Research Institute (animal health),	Improved capacity of laboratory for testing of pathogens and animal quarantine procedures, improved OHS, worker safety and community health and safety. Improved capacity to manage hazardous waste generated through animal testing and laboratory services.	Substantial	High
National Aquatic Resources Research Development Agency (aquatic health)	Improved waste management systems and protocols, improved capacity to manage wastewater discharge , OHS improved, improved laboratory capacity to manage and safely discharge hazardous waste and chemicals. Improved worker and community health and safety.	Substantial	High

3.2 Other Interested Parties

"Other Interested Parties" constitute individuals/groups/entities that may not experience direct impact from the project but who consider or perceive their interest as being affected by the project and/or who could affect the project and the process of its implementation in some way. Table 3 presents the multiple interests of other parties and their level of potential influence over the Project.

Table 3: Interest of other parties and their level of influence over the project

Other Interested Parties	Description of Interests	Level of Interest	Level of Influence
Ministry of Finance, Economic Stablization and National Policies (MoF)	To enhance the efficiency, quality and transparency of the MRI, CEA, VRI, and NARA. Reduce the risk of harmful virus, pathogens or zoonotic viruses entering the country and minimizing impact.	High	High
Health Promotion Bureau	To understand their responsibilities, areas for engagement and technical support to the project to implement the communication activities of the project.	High	High
Households and other private and public facilities in close proximity to laboratories being supported including vulnerable groups.	Provide assurance that the laboratories operate in full compliance with established biosafety and occupational health protocols, and that robust risk mitigation and emergency response measures are in place to effectively manage any containment failure or lapse involving pathogenic agents and hazardous substances or waste.	High	Low
Civil society organizations	Participate in ensuring that laboratory services are delivered in compliance with appropriate safety protocols during operations, transportation, and waste disposal, and that risks of contaminant leaks and potential impacts on people and the environment are effectively managed.	Moderate	Low
Development and technical partners (ADB, FAO, UNICEF,WHO)	Involved in financing balance components of project and contributing towards project design, implementation and technical guidance.	High	High
Information Community Technology Agency (ICTA)	Design, develop and manage the Electronic Management Information Systems and health related digital databases for procurement, patient records.	High	Medium

Public health care workers (Doctors, Nurses, Midwives)	Access to knowledge and awareness on available laboratory services, improved HR policies and management tools to increase efficiency, transparency and accountability in health care system.	High	High
Laboratories across the country, teaching hospitals, secondary and primary care facilities.	Benefit from access to knowledge and awareness on available upgraded laboratory facilities to manage harmful pathogens, improved laboratory quality standards and training materials to build capacity increase efficiency, transparency and accountability in health care system.	High	Medium
Department of Wildlife Conservation	Access to improved laboratory facilities for testing of zoonotic and infectious pathogens, and ability to manage spread of disease among wildlife.	High	Medium
Family Health Bureau (FHB)	Oversee, monitor and manage complaints of an SEA/SH nature received during project implementation.	High	Medium
Sri Lankan Citizens	Receive information on strengthened laboratory services to manage pandemics, outbreaks and pathogens.	Moderate	Moderate

3.3 Disadvantaged / Vulnerable Individuals or Groups

"Disadvantaged/Vulnerable Groups" are persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. They would include the following groups.

1. Poorest households, communities living in close proximity to laboratories to be upgraded and low income communities adjacent to laboratories.
2. Women headed households – who are in close proximity to laboratories to be upgraded who are living in low income communities and locations close to discharge points.
3. Staff with disabilities or elderly staff working in BSL-3 laboratories that are at risk of exposure to pathogens or accidental spills while working.

Table 4: identifies the communication methods and resources required for the engagement of disadvantaged/vulnerable persons and groups in the project.

Stakeholder Group	Key Vulnerability/disadvantage	Preferred means of notification/ consultation	Additional Resources Required
Poorest households from low-income	• Lack of access to information • Living in close	• Awareness programs facilitated through GNs/PHIs. • Through television programs,	• Printed Posters & Brochures & awareness raised by laboratories.

households.	proximity to laboratories that discharge hazardous contaminated waste to water ways or buried waste.	radio & news papers. • Through SMS / Whatsapp groups.	• Targeted television, radio programs & Newspaper, Social Media, Website. • Support from NGOs/CSOs
Women headed households	• Lack of access to information. • Living adjacent or close to laboratories and discharge points of hazardous contaminated waste.	• Awareness programs facilitated through GNs/PHIs. • Scheduling of awareness programs to accommodate WHH and providing childcare facilities to improve attendance. • Through television programs, radio & news papers. • Through SMS / Whatsapp groups.	• Printed Posters & Brochures & awareness raised by laboratories. • Identifying locations for meetings that are accessible. • Targeted television, radio programs & Newspaper, Social Media, Website. • Support from NGOs/CSOs
Staff working in BSL3 labs such as staff with disabilities or elderly staff members.	• Higher health risk from accidental exposure due to age-related vulnerabilities or pre- existing health conditions. • Possible mobility or sensory limitations that hinder access to emergency information. • Increased stress or anxiety associated with working in high- risk environments.	• Regular in-person briefings by safety officers and lab supervisors. • Tailored training sessions focusing on emergency response and safety procedures. • SMS/WhatsApp alerts for urgent notifications. • Accessible communication formats (large print, audio instructions).	• Accessible PPE and adaptive safety equipment. • Additional occupational health support and periodic medical check-ups. • Customized training materials (audio, visual aids). • Emergency response drills designed to accommodate mobility or sensory constraints.

4. Stakeholder Engagement Program

The SEP provides an opportunity for all-inclusive approach in project preparation, planning, implementation and monitoring processes. It is geared toward ensuring meaningful and a wide consultative process guided by World Bank's Environmental and Social Framework (ESF), particularly ESS-10.

4.1 Proposed Strategy for Information Disclosure

Information disclosure and consultation processes will continue with affected parties, other interested parties and vulnerable groups during (i) project preparation, (ii) project implementation, and (iii) project operational phases. A variety of methods such as group consultations, individual consultations, and interviews through different offline and virtual medians such as emails, telephone and conference calls etc.

and communication through printed and electronic media, appropriate to the target audience, will be used for information disclosure and consultation.

During project preparation and planning, information related to project scope and schedule will be shared with project affected persons and other stakeholders during consultations. The Project will also provide up-to-date information on the websites of MoH, NARA, CEA, MRI and VRI and other relevant stakeholder agencies.

At the appraisal stage, safeguard instruments including Environmental and Social Commitment Plan (ESCP), and the SEP prepared for this project will be disclosed on the websites of MoH, NARA, CEA, MRI and VRI and related agencies and on the World Bank's external website, after their clearance by the GoSL and the Bank. Additionally, copies of the referenced documents will be kept at the MoH, NARA, CEA, MRI and VRI for public reference. Any changes to the approved ESCP, and SEP would have to follow the same clearance/ approval procedures and disclosure.

During project implementation, sub-project specific safeguard instruments will be publicly disclosed in-country. The documents and plans to be disclosed include:

- Environmental and Social Commitment Plan (ESCP)
- Stakeholder Engagement Plan (SEP)
- Monitoring activities undertaken as per ESCP and SEP
- Project quarterly reports and annual reports

Translations of executive summary of all documents prepared by the project in Sinhala and Tamil will also be made available to the public through the websites of MoH, NARA, CEA, MRI and VRI. Information can also be disseminated through digital platform (where available) like Twitter, WhatsApp/Viber groups, and traditional means of communications (TV, newspaper, radio, notices, phone calls and e-mails) with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

Table 6: provides a plan for information disclosure during project preparatory, implementation and operational periods.

Table 6: Communications / Information Disclosure Plan

List of information to be disclosed	Proposed methods	Timetable/ Location Dates	Target stakeholders	Responsibility
Project preparation and planning phase				
• Scope of the project • Project implementation arrangements including partner agencies and their roles and responsibilities • Project beneficiaries and anticipated impacts • Environmental and Social Commitment Plan & Stakeholder Engagement Plan • Grievance redress mechanism including places to report sexual harassment, and gender-based violence • Arrangements for project monitoring & reporting	• Websites of the MoH, NARA, CEA, MRI and VRI and other relevant departments • Pre-arranged workshops/seminars • E-brochures printed in English, Sinhala & Tamil • Printed reports • Newspaper advertisements in English, Sinhala & Tamil	Three months prior to the commencement of the project and will continue throughout the project period	Affected parties, other interested parties and vulnerable groups	MOH NARA, CEA, MRI VRI
Project implementation phase				
Strengthening quality of human health laboratory systems – MRI • Upgrade existing laboratory information systems (LIMS) • Strengthen key laboratories at MRI identified as National Centres for excellence • Strengthen laboratory quality management systems at MRI and public human health laboratories. **Expanding Laboratory capacity for priority disease detection and biosafety** • Installation of modular BSL-3 Laboratory at MRI • Strengthen laboratory testing capacities – procurement of equipment and reagents for testing of high priority pathogens. **Upgrading of infection and prevention control and**	• Websites of the MoH, NARA, CEA, MRI and VRI and other relevant departments. • Pre-arranged workshops/seminars • E-brochures printed in English, Sinhala & Tamil • Printed reports • Newspaper advertisements in English, Sinhala & Tamil • Notices and information shared with GN and Local Authority.	Continuously and as and when required	Affected parties, other interested parties and vulnerable groups	PCU E&S focal point – MoH NARA CEA MRI VRI

adherence to environmental standards in One Health reference laboratories. • Procurement and upgrade to VRI, NARA, CEA laboratories with hand and eye wash facilities, air flow improvements in laboratories, installation of solar panels. • Replacement of non-functional incinerators at VRI, and installation of new incinerator at NARA for proper hazardous solid waste disposal.				
Project operational phase				
• Operation of MRI BSL-3 Laboratory and testing of high priority pathogens. • Operation of strengthened laboratories at VRI, NARA and CEA, operationalizing of incinerators at these laboratories. • Health and Safety and environmental concerns.	• Websites of the MoH, NARA, CEA, MRI and VRI and other relevant departments. • Pre-arranged workshops/seminars • Training to laboratory staff on community outreach and awareness raising. • Building knowledge and awareness among local authority, GN for area adjacent to laboratories on strengthened laboratories and health and safety aspects. • Sharing of brochures and information leaflets with local authority, GN in area. • Disclosure of information through brochures, website, television and radio. • Outreach activities that are situation and target audience appropriate to build awareness and knowledge. • Project site visits to engage with affected communities living adjacent to laboratories to build awareness and knowledge of health	Continuously and as and when required	Affected parties, other interested parties and vulnerable groups Government agent, local authorities where laboratories are located. Local communities adjacent to laboratories and incinerators.	PCU E&S focal point – MoH NARA CEA MRI VRI

	and safety aspects of upgraded laboratory facilities.			

4.2 Proposed Strategy for Consultations

The project will continue to consult the project affected parties; other interested parties and the vulnerable and disadvantaged groups, specifically on themes listed below, in order to elicit their views and feedback. Individual and group meetings, mini-workshops/focus group discussions, satisfaction surveys, social media, etc. will be used to facilitate the consultations on the following:

1. Strengthening the participation of disadvantaged/vulnerable groups in project cycle
2. Improvements to NARA, CEA, MRI and VRI laboratory infrastructure, services and access chemicals.
3. Introducing and strengthening of the OHS at NARA, CEA, MRI and VRI laboratories
4. Certification systems for quality laboratory services
5. Operation of the Grievance Redressal Mechanism
6. Availability of adequate SEA/SH services at NARA, CEA, MRI and VRI
7. Capacity building trainings for the staff of NARA, CEA, MRI and VRI
8. Stakeholder satisfaction on project processes, deliverables and outcomes and impacts

Table 7: Strategy for Stakeholder Consultations

Target stakeholders	Topic(s) of engagement	Method/s used	Location/frequency	Responsibility
Project preparation and planning phase				
• Ministry of Health (MOH) • NARA, • CEA, • MRI • VRI	• Project's scope, key deliverables and anticipated impacts • Project implementation arrangements and resource allocations • Environmental and social requirements of the project (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism procedures, procedures to prevent SEA/SH and protocols to address SEA/SH related complaints).	Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered	At least one consultative session with all key agencies prior to the project's commencement MOH, and there after monthly consultation sessions to receive feedback and updates. The PCU will consolidate the feedback, which then will be relayed to the key decision makers, including Project Coordination Committee (PCC) which meets on a monthly basis.	MoH NARA, CEA, MRI VRI
Project Implementation Phase				
• Representative of all project affected parties listed in Table 2 • Representatives of other interested parties listed in Table 3 • Representatives of Disadvantaged and vulnerable groups listed in Table 4	• Project's scope, key deliverables and anticipated impacts • Project implementation arrangements and gaps, drawbacks and challenges • Strengthening project's environmental and social requirements (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism, procedures to prevent SEA/SH and protocols to address SEA/SH related complaints)	Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered (in local languages) Baseline surveys for disadvantaged and vulnerable groups	At project's commencements during the E&S assessment and E&S screening stage, at least one consultation session with each of the groups and later bi-annual to provide feedback and progress updates. The PCU will consolidate the feedback, which then will be relayed to key decision makers including the PCC.	MoH NARA VRI MRI CEA MoH E&S Focal Point
Project Operational Phase				

• Representative of all project affected parties listed in Table 2 • Representatives of other interested parties listed in Table 3 • Representatives of Disadvantaged and vulnerable groups listed in Table 4	• Review and monitor the establishment and functioning of project's outputs, outcomes, and impacts • Feedback on project's operational modalities, project's outcomes and impacts. • Implementation of Operational SOPs for laboratories	Consultative workshops/seminars/meetings with ppt, focus groups discussions, key person interviews, feedback surveys,. presentations, and a document summarizing the key aspects of the topics to be covered	Periodically during project's operation phase – frequency to be decided, however minimum of one consultation for a year recommended. The PCU will consolidate the feedback, which then will be relayed to key decision makers including the PCC.	MoH NARA VRI MRI CEA MoH E&S Focal Point

Method for Integrating Feedback from Stakeholder Consultations into Project Design

Consistent with ESF- 10, feedback from stakeholder consultations will be integrated into the project design through a structured, inclusive, and iterative process throughout the project lifecycle. During project implementation, regular consultations—held approximately on a monthly basis—with MoH, NARA, CEA, MRI, and VRI will help refine the project's scope, institutional arrangements, E&S requirements, and resource allocations. All relevant information will be disclosed in a timely manner and in accessible formats and languages. In addition, during the E&S assessment for the BSL- 3 laboratories and during the E&S screening process for incinerator installation, consultations with project- affected people, other interested parties, and disadvantaged and vulnerable groups will be conducted to identify gaps, risks, and opportunities for strengthening inclusion, information disclosure, community health and safety, and the project- level grievance mechanism (including SEA/SH- sensitive pathways). Feedback gathered from these engagements will be consolidated by the PCU and subsequently discussed in dedicated consultation sessions with other One Health partners and the Project Coordination Committee (PCC) 1., ensuring that stakeholder inputs are systematically reviewed, validated, and incorporated into adjustments to project design and implementation modalities.

[1] The Project Coordination Committee (PCC) to Strengthening One Health Laboratory Systems for the pandemic fund activities has been identified and will be chaired by the Director General of Health Services. The following will act as the members of the committee – Deputy Director General Laboratory Services (Convenor) , Addl Secretary Building or his nominee , Addl Secretary Procurement of his nominee, Chief Financial Officer 1 or his nominee, Director General Department of Animal Production and Health or her nominee, Director General National Aquatic Resources Research and Development Agency (NARA) or his nominee, Director General Central Environment Authority or his nominee, Deputy Director General Planning, Deputy Director General PHS 1, Director Laboratory Services, Director Medical Research Institute, Director Information, Chief Epidemiologist, Representatives from the World Bank, Asian Development Bank (ADB), World Health organization (WHO) and Food and Agriculture Organization (FAO) as well as other relevant technical support staff. The PCC will meet monthly.

4.3 Proposed Strategy for engaging Vulnerable Groups

Table 8 presents a strategy for the engagement of vulnerable and disadvantaged groups in consultative processes.

Table 8: Strategy for the engagement of Disadvantaged/Vulnerable groups

Disadvantaged/Vulnerable Groups	Strategy
Poorest households from low-income households. Including elderly .	• Conduct awareness programs and consultations to identify their concerns in terms of proposed strengthening of laboratory facilities, operation of upgraded incinerators and waste management practices. • Disclosure of information, and provide easy to understand communication materials on project activities, availability and access to GRM, including awareness on SEA/SH complaint mechanisms and protocols for submission of complaints • Schedule awareness programs in locations that are accessible and at times that are convenient to majority to participate. • Provide information brochures
Women headed households	• Disclosure of information, and provide easy to understand communication materials on project activities, availability and access to GRM, including awareness on SEA/SH complaint mechanisms and protocols for submission of complaints • Schedule awareness programs in locations that are accessible and at times that are convenient to majority to participate. • Conduct group consultations that are scheduled at times convenient for the majority in accessible locations that are safe, secure and have space for child care. • Provide information brochures in local languages.
Staff working in BSL3 labs such as staff with disabilities or elderly staff members.	• Disclose information on project activities, risks, mitigation measures, and access to the GRM using formats that are easy to understand and available in multiple accessible formats (audio, large print, visual aids), including awareness on SEA/SH complaint mechanisms and protocols for submission of complaints • Conduct small-group or one-on-one consultations where needed, particularly for staff requiring additional support to fully understand safety practices or project-related changes. • Provide tailored safety briefings and specialized training sessions ensuring the content is accessible for staff with mobility, visual, or hearing limitations. • Schedule consultations and training at times and locations convenient for these staff.

5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

5.1 Resources

Resources required for implementation of the stakeholder engagement plan would include costs of information disclosure and stakeholder consultations, and the cost of the grievance redress mechanism. The project cost tables and annual work plans and budget shall allocate costs for specific information disclosure and stakeholder consultation activities including: preparation, printing and dissemination of information materials, communications, and costs of stakeholder consultation workshops, and grievance redressal procedures.

The detail breakdown of the budget will be annexed at the point the final SEP is disclosed.

5.2 Management Functions and Responsibilities

The project will be implemented by MoH. A Project Coordination unit (PCU) for strengthening One Health Laboratory Systems for Health Emergency Preparedness and Response will be set up as a sub-unit within the existing Ministry of Health and Mass Medias project coordination unit for the PHSEP. The MoH will assign financial management and procurement staff from the PHSEP PMU to this new unit on a part-time basis (equal to 1/3 full time employment- FTE) to ensure compliance with World Bank environmental, social and fiduciary requirements. A biomedical engineering staff member with laboratory equipment expertise will join the team.

An Environmental and Social staff will be assigned to the One Health Project, who will be responsible for the overall coordination, implementation and monitoring of the SEP including the GRM.

The roles and responsibilities of the different stakeholders in SEP implementation are described in Table 9.

Table 9: Responsibility of SEP implementation

Entity/Person	Responsibility
Project Coordination Unit – Project director	• Ensure that all project activities are undertaken as per SEP • Undertake stakeholder and public consultations • Provide feedback to stakeholders • Provide information on environmental and social requirements to stakeholders • Provides oversight to the project's Grievance Redress Mechanism • Give information on GRM of the project to all stakeholders.
Environment and Social Officer	• Ensure that the consultants hired is informed regarding the provisions of the SEP;

	• Ensure relevant stakeholder engagement activities in SEP are implemented in a timely manner; • Support PD in GRM operations • Give information on GRM of the project to consultants and stakeholder involved.

6 Grievance Redressal Mechanism (GRM)

The main objective of the GRM is to assist to resolve complaints and grievances in a timely, effective 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;

A project specific GRM will be established for the One Health Project. This will be a two tire GRM.

GRM Structure:

Tier One: The first tier of the GRM will be established at the MRI, NARA, CEA, and VRI levels, where complaints can be lodged for immediate resolution. Each agency will assign a dedicated focal point, provide multiple channels for submitting grievances (telephone, mobile, email, or in person), and maintain a grievance registry. A Grievance Redress Committee (GRC) will be formed within each agency to review, resolve, document, and, where necessary, escalate unresolved grievances

Tier Two: Any grievances that remain unresolved at the first tier will be elevated to the PCU for further review and resolution. A GRC comprising key stakeholders from the MoH and the PCC will be convened at the PCU level to address these escalated grievances. The PCU will additionally maintain a consolidated database of all grievances received and resolved across MRI, NARA, CEA, and VRI to ensure systematic tracking and reporting.

National GRM If any complaints are not resolved through the project-specific Grievance Redress Mechanism (GRM), they can be escalated to the national Health Sector GRM, established by the Ministry of Health (MoH) with support from a previous World Bank–financed project. This Call Centre at the national level accepts complaints through a dedicated hotline (1907), in addition via email, SMS, social media and regular letters. The GRM has the capacity to collect grievances, suggestions and complaints incoming from any possible source in the country; examine each complaint and refer to relevant authorities; follow up with regards to the investigation process; provide feedback to complainants; carry out analytical work related to past and ongoing complaints.

THE OPERATION OF PROJECT SPECIFIC GRM

Step 1: Grievance submission

- ✓ Grievances can be submitted at each of the three tiers of the GRM. This includes anonymous grievances.
- ✓ Grievances can be accepted through phone calls, email, SMS, social media, and regular letters.
- ✓ At the first tier level , grievances are accepted by the GRM focal points verbally, in writing via suggestion/complaint box, through telephone, mail, SMS, social media (WhatsApp, Viber, Facebook), email, website of MRI, NARA, CEA and VRI.

Step 2: Grievance registration:

- ✓ Grievances are recorded and classified based on the type and subject of complaints. Complaints are registered at the GRM level in which they were submitted, and the GRM focal points then direct them for investigation. Reports regarding all incoming complaints are also provided to the GRM PCU at MoH.

Step 3: Grievance investigation:

- ✓ Grievance investigation by relevant authorities and response to complainant within 7 days.

Step 4: Complainant's response:

- ✓ The complainant either confirms that the grievance is closed or requires to take further steps to address the grievance. If the grievance remains open, the complainant is given the opportunity to appeal to the MoH.

Analytics:

- ✓ Quarterly reports that include a summary of complaint types, actions taken and progress made are submitted for the review of focal points at MRI,VRI,NARA CEA. The PCU shall maintain a master database and compile the bi-annual report.

Appeal:

- ✓ Once all possible avenues of redress are exhausted and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Labor Grievance Mechanism: A separate mechanism will be available for the laborers working under contractors and sub-contractors during the installation of the BSL-3 Laboratory at MRI and upgrading of laboratory facilities at NARA, VRI and CEA. For contracted workers, the Contractor is obligated under the Contract (as per ESS2) to set up the Workers GM to redress complaints relating to workers deployed for civils works under this Project. It is mandated that contractors set up Workers GM according to contractual obligations, ensuring compliance with international standards such as transparency, confidentiality, and protection against retribution. Upon engagement, workers are required to sign the Labor Code of Conduct (CoC) and undergo training on the GRM processes. For the Labor GM, the contractors will appoint a site manager as the focal point. These managers are tasked with the responsibility of receiving, recording and addressing grievances from workers or related to workers at their respective construction site. The GM includes training for workers on the CoC and related issues such as Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH). Overall, the labor GM aims to ensure fair and transparent handling of labor related issues within the project's operational framework.

Handling Gender-Based Violence (GBV) Issues

- **Complaints of SEA/SH nature** coming from the project GRM or Labor GRM will be referred to *Mithuru Piyasa*, the GBV care centers operated by the Ministry of Health (MoH), which screen cases and provide referrals for counseling or other specialized services. *Mithuru Piyasa* also

operates a GBV hotline (**070 26 11 111**) where anyone can report SEA/SH incidents and receive necessary support.

- A **survivor-centered approach** will be adopted when responding to SEA/SH complaints. This approach prioritizes the survivor's wishes and ensures that all measures taken respect their choices. Survivor confidentiality must always be maintained to prevent risks of stigmatization and reprisals. After assessing the complaint, appropriate disciplinary measures will be taken against the perpetrator, if required.
- The **Grievance Redress Mechanism (GRM)** will include processes to immediately notify both the MoH and the World Bank of any GBV-related complaints associated with the project, subject to the survivor's consent.

The GRM will follow the following guidelines when SEA/SH are received:

a) Only three elements related to a SEA/SH allegation will be recorded: (i) the allegation in the survivor's own words; (ii) if the alleged perpetrator is, to the best of the survivor's knowledge, related to the project; and, if possible, (iii) the age and sex of the survivor.

b) the GM operator will report minimal information to the implementing agency, which in turn informs the Bank task team. This information should be along four lines: (i) the nature of the case; (ii) if the case is project-related; (iii) age and sex of survivor (if available); and (iv) if the survivor was referred to services.

c) Finally, the GBV complaints or allegations made to the project GRM will be referred to the GBV service providers that have been identified, regardless of the perpetrator's identity.

8. Monitoring and Reporting

8.1 Involvement of Stakeholders in Monitoring Activities

The project will establish multiple mechanisms for monitor and evaluate the SEP implementation. They would include the following arrangements: (i) overall monitoring and evaluation by the One Health Project PCU; and (ii) engagement of the project affected parties, other interested parties, and disadvantaged /vulnerable groups, to monitor and report on the adequacy and usefulness of (i) information disclosure programs; (ii) consultations; and (iii) stakeholder engagement activities via their participation in individual/group consultations, and in the GRM.

The project will use a variety of methods and tools for monitoring and evaluation. They will include review of project documents and progress reports, stakeholder interviews and group discussions, feedback surveys, site visits etc. Environment and Social Officer at the PCU will coordinate and facilitate documentation of the monitoring and evaluation results and outcomes including the maintenance of records of all consultations and meetings conducted with stakeholders, types of information disclosed, issues and concerns raised at consultations/meetings, public comments/feedback received for disclosed documents, informal feedback, decisions made, and reporting back to the stakeholders.

8.2 Reporting back to Stakeholder Groups

The results of the stakeholder engagement activities including results and outcomes of monitoring and evaluation of SEP implementation will be reported back to the stakeholders through website and/or formal communications. The One Health Lab PCU will collate all monitoring and evaluation results. The routine

Project M&E will be integrated into the MoH reporting systems. SEP monitoring reports will be submitted to the World Bank on a bi-annual basis.

Annex: *Estimated Budget for SEP Implementation*

Stakeholder Engagement Activities	**Cost LKR**
Personnel	
Social Safeguards Specialist and Stakeholder Engagement Specialist (PIU)	1,200,000
Hired consultants to prepare communication products and support in the implementation of SEP	1,000,000
Stakeholder Engagement	
Consultative meetings, training and orientation	500,000
Workshops and awareness programs	1,000,000
Grievance Mechanism	
Operation and management of GRM system including cost of awareness, training , record keeping .	500,000
SEA/SH Grievance management system and awareness raising on prevention.	500,000
Communication Materials	
Communication materials printing and distribution (leaflets, posters, brochures website development)	1,000,000
Translation of communication materials to local languages (Sinhala and Tamil)	500,000
Subtotal	**4,400,000**
Contingency 5%	220,000
Total	**4,620,000**