Stakeholder Engagement Plan (SEP)

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

and

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

21 May 2020

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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 19, 2020, the outbreak has resulted in an estimated 4,858,982 cases and 318,525 deaths worldwide.

With the increasing incidence of COVID-19 in Sri Lanka, the public health system is under tremendous pressure. Sri Lanka currently (as on May 19, 2020) has 981 confirmed cases of the novel coronavirus COVID-19, with 9 deaths. As the situation evolved and numbers increased, there was an urgent need to strengthen national systems for public health preparedness in Sri Lanka. Thus, the parent project (US$128.6 million) was prepared as part of the emergency response to Sri Lanka under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA). It was approved on April 2, 2020, signed on April 3, 2020 and declared effective on the same day. The project closing date is set for December 31, 2023. The draft Environment and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) was disclosed on the MoH's website (http://www.health.gov.lk/moh_final/english/) on May 9, 2020 in compliance with the original financing and loan agreements.

Since first confirmed COVID-19 cases in Sri Lanka on 27 January 2020, Sri Lanka has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. These include mandatory quarantine for anyone coming from countries affected by COVID-19, closing borders to prevent transmission from further travelers, contact tracing of those found positive, stopping mass gathering and raising awareness, closing down schools, imposing strict curfew in high risk districts and also for the entire country for selected periods, continuing to isolate high risk neighborhoods and increasing the number of Polymerase chain reaction (PCR) to identify infections. An analysis of epidemiological trends indicates that the GoSL's response is being effective in containing the COVID-19 pandemic in the country. This relatively low COVID-19 morbidity and mortality number is reflective of their rapid response in effective contact tracing and quarantine measures introduced since the first case emerged in the country on January 27, 2020. The country imposed a curfew across the country from March 16, 2020 as cases increased over the month of February, while rolling out a strengthened health response, including enhanced surveillance and contact tracing, PCR testing, strengthening national facilities for clinical management and strengthening preventive measures through the public health system. The MoHIMS has also prepared a draft Health Disaster Preparedness, Response and Recovery plan in collaboration with development partners led by the WHO. A national response mechanism has also been set up for development partner coordination under the leadership of Director General of health services, with other related Deputy Director Generals represented.

The Ministry of Health and Indigenous Medical Services (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 also developed another App called MyHealth Sri Lanka, which tracks user's movements allowing to easily identify/trace contacts in case a person becomes infected with the virus.

Restrictions on work and travel both within and outside the country with the closing of borders and internal curfews have impacted economic activity and growth and the cabinet has authorized funds to sectors that are in urgent need of support. To support vulnerable and high-risk populations to continue to maintain social distancing and stay as home, cash transfers for income support were introduced in April 2020. This included cash transfers for beneficiaries under the GoSL's Samurdhi Program as well as for high-risk populations such as the elderly, disabled and patients with kidney disease from low-income households. As of May 11, 2020, as GoSL relaxed the lockdown, it took into consideration measures required to strengthen the existing health preparedness for surges in COVID-19 through the parent project. In addition, GoSL's decided to substantially increase income support to the vulnerable groups through its existing cash transfer programs, namely the senior citizen assistance scheme, allowance for persons with disabilities and allowance for chronic kidney disease patients.

The Additional Financing (AF) in the amount of US$66.81 million for the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project will support the scale up efforts to contain the pandemic in response to the country's decision to open up from lockdown. The proposed AF will finance cash transfers to high-risk populations to enable them to continue social distancing and remain at home as a preventive measure mitigating their risk of morbidity and mortality due to COVID-19. Through PEF financing it will further strengthen ongoing health system preparedness efforts in light of the opening up of the economy. This included a restructuring of the parent project to update the project design, implementation arrangements and results framework to reflect the same. As these changes are aligned with the original project development objective (PDO), the PDO will not change.

2. Project Description

The Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) aims **to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sri Lanka.** The project 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.

a) Project Components

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.

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

b) Description of Additional Financing

Component 1 (Emergency COVID-19 Response) of the parent project aimed at limiting local transmission of COVID-19 by strengthening capacities of the health system to respond to the increasing number of COVID-19 patients by focusing on: (a) strengthening surveillance and response systems, (b) strengthening health care facility capacity for emergency response, (c) community engagement and risk communication, and (d) social and financial support to households. With an indicative allocation of US$80 million, the bulk of this investment was directed towards activities (a) and (b), which involved investments in establishing an emergency operations center, procurement of essential equipment and consumables for COVID-19 response, setting up and strengthening ICU capacities in select facilities, improving surveillance systems through enhanced contact tracing and testing, setting up isolation wards, training health care workers among other immediate health response measures. Some investments (approximately US$ 4-5 million) were also earmarked for strengthening risk communication and providing targeted support to those most at risk from the disease, particularly the elderly. This included training social welfare workers, particularly those supporting elder care homes, centers for people with special needs and orphanages, and financing for proper isolation, treatment and transportation of suspected cases to avoid spread within institutions, provision of psycho-social support, assistance to survivors of domestic violence and other community-level outreach.

While cash transfers were envisaged under Component 1, the cost of the scaled-up cash transfer for vulnerable persons exceeds the budget available within the parent project and warrants additional financing. Furthermore, given the MoH does not have existing systems to implement the cash transfer program, a separate sub-component is proposed along with a separate implementing agency. It is important to note that the cash transfer program proposed will leverage a social registry developed under the Social Safety Nets Project (P156056), which will be used to register and track the socio-economic status of the beneficiaries.

Thus, under AF, Component 1 will be revised to have two sub-components:

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

Sub-Component 1.2: Social and Financial Support to Vulnerable Households: This sub-component will finance the social cash transfers through existing programs for the elderly, persons with disabilities and Chronic Kidney Disease (CKD) patients from low-income households in response to the current COVID-19 crisis. It will also support temporary horizontal and vertical expansion of three programs to include those waitlisted and new applicants. The existing senior citizens' assistance scheme, also known as elderly allowance, currently covers over 417,067 beneficiaries. In response to COVID-19, an additional 212,636 beneficiaries who were on the waiting list and newly identified beneficiaries are further being included for assistance under this scheme. An increase in benefit amount from LKR 2000 to LKR 5000 per month is also being made. Similarly, the existing program for persons with disabilities and the allowance for CKD patients are also being expanded to include those on the waiting list as well as newly identified for assistance. The allowance for persons with disabilities covered 72,000 beneficiaries and 51,641 beneficiaries' new applicants and those from the wait list have been included. Similarly, the allowance for CKD patients has been expanded from 25,320 to 18,971 additional beneficiaries. The benefit amount for these two programs however remains unchanged at LKR 5000 per month. In all, this sub-component will support benefit for about 800,000 beneficiaries for a period of 3-4 months.

The increase in scope as outlined above, will be reflected in an increase in indicative component allocation from US$80 million to US$146.81 million, with the full amount of AF being added under Component 1 (Refer Table 1). While the allocation to sub-component 1.2 will be US$65 million to reflect the additional financing made available through the IDA financing, sub-component 1.1 will be US$81.8 million to reflect the PEF funding that will be used to strengthen health systems response to risk communication, mental health and gender-based violence concerns that are emerging in light of COVID-19.

c) Environment and Social risks

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

The project will have net positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring and containment in the country as well as health system's preparedness for future outbreaks. The environmental risks are considered 'Substantial' because of the current uncertainty around specific interventions to be supported at specific project locations and the associated occupational health and safety as well as health care waste management issues. The main environmental risks are: (i) the occupational health and safety issues to health workers, arising from patient care, laboratory testing, handling of supplies etc during treatment to a large extent as well as due to civil works construction inside functional health care facilities to a lesser extent; (ii) health care waste management and community

health and safety issues related to the handling, transportation and disposal of health care waste, and (iii) emissions and waste generation due to construction works.

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

In addition, potential risks associated with cash transfer program under the AF are: risk of exclusion of eligible beneficiaries, particularly vulnerable groups who have limited access to information about the cash transfer program and project benefits; potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer; and social tension between project beneficiaries and non-project beneficiaries, especially if there is lack of transparency in the application and decision-making process relating to cash transfer, misuse of funds, and inadequate consultations with relevant stakeholders.

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:

Categories of individuals	Risks and Impacts
- COVID-19 infected people in hospitals and their families & relatives	- Stigmatization and discrimination due to being infected or being associated with the infected. - Lack of dignified treatment and attentiveness to servicing requirements - Lack of attention to specific, culturally determined concerns, especially of vulnerable groups - Feelings of isolation affecting mental wellbeing. *The primary project beneficiaries are these infected people who will benefit from the emergency health system capacity strengthening for COVID-19 case management under the project which includes strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in HCFs*
- People in quarantine/isolation centers and their families & relatives. - At-risk populations (e.g., those with other co-morbidities)	- Inability to access information and facilities, hence unable to benefit from project interventions. - Lack of minimum accommodation and servicing requirements - Risks of GBV and SEA/SH in quarantine/isolation centers. - Stigmatization and discrimination due to viewed as potential vectors of the virus. - Feelings of isolation affecting mental wellbeing.

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[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.

Categories of individuals	Risks and Impacts
	The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units are another major project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities.
• Elderly, Persons with disabilities and Chronic kidney disease patients from low-income households • Family members, caregivers, guardians of cash transfer beneficiaries	• Exclusion of eligible beneficiaries and those from low-income households for cash transfers. • Inability to access information and facilities to benefit from cash transfers. • Community health and safety risks in relation to COVID-19 due to increased interactions with outsiders (GNs/SOs, postmen, banks etc.). • Potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer. • Social tensions between project beneficiaries and non-project beneficiaries, especially if there is lack of transparency in the application and decision-making process. *The elderly, persons with disabilities and chronic kidney disease patients from low-income households will benefit from the cash transfer support. The funds will help meet their basic living expenses, and also ease the financial strain on family members/ caregivers/ guardians caring for this groups of beneficiaries. Cash transfers to the high-risk populations will also enable them to continue social distancing and remain at home as a preventive measure mitigating their risk of morbidity and mortality due to COVID-19*
• Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) • Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics	• Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities (e.g. transport, accommodation etc. during night shifts) required for effective & efficient functioning. • Special needs of female health workers including those who are pregnant are not met. • Stigmatization and discrimination of being associated with the infected. • Increased stress due to overwork and being isolated from families for long periods. • Poor working conditions, terms of employment, lack of access to GRM • GBV, SEA and SH risks, especially for female workers

Categories of individuals	Risks and Impacts
	These groups will benefit from the component on emergency response for COVID-19 prevention which includes: procurement of essential protective equipment and other essential items; and risk communication, community engagement and behavior change; as well as the component on emergency health system capacity strengthening for COVID-19 case management which includes: strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project.
• Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories	• Risk of social tensions due to misinformation/rumors regards risks of contamination. • Community health and safety risks due to improper management of medical waste. • Stigmatization and discrimination of the communities being in the vicinity of COVID treatment centers. *Measures to ensure effective waste management, containment efforts, and contingency plans in HCFs are put in place to address risks associated with community health and safety. In addition, activities on risk communication, community engagement and behavior change, are focused primarily on benefiting this population group.*
• 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).	• Stigmatization and discrimination due to being associated with the infected. • Inability to access information and facilities, hence unable to benefit from project interventions. • Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities. *The procurement of protective equipment and other essential items, activities relating to risk communication, community engagement and behavior change, will benefit this group. Further, the strengthening of laboratory and diagnostic capacity and assistance for containment and treatment efforts in health care facilities, will also impact this group especially since they are in the high-risk category of contracting COVID-19.*
• Government Officials (Ministry of Health officials, Municipal Councils, District, Divisional Secretaries, Grama Niladaris/Village government administrations in affected regions	These officials are part of the essential services work force responsible for managing the overall Covid Emergency operations of the country. Key risks and impacts include: • Occupational health and safety risks • Lack of access to adequate PPEs, training and facilities required for effective & efficient functioning. • Increased stress due to over work.

Categories of individuals	Risks and Impacts
• Other public authorities (e.g. Sri Lanka's Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defense) • 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.	*This group will benefit from procurement of protective equipment and other essential items, containment and treatment, occupational health and safety measures, especially as outlined in the LMP.*
• Staff of janitorial & security services • Waste collection and disposal workers in affected regions	• Occupational health and safety risks • Lack of access to adequate PPEs, training and facilities required for effective & efficient functioning. • Community health and safety risks due to improper management of medical waste. *These groups will benefit from: procurement of essential protective equipment and other essential items; risk communication, community engagement and behavior change; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project, including those relating to occupational health and safety.*

c) Other interested parties

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

Categories of individuals	Type of interest
Non-beneficiaries of AF: • Elderly, Persons with disabilities, CKDu patients who are not from low-income households.	• Clarity on the criteria for determining low income categorization. • Clarity on why certain vulnerable groups have not been considered eligible under this cash transfer scheme. • Any support / services provided by the GoSL for other vulnerable groups who have not qualified for this cash transfer support.

Categories of individuals	Type of interest
• Elderly and persons with disabilities who are in homes/institutions and hence not eligible to apply. • Samudhri beneficiaries – especially those who are elderly, disabled, and CKDu patients • Other vulnerable groups with chronic ailments, non-communicable disease etc. including cancer patients.	• Procedures to follow to submit complaints.
• The public at large	• Interventions to strengthen health systems in response to the COVID pandemic. • Potential benefits, risks and impacts from the project. • Measures taken to safeguard against project risks and impacts • Transparency and accountability in project implementation • Mechanisms to report complaints or provide feedback regards project supported health services and facilities.
• Regulatory agencies (e.g., Central Environmental Authority.) • Other Government entities supporting vulnerable groups (e.g., Ministry of Health, Department of Social Services, Samurdhi Authority etc.) • District & Divisional Secretaries, Grama Niladaris/Village government administrators. • Development Officers, Elders Rights Promotion Officers, workers of Community Based Rehabilitation (CBR) programs and other government social workers.	• Potential benefits, risks and impacts from the project. • Measures taken to safeguard against project risks and impacts • Opportunities to partner/collaborate with the project for implementation of specific components of the project. • Strengthen coordination to ensure there is no duplication of efforts but complementarities /synergies. • Clarity on the processes/procedures to create awareness among target groups, identify/refer/certify beneficiaries, to support to fill applications, facilitate the cash transfers and resolve complaints etc. • Concerns related to occupational health and safety risks for those frontline workers engaging with vulnerable groups or they may even be viewed as vectors of infection transmission by the communities.
• Media and other interest groups, including social media & the Government Information Department.	• Potential benefits, risks and impacts from the project. • Measures taken to safeguard against project risks and impacts • Project updates and implementation progress. • Transparency and accountability in project implementation and decision-making
• National and international health organizations/associations (e.g. GMOA - Government Medical Officers' Association etc.)	• Potential benefits, risks and impacts from the project. • Measures taken to safeguard against project risks and impacts • Transparency and accountability in project implementation • Ensure project is implemented following proper national/international protocols/guidelines.

Categories of individuals	Type of interest
	• Ensure that vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture. • Ensure that interventions are implemented in a transparent, effective and efficient/timely manner.
• Community based organizations, national civil society groups and NGOs, Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)	• Opportunities to partner/collaborate with the project • Opportunities to received funding and support from the project to implement similar interventions. • Ensure project is implemented following proper national/international protocols/guidelines • Ensure that everyone benefits from the project in an equitable manner. • That key vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture. • Ensure that interventions are implemented in a transparent, effective and efficient/timely manner.
• Temples, churches, Kovils, Mosques and other religious institutions	• Ensure that project that everyone benefits from the project in an equitable manner. • That key vulnerable groups are not excluded from benefiting from project interventions, hence no issues around elite capture.
• Goods and service providers involved in the project's wider supply chain • Transport workers (e.g. cab/taxi drivers) • Interested businesses	• Opportunities to benefit from the project by bidding for procurement of supplies for establishment of labs, equipment, PPEs, including construction material to build quarantine/isolation centers. • Understand trends in demands, new markets & products created for businesses.
• Schools, universities and other education institutions closed due to the pandemic	• Potential benefits, risks and impacts from the project, specifically on children.

d) Disadvantaged / vulnerable individuals or groups

Besides the project affected and other interested parties, it is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Hence, it would be important for the Project to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals/groups (e.g., on infectious diseases and medical treatments). The purpose of such engagement would be to take into account such groups or individuals' particular sensitivities, concerns and cultural norms and to ensure a full understanding of project activities and benefits. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of

their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

Categories of vulnerable groups	Risks, impacts, vulnerabilities & needs
• Elderly • People with disabilities • Individuals with chronic diseases and pre-existing medical conditions; • Pregnant women	• Inability to accesses information, medical services & facilities to benefit from project interventions (due to not being fit to travel, unable to afford travel cost or lacking skills to use services/facilities) • Pertaining to the Cash transfer program, potential beneficiaries may be excluded due to targeting errors; exclusion errors are always present in social assistance programing as there is not a perfect "targeting formula". • Lack of specialized medical facilities/services & resources to treat chronic/pre-existing conditions during COVID pandemic. • Lack of attention to specific concerns, universal access principles & inadequate provisions for additional support for vulnerable groups to benefit from project interventions. • Lack of dignified treatment and attentiveness to servicing requirements for vulnerable groups during provision of health services • Elder care homes, orphanages, homes for the disabled and shelters for GBV victims would also be constrained with limited in financial resources and capacities to provide the basic facilities and services. • Community health and safety risks in relation to COVID.
• Women, girls and female headed households • Children	• Pertaining to the cash transfer program, potential risks of gender-based violence linked to registration and increase in domestic violence due to financial strains on households and the receipt of financial transfer. • Lack of attention to specific concerns for women and children during provision of health services. • Lack of GBV prevention measures and child protection protocols. • GBV related risks associated with deployment of security forces.
• Veddas (forest dwellers), religious, ethnic minorities • Daily wage earners • Migrant workers (stranded overseas or returning due to loss of jobs/visa restrictions). • People living below poverty line (e.g. Sumudri programme beneficiaries).	• Inability to accesses information and facilities to benefit from project interventions (due lack of transport/communication facilities, not been able to afford travel costs and lacking skills to use services/facilities) • Lack/limited financial resources (due to loss of their incomes/livelihoods as well as of their family members) and inability to access support systems, may hinder the ability of these groups to access vital health services. • Lack of attention to specific concerns & inadequate provisions

• Unemployed, beggars/homeless • Illiterate or those with limited education • Slum dwellers • LQBTI • Communities in remote and inaccessible areas.	for additional support for vulnerable groups to benefit from project interventions. • Lack of dignified treatment and attentiveness to servicing requirements for vulnerable groups during provision of health services. • Discrimination against these groups linked to elite capture, resource allocation and access to services

Benefits for vulnerable groups: The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units are another major project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. In addition, elderly, people with disabilities and chronic kidney disease patients from low income groups will benefit from the cash transfer program.

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

Stakeholder consultations related to the Health Interventions

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

During these consultations, few vulnerable groups mainly two elderly persons, a person with a chronic illness and a daily wage earner were consulted. In additional the issues and challenges faced by vulnerable groups were also discussed with other stakeholders who were intervtieed. The main challenges faced by vulnerable groups were noted be: lack of health facilities to cater to chronic/non communicable diseases (NCD), challenges in terms of attending routine clinics, accessing laboratory services and getting medicine delivered during lockdown periods. Further daily wage earners were also impacted with loss of income due to loss of employment and expressed that they had to struggle to meet their essential food requirements and afford medication etc. for those sick in their households. Poor targeting was highlighted as an issue because some of the most vulnerable households have not received any support though they were entitled for it. Suggestions were given to address the needs of chronic NCD patients, organize mobile clinics/blood testing services and medicine delivery through community networks/field health staff. In addition, suggested to arrange mobile clinics and health service to those in elder care facilities, homes for

the differently abled and orphanages. In regard to social protection, the respondents requested to establish a robust system so that vulnerable groups will be provided in a timely manner with finances, dry rations, other essential/daily needs and medicine to their door stop during lockdowns. Finally, to develop a transparent system and an unbiased database with the details of the vulnerable populations in order to mobile efficient support during lock downs.

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

a) The project to strengthen health/safety measures in hospitals by providing essential Personal Protective Equipment (PPPs), disinfectants etc. and improve clinical waste disposal systems.
b) Upgrade hospital infrastructure (such as laboratory facilities, ICUs etc.), provide necessary equipment (ICU beds, oxygen delivery units etc.), drugs/medicines and other facilities (including ICT) so that the health system can effectively and efficiently test, isolate and treat infected patients.
c) Provide facilities such as accommodation, meals and transport for healthcare and other field level staff who are first respondents during the emergency given the travel restrictions , irregular / long working hours and the increasing demand to conduct home visits.
d) Improve emergency preparedness systems and plans at hospitals level to respond to pandemics including the need to strengthen capacities of health staff to respond to health emergencies.
e) Strengthen coordination within the health system among different departments as well as externally with other stakeholders such with the district administration, other ministries including NGOs to address the compounded impacts on other sectors as well (e.g. livelihood losses).
f) Train health staff, develop communication material and awareness campaigns with consistent messages to inculcate behavior change in communities, have multiple channels to engage with communities including hard to reach groups and also establish a 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.

Stakeholder consultations related to the Cash Transfer program

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

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

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

Topic	Issues raised	Responses provided
Background / Challenges / Needs	VG: Employment issues, less income and high expenditure and debts, difficulty staying at home, difficulty obtaining all medicine, going for check-ups and clinics, having to purchase medicine, needing to be extra careful, anxiety, feeling isolated OS: Technological challenges in communication, safety concerns during work, unavailability of childcare and sick family member concerns, additional workload with new reporting needs, working with smaller staff, inability to access office and material	- Pandemic had broad impacts on various areas effecting vulnerable people, attention to be paid to their needs. - Pandemic caused changes in the working environment in many ways, project design will take these into consideration.
Project design / support	VG: Deliver all medicine to house, support to improve housing, regular financial assistance or an allowance (current amount not enough), travel support, access to clean water, support for livelihoods/income generation. OS: Implement an integrated work method using technology for staff everywhere, set up an IT based network for communication, create a updated database of all vulnerable groups, construct separate quarantine/treatment centres for them, improve staff allowances and benefits, provide personal protection items for staff and raise general awareness	- The project has limitations, cash transfers to support ongoing expenses, other needs maybe considered. - New methods and approaches will be required and will be adopted.
Risks and impacts	VG: Needing to be extra careful due to beneficiary health condition, some people not being careful or responsible, not following rules or precautions due to lack of awareness/understanding, is a good project and should be implemented, will be helpful if implemented safely. OS:Project should not interfere with existing duties, details should be made clear, staff safety, lack of	- Project will take into consideration risks and impacts before implementation. - Project will be implemented with

Topic	Issues raised	Responses provided
	knowledge/skills among staff, accurate beneficiary information, transparent selection processes, others also asking for benefits (such as pensioners and government servants)	minimum negative impact after careful assessment.
Risk/Impact mitigation	VG: Not a high-risk project, officers or those visiting house wear masks, use sanitizers, and do social distancing etc, maintain records of everyone met, day, time so tracing can happen, follow basic safety guidelines, raise general awareness, encourage public to be responsible OS: Minimum negative impact or risk, reallocate staff/duties as required, proper awareness raising of project, material and safety measures in place, maintain transparency, sound communication, do follow up, adjust eligibility criteria and amounts for beneficiaries if needed, educate the public on programme.	- Mitigation approaches will be put in place. - Mitigation approaches will be designed and implemented as required.
Stakeholder engagement	VG: Information provided through phone call, letters, text messages, newspapers, television, through Grama Sevaka or officers visiting house or beneficiary going to meeting (if situation improves). OS: Use of telephone, email, online conference calls and other IT facilities, minimize and limit staff interaction, field visits using safety gear (masks, sanitizers, social distancing), work through Grama Sevaka and Divisional Secretary (improve communication between and with them).	- Culturally and economically fitting techniques will be used. - The project will develop systems to fit new environment and requirements.
GRM	VG: Report complaints by phone calls, registered letters, fax or personal visit to relevant officer or lodge message through Grama Sevaka OS: Grievances through letters, phone calls, meetings with accountant or Director or Secretary, Elders Committees, Maintenance Board in place, better if issues are settled locally at village or divisional level before being brought to Ministry.	- A GRM specific to the cash transfer component will be put in place, in addition to the existing GRM. - The project will use & strengthen the existing GRM.

Topic	Issues raised	Responses provided
Gender & gender based violence (GBV)	VG: Mix of opinion GBV, not increased, may have increased, has increased, some arguments and quarrels taking place, due to income and expenses issues, pressure and stressful condition, illicit liquor available for men, wife beatings and other abuse occurring.	- Project will taking these into consideration to respond GBV issues.
	OS: GBV may have increased, don't have evidence, Ministry has a counselling section connected to Police, has done some GBV related programmes, should continue with them.	- Project will be built on existing services to respond to GBV related issues.
Inclusion of Vulnerable	VG: Unemployed people, daily workers, part-time workers, people with mental health problems, those paralyzed, left alone at home, households with sick people, blind people, provide food and other household essentials, not cash, care assistance	- Project has limits and will reach out to others within its resource scope and feasibility
	OS: Beggars, drug addicts, prostitutes, elders left on roads, female headed households, TB and Leprosy patients, different and long term approaches for types, different facilities, bridging and follow up techniques, must be long term.	- Same as above

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.

With the evolving situation, as the Sri Lankan Government has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence alternative ways

will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, sms broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

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

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

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

c) 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.

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

(i) Stakeholder Engagement related to the Cash Transfer Program

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

Stakeholder group	Key topics of consultation	Methods and channels	Timing
Beneficiaries receiving cash assistance	• Accessibility to payments, key challenges and suggestions for improvement. • GRM and feedback mechanisms • Health and safety risks including GBV risks	Phone calls and house visits. Scorecards etc. Outreach activities	Throughout the project implementation
Rural committees, GNs, Divisional & District Secretariats, NSE, NSPD, MoWCS	• Planned activities, E&S principles, management of E&S risks and impacts (e.g., ESMF, SEP, LMP) • GRM and feedback mechanisms • Payment delivery regulations, procedures and practices • Key areas for capacity building for key stakeholders involved.	Phone calls, emails & in-person/ virtual meetings.	Throughout the project implementation
Other Government agencies, NGOs donors, etc. (involved in supporting vulnerable groups)	• Planned activities, E&S principles, management of E&S risks and impacts (e.g., ESMF, SEP, LMP) • Payment delivery regulations, procedures and practices • Progress of the Cash transfer program implementation	Phone calls, emails & virtual meetings.	Throughout the project implementation

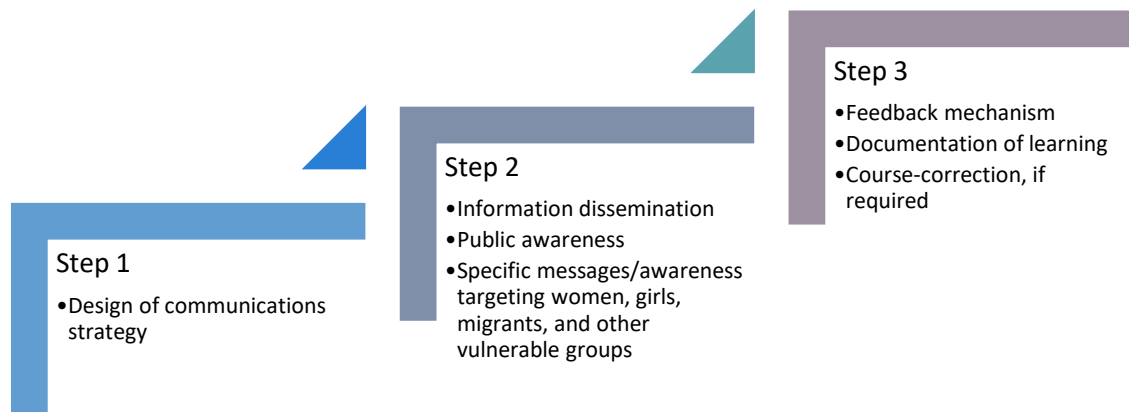**(ii) Stakeholder Engagement related to Health Interventions**

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities

Phase	Information to be disclosed	Methods	Target Stakeholders	Responsibility
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* • *Via 'Friends of the Facility' committees* • *One-on-one meetings* • *FGDs , Scorecards etc.* • *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 (e.g. phones calls, audio- visual communication & material in local languages, using simplified terms).* *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
	• Need of the project & planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts	• *Phone, email, letters* • *One-on-one meetings* • *FGDs, if permissible* • *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.)*	• *Public at large* • *Civil society organizations* • *Religious Institutions* • *Regulatory agencies* • *Media,* • *Education Institutions* • *Private sector* • *transport services.*	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*	• *Public meetings in affected municipalities/villages (if permitted)* • *Brochures, posters*	• *Affected individuals and their families*	Environment and Social Specialist

• *Health and safety issues* • *Environmental concerns* • *Social concerns (GBV, exclusion, social tensions)* • *ESMF, SEP, LMP* • *GRM (for project, security personnel, labor and GBV)*	• *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.)*	• *Local communities* • *Vulnerable groups*	PMU
• *Project scope and ongoing activities* • *ESMF and other instruments* • *SEP* • *GRM* • *Health and safety* • *Environmental concerns*	• *Disclosure of information through Media including social media, Brochures, flyers, website, etc.* • *Public meetings in key locations* • *Information desks in key Institutions* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)*	• *Public at large,* • *Civil society organizations,* • *Religious Institutions* • *Regulatory agencies* • *Media,* • *Education Institutions* • *Private sector* • *Transport services.*	Environment and Social Specialist PMU

e) Public awareness related to Health Interventions

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 communications strategy

Step 2
- Information dissemination
- Public awareness
- Specific messages/awareness targeting women, girls, migrants, and other vulnerable groups

Step 3
- Feedback mechanism
- Documentation of learning
- Course-correction, if required

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 be reached through alternative ways given social distancing measures to engage with women groups, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in

community and health centers, at offices of Grama Niladari, Divisional/District Secretary, Municipal Council, Community health boards, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan and the Environmental and Social Management Framework (ESMF) have been prepared through consultative process, to the extent possible given the current circumstances, and was disclosed on 2020/03/25 on the World Bank website link: http://documents.worldbank.org/curated/en/373631585174010238/Stakeholder-Engagement-Plan-SEP-Sri-Lanka-COVID-19-Emergency-Response-and-Health-Systems-Preparedness-Project-P173867

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

f) Public awareness and information disclosure related to Cash Transfer Program

The NSE, NSPD, MoWCS websites will be used to disclose project documents, including the SEP, and details of the project Grievance Redress Mechanism. Below is a table showing the proposed strategy that will be adopted by the PMU for information disclosure, considering the needs of different stakeholders during project implementation. All information will be updated regularly so that it is kept up-to-date with the evolving situation and to include future stages of project including supervision and monitoring.

Stakeholder group	Key characteristics	Specific needs	Preferred Methods means	List of Information to be disclosed	Responsible Entity
Project beneficiaries	Elderly, Persons with disabilities and Chronic kidney disease patients from low-income households	- Communication to be done in clear manner in Sinhala & Tamil. - Support in enrollment - Explanation of payment amounts, regularities & payment methods	Phone calls, SMS, information sessions during field visits, audio-visual materials, outreach activities	- Cash transfers for vulnerable groups in response to COVID-19 - Eligibility criteria/conditions, Benefit amount, program duration, payment mechanism & enrollment steps. - Application forms & documents required to support application - Contacts of GNs, Divisional & District Secretariats, National Secretariat for Elders (NSE), National Secretariat for Persons with Disability (NSPD) & MoWCS. - Information about GRM (incl. for GBV-related issues) - SEP, LMP, ESMF, ESCP (in project and World Bank's external website)	Rural committees, GNs, Divisional & District Secretariats, NSE, NSPD, MoWCS & PCU.
The Public	Households in Sri Lanka; of variety of deciles, educational levels, geographic areas, age, gender	- Communication to be done in a clear manner, including relevant facts, in Sinhala, Tamil and English.	Mass Media (Radio, TV and e-newspapers) Social Media (Governmental platforms), outreach activities, audio-visual materials	- Explanation about program (objective, duration, target population, selection criteria, sources of data) - Share experiences on the impact of the project, incl. on vulnerable households - Sensitization on payment methods - Explanation about how the program and other governmental programs are implemented in a complementary manner - Information about GRM (incl. for GBV-related issues) - SEP, LMP, ESMF, ESCP (in project and World Bank's external website)	GNs, Divisional & District Secretariats, NSE, NSPD, MoWCS & PCU.
Government officials, including, other concerned ministries/ agencies	MOH, Department of Social Services, Samurdhi Authority, GNs, Divisional & District Secretariats, NSE, NSD, MoWCS.	Brief and clear, in working language.	Emails, phone calls/SMS and virtual meetings as possible	- Brief about the project, launch date, objectives and the role of GNs, Divisional & District Secretariats, NSE, NSD, MoWCS in targeting, data verification and payment. - Share experiences on the impact of the project, incl. on vulnerable households - Explanation about how the program and other governmental programs are implemented in a complementary manner.	NSE, NSPD, MoWCS & PCU.

Stakeholder group	Key characteristics	Specific needs	Preferred Methods means	List of Information to be disclosed	Responsible Entity
Mass media and associated interest groups	Dissemination channel of news and information, local and international NGOs,digital/web-based entities, and their associations.	Frequent updates that are accurate.	Depends on the media type and technology use (TV, radio, social media,etc.)	- Information about the program objective, target groups, duration of support and showcase of the positive effect it will have on targeted beneficiaries - Experiences on project impact the impact of the project, incl. on vulnerable households - Explanation about how the program and other governmental programs are implemented in a complementary manner - SEP, LMP, ESMF, ESCP (in project & WB's external website)	NSE, NSPD, MoWCS & PCU.
Other development partners engaged in COVID-19 response	Financing or supporting COVID-19 projects/ initiatives in the Sri Lanka through loans, funds, technical assistance	Regular	Emails (status reports), briefing notes, and virtual meetings	Project implementation updates; in line with the planned activities, outputs and outcomes	NSE, NSPD, MoWCS & PCU.
Vulnerable groups	Illiterate, without access to internet and other government services, limited mobility, in remote locations, survivors of GBV, SEA, SH	Audio communication in Sinhala & Tamil, using simplified terms; Support in enrollment and application; written guidance provision in Sinhala & Tamil.	Phone calls, audio-visual materials, outreach activities, house visits by community and other workers mobilized GN & DS.	- Program duration and objective - Eligibility criteria/conditions, Benefit amount, payment mechanism & enrollment steps. - Application forms & documents required to support application - Contacts to reach for support - Information about GRM (incl. for GBV-related issues) - SEP, LMP, ESMF, ESCP (in project and World Bank's external website)	Rural committees, GNs, Divisional & District Secretariats, NSE, NSPD, MoWCS & PCU.

f) Information disclosure related to Health Interventions

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 communities. 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, creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
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; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
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 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; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
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; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*

g) Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

Changes in preparedness and response interventions will be announced and explained ahead of time and will be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust. The PMU will thereby adapt to different requirements.

h) Strategy to incorporate the views of vulnerable groups

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

- Women including survivors of GBV, SEA, SH: ensure that community engagement teams are gender-balanced and promote women's leadership within these; design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider the literacy levels of women while developing communications materials; consider provisions for childcare, transport, and safety for any in-person community engagement activities, discuss measures to respond to GBV issues, about the available support systems & psychosocial services for survivors of GBV, SEA, SH.

- 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 and what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.

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

- Illiterate or those with limited education - use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques.

- Daily wage earners, unemployed & homeless - assess/understand their sources of information, use audio and visual communication techniques to engage as some may be illiterate, work with social service/protection agencies to better understand the issues of this category and better target the communications and interventions.

- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

- Other vulnerable groups (e.g,, Veddas), including those in remote and inaccessible areas - assess/understand their sources of information, prepare public awareness and dissemination materials in relevant languages, tailor messages to the cultural contexts and work with relevant institutions to engage this category of people and disseminate information.

6. Resources and Responsibilities for Implementation of SEP

a) Resources

Health interventions: - The Ministry of Health and Indigenous Medical Services (MoHIMS) will be the implementing agency for the interventions related to Health. 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.

Cash transfer program – The Ministry of Women, Child Affairs and Social Security (MoWCS) will be the implementing agency for the cash transfer program. Divisional & District Secretariats, National Secretariat for Elders (NSE), National Secretariat for Persons with Disabled (NSPD) & MoWCS will be in charge of stakeholder engagement activities. A Project Management Unit (PMU) will be designated at the MoWCS to implement the activities under the Director, Planning of MoWCS and Director of NSE & Director of NSPD.

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

b) Management functions and responsibilities

The activities in the SEP related to Health interventions 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 activities in the SEP related to Cash transfer program will be implemented by the Project Management Unit (PMU) designated at the MoWCS under the Director, Planning of MoWCS and will be supported by the Director of NSE & Director of NSPD. The Divisional & District Secretariats, NSE, NSPD & MoWCS. Will work together to implement stakeholder engagement activities.

Arrangements	Roles and responsibilities
Project Steering Committee (a 22-member committee comprised of members of the National Action Committee set up by the MoHIMS – Secretary of MoWCS also represented),	Oversee multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. Provide oversight and guidance for the implementation of project activities, including the SEP.

PMU at the MoHIM, Health Promotion Bureau, Regional Director of Health Services (RDHS) Provincial Director of Health Services (PDHS) Director General of Health Services (DGHS).	Implement the behavior change communication activities in partnership with Health Promotion Bureau. Implement the stakeholder engagement activities to together with support of public health workers, the project will also partner public education institutions, provincial councils and religious and community leaders to rollout the communication and behavior change campaign. Document stakeholder engagement activities and share with the World Bank through quarterly progress reports.
PMU at the MoWCS, Divisional & District Secretariats, NSE, NSPD & MoWCS.	Implement the stakeholder engagement activities to together with staff attached to the Divisional Secretariats – supported by Development officers, Elders Rights Promotion Officers, Social Services Officers, Grama Niladari's etc. Document stakeholder engagement activities and share with the World Bank through quarterly progress reports.

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);

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

- Grievances need to be resolved by two Ministries because project activities are implemented by two Ministries. The health interventions are implemented by the Ministry of Health and Indigenous Medical Services (MoHIMS) and the Cash Transfer program is implemented by the Ministry of Women, Child Affairs and Social Security (MoWCS). As a result, responsibility of handling the grievances will fall on both these ministries.
- The type of grievances received will be different because activities implemented by the two ministries are entirely different. MoHIMS is responsible for implementation of all health interventions to upgrade and equip health systems and strengthen health services to response to

the Covid. On the other hand, MoWCS is responsible for providing cash transfers to elderly, people with disabilities and CKDu patients in low income households.

Therefore, considering the need to efficiently resolve grievances with the involvement of two ministries implementing diverse activities, in consultation with the respective Ministries, the decision was made to have two GRMs. One under the MoHIMS which will handle grievances related to health interventions and the other under MoWCS to handle grievances related to the cash transfer program.

a) GRM under the MoHIMS (for the health interventions)

Description & Structure of GRM

The same GRM mechanism used by World Bank assisted PSSP will be used for the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project. 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

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, FaceBook etc.), email, website, and via 'Friends of Facility' committees at community level to any of the 4 tires. The GRM will also allow anonymous grievances to be raised and addressed, including those relating to security personnel.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the tire 1 level focal point (Nursing Officer). The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g, disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).
- **Step 3:** Investigating the grievance and communication of the response within 7 days. At each level, there will be committees designated to resolve grievances.
- **Step 4:** Complainant Response: Either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoHIMS.

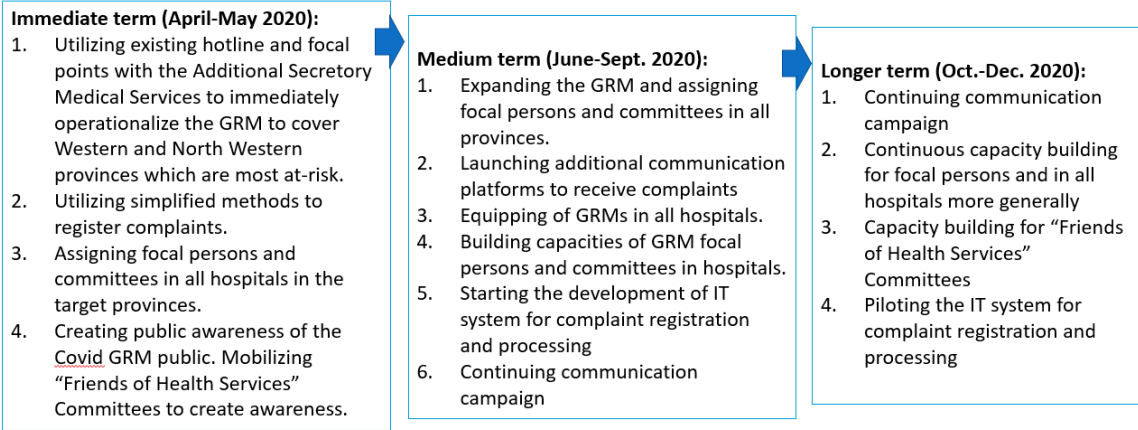Initially, GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Monthly/quarterly reports in the form of summary of complaints, types, actions taken and progress made in terms of resolving of pending issues will be submitted for the review to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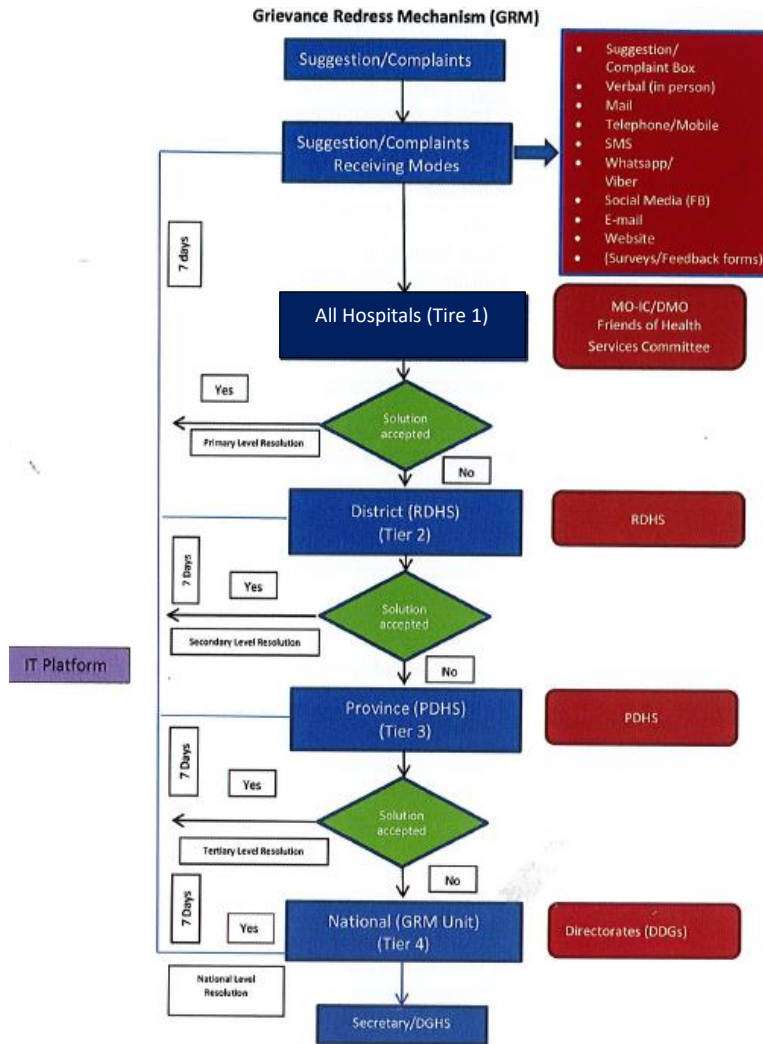
avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

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

Immediate term (April-May 2020):
1. Utilizing existing hotline and focal points with the Additional Secretory Medical Services to immediately operationalize the GRM to cover Western and North Western provinces which are most at-risk.
2. Utilizing simplified methods to register complaints.
3. Assigning focal persons and committees in all hospitals in the target provinces.
4. Creating public awareness of the Covid GRM public. Mobilizing "Friends of Health Services" Committees to create awareness.

Medium term (June-Sept. 2020):
1. Expanding the GRM and assigning focal persons and committees in all provinces.
2. Launching additional communication platforms to receive complaints
3. Equipping of GRMs in all hospitals.
4. Building capacities of GRM focal persons and committees in hospitals.
5. Starting the development of IT system for complaint registration and processing
6. Continuing communication campaign

Longer term (Oct.-Dec. 2020):
1. Continuing communication campaign
2. Continuous capacity building for focal persons and in all hospitals more generally
3. Capacity building for "Friends of Health Services" Committees
4. Piloting the IT system for complaint registration and processing

Grievance Redress Mechanism (GRM)

b) GRM under the MoWCS (for the Cash Transfer program)

GRM Description & Structure

Given the emergency nature of the cash transfer program, all grievances will be handled at the Divisional Secretariat level. However, grievances can be submitted to the District Secretariat, National Secretariat for Elders (NSE) or to National Secretariat for Persons with Disability (NSPD). Therefore, while GRM will have 3 tires to submit grievances, processing of grievances will all take place at Tire 1 - Divisional Secretariat level. Details of the 3 tires are given below:

- Tire 1 (Divisional level): Divisional Secretariat (DS)- Divisional Secretary will be the focal point.
- Tire 2 (District level): District Secretariat (DS) - District Secretary will be the focal point.
- Tire 3 (National level):
  - o National Secretariat for Elders (NSE): Director of the Secretariat will be the focal point.
  - o National Secretariat for Persons with Disability (NSPD): Director of the Secretariat will be the focal point.

Complaint Handling Process

Step 1: Submission of grievances – Grievances can be submitted directly to the Garama Niladari (i.e. Village government administrator) in writing, sms or over the phone. Grievances can also be directly submitted in writing, sms, email or by calling the Divisional Secretariat, District Secretariat, NSE & NSPD.

Step 2: Forwarding of grievances to Divisional level (acknowledgement within 5 days) – Since all grievance are handled by the Divisional Secretariat, all grievances received by Grama Niladari, District Secretariat, NSE & NSPD will be forwarded for assessment and resolution to the Divisional Secretariat within 2 days. The Divisional Secretariat will send an acknowledgment of the receipt of the grievance within 5 days.

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

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

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

Based on the complaints received in the existing cash transfer program, some of the common complaints are:
- Those in waiting list wanting to know when they will be added to the beneficiary list
- New applicants and rejected applicants appealing to be included into the cash transfer program
- Beneficiaries complaining about late payments.

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

c) Handling Gender Based Violence (GBV) issues

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

● Publicly post or otherwise disseminate messages clearly prohibiting (sexual exploitation and abuse (SEA)/ sexual harassment (SH) during community interactions. Key messages to be

disseminated will focus on : i) No sexual or other favors can be requested during provision of cash transfer; ii) Government staff/social workers are prohibited from engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse to be reported to the GRM.

- Prepare and implement and train all workers in regard to GBV prevention protocols during community engagement activities. First respondents to be trained on basic skills to respond to disclosures of GBV, in a compassionate and non-judgmental manner and know to whom they can make referrals to.
- Ensure GBV psychosocial support services are identified and are ready to support victims.
- GRM to have procedures to handle allegations of GBV/SEA/SH violations and to immediately notify both the MoWCS and the World Bank of any GBV complaints, with the consent of the survivor.

In addition, first responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country . Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH 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.

d) Reporting on GRM and Beneficiary Feedback

Monthly and Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM focal person, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

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.

Both PMUs will submit quarterly and annual reports on stakeholder activities implemented, updates on the status of grievances received and resolved, including , type of complaints received and also regards beneficiary feedback received. In addition, PMUs will provide details on how beneficiary feedback was used to improve project activities and procedures, including community engagement approaches, based

on evidence and needs and cultural appropriateness. Further, the feedback will also be used as part of documentation of lessons learned to inform future preparedness and response activities.

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

Health Interventions (PMU – MoHIMS)**:**
- 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).

Cash Transfer programs (PMU – MoWCS):
- Beneficiary satisfaction with the Cash grants enrollment and payment processes (percentage by gender)
- Percentage of grievances addressed within 2 weeks

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

Area	Monitoring & reporting commitments	Frequency / Duration	Responsibilities
Stakeholder engagements	Update on project's interactions with the stakeholders – including methods used, findings from consultations and responses provided and any actions taken.	Quarterly and Annual – throughout implementation	PMU – MoHIMS PMU - MoWCS
GRM	Summaries of grievances, inquiries and related incidents, the number, the nature of complaints, associated corrective/preventative actions taken in a timely and effective manner.	Quarterly and Annual – throughout implementation	PMU – MoHIMS PMU - MoWCS
Beneficiary feedback & learnings	Results from beneficiary feedback indicators and other surveys/scorecards. Measures to incorporate beneficiary feedback to improve project design and delivery. Documentation on lessons learnt for future programs.	Annual – throughout implementation	PMU – MoHIMS PMU - MoWCS

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

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

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

	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 | 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 |

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
	guidelines/procedures on occupational health and safety.		during planned home visits by field health staff.
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 |

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
			preparation of a Business Continuity Plan in healthcare institutions as well.
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.	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	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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
	Increase in other diseases like Dengue could also compound Covid impacts. There were no resources allocated to carryout rapid assessments to assess 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.	such the ones in place to control Dengue. Field health staff should be trained 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.	in facilities to cater to both regular and infectious disease patients and a plan for re-deployment of health staff to address 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	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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
		issues/challenges in health response delivery.	implementation challenges. An Emergency Response Coordination Committee (ERCC) will also be 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	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

Type of Issues raised	Details of Raised by Respondents	Suggestions by Respondents	Project Response
		vulnerable groups regards procedures to apply for & receive welfare support.	the project for addressing any concerns and grievances raised by people affected 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. | 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 | 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
	Poor targeting has also been a 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.	livelihood once the pandemic situation improves. 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.

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

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

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

Area	Responses:
Elderly, Female; from Matara	
Background / Challenges / Needs	- Was unable to go out to get medicine, was delivered only once, had to buy some from pharmacy - Some difficulty with food and other essentials - Caretakers (daughter) had other responsibilities, so was hard - Was unable to do small business (bites packets)
Project design / support	- If complete medicine can be delivered to house monthly
Risks and impacts	- If people abide by rules there should not be any risks
Risk/Impact mitigation	- Follow the rules and be responsible for yourself and others
Stakeholder engagement	- Call and speak and by phone, officer can visit house - Same way, best to phone or visit house with appointment
GRM	- Can go meet officer if nearby/or GS, calling is easy, or write letter
Gender & (Gender based violence) GBV	- Medicine issues was the biggest, unable to go to hospital, aggravated by financial issues - Domestic quarrels had increased, mostly due to income and expenses issues, GBV and beatings increased, some husbands did/consumed illicit things (men change)
Inclusion of Vulnerable	- Daily workers were badly affected, theft and crime increased, help them with income support measures
Elderly, Male; from Gampaha.	

Background / Challenges / Needs	- Household had (sons income) financial issues, sick members, had to use my allowances to support them, spent money on additional medicine
Project design / support	- Help with a means for a home based income
Risks and impacts	- Project is good to do, no harm or risks
Risk/Impact mitigation	- No major risks
Stakeholder engagement	- Information through the Grama Niladari, some information though phone, officer can visit home - Same way as above, call, visit house or meet through GS
GRM	- Lodge compliant through GS, call specific number, speak to official
Gender & (Gender based violence) GBV	- Medicine and health matters was the biggest issues, also care issues, as some people were left alone or neglected - Did not happen in this area, no increase, no increase in GBV, not much alcoholism or fights in this area
Inclusion of Vulnerable	- Help households with sick members (care assistance), wage earners who lost their income, debts

Elderly, Female, from Colombo

Background / Challenges / Needs	- Living along, going to daughters house in the night, no major problems - No serious medical issues, taking few medicines - Since received some government allowances and has support from daughter no major expense issues
Project design / support	- Some financial support would be good, because all I get is the monthly elderly allowance
Risks and impacts	- Project is good to do, would be helpful, no risks
Risk/Impact mitigation	- Give money or other assistance using safe ways, otherwise fine
Stakeholder engagement	- Mailing information home is fine - Call or officer can visit home
GRM	- Telephone call to officer in charge
Gender & (Gender based violence) GBV	-Am not aware of it, everyone here is calm, there has not been any no disturbances - Not aware of GBV increasing
Inclusion of Vulnerable	- I don't know too much, but better to help people who are suffering

CKDu patient, Male, from Anuradhapura

Background / Challenges / Needs	- Was a paint laborer in Gampaha, unable to go back for work after coming home for medicine - Was earning small income/facing financial difficulties, small children - Stayed fully at home due to condition - Did not have medical issues during period

Project design / support	- Living in a very small shabby house, assistance to renovate it, so can live comfortably, medical issues are addressed by the hospital
Risks and impacts	- Due to my condition have to be extra careful if am involved with project, others should also
Risk/Impact mitigation	- Assistance should be given by officers coming to home, should wear mask, social distance, records should be kept on who was met, where, what time, so anyone can be traced
Stakeholder engagement	- Television since we watch it a lot at home, phone text, official calls from officers, newspapers once circulation starts - Phone conversations would be the best, its always charged and with credit
GRM	- Would like to report complaint by phone, otherwise letter or meet
Gender & (Gender based violence) GBV	- They are unable to move around, unable to access to clean water, buy essentials, price increases - Don't know much, yes some arguments maybe taking place, not aware of GBV, especially as no liquor
Inclusion of Vulnerable	- Most people in the area do agriculture, was allowed to work, so no issues, people generally have jobs, only issue is the KD, help should be given to such people like an additional cash allowance

Person with disabilities (including children), Male, from Kurunagala

Background / Challenges / Needs	- Blind, Feeling isolated, not being able to associate others - Was receiving government allowance, delivered to home by GS - Household members were unable to earn/financial shortage/some savings - Was not able to go for medical check up/curfew
Project design / support	- Some kind of financial assistance, monthly, current Rs 5000 not enough
Risks and impacts	- No risks from intervention, its good to do, officers should interact with us, visit us, not afraid of infection if they are taking precautions
Risk/Impact mitigation	- No risks, project and community interaction should happen, use basic safety precautions
Stakeholder engagement	- Officers to visit the house, phone only for emergency, can go for group meetings if situation improves - As of current situation visit the house to get my feedback, otherwise call on the phone as its always working
GRM	- Complaining by phone is the easiest
Gender & (Gender based violence) GBV	-They are afraid, because they are more vulnerable (as commonly known), as medicine is delivered may not have medical problems but not sure, they may not be able to go to hospitals, see doctors, check ups due to travel issues - It maybe less due to lack of alcohol, many problems caused due to alcohol, but violence maybe taking place because stuck together, no one has told me

Inclusion of Vulnerable	- Support people who are paralyzed and others with similar ailments (who need care help)
	- Elderly will be left alone
	- Those with mental health issues
	- Blind people will struggle in public places as no one will help

CKDu patient, Male, Polonnaruwa

Background / Challenges / Needs	- All allowances delivered to home, no issues with medicine, delivered to home
	- Income reduced in farming while working, some shortages in food and other essentials
	- Since rural area was able to move around a little
Project design / support	- Support to improve the house/kitchen
	- Cash grant for living expenses
Risks and impacts	- If basic safety measures are followed no problem, everyone must be responsible
Risk/Impact mitigation	- As above, basic protection and being responsible
Stakeholder engagement	- Inform through Grama Sevaka, telephone calls also fine
	- Telephone call, officer can visit home, close by meetings fine
GRM	- Send registered complaint letter to appropriate department head
Gender & (Gender based violence) GBV	- If they are careful no major problems as all medicines and allowances provided
	- Not aware of such happening in the area
Inclusion of Vulnerable	- Provide help to poor people affected, daily wage earners

Person with disabilities (including children), Male; from Gampaha

Background / Challenges / Needs	- Income issues as head of household, was renting out rooms for income and was not able to get rent
	- Motorbike broke, was unable to travel even close by as not able to repair
	- Was unable to get free medicine (Gampaha clinic) and had to purchase from pharmacy using own money
Project design / support	- Repair the motorbike that was made for disabled people, so can travel a little including hospital
	- Cash grant to meet expenses
Risks and impacts	- There are no risks, project should be done
Risk/Impact mitigation	- No specific risks, basic guidelines to be followed
Stakeholder engagement	- Officers do personal visit, call by phone
	- Same as above, personal visit or personal calls as is a disabled person
GRM	- Call head of department, send a registered letter, or personally meet if possible

Gender & (Gender based violence) GBV	-If one type of allowance is given they others types may not be given, they have financial issues with health and care, some people do not get their medicine delivered to house, unable to go to hospital/see doctors, stopped at check point - Domestic violence increased, mainly due to economic issues, arguments, always being inside, some men able to access illicit liquor, GBV/beatings of wife increased, reduced when some movements were allowed
Inclusion of Vulnerable	- Check on and provide household essential support (not cash) to daily workers, laborers, part time workers

CKDu patient, Male; from Vavuniya.

Background / Challenges / Needs	- Medicine, treatment and travel issues (costs money to go town - Had income issues, as less income from agriculture, expenses for health/travel/neglected job
Project design / support	- Finance support - Clean water (paying for it now, not enough)
Risks and impacts	- Good to do the project, no risks
Risk/Impact mitigation	- Nothing to mitigate
Stakeholder engagement	- Call by phone, inform through Grama Sevaka, by mail or officer visit house - As above by phone, officer visit house, can go for meeting if transport support is provided
GRM	- Go report personally if office is close by, by phone and follow with letter and fax
Gender & (Gender based violence) GBV	-Income, transport and health issues, greater than for men, poor people, unable to go to clinics, 3 wheel costs very expensive, language issues when communicating
Inclusion of Vulnerable	- Help people find livelihoods, income support, rural agriculture area

Person with disabilities (including children), Male; from Hambantota

Background / Challenges / Needs	- Is an heart patient besides being disabled - Income issue and high expenses - Difficulty accessing medicine, not enough, had to purchase from pharmacy
Project design / support	- Financial support would good - Restart existing small business or income
Risks and impacts	- Good to do such a project, no negative impact, follow some safety guidelines
Risk/Impact mitigation	- Follow safety guidelines, otherwise fine
Stakeholder engagement	- Send information by mail, personal visit, telephone call - As above, can call, visit house, can take part in meetings

GRM	- Personally meet officer and speak, otherwise registered letter and call to specific number, share contact information beforehand
Gender & (Gender based violence) GBV	- Accessing medicine, medical checkups, meeting living expenses - Liquor among men was a problem, GBV may have increased
Inclusion of Vulnerable	- Some sort of finical support would be good, help them with food and other basic needs

Person with disabilities (including children), Male; from Ampara

Background / Challenges / Needs	- Could not go to monthly clinic (was told not to come), did not send medicine, had to buy from pharmacy - Have to be extra careful because of Kidney issue - Need to get dialyzed frequently, spends a lot of money for travel, so expenses, cutting down on living expenses - Has little income, large family, borrowing from friends, always worrying
Project design / support	- Some financial support would be useful
Risks and impacts	- No negative risk impact, project is good
Risk/Impact mitigation	- Implement it well, safety measures due to disease
Stakeholder engagement	- By mail, phone call, or house visit is fine, or send information thourgh Grama Sevaka - As above, by phone, officer visit house, can send son or wife for meeting
GRM	- Send letter by registered mail
Gender & (Gender based violence) GBV	- Am not aware, but they would have also faced difficulties - Domestic quarrels did not increase as far as am aware
Inclusion of Vulnerable	- Support poor and unemployed people with small jobs so they have basic income to survive

Elders Rights Promotion Officer NSE, Female; from Colombo

Background / Challenges / Needs	- Technological challenges as had to use mobile, whatsapp groups etc. Govt servants not very familiar as used to meet face to face, fax etc. - Change in communication techniques - Some safety concerns when coming to office and being in office - Being stuck in small rental location in Colombo during the curfew
Project design / support	- Some kind of integrated method using technology to work with staff everywhere - Access to some of the allowances and other facilities received by other government officers
Risks and impacts	- Project should not interfere with existing duties - Details should be clear to officers

	- Safety of staff involved
	- Some officers may not have knowledge/skill capacity
Risk/Impact mitigation	-Reallocation of duties and staff as required
	- Good awareness raising of project and communication
	- Safety measures in place
Stakeholder engagement	- Use telephone and email when face to face is not required
	- Do field visits using safety measures (social distancing, face mask etc)
	- Minimize physical meetings, trainings with online conference calls etc
GRM	- Currently written letters, telephone calls, personal visits to subject officer or Director
	- It would be good if issues can be solved at the local level, so they don't need to travel or spend time, local officers also more aware of issues and remedies.
Gender & (Gender based violence) GBV	- They are stuck in house, have to be extra safe, mentally effected as unable to move around and talk, socialize, meet family, friends
	- Difficulties in accessing medicine, doctors, especially the poorest
	- I think it has increased, though no specific proof, including the said group
	- Ministry has counselling division, has a disabled and elders secretariat, will connect with Police if required
Inclusion of Vulnerable	- Beggars (they are vulnerable), they need different facilities due to different behavior
	- Elders are occasionally left on the road, a place for them to stay safely
	- If an allowance can be given (should follow up afterwards), self-development/employment programme
	- The project must develop a method to bridge with these communities and members, trust building so programmes can sustain and be effective
Assistant Director NSC, Assistant Director NSC; from Colombo	
Background / Challenges / Needs	- Our beneficiary groups (elders) are more vulnerable due to previous conditions, they feel isolated, not able to access information and other needs, elders homes not receiving alms
	- No place to put/quarantine beggars due to space shortages
	- Some elders unable to make monthly stay payments, buy medicine
	- Difficulties doing identifications, cash transfers
	- So very large amount of sudden problems, coordination to do
	- Staff shortage due to lock down, they are stuck in their homes
	- Lot of work had to be done by phone, attendance changes
	- Some staff scared to work in the field
Project design / support	- Facilitate and increase the number of cash transfers/and amount, including those in the waiting lists, plan for the future demographics

	- Raising awareness through programmes , handouts of masks, sanitizers, confidence building measures - Officers to have personal protection gear, awareness - Some capacity building training on elder care industry - Updates on latest medical, IT anti COVID-19 measures globally - Separate COVID quarantine/treatment centre for elders
Risks and impacts	- No negative impact, will be positive, cash transfers helpful under current situation, safety measure to be followed
Risk/Impact mitigation	- Minimum/negligible risks or negative impacts
Stakeholder engagement	- Government meetings can be held face to face in ministries, departments with basic safety measures, limited personnel allowed, prior invites - Divisional level meetings can be held in same fashion - Elders committees meetings can be arranged with safety - However if there serious outbreak government officials can use IT but elders will need some sort of personal visits depending on area and persons background
GRM	- There is a Maintenance Board set by the Elders Act, to discuss and resolve issues among elders, can also inform Officer as DS, there are also local elder committee across the country, can also telephone, mail , or personally meet - Current is fine, perhaps some resources for transport , staff and IT capacity etc. for field officers and elders to travel when needed
Gender & (Gender based violence) GBV	- Difficulties getting medicine on time, unable to attend clinics, financial issues, medicine supply chain issues, sometime not able to meet doctor or doctor not wanting to visit - Mostly economic, transport and medical issues, GBV is not reported but maybe happening - Not aware of earlier GBV programmes - Conduct empowerment, socializing and GBV awareness programmes, strengthen links with elder committees
Inclusion of Vulnerable	- Those mental health issues, beggers, drug addicts, prostitutes, those unemployed - Cash transfers, self employment support, or technical knowledge, financial/equipment capita, market links to help with livelihoods - Field community outreach, awareness raising, public relations training/supportive staff, publicly visible information, trust building, protection support, monitoring and post evaluations
Assistant Director NSPD, Female; from Colombo	
Background / Challenges / Needs	- Staying at rented location in Colombo and problem with caring for baby as regular help was unavailable, had to work from home, email, phone and manage new arrangement

	- Because lockdown happened suddenly certain information and items were left at office, data hard copies, files, pen drives etc, offices closed, this impacted work from home
Project design / support	- If there was updated and timely basic database on all vulnerable populations, helps decision making, coordination - Develop the IT based network, infrastructure and other new methods for communication
Risks and impacts	- Ensure accurate information is collected of beneficiary and transparent section method for assistance combining grassroots and national level
Risk/Impact mitigation	- As above, correct data, transparency, proper communication, follow ups
Stakeholder engagement	- Meet with limited selected stakeholders, some physical meetings are required, IT/web can be used for department level , strong linkup with and between Divisional Secretary and Grama Sevaka using platform
GRM	- Divisional Secretary usually addresses issues, otherwise sent to ministry, letter format, Director or accountant involvement, or Ministry Secretary finally - Most grievances are beneficiary selections/allocations, waiting lists, other issues generally settled at district/division level, current methods fine
Gender & (Gender based violence) GBV	- Mostly health, medicines, financial and transport issues - It may have increased due to situation and issues people faces, we did not collect such information - Might have done a GBV related plan, should carry forward programme
Inclusion of Vulnerable	- Support female headed households, unemployed people, daily workers - Unable to support continuously, provide some households essential items - Visit to house personally , engage through representative or trusted person, use GS
Director NSPD, Male; from Colombo	
Background / Challenges / Needs	- Making payment transfers was difficult as original group beneficiary , waiting list group and new group, but were paid - Some disabled/elderly homes had food and other essential shortages but were attended to - Sudden workload increase and progress reporting requirements - Was concerned as wife is a cancer payment, if infection , used all safety measures
Project design / support	- Build staff capacity with disabled homes management training including adjusting for pandemic - Set up a clear database on disabled persons and kidney patients
Risks and impacts	- Other people will also ask, such as pensioners and government servants who are not eligible
Risk/Impact mitigation	- Sometimes the requests are fair, so perhaps revise the existing circulars, to adjust the amount or eligible people, and educate the public
Stakeholder engagement	- Work through the Grama Niladari to hand over the money and other requirements, use IT based methods for meetings, or limited staff for physical, safety masks, sanitizers

GRM	- Beneficiaries can directly call us, all complaints sent to the Task Force or Presidents office are sent to us, we take action, issues are also settled at DS level - Current system is fine
Gender & (Gender based violence) GBV	- They had the issues other people faced, had medicine and transport issues, was supported - We are not involved with the subject, did not get any reports, but it domestic issues because people are under pressure - There is a Davison for counselling, they may have done programmes, should continue
Inclusion of Vulnerable	- TB patients, leprosy patients, cancer patients, and others such as poor people, the unemployed, day workers - Better not to give cash, should be a more involved long term method, suiting the category - Use available officers to help and educate, empower them, so they build confidence and start engaging with institutions