

Preliminary Stakeholder Engagement Plan (SEP)

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

March 23, 2020

1. Introduction/Project Description

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 March 22, 2020, the outbreak has resulted in an estimated 319,067 cases and 13,689 deaths in 188 countries.

With the increasing incidence of COVID-19 in Sri Lanka, the public health system is under tremendous pressure. The country has only one institution – the National Institute of Infectious Disease (NIID), Angoda with adequate facilities to handle isolation and treatment of suspected and confirmed cases of COVID-19. Sri Lanka currently (as on March 22, 2020) has 78 confirmed cases of the novel coronavirus COVID-19, with 222 individuals tested and under observation. A majority of confirmed patients are currently being treated and quarantined in this facility and as the situation evolves and numbers increase, there will be an urgent requirement of capacitating additional facilities to support treatment and care.

Sri Lanka has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. These include mandatory quarantine for anyone coming from countries affected by COVID-19, closing borders to prevent transmission from further travelers, contact tracing of those found positive, stopping mass gathering and creating awareness. The Ministry of Health and Indigenous Medical Services (MoHIMS) has made all guidance, information and updates related to COVID-19 response available on its website¹ for easy access. Further response requires scaling up its infrastructure and systems for strengthening surveillance and management of the disease. Constraints include shortage of trained health care providers, non-compliance by general public, health workers, on safety measures, shortage of Personal Protection Equipment (PPE), shortage of testing kits and labs with required capacities, and limited facilities equipped with isolation wards for quarantine and treatment.

The MoHIMS has prepared a draft Health Disaster Preparedness, Response and Recovery plan in collaboration with development partners led by the WHO. A national response mechanism has also been set up for development partner coordination under the leadership of Director General of health services, with other related Deputy Director Generals represented. Given that restrictions on work and travel both within and outside the country with the closing of borders and internal curfews, are all likely to slow down economic activity and growth, the cabinet has authorized funds to sectors that are in urgent need of support. The Government is however yet to streamline their strategies to strengthen social measures to support vulnerable communities, particularly, the elderly, the poor, and women and children, for whom loss of income, living in a contained environment, may increase the risk of violence as well as translate to spikes in poverty, food and nutrition insecurity, and reduced access to healthcare far beyond COVID-19, especially if the crisis continues.

¹ http://www.health.gov.lk/moh_final/english/

The proposed Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) aims to **prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sri Lanka**. The project supports the Health Disaster Preparedness, Response and Recovery plan developed by the MoHIMS in coordination with partners. The key partners supporting the government include the WHO, UNICEF, ADB and Global Fund. The World Bank is coordinating closely with partners who are aligned to support this operation.

The project comprises the following components:

Component 1: Emergency COVID-19 Response: This component will support capacity strengthening of surveillance and response Systems for contact tracing, case finding, confirmation and reporting, and strengthen capacities of the MoH to respond to surge capacity through trained and well-equipped health workers and medical officers and equipped facilities. In addition, households and vulnerable groups especially elderly will be socially and financially supported, to address significant negative externalities expected in the event of a widespread COVID-19 outbreak.

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

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

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

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

The Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness 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 should 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.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. 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.

2. 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/liason 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.

2.1 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 status² and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. 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:

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

² 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.

2.3. Other interested parties

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

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

2.4. Disadvantaged / vulnerable individuals or groups

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 and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

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

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.

3.2. 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., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

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

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

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

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

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

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

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

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

3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> • <i>Need of the project</i> • planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts 	<ul style="list-style-type: none"> • <i>Phone, email, letters</i> • <i>One-on-one meetings</i> • <i>FGDs</i> • <i>Outreach activities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
	<ul style="list-style-type: none"> • <i>Need of the project</i> • planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) 	<ul style="list-style-type: none"> • <i>Outreach activities that are culturally appropriate</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>Veddas (forest dwellers)</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
Implementation	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Training and workshops</i> • <i>Disclosure of information through Brochures, flyers, website, etc.</i> • <i>Information desks at municipalities offices and health facilities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> 	<ul style="list-style-type: none"> • <i>Public meetings in affected municipalities/villages</i> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>Veddas (forest dwellers)</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>

	<ul style="list-style-type: none"> <i>Environmental concerns</i> 	<ul style="list-style-type: none"> <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 		
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3.3 (ii) Public awareness on COVID 19:

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step	Actions to be taken
1	<ul style="list-style-type: none"> <input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<ul style="list-style-type: none"> <input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication <input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation <input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<ul style="list-style-type: none"> <input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

Step 1: Design of communication strategy

- Assess 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.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures.

- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify & partner with tele/mobile communication companies, ICT service providers and trusted community groups (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

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages (Sinahala and Tamil) and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
- Project will take measure 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
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent GBV/SEA in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign would also be crafted in partnership with UNICEF targeting children to communicate Child protection protocols to be implemented at quarantine facilities.
- Awareness will be created regards the involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.
- Engage 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.
- Utilize 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.
- Establish 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.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document 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, edutainment, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations’ websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at offices of Grama Niladari, Divisional/District Secretary, Municipal Council, Community health boards, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

3.4. Proposed strategy for information disclosure

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

A preliminary 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	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM</i>	<i>Dissemination of information via dedicated project website, Facebook site, sms broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
		<i>procedure, update on project development</i>	<i>in order to take into account the need for social distancing.</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
Site selection for local isolation units and quarantine facilities	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During preparation of ESMF, ESIA, ESMP</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to</i>	<i>SEP, relevant E&S documents; GRM procedure; regular</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<i>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;</i>	<i>updates on Project development</i>	<i>at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

3.5. 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.

3.6 Proposed strategy to incorporate the views of vulnerable groups

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

- Women: ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Indigenous Medical Services (MoHIMS) will be the implementing agency for the project. The Project Management Unit (PMU), established within the MoHIMS under the World Bank assisted PSSP will be in charge of implementing the stakeholder engagement activities in partnership with the Health Promotion Bureau. The budget for the SEP is included under Component 1: Emergency Response for COVID-19 under *Community Engagement and Risk Communication*, and will approximately US\$ 5 million.

4.2. Management functions and responsibilities

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

The PMU will implement the behavior change communication activities in partnership with Health Promotion Bureau which is the Centre of Excellence for health Communication & Health Promotion in Sri Lanka. At provincial, district, divisional levels, PMU and Health Promotion Bureau will collaborate with the Primary, Secondary, Tertiary hospitals, the Regional Director of Health Services (RDHS), Provincial Director of Health Services (PDHS) and Director General of Health Services (DGHS) under the MoHIMS to implement the stakeholder engagement activities. Together with support of public health workers, the project will also partner public education institutions, provincial councils and religious and community leaders to rollout the communication and behavior change campaign.

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

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

5. 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);

5.1. Description of GRM

The same GRM mechanism used by World Bank assisted PSSP will be used for the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project. The GRM mechanism proposed for PSSP is a 4-tire GRM (please see figure 1) designed as per the guidelines developed by MoHIMS for 'Community Engagement and Grievance Redress Mechanism'. The GRM will be operated at 4 levels by the following institutions: Primary Medical Care Institutions (PMCI), Regional Director of Health Services (RDHS), Provincial Director of Health Services (PDHS) and Director General of Health Services (DGHS) under the MoH.

The GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (whatsapp, viba, FB etc.), email, website, and via 'Friends of Facility' committees at community level to any of the 4 tires – tire 1: Primary Medical Care Institutions (PMCI) – these include all hospitals, hospitals where case are treated and 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): Director General of Health Services (DGHS). **The GRM will also allow anonymous grievances to be raised and addressed.**
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the tire 1 level focal point (Nursing Officer). The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g, disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).
- **Step 3:** Investigating the grievance and Communication of the Response within 7 days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoHIMS.

Initially, GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Monthly/quarterly reports in the form of Summary of complaints, types, actions taken and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at levels, including to RDHS, PDHS, DGS 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.

Handling GBV issues: First responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate

and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country . Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH and the World Bank of any GBV complaints, with the consent of the survivor. The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

In updated version of the SEP will focus on typology of complaints and complainants to provide more efficient management. Possible examples: the highly vulnerable, persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc. The contact information for the GRM will be provided in the updated SEP which will be finalized 30 days after the project effectiveness date.

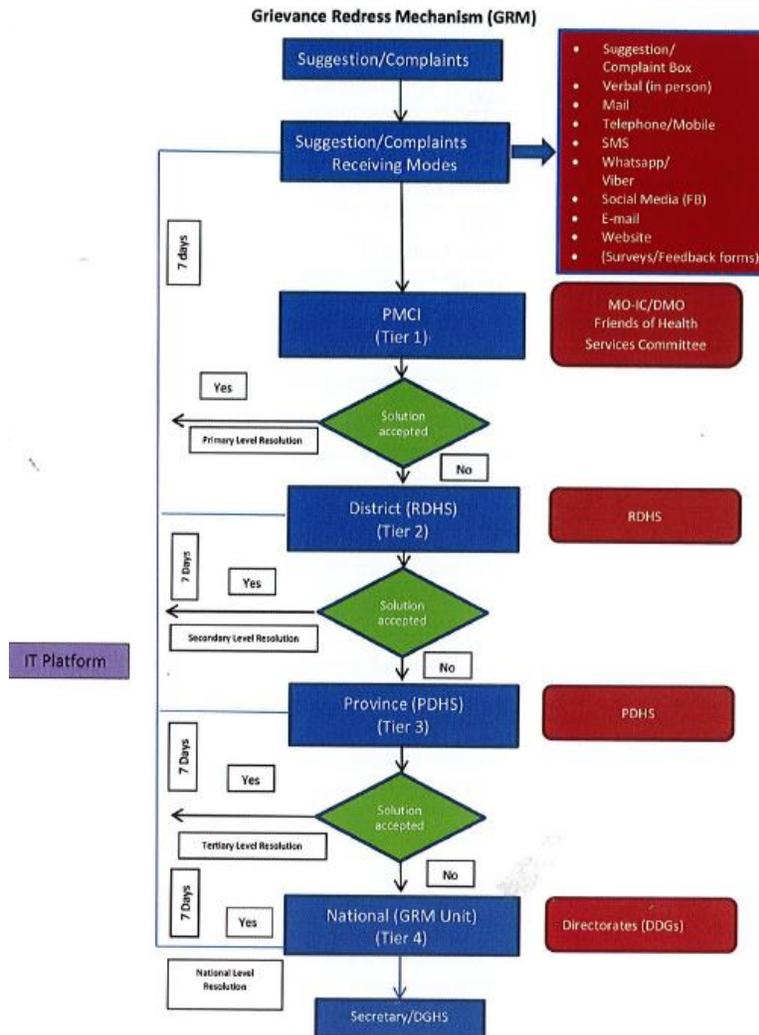


Figure 1: Proposed 4-Tire GRM

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); 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 press materials published/broadcasted in the local, regional, and national media.

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