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# **Civic Watch Review of The World Bank and Sri Lanka's COVID-19 Emergency Response**

**LAW & SOCIETY TRUST**

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## Executive Summary

The ‘Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project’ (hereinafter sometimes referred to as the Sri Lanka Covid Project or the Project), was the World Bank’s core instrument for financially supporting the Sri Lankan government’s pandemic response, particularly in the early years of the crisis. As the pandemic response evolved, so did the Project, initially covering support for various health infrastructure improvements, but eventually incorporating new sub-components to support the government’s move to provide emergency relief to those economically affected (i.e., the transfer programme) as well as its drive to vaccinate as many Sri Lankans as possible (i.e., the vaccine drive).

This report assesses the latter subcomponents of the Sri Lanka Covid Project in light of the World Bank’s own standards related to anticipating and managing social risks/impacts arising in projects funded by it. The relevant standards, numbering 10, are elaborated in the Bank’s Environmental and Social Framework (ESF). Of them, this report considers two specific standards to be of special importance. These are Environmental and Social Standard 1, which deals with risk and impact assessment, and Environmental and Social Standard 10, which deals with stakeholder engagement. (However, though the ESF addresses both environmental as well as social risks and impacts, this report considers only the social; environmental risks and impacts identified in the Project documentation were excluded from consideration in this report.)

This report is frank in its assessment, undertaken in good faith, to further improve the engagement of both the World Bank and the Government of Sri Lanka, in a context where many more Bank interventions are envisaged as Sri Lanka continues to be mired in an economic crisis. The aim of this report is to learn from the experience of the pandemic and advocate for reforms and accountability at the institutional level. The issue of accountability continues to be important as Sri Lanka is grappling with an unprecedented economic crisis and the concomitant upheaval in the socio-political fabric of the country. As of this writing, Sri Lanka is negotiating with the International Monetary Fund (IMF) for a possible bailout package, while the World Bank has stated that it may offer new financing to Sri Lanka only if an adequate macroeconomic policy framework is in place. Accordingly, new financing from the World Bank could be in the offing for Sri Lanka, but most probably in support of macroeconomic reforms designed in line with IMF advice.

At the heart of the World Bank’s ESF is the concept of stakeholder engagement, which integrates to every Bank-financed project a mechanism through which ordinary people affected by the project’s may engage with authorities to seek redress and reforms. The ESF is linked in various ways to the Bank’s Legal Agreement with a borrowing entity. If implemented as envisaged, the principles of stakeholder engagement articulated in the ESF are ideal for a country like Sri Lanka, where public consultation and participation has been weak historically.

The report analyses the relevant documentation of the Project in light of fieldwork findings from a series of focus-group discussions and a phone survey with parties affected by the Project. Fieldwork also included interviews with various project implementers (e.g., public

health inspectors, medical officers of health, Samurdhi development officers, etc.). The assessment is against the World Bank's own specifications on what is required under the two specific standards (i.e., risk/impact management and stakeholder engagement) considered in this report. However, though the Framework is clearly an important part of Bank technocrats' routine operations, it needed to be dissected to an extent when considering its application and accessibility to the Sri Lankan public. Notwithstanding, the report focuses only on the social risks and impacts relevant to the Project's major subcomponents (i.e., the vaccination drive and the transfer programme), while leaving out the environmental issues. The period under review is from Project inception (March 2020) to June 1, 2022.

The World Bank stipulates robust minimum standards for adequate stakeholder engagement within Bank-financed projects. They require borrowers to comprehensively identify project stakeholders, with special emphasis on disadvantaged and vulnerable individuals/groups, provide them with ample information on engaging with the project, including schedules for stakeholder consultations, means of correspondence, etc., remain open to engagements from stakeholders throughout the project lifecycle until termination, make sure that consultations with stakeholders are "meaningful", have specific mechanisms for grievance redress which are accessible and effective, and ensure the project evolves and adapts through the feedback loops created through stakeholder engagement. In assessing the Sri Lanka Covid Project's documentation related to stakeholder engagement, this report notes multiple weaknesses in all these areas.

The Project either failed to recognise certain disadvantaged/vulnerable groups or where they are identified, the risks and impacts they faced were not adequately recognised. Moreover, the plans for stakeholder consultations were vague and open-ended throughout the period under review and were almost exclusively to be initiated by project implementers only with no possibility for affected groups/individuals or civil society representatives to approach the project team on their own initiative. The World Bank ESF requires the adequate disclosure of information on the stakeholder engagement plan (as well as the project as a whole) to enable affected parties to engage with the Project. However, the plan was not updated as the Project evolved (particularly in the initial iteration of the transfer programme), which arguably precluded the beneficiaries of the transfers from engaging with the Project on implementation-level issues identified in the report.

Moreover, despite the need for robust information disclosure, discussants participating in the fieldwork were overwhelmingly unaware of the Bank's involvement in the transfer programme and the vaccine drive; of the various points of contact proposed in the stakeholder engagement plan; of the relationship between the of the transfer programme's appeals process and the Bank-stipulated four-tier grievance redress mechanism, and other such elaborate details provided in the plan. A key cause for this could be the non-availability of the relevant documents in Sinhala and Tamil (which the ESF requires). The Bank is almost meticulous in uploading information on its website; however, their non-availability in local languages and the lack of information in formats that are universally (or easily) accessible to non-technocrat citizens ensured that the public was alienated from the Project and could not make engage with it or effect improvements to it.

Though the Bank requires stakeholder consultations to be meaningful, project documentation indicates consultations to have been meagre. In all, four rounds of stakeholder engagement were held connecting cumulatively with about 40 individuals representing ‘vulnerable groups’ or ‘civil society’. Though the stakeholder engagement plan identifies an extensive list of stakeholders and disadvantaged/vulnerable groups, only elderly citizens, persons with chronic illnesses, a daily wage earner, a person with disabilities, a person who lost their livelihood, and some members of the Vedda community were consulted. While many of the other categories of stakeholders previously identified were not engaged with, the categories which were consulted appear to have been weakly represented (at least in terms of numbers).

The weaknesses in the stakeholder engagement plan as well as its implementation prevented the Sri Lanka Covid Project, during the period under review, from identifying and managing certain social risks and impacts stemming from (or in some way related to) the transfer programme and the vaccine drive. These include the political abuse of the cash transfer programme for electioneering, the exclusion of marginalised groups from cash transfers, the inadequacy of the transfer amount, issues of informed consent in vaccination, inequities in vaccine prioritisation, the impact of military involvement in the vaccination programme, the inefficacies of the gender-based violence protection services, etc. How these issues impacted the lives of many Sri Lankans is discussed in detail in the report, incorporating multiple first-person accounts gleaned through the fieldwork.

The Project implemented two separate Grievance Redress Mechanisms (GRM). One for the health sector operating under the Ministry of Health (MOH), which absorbed complaints related to the vaccine programme along with complaints related to the Parent Project’s operations; and a second, standalone mechanism for the transfer programme, which operated under the Ministry of Finance (MOF). Though by design the transfer programme’s GRM included four tiers through which grievances would be escalated (from local administration level to the ministerial level), the documentation also provides that, due to the emergency nature of the transfer program, “all grievances will be handled at the Divisional Secretariat level.” The effectiveness of these GRMs seems unknowable due to a lack of published data on their work. While some data on grievances recorded by the MOH mechanism were available up to September 2021 but not beyond (as of this writing), as regards the transfer programme’s GRM, no data was available, despite the abundance of transfer-related grievances identified through the fieldwork and highlighted in this report.

While stakeholder engagement within the Project was weak as regards the Bank’s own standards, other measures to be taken in properly anticipating and managing social risks and impacts were also found wanting. Most significantly, the Bank requires its country team to ensure that the various risk assessment processes undertaken from the Project’s inception and throughout its lifecycle effectively culminate in an “Environmental and Social Commitment Plan (ESCP),” which is a legally enforceable agreement between the Bank and the Borrower specifying the steps to be taken in mitigation of the risks and impacts identified at through, among other things, stakeholder engagement. The Bank requires that the ESCP “reflects in adequate detail the measures and actions agreed between the Bank and the Borrower to address risks or impacts on disadvantaged or vulnerable individuals or groups.” However, the



ESCP for the Project is replete with catch-all measures defined in broad terms that do not confer any clear obligations on the government with respect to social risks and impacts. As the Major Gaps chapter of this report details, many of the impacts that disadvantaged and vulnerable individuals and groups were subjected to during the course of the Project thus far remain unaddressed by both the Bank as well as successive governments to date. The failure to do so is directly referable to the inadequacies of the stakeholder engagement process and the grievance redress mechanisms, as highlighted in the report.

Accordingly, the report identifies the major gaps in the Social and environmental framework and in implementation of the project. The gaps include the failures to:

- i. **Apprehend the potential for political abuse within the cash transfer programme**, especially in the context of upcoming parliamentary elections. This was noted as a significant gap in the ESMF's assessment of social risks.
- ii. **Anticipate exclusion and inclusion errors in the context of social security transfers**. These were rife and instances whereby those who should be receiving benefits were excluded and including those who should not be receiving them, respectively were noted. Exclusion errors are of particular concern as they reflect violations of the right to social protection. On the other hand, inclusion errors are of concern from a perspective of efficiency since they reflect wastage of funds.
- iii. **Provide specific details on how the government should ensure vaccine prioritisation is equitable and scientific**. The ESCP lacks specific details on how the government should ensure vaccine prioritisation is equitable and scientific as it only requires the government to take the measures required to "ensure access to and allocation of Project benefits in a fair, equitable and inclusive manner. The ESMF and ESCP are both extremely lenient on how vaccine prioritisation should be adopted, leaving broad leeway for the government to determine priorities on an ongoing basis. In fact, though a system of prioritisation was provided in the National Deployment and Vaccination Plan for COVID-19 (NDVP) it was completely abandoned as early as February 15, 2021.
- iv. **Link vaccine uptake and access to information**. There were those who wished to avoid vaccines, especially among women who were more sceptical and were concerned about side effects and the brand of the vaccine they were to receive. There was special concern about the Pfizer booster, which they called "a completely new, completely different type of vaccine" causing many concerns. In general, those who were hesitant to get vaccinated were compelled by various policy tactics, such as the idea floated in the news back then that those who are not vaccinated will not be allowed to access public spaces.
- v. **Anticipate public response to military engagement in the vaccination process**. The use of military in the Project was a contentious issue from a very early stage. The evolution of the topic within the ESMF, for example, is evidence of this. In the ESMF of January 2021, a separate section is dedicated to "risks associated with the deployment of security personnel." The section discusses previous military involvements in various disaster relief operations and details various frameworks that apply to the military in Sri Lanka, their level of training, the level of public support for military assistance, etc. Yet, the section does not specify any areas in which military deployment is expected to happen, nor does it clarify any anticipated risks related to

military deployment which necessitated the analysis of military activity within the ESMF. The only hint was made in a brief allusion to the civil war

However, in September, the ESMF was updated to the effect that the military would in fact be involved in the vaccination drive. The main reason for this about-face in policy is clarified as the trade union actions engaged in by healthcare staff at the time which had supposedly resulted in a sharp dip in the number of vaccinations achieved per day. Contradicting previous ESMFs, the section highlights the Covid operations areas in which the military had already been used.

Fieldwork highlighted the coercive impact of deploying the military for vaccination work, not just in the war-affected North or East, but in the metropolis of Colombo. High-rise dwellers described how, when military personnel arrived at their doors telling them to get vaccinated, they did not have the ability to say no, because they regarded the military with the utmost respect. They also described how the military was used in forcing individuals to submit to compulsory antigen testing during spikes in Covid transmission within their communities. On the other hand, various stakeholders from the North recounted military involvement in Covid efforts, and most of them did not appreciate such involvement as a result of the history of the war, as well as the continuing militarisation of civic life in those areas.

- vi. **The Project anticipated the Gender Based Violence risks providing for a free hotline but most survivors and public authorities were unaware / unsupportive of these measures.** The Project recognised the GBV risks of Covid-prevention measures of social distancing and quarantining and planned several measures to respond to such risks. However, in general, most survivors and public authorities were unaware of these measures. Cases were also reported where, though there was awareness, survivors were still unable to access them for various reasons. Those consulted indicated how their negative experiences with police and the Grama Sevaka and this discouraged them from trying to access their services again. Across the board, the context of the abuse was being forced into social isolation with livelihoods impacted and household costs rising. Needing the support of the offending spouse to see to household responsibilities was also a contributory factor in not seeking out help. Where there was violence involved in the home, this impacted the distribution of the cash transfer.
- vii. **Exercise Due Diligence and Independent Assessment.** The risk classification of the Project was designated as “Substantial”, which necessitates that the project Environmental and Social Impact Assessment (ESIA) Is carried out by an independent specialist. However, according to the World Bank country team, the relevant documents were authored by the project management unit in the Ministry of Health, with “significant inputs” from the World Bank team. They also confirmed that the documents were not produced by an independent specialist. This amounts to the Bank’s failure to exercise due diligence
  - a. **Appropriately identify disadvantaged or vulnerable individuals/groups, as well as incorporating the differentiated mitigation measures required to protect them.**
  - b. **Hold government accountable report adequately in terms of the project.** While both the SEP and ESMF appeared robust on paper, on closer scrutiny, they were inadequate both in identifying disadvantaged or vulnerable project-

affected parties as well as in anticipating the risks and impacts they faced. The government's insufficient reporting in terms of the grievance redress mechanism (GRM) and the fact that the GRM was underutilised by project-affected parties as well as the lack of publicly available documentation on the GRM operations is evidence of the gaps in the Bank's due diligence in ensuring project impacts do not fall disproportionately on disadvantaged or vulnerable parties.

- c. **Appropriately utilise existing Bank studies to rectify well-known problems with the design and targeting of social safety net programs** and build the transfer programme to properly target relief to those who needed it. The project ignores issues of corruption and discrimination surrounding targeted social protection in Sri Lanka that have been well-documented for decades and presumes an existing efficiency, where none exists.

***Based on the project review, the report makes several recommendations:***

- Social protection in Sri Lanka should be universal.
- Future transfer programmes supported by the World Bank should reflect the lessons learned from the Covid experience, incorporating adequate safeguards against abuse and discrimination, political influence, and non-transparent targeting mechanisms.
- The Bank should evaluate and investigate the implementation of the cash transfer programme to establish whether it was abused, or any material misrepresentations were made to the Bank by actors within the government, particularly in terms of how it was implemented prior to the approval of AF1 and how it would be implemented once AF1 was approved.
- The Bank should ensure that any future financial investments and/or support to the Sri Lankan government is conditional on legal action being taken against those responsible, especially at the highest levels of political leadership, for any misrepresentations to the Bank and/or any conduct amounting to corruption or abuse in relation to Bank funds, including cases where Bank funds have been used to reimburse illegal government expenditures.
- Revisit the Bank's Environmental and Social Policy to define a stronger role for country teams to supervise and monitor the implementation of the SEP, including by linking project-related disbursements to the adequacy of action taken towards stakeholder engagement and meaningful consultations.
- The Bank should ensure that its supervisory role with regard to ESF implementation is supported robustly by its own network of CSO partners. The Bank should build the capacities of CSOs and CBOs to participate in stakeholder engagement and to monitor government compliance with ESF requirements.

- The documents generated as part of the ESF processes should be more accessible to ordinary citizens. Content should prioritise brevity and conciseness.
  - o Where project documents like the SEP or ESMF are being republished with successive updates, the document should include a section at the beginning specifying the changes reflected in the document.
  - o The Bank should update the public (through press conferences, social media posts, etc.) in simple terms on the developments of a project, especially when Additional Financing is proposed or approved, Implementation Status & Results Reports are submitted, or when ESMF/ESIA or SEPs are being updated.
  - o Information disclosure should also be in vernacular languages and universally accessible formats.

## List of Abbreviations

<b>AEFI</b>	Adverse Effects Following Immunisation
<b>AF</b>	Additional Financing
<b>AF1</b>	First Additional Financing
<b>AF2</b>	Second Additional Financing
<b>AF3</b>	Third Additional Financing
<b>CKD</b>	Chronic Kidney Disease
<b>COVID</b>	Coronavirus Disease
<b>CSO</b>	civil society organisation
<b>DS</b>	Divisional Secretary/Secretariat
<b>ES</b>	Environmental and Social
<b>ESCP</b>	Environmental and Social Commitment Plan
<b>ESF</b>	Environmental and Social Framework
<b>ESIA</b>	Environmental and Social Impact Assessment
<b>ESMF</b>	Environmental and Social Management Framework
<b>ESMP</b>	Environmental and Social Management Plan
<b>ESP</b>	Environmental and Social Policy
<b>ESS</b>	Environmental and Social Standard
<b>FGD</b>	focus group discussion
<b>GBV</b>	gender-based violence
<b>GIIP</b>	Good International Industry Practice
<b>GMOA</b>	Government Medical Officers' Association
<b>GN</b>	Gramasevaka Niladari
<b>GRM</b>	Grievance Redress Mechanism
<b>GS</b>	Grama Sevaka
<b>IBRD</b>	International Bank for Reconstruction and Development
<b>ID</b>	Identity card
<b>IDA</b>	International Development Association
<b>IMF</b>	International Monetary Fund
<b>LGBTI</b>	Lesbian, gay, bisexual, trans, and intersex
<b>LMP</b>	Labour Management Plan
<b>LST</b>	Law & Society Trust
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MoWCS</b>	Ministry of Women, Child Affairs and Social Security
<b>MPA</b>	Ministry of Public Administration
<b>NDVP</b>	National Deployment and Vaccination Plan for Covid-19
<b>NGO</b>	Non-governmental organisation
<b>PCU</b>	Project Coordinating Unit

<b>PMU</b>	Project Management Unit
<b>PSSP</b>	Primary Sector Strengthening Project
<b>SEA/SH</b>	Sexual Exploitation and Abuse and Sexual Harassment
<b>SEP</b>	Stakeholder Engagement Plan
<b>SMoPCLGA</b>	State Ministry of Provincial Councils and Local Government Affairs
<b>SPRP</b>	COVID-19 Strategic Preparedness and Response Program
<b>VRAF</b>	Vaccine Readiness Assessment Framework
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organisation

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## Introduction

The first local case of the novel coronavirus disease was detected in Sri Lanka the same week the World Health Organisation (WHO) declared a global pandemic in March 2020. The initial response by the Sri Lankan government of an island-wide “curfew”<sup>1</sup> was aligned with similar moves by governments the world over. In Sri Lanka, however, the public was also threatened with arrests in cases of non-compliance and, within just over a month, official statistics indicated 34,500 persons to have been taken into police custody for violating curfew.<sup>2</sup> Though measures adopted to curtail the spread of Covid had far-reaching consequences on citizens, they were not felt equally by everyone. The most prominent impact of lockdown was on livelihoods, but pandemic measures also infringed on such basic human rights as the ability to access food and healthcare or be protected from violence at home. Such effects were especially common for those who were already vulnerable in society—by virtue of their age, gender, disability, socioeconomic status, etc. Yet, because of state-mandated social isolation and movement restrictions, which almost completely severed connections among and between different parts of society, the public was largely unaware of the extent of how Covid-related measures were hurting vulnerable individuals and communities.

In general, Sri Lanka does not adopt robust mechanisms for public consultation or participation in policy formulation and implementation. People are generally excluded from decision making processes and are frequently surprised by significant changes in public policy being announced overnight. The situation was no different in relation to the pandemic. Price controls of essential items, extensions of curfew, reopening of national borders—in various areas of policy, decisions were being announced, amended, or reversed with confounding frequency, and the public had no way to influence those decisions or have their specific interests considered. The divide between the people and their government was exacerbated by the sense of emergency created by the pandemic, but the divide itself long predates the pandemic and is at once both institutional and cultural. Countless Sri Lankans suffered terrible hardship in the first years of the Covid pandemic, while many of them continue to suffer even today. The suffering arising from the pandemic is not limited to the symptoms of the disease but also includes the effects of those policy decisions which directly resulted in starvation, desolation, and even (in some cases<sup>3</sup>) death.

In the wake of the pandemic, the government established a national response mechanism headed by the Commander of the Army and comprised of many high-level public officials and political leaders. It also developed a plan for “health disaster” preparedness, response, and recovery with the support of the WHO and other development partners. In this context, the World Bank intervened financially to support the government’s national response. Titled the ‘Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project’

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<sup>1</sup> EconomyNext, *Sri Lanka in lockdown-style Coronavirus curfew as count moves up, markets wobble* (20.3.2020), available at: <https://economynext.com/sri-lanka-in-lockdown-style-coronavirus-curfew-as-count-moves-up-markets-wobble-60503/>

<sup>2</sup> Ada Derana, *34,500 curfew violators arrested* (21.4.2020), available at: <http://www.adaderana.lk/news/62869/34500-curfew-violators-arrested>

<sup>3</sup> See, e.g., The Morning, *FR filed for man killed in cops’ presence* (17.6.2021), available at: <http://www.adaderana.lk/news/62869/34500-curfew-violators-arrested>



(hereinafter sometimes referred to as the Sri Lanka Covid Project or the Project), the initiative was originally focussed on strengthening the healthcare system through physical and technical resources. However, over time, the Project was restructured to incorporate two crucial elements, viz. support for the government's cash transfer programme and the vaccination drive.

The World Bank follows an elaborate Environmental and Social Policy in relation to its "investments" in sustainable development. At the heart of this policy is the concept of stakeholder engagement, which integrates to every Bank-financed project a mechanism through which ordinary people affected by the project's various activities may engage with authorities to seek redress and reforms. The Environmental and Social Policy is linked to the Bank's legal agreement with a borrowing entity. If implemented as envisaged, the principles of stakeholder engagement articulated in the Policy are ideal for a country like Sri Lanka, where public consultation and participation has been weak historically. However, when stakeholder engagement is not implemented as envisaged, the finances invested by the Bank are in danger of being wasted or abused.

This report demonstrates, in relation to the Sri Lanka Covid Project during the period under review, some significant gaps in relation to both the Bank and the Borrower in ensuring meaningful stakeholder engagement. It analyses the relevant documentation of the Project in light of fieldwork findings from a phone survey and a series of focus-group discussions with parties affected by the Project. The report focuses specifically on the cash transfer programme and the vaccination drive components of the Project, which were funded by successive rounds of Additional Financing. Issues highlighted include the political abuse of the cash transfer programme, the exclusion of marginalised groups, the inadequacy of the transfer amount, issues of informed consent in vaccination, inequities in vaccine prioritisation, etc. The common theme cutting across all of them is the failure of the Project to recognise such issues and adapt accordingly, evidently as a result of the inadequate implementation of stakeholder engagement.

The link between stakeholder engagement and the human rights of people affected by Bank-financed projects is self-evident. Failing to ensure that stakeholder engagement is properly implemented has implications on the Bank's international responsibility in relation to the human rights of such people. The World Bank is a specialised agency of the United Nations and is as such bound by both the UN Charter as well as the human rights norms and standards which constitute either customary international law or general principles of international law.<sup>4</sup> Perhaps as a reflection of this, the Bank's own Environmental and Social Policy (ESP) set out the Bank's "mandatory requirements" relating to the projects that it finances. The ESP reiterates the Bank's institutional commitment to "...ending extreme poverty and promoting shared prosperity in all its partner countries. Securing the long-term future of the planet, its people and its resources, ensuring social inclusion, and limiting the economic burdens on

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<sup>4</sup> Juan Pablo Bohoslavsky, *Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights: Responsibility for complicity of international financial institutions in human rights violations in the context of retrogressive economic reforms* (United Nations General Assembly, 16.7.2019), available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/219/70/PDF/N1921970.pdf?OpenElement>

future generations will underpin these efforts. The two goals emphasize the importance of economic growth, inclusion and sustainability—including strong concerns for equity.”<sup>5</sup>

The initial months of the Covid outbreak were challenging for everyone. Government officials, politicians, development workers—though charged with the responsibility of leading the Covid-19 response in various ways—are all human and are susceptible as such to various limitations while navigating an unprecedented pandemic. The aim of this report is to learn from the experience of the pandemic and advocate for reforms and accountability at the institutional level. While the pandemic may not be over, in 2022, most Sri Lankans are grappling with an unprecedented economic crisis and the concomitant upheaval in the socio-political fabric of the country. As of this writing, Sri Lanka is negotiating with the International Monetary Fund (IMF) for a possible bailout package,<sup>6</sup> while the World Bank has stated that it may offer new financing to Sri Lanka only if “an adequate macroeconomic policy framework is in place.”<sup>7</sup> Accordingly, new financing from the World Bank could be in the offing for Sri Lanka, but most probably in support of macroeconomic reforms designed in line with IMF advice. It will be crucial in such an event to ensure that stakeholder engagement is implemented complying robustly with the Bank’s Environmental and Social Framework. Doing so is essential to prevent further suffering among the most vulnerable Sri Lankans hit hardest by the economic crisis.

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<sup>5</sup> World Bank, *World Bank Environmental and Social Framework* (2016), p. 15 (hereinafter, “ESF, 2016”).

<sup>6</sup> The Hindu, *Sri Lanka’s hard economic times would last another year; need to look at new sectors for recovery: President Ranil Wickremesinghe* (6.8.2022), available at: <https://www.thehindu.com/news/international/sri-lankas-hard-economic-times-would-last-another-year-need-to-look-at-new-sectors-for-recovery-president-ranil-wickremesinghe/article65735884.ece>

<sup>7</sup> The World Bank, *World Bank Statement on Sri Lanka* (28.7.2022), available at: <https://www.worldbank.org/en/news/statement/2022/07/28/world-bank-statement-on-sri-lanka>

## Methodology and Scope

The research for this report was conducted by the Law & Society Trust (LST), which developed a methodology to review Project documentation and consult stakeholders.

This report assesses the application of two specific standards stipulated in the World Bank's Environmental and Social Framework in respect of the Sri Lanka Covid Project. The two standards are: Environmental and Social Standard 1, which deals with risk and impact assessment, and Environmental and Social Standard 10, which deals with stakeholder engagement. However, only social risks and impacts were considered; environmental risks and impacts identified in the Project documentation were excluded from consideration in this report. This report also considers only the Project components and sub-components funded by the successive rounds of Additional Financing, which broadly encompass the transfer programme and vaccination drive.

Key documents of the Sri Lanka Covid Project reviewed for this report are referred to throughout this document and included in a bibliography at the end. All documents were accessed through the World Bank website. Documents disclosed after June 1, 2022, have not been considered in this report.

LST also engaged with stakeholders (project implementers and beneficiaries) to understand the implementation processes and outcomes. This involved working with LST partners in conducting a series of Focus Group Discussion (FGDs) in selected areas and conducting telephone interviews with recipients of support to understand how the support was provided, its efficiency, adequacy and any challenges that were experienced by the recipients. Specifically, the FGDs and interviews aimed at also understanding issues of transparency, awareness, and information flows.

FGDs and phone surveys are, to an extent, anecdotal in nature. At least in FGDs, when one respondent narrates their experience, others in the group can confirm or refute a given statement if it is stated too generally or misremembers the facts. However, where the group speaks in consensus on a certain point, its veracity is taken at face value. Being anecdotal, participants were vague about timelines. In addition to the FGDs and phone surveys, the research team also engaged in online conference discussions with the World Bank's country team in January and July of 2022.

### Focus Group Discussions

Nine focus group discussions were held, one in Jaffna, one in Badulla, two in Mannar, two in Batticaloa, and three in Colombo. FGDs held in Colombo saw the participation of ten trans women (four of whom self-identified as sex workers), six caregivers of Chronic Kidney Disease patients, and eight participants from a state-constructed high-rise housing scheme. The planned FGD with survivors of gender-based violence was converted to individual interviews on the advice of the partnering organisation, in consideration of the nature of the subject-matter. The FGD facilitators were briefed on the project objectives and provided with four

uniform prompts. (However, the GBV interview facilitators had prompts unique to them.) In all, sixty-nine persons participated in the FGDs. The FGDs included members from all the main ethnic and minorities as well as both urban and rural communities.

### Phone interviews

The questionnaire comprised forty-two questions in all and translated into Sinhala and Tamil. Interviewers were trained in conducting the interviews and provided with contacts randomly (except to allow for language parity between interviewer and interviewee).

Seventy-five interviewees were selected randomly from organisations' contact lists of beneficiaries from previous activities, while considering geographic and linguistic diversity. Phone interviews were based on a structured questionnaire, with questions collecting both qualitative and quantitative data. After data validation against predefined criteria, sixty-seven responses were selected for analysis.

The FGDs and the phone interviews provided snapshots of the experiences of a sample of the community that received some support from the state during the pandemic. It is qualitative in nature and LST did we did not focus on developing a quantitative data set.

## Overview of the Environmental and Social Framework

### What is the Environmental and Social Framework?

The Environmental and Social Framework, or ESF, is a set of requirements that are meant to ensure that development projects financed by the World Bank do not harm people or the environment or discriminate against marginalised groups. Country governments borrowing from the World Bank to finance development projects must adhere to the standards laid out in the ESF as a condition of financing. The ESF sets standards for the way that development projects financed by the World Bank should be conducted in a number of areas, including ensuring safe labour and working conditions, preserving natural habitats, and engaging with project stakeholders.<sup>8</sup> There are two core elements to the ESF—the Environmental and Social Policy (ESP) and the Environmental and Social Standards (ESSs), which correspond with the Bank’s and Borrower’s obligations, respectively. The term “Borrower” here refers to any recipient of World Bank financing of development projects, which is usually a borrowing country.

### What does the ESP entail?

The ESP requires, broadly, that the Bank carries out a risk classification relating to an approved project, carry out due diligence on the Borrower’s representations on the project’s stated objectives, implementation plans, identified risks and impacts, monitoring and reporting, etc., while also providing the Borrower with guidance on implementing the project in a manner that ensures the achievement of project objectives while complying with the ESSs set by the Bank.

### What do the ESSs entail?

The ESSs are a list of ten environmental and social standards which ensure that Bank-financed projects assess, manage, and monitor any risks and impacts associated with a project throughout its lifecycle in a manner that incorporates the feedback of all relevant project stakeholders. The ESSs are as follows—

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts
- ESS 2: Labour and Working Conditions
- ESS 3: Resource Efficiency and Pollution Prevention and Management
- ESS 4: Community Health and Safety
- ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement
- ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources
- ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities
- ESS 8: Cultural Heritage
- ESS 9: Financial Intermediaries and

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<sup>8</sup> Bank Information Centre, *Civil Society Guide to the World Bank’s Environmental and Social Framework* (n.d.), available at: [https://bankinformationcenter.cdn.prismic.io/bankinformationcenter/b742a4fd-87d0-4315-98be-fee330dd8b10\\_Civil+Society+Guide+to+the+WB+ESF.pdf](https://bankinformationcenter.cdn.prismic.io/bankinformationcenter/b742a4fd-87d0-4315-98be-fee330dd8b10_Civil+Society+Guide+to+the+WB+ESF.pdf)

- ESS 10: Stakeholder Engagement and Information Disclosure

#### How is the ESF implemented?

The main aspects of implementing the ESF are embodied in ESS 1, which is the overarching ESS that ensures the promotion of the other nine ESSs as well. Stated simply, ESS 1 requires Borrower's to carry out an environmental and social (ES) risk and impact **assessment**, develop an ES Commitment Plan (known as an **ESCP**) which **commits** to mitigate those risks and impacts, and **monitor** the implementation of the ESCP by project implementing agencies by **reporting** to the Bank on the project implementation as being continually compliant with the ESCP (and therefore the broader ESF) throughout the project's life cycle.

#### What is stakeholder engagement?

Stakeholder engagement is the core aspect of ESS 10. Like ESS 1, it cuts across the other ESSs. Stakeholder engagement requirements ensure that the implementation of the ESF by both the Bank and the Borrower is anchored to the "lived realities" of all the stakeholders of the relevant project. ESS 10 requirements expect that the Borrower will carry out a robust identification of project stakeholders, whether they are directly affected by the project or have some other interest in its implementation. The Borrower is also required to identify marginalised or vulnerable individuals and groups affected by the project. In implementing the project, the Borrower must ensure that all stakeholders are afforded with meaningful consultations and that their feedback is incorporated into the project as it progresses through its life cycle. An important component of stakeholder engagement is the provision of a grievance redress mechanism that allows parties adversely affected by the project to seek remedies against them. The assessment of ES risks and impacts and the development of an ESCP to mitigate them are meant to be continuing processes, and stakeholder engagement needs to be linked to them, so that the project will adapt as it continues, self-correcting any adverse effects and leveraging the positive ones, until the project is concluded.

## Evolution of the Sri Lanka Covid Project

This section sketches a brief overview of the evolution of the Sri Lanka Covid Project (*by drawing on the project papers published by the World Bank*) in rationalising the successive stages of additional financing and the Project components they supported.

### Parent Project

The parent project (US\$128.6 million) was prepared as part of the emergency response to Sri Lanka under the COVID-19 SPRP using the MPA. This included US\$35 million IBRD loan under the Fast Track COVID-19 Facility and US\$93.6 million under the IDA transitional support. 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 Project's development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sri Lanka. It includes five components: (a) Emergency COVID-19 Response; (b) Strengthening national and sub-national institutions for prevention and preparedness; (c) Strengthening multi-sectoral, national institutions and platforms for one health; (d) Implementation Management and Monitoring and Evaluation; and (e) Contingent Emergency Response Component.

### First Additional Financing

The first Additional Financing (AF1) proposed in June 2020 sought to finance temporary cash transfers to “high-risk populations”<sup>9</sup> to enable them to continue social distancing by staying at home. This measure was envisaged as a preventative measure to reduce the risk of such populations contracting Covid themselves as well as spreading the virus within their community and beyond. The proposal for the first Additional Financing claimed that there were “no additional environmental and social risks that are likely to arise from activities supported under the AF”<sup>10</sup>.

Since before Covid, the Sri Lankan government provided several cash transfer programmes targeted at low-income population groups in the country (see Table 1). The largest programme is *Samurdhi*, which targets approximately 1.8 million low-income households. In addition, cash transfer programmes also exist for fishermen, farmers, the elderly, and persons with disabilities. According to the Project Paper on the first Additional Financing, in 2016, the Sri Lankan government also introduced a cash transfer programme for low-income individuals suffering from chronic kidney disease (CKD), in consideration of high incidence of CKD among several population groups as well as the high recurrent costs incidental to CKD treatment.<sup>11</sup>

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<sup>9</sup> World Bank, *Sri Lanka - COVID-19 Emergency Response and Health Systems Preparedness Project: Additional Financing (English)* (June 2020), para. 3 (hereinafter, AF1 Project Paper, June 2020).

<sup>10</sup> Ibid.

<sup>11</sup> AF1 Project Paper, June 2020, p. 10.

Table 1. Primary cash transfer programmes for Low-Income Households in Sri Lanka (Source: AF1 Project Paper)

	Programme	Beneficiaries before COVID-19	Wait-listed Beneficiaries included post Covid-19	Newly identified Beneficiaries included post Covid-19	Existing benefit amount (Rs per month)	Revised benefit amount after Covid-19 (Rs per month)
1	Samurdhi	1,793,553	735,975	-	420 – 3,500	5,000
2	Allowance for Persons with Disabilities	72,000	37,492	14,149	5,000	-
3	Allowance for Chronic Kidney Disease Patients	25,320	13,348	5,623	5,000	-
4	Elderly allowance	417,067	157,805	54,916	2,000	5,000
5	Fisherman's pension	4,600	-	-	1,000 – 4,166	5,000
6	Farmer's Pension	160,675	-	-	1,000 – 5,000	5,000
7	Helpless Community Groups Whose Livelihoods are Directly or Indirectly Lost	-	-	1,924,967	-	5,000

As the Covid threat resulted in a strict lockdown of the country starting in March 2020, the Sri Lankan government expanded the main transfer programmes (Table 1), which now collectively cover approximately 3.5 million low-income households, constituting about 80–90 percent of low-income households in the country. For example, *Samurdhi* was expanded from 1.8 million households to cover about 2.4 million households in the country. The focus of this temporary enhancement of cash transfers was on the inclusion of wait-listed and new beneficiaries and/or an increase in monthly benefits within these existing well-established programs and delivery systems for low-income households. This temporary and selected expansion of cash transfers in the context of COVID-19 has placed a significant additional financial burden on the country. Hence, the Sri Lankan government is seeking donor support to enable this expansion for the coming 6–7 months (indicatively), by when the pandemic is expected to be relatively contained.

### Restructuring of the First Additional Financing

The modification in the social protection response was triggered by an outbreak of a cluster in Minuwandoga, Gampaha District in October 2020, which led to an exponential increase in



COVID-19 cases. 30,741 new cases of COVID-19 have been identified since the outbreak, compared to a total of 3,380 cases pre-October 2020.

As a result, the Government scaled up its health response by, among other things, modifying its quarantine strategy by instituting strong home quarantine measures instead of its earlier approach of quarantining suspected cases in institutional quarantine centres; and reinstating lockdown measures in affected areas. Because these revised quarantine and lockdown measures have potentially negative impacts on income and food security of low-income households in affected areas and households, and thus introduced two new measures:

- a) One-time emergency cash transfers of Rs 5000 to households who lost their livelihoods in districts where a lockdown/curfew was imposed after October 2020 due to the emergence of new COVID-19 clusters as per orders of the Presidential Task Force for Economic Revival and Poverty Alleviation. This cash transfer may be repeated by the Government if the duration of the lockdown is extended beyond one month.
- b) In-kind (food) transfer of essential goods worth Rs 5000 per week to families in quarantine for a period of 2 weeks or more.

Given that the expanded coverage and top-up of earlier identified target beneficiaries was only cleared by the Cabinet for two months prior to the elections, and the proposal for continuation beyond the two months tabled after the elections was only cleared for CKD patients from September 2020, the Government requested available project resources to be directed towards the proposed two new measures. Further, recognising the continued vulnerability of the elderly and disabled in the current context where the incidence of COVID-19 was increasing, and the practical fiscal constraints, it sought to limit the earlier approved cash transfers to only waitlisted and new beneficiaries for the elderly and disabled programs only in the affected areas, rather than country-wide as originally agreed.

This subcomponent was originally designed to finance the scale-up of social cash transfers for the elderly, persons with disabilities and chronic diseases, such as Chronic Kidney Disease (CKD), from low-income households in response to the current COVID-19 crisis. It also included temporary vertical expansion, that is, increase in benefit amount for the senior citizens' assistance scheme. From amongst these three cash transfer programs, the scale up of allowance for CKD patients will continue for a period of 4 to 6 months as envisaged under the AF. For the other two programs namely the allowance for elderly and persons with disabilities, the scale-up will only be temporarily undertaken for two to three months (as against the envisaged 6 months) only in the districts with high burden of COVID cases as per the directions of the presidential task force for Economic Revival and Poverty Alleviation, Government of Sri Lanka. The funds made available with this modified period and scale of support will instead be used to: (i) provide one-time cash transfer of Rs 5000 (about US\$ 30) to households who have lost their livelihoods (directly or indirectly) due to COVID (can be repeated if lock down extended beyond one month) ; and (ii) provide a pack of essential goods (comprising of food rations and other essentials) for a value of Rs 5000 per pack (given weekly for 2 weeks or more) for families in quarantine; expanding the scale and scope of beneficiaries covered through this sub-component.

## Additional Financing for Vaccines

Additional Financing (AF) covered the procurement of the first vaccines, cold chain equipment, fuel to deliver the vaccines up to provincial and vaccine centre levels, risk communication, mass communication activities for vaccine uptake, capacity development of health professionals involved in vaccine delivery, planning and management, operational costs for vaccination and monitoring and evaluation, and incremental service delivery costs required for the deployment of vaccines to the target populations such as hazard pay and/or overtime allowances for clinical and non-clinical workers for implementation of vaccination program.

AF will be used to help procure the required 14 million doses of the Pfizer vaccine and to support costs associated with vaccine deployment efforts for the second vaccine. It will support the scaling up of the vaccination drive and to enable the country to meet its target of fully vaccinating 60 percent of the population by the end of December 2021. Specifically, the second vaccine AF will support i) the direct bilateral purchase of approved vaccines; and (ii) freight and vaccine indemnification costs and other associated vaccination costs for a total of US\$100 million.

The National Deployment and Vaccination Plan for COVID-19 NDVP identifies the population groups to be vaccinated. As described in the NDVP, the MoH intends to vaccinate 60 percent of the Sri Lankan population in phases based on priority as per high-risk groups identified. Children under 18 years of age and pregnant/lactating women will not be eligible to receive the vaccines due to lack of documentation on the effectiveness and possible side effects of vaccines (since most vaccine trials have not included these groups). The NDVP lays out priority groups, based on the availability of vaccine supplies. Initially, 20 percent of the population will be prioritized for vaccination, and this group will include health workers and frontline staff, elderly people aged 60 years or more, and younger people with other co-morbidities. While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the State Ministry of Provincial Councils and Local Government Affairs (SMoPCLGA) are responsible for the implementation of the vaccination program at the provincial and district levels.

Sri Lanka's national vaccination drive commenced in January 2021 and as of current records, 32% and 58% of population vaccinated with double and single doses, respectively. Given the critical role vaccination plays in Sri Lanka's transition to a new normal, the GoSL targets to fully vaccinate 60% of its entire population by end of 2021. As such it has made agreements to obtain the balance required doses through discussions with several countries and international partners. The national vaccination drive has performed well to achieve high coverage in a short period of time, recording a maximum of 500,000 inoculations per day. This momentum was achieved with the involvement of the army medical team to supplement the national vaccination program in the interest of national priority to expedite vaccinations among priority groups. Thus the army medical team, under the overall supervision of the MOH, has been involved in the National COVID -19 vaccination program following the same processes & guidelines issued by the MOH for COVID vaccination.

# Implementation of the Environmental and Social Framework

## Stakeholder Engagement Plan

The Stakeholder Engagement Plan (SEP) on the Sri Lanka Covid Project was first disclosed in March 2020 and revised in January 2021. Three more revisions were made to the SEP in March and April of 2021, and the most recent revision (at the time of this writing) was published in September 2021.

Stakeholder engagement is arguably the most important element of the World Bank's Environmental and Social Framework (ESF) and the requirements related to stakeholder engagement are provided in ESS 10 of the Framework. The World Bank recognises that "early and continuing engagement and meaningful consultation with stakeholders"<sup>12</sup> is essential to identifying and managing any risks or impacts associated with a project. The ESF requires Borrowers to engage with stakeholders, including communities, groups, or individuals affected by proposed projects, and with other interested parties. The Borrower must carry out a robust process of stakeholder identification relevant to the project, and the Bank is obliged to verify this is achieved.

Stakeholders should be informed of all aspects of a proposed project, of the timings and methods of consultation, and how their views are being incorporated into and implemented within the project. Stakeholders should have access to all relevant information about the project, and the Borrower is obliged to disclose them ahead of consultations. Stakeholder engagement should be continuing, so that the project can adapt to new information on how it affects stakeholders. The Borrower must plan the stakeholder engagement process throughout the project life cycle and inform stakeholders to facilitate their participation. To ensure that stakeholder engagement is inclusive, the Borrower is also required to accommodate stakeholders with special needs by providing for differentiated consultation measures and removing any obstacles to their participation. The specific requirements of an SEP are spelt out in ESS 10 and each of them are considered in turn below.

### *Stakeholder identification and analysis*

The Bank defines stakeholders in two categories:

- a. Individuals or groups that are *affected or likely to be affected by the project* will be identified as '**project-affected parties**'
- b. Other individuals or groups that *may have an interest in the project* will be identified as '**other interested parties**'

The first category especially includes any individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable. The Bank Directive on *Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups* contains an elaborate definition of what entails disadvantaged or vulnerability status. Further, under the Directive,

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<sup>12</sup> ESF, 2016, p. 10.

the Bank must take steps to verify that a Borrower’s identification of stakeholders includes all relevant project-affected groups or individuals that may be disadvantaged or vulnerable.<sup>13</sup>

In general, the Sri Lanka Covid Project incorporates a seemingly robust identification of stakeholders. Table 2 shows the stakeholder identification as it stood in September 2021.

Table 2. The Project’s stakeholder identification as at September 2021 (Source: SEP, September 2021)

Project-affected parties	Other interested parties	Disadvantaged or vulnerable parties
<ul style="list-style-type: none"> <li>• COVID-19 infected people in hospitals and their families &amp; relatives.</li> <li>• People in quarantine/isolation centres &amp; homes and their families &amp; relatives.</li> <li>• At-risk populations (e.g. those with other co-morbidities)</li> <li>• Elderly, Persons with disabilities and chronic kidney disease patients (CKD) from low-income households</li> <li>• People who lost incomes/livelihoods</li> <li>• Family members, caregivers, guardians of cash &amp; in-kind transfer beneficiaries.</li> <li>• Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff)</li> <li>• Medical Corps of Tri-forces conducting vaccinations &amp; providing other health services</li> <li>• Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Those not eligible to receive vaccinations – e.g. children.</li> <li>• Non-beneficiaries of AF: Cash transfer program:</li> <li>• Elderly, Persons with disabilities, CKDu patients who are not from low-income households.</li> <li>• Elderly and persons with disabilities who are in homes/institutions and hence not eligible to apply.</li> <li>• Samurdhi beneficiaries – especially those who are elderly, disabled, and CKDu patients</li> <li>• Other vulnerable groups with chronic ailments, non-communicable disease etc. including cancer patients.</li> <li>• Vulnerable groups (e.g. elderly, CKD etc.) who are not eligible to apply for the livelihood support grant (e.g. elderly, CKD etc.).</li> <li>• The public at large</li> <li>• Regulatory agencies (e.g., Central Environmental Authority.)</li> <li>• Other Government entities supporting vulnerable groups (e.g., Ministry of Health, Department of Social Services, State Ministry of Samurdhi etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly</li> <li>• People with disabilities</li> <li>• Individuals with chronic diseases and pre-existing medical conditions;</li> <li>• Pregnant women</li> <li>• Women, girls and female headed households</li> <li>• Children</li> <li>• Veddas (forest dwellers), religious, ethnic minorities</li> <li>• Daily wage earners</li> <li>• Migrant workers (stranded overseas or returning due to loss of jobs/visa restrictions).</li> <li>• People living below poverty line (e.g. Samurdhi programme beneficiaries).</li> <li>• Unemployed, beggars/homeless</li> <li>• Illiterate or those with limited education</li> <li>• Slum dwellers</li> <li>• Sex workers</li> <li>• LGBTQTI [<i>sic</i>]</li> <li>• Communities in remote and inaccessible areas.</li> </ul>

<sup>13</sup> See, World Bank, *Bank Directive on Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups* (March 2021), section III (hereinafter, “DVIG Directive, March 2021”).

<ul style="list-style-type: none"> <li>• Village committee members involved in distribution of food packs to quarantined homes.</li> <li>• Communities in the vicinity of the project's planned quarantine/isolation facilities, quarantines homes, hospitals, laboratories and vaccination clinics.</li> <li>• People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators &amp; their staff, associates of those infected, inhabitants of areas where cases have been identified).</li> <li>• Government Officials (Ministry of Health officials, Provincial &amp; district Health Officers, Provincial Councils, Municipal Councils, District, Divisional Secretaries, Grama Niladaris/Village government administrations in affected regions)</li> <li>• Other public authorities (e.g. Sri Lanka's Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defence)</li> <li>• Airline and border control staff, law enforcement authorities, tri-forces and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them., establish treatment/isolation centres</li> </ul>	<ul style="list-style-type: none"> <li>• District &amp; Divisional Secretaries, Grama Niladaris/Village government administrators.</li> <li>• Development Officers, Elders Rights Promotion Officers, workers of Community Based Rehabilitation (CBR) programs and other government social workers.</li> <li>• Media and other interest groups, including social media &amp; the Government Information Department.</li> <li>• National and international health organizations/associations (e.g. GMOA - Government Medical Officers' Association etc.)</li> <li>• Community based organizations, national civil society groups and NGOs, Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)</li> <li>• Temples, churches, Kovils, Mosques and other religious institutions</li> <li>• Goods and service providers involved in the project's wider supply chain</li> <li>• Transport workers (e.g. cab/taxi drivers)</li> <li>• Interested businesses</li> <li>• Schools, universities and other education institutions closed due to the pandemic</li> </ul>	
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<p>and support the vaccination program.</p> <ul style="list-style-type: none"> <li>• Staff of janitorial &amp; security services</li> <li>• Waste collection and disposal workers in affected regions</li> </ul>		
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At first glance, the stakeholder identification presented in the successive SEPs appears robust. However, upon closer scrutiny, many of the stakeholders are identified situationally, generically, and at high levels of abstraction, which has evidently hampered the risk assessment accompanying those stakeholder categories. For example, the first category identified as a project-affected party, “Covid-19 infected people in hospitals and their families & relatives”, assimilates a large number of people into one category by reference only to their (or their relative’s) status of infection. Though ethnic and religious minorities are included as disadvantaged or vulnerable groups, the accompanying identification of “Risks, impacts, vulnerabilities & needs” does not delve into how the “Risks and impacts” accompanying the loosely grouped, generic category of Covid-positive people could be experienced differently by minorities within such categories. Failing to do so undermines the purpose of stakeholder engagement and flattens the complexities of how project-affected parties experience the Project into singular, broad categorisations. For example, given the prevalence of racial profiling of Muslims and the incidence of forced cremations of Muslims (and Christians who objected to cremation),<sup>14</sup> recognising the broad category of the Covid positive and their relatives was only as important as recognising the social (and other) identity categories overlaying that broad categorisation. However, to this extent, the SEP is silent on racial discrimination despite successive updates overtime.

Under the ESF, the identification of stakeholders is required to be vetted through stakeholder engagement, transforming it from a desk-bound analytical exercise to one that reflects ground realities. However, as will be discussed below, the actual implementation of the stakeholder engagement plan was sparse at best, and the highly abstract content seen in Table 2 is arguably the result of the meagre implementation of the SEP (see subsection on meaningful consultations below to note the extent of the stakeholder consultations carried out within the Project). The Project should have sought the insights of various organisations and groups that work with specific communities to understand the identity-based nuances of the abstract categories identified in Table 2. The failure to do so has resulted in a superficially detailed stakeholder identification that glosses over or wholly ignores specific communities and groups whose interests ought to have been more systematically addressed through stakeholder engagement.

*Planning stakeholder engagement*

Once the relevant stakeholders are identified, the Borrower must develop a plan on how the

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<sup>14</sup> See, e.g., Amnesty International, *From Burning Houses to Burning Bodies* (2021), p. 59 et seq., available at: <https://www.amnesty.org/en/documents/asa37/4863/2021/en/>

identified stakeholders will be consulted throughout the project life cycle. This plan needs to be disclosed as early as possible, so that affected and interested parties of the project remain aware of how to voice their concerns to project authorities and ensure they influence the project's implementation.

An SEP must describe the timings and methods of stakeholder consultations to take place throughout the life cycle of the project. Awareness of the timings of consultation facilitates the participation of the widest possible cross-section of project stakeholders—especially helping community-based organisations and civil society organisations to arrange for participation from the communities with whom they engage. However, in its most recent revision in September 2021, the SEP is entirely vague on the timings relevant to the consultations. The engagement plan is bifurcated between “Health Interventions including the Vaccination Programme” and the cash/in-kind transfer programme. The plan regarding the former includes no discernible timelines at all; the plan regarding the latter simply repeats “throughout the project implementation”.<sup>15</sup> Thus, the SEP fails abjectly in informing stakeholders on when they may participate in consultations. More importantly, timings thus formulated leave scheduling the consultations to the (potentially capricious) discretion of the SEP implementation team. This is also reflected in the methods specified in the SEP, which are predominantly “Phone calls, emails & in-person/virtual meetings,” meaning they relied more on unilateral communications by SEP implementers to the relevant stakeholders, affording them no opportunities to initiate their own correspondence with the Project. On some topics of consultation, the plan does include methods such as public meetings and focus groups, yet while most of them do not indicate specific timings some of them mention no timings at all.

With respect to both timings and methods of consultation, it is true that the specific context of the Covid pandemic, both in terms of the rapidly evolving situation and the restrictions on movement, would have made for very difficult planning. However, the Project as a whole and the SEP associated with it could have been crucial in supporting Sri Lankans most adversely impacted by the pandemic. As such, the SEP ought to have at least included indicative timeframes as well as consultation methods that stakeholders themselves could initiate. The SEP should also have afforded a broader role for relevant CSOs and CBOs to play in connecting SEP implementing teams with relevant stakeholders. Having failed to do so, the entire stakeholder engagement process ultimately resulted in meagre consultations that barely reflected ground realities—and the Project was poorer for it, much to the detriment of the intended project beneficiaries.

### *Differentiated measures*

The SEP must be designed accounting for the main characteristics and interests of the stakeholders, the different levels of engagement and consultation that will be appropriate for different stakeholders, and how communication with stakeholders will be handled. The SEP must specify the measures that will be used to remove obstacles to participation and include differentiated measures (of communication) to allow the effective participation of those

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<sup>15</sup> Government of Sri Lanka, *Stakeholder Engagement Plan (SEP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (September 2021), pp. 34-37 (hereinafter, “SEP, September 2021”).

identified as disadvantaged or vulnerable.

The SEP as it stands includes a section on strategies to incorporate the views of vulnerable groups.<sup>16</sup> The vulnerable groups for whom such strategies are specified are: women including survivors of GBV, SEA, SH; pregnant women; elderly and people with existing medical conditions; people with disabilities; illiterate or those with limited education; daily wage earners, unemployed & homeless; children; other vulnerable groups (e.g. Veddas). Evidently, the amount of vulnerable groups identified here is narrower than that provided in the stakeholder identification of the SEP (see Table 2 above). Other vulnerable groups identified in the SEP who would have benefited from specific, differentiated measures to facilitate their participation are excluded in the group-specific strategies for including vulnerable groups.

For example, while Table 2 identifies LGBTI as a vulnerable group, the section on strategies to include vulnerable groups does not include LGBTI people, thus failing to analyse how they could be excluded from stakeholder engagement and how such exclusion could be avoided. Indeed, the trans women participating in fieldwork for this report claimed none of them knew about the World Bank's involvement in either the transfer programme or the vaccine drive. Five of the participants were programme staffers in one of the foremost trans rights NGOs in the country. They described their organisation's own initiatives to provide material relief (e.g., bi-weekly bags of goods) to some members of the trans community. Their unawareness of the Bank's involvement in the transfer programme, the vaccine drive, and GBV services deprived them of opportunities to ensure that the trans community was also included in the Project's benefits. Similarly, the four trans sex workers' lack of awareness prevented them from accessing grievance redress mechanisms on how they had initially been denied cash transfers due to their gender identity.

The requirement of differentiated measures relates to ensuring accommodative participation channels between SEP implementation and various disadvantaged or vulnerable groups. Yet, some of the strategies mentioned in the section focus more on solving or pre-empting issues such groups may face during Project implementation, rather than ensuring they are able to engage with the Project when such issues arise in practice. For example, a strategy proposed in relation to pregnant women is to "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." Though the education materials mentioned are no doubt useful on their own, they have no relevance in facilitating pregnant women's participation in stakeholder engagement. By contrast, the strategy mentioned for people with disabilities, to provide project information in various accessible formats, such as braille, signed videos, etc., is more relevant to what the ESF requires an SEP to include by way of differentiated measures.

The analytical weaknesses and outright omissions seen in the SEP's strategies to include disadvantaged/vulnerable groups are arguably the result of the weak implementation of stakeholder engagement. In this section, too, the SEP appears more as a desk-bound analytical exercise than one that has meaningfully engaged with the relevant disadvantaged/vulnerable groups, identified their specific needs in accessing stakeholder

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<sup>16</sup> SEP, September 2021, p. 48.



engagement, and devised strategies to address those findings.

### *Information Disclosure*

An important element of stakeholder engagement under the ESF is the disclosure of information relevant to a project so that stakeholders understand the risks and impacts of the project and are able to contribute meaningfully to project design and implementation. Information disclosure should be carried out according to a timeframe that allows meaningful consultations, and encompass all information relevant to the project, including the purpose, nature and scale of the project, the duration of proposed activities, potential risks and impacts of the project, the stakeholders affected by such risks and impacts including disadvantaged and vulnerable groups, proposals to mitigating such risks and impacts, the proposed stakeholder engagement process, the time and venue of any proposed public consultation meetings, and approaches to redressing any grievances. The information disclosed should be timely, relevant, understandable, accessible, culturally appropriate, disclosed in relevant local languages, and account for any specific needs of groups that may be differentially or disproportionately affected.

In this regard, the most important documents relating to a Bank-financed project are the stakeholder engagement plan (the SEP), the environmental and social risks and impacts assessment (in the form of an ESMF), and the environmental and social commitment plan (the ESCP). Of these, only the SEP was disclosed to the public in a timely manner at the project inception in March 2020. Although an ESMF is said to have been first made public on 9.5.2020 by the Ministry of Health on its website<sup>17</sup>, the Internet Archive's record of the website ([www.health.gov.lk](http://www.health.gov.lk)) nearest that date (i.e., 14.5.2020) indicates that only the Annexes to the ESMF were available on the site at the time.<sup>18</sup> The earliest version of the ESMF available in the Bank's project document repository is dated January 2021. An ESCP was first disclosed in March 2020, but it was first updated more than three quarters of a year after the Project was launched, during which period it was restructured significantly. Though an SEP was launched in March 2020, the next revision to the SEP was published in January 2021. The lack of updates to the SEP, ESMF, and ESCP, affected stakeholder engagement in the Project's many developments in the intervening months, especially as regards the first Additional Financing which supported the cash/in-kind transfer programme. The effect of non-timely disclosures of these documents is highlighted throughout this report.

A crucial issue observed in relation to the Project's information disclosure practices is the lack of user-friendliness in the means of disclosure. Both the Bank and the Borrower disclose relevant project information according to their own methods. While the Bank has a specific webpage hosting all the documents relevant to the Project, the venues of access provided by

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<sup>17</sup> Government of Sri Lanka, *Revised Environmental and Social Management Framework (ESMF) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (May 2021), p. 15 (hereinafter, "ESMF, May 2021").

<sup>18</sup> Government of Sri Lanka, *Environmental and Social Management Framework Annexes* (April 2020), available at: [www.health.gov.lk/moh\\_final/english/public/elfinder/files/projects/SCERHSPP/ESMF-AnnexesDraftVer01.pdf](http://www.health.gov.lk/moh_final/english/public/elfinder/files/projects/SCERHSPP/ESMF-AnnexesDraftVer01.pdf) (accessed 1.6.2022); the relevant entry in the Internet Archive is available at: [https://web.archive.org/web/20200514013819/http://www.health.gov.lk/moh\\_final/english/](https://web.archive.org/web/20200514013819/http://www.health.gov.lk/moh_final/english/) (accessed 1.6.2022)

the Sri Lankan government are more scattered. Depending on which component or subcomponent of the Project a document relates to, it would be hosted on the website of the Ministry implementing that component. Further, Ministry websites do not feature consistent easy-navigation principles and Project documents tend to be found in webpages hosting various other documents, regardless of their connection to the Project or any thematic relationship with each other. Ideally, the Borrower's information disclosure obligations include requirements of smart design of their online information platforms. A project of a scale as that of the Sri Lanka Covid Project should include a centralised information disclosure platform within the project design, and the various project implementing agencies should be interconnected through the platform to streamline project-wide information disclosure.

The Bank's repository of project documents is apparently comprehensive.<sup>19</sup> However, the repository is difficult to use. Given the large number of documents produced in the course of the Project, the list of documents should be filterable by type, date, etc. Instead, the repository includes several page breaks, and locating a specific version of a given document requires navigating through each page. Sorting is limited to the current page of the list. Successive versions of the same document have the same generic title, with no mention of a version number or revision date, making them difficult to identify between each other and requiring excessive click-throughs. Each page of the list includes a downloadable Excel datasheet of the documents featured, thus fragmenting the list of documents into multiple datasheets. A single, consolidated datasheet of project documents would be convenient. Revisions to a given document results in the whole document being republished, creating multiple versions of the same document with no convenient way to identify the specific revisions made. Granted, some documents are uploaded in both .pdf and .docx formats, allowing for the "Compare" function in Microsoft Word to track revisions between different versions. However, not all documents are uploaded in the .docx format, and even those that are available as .docx require intensive labour to track revisions. Information disclosure is meant to facilitate stakeholder engagement, and neither Bank nor Borrower should assume the availability of unlimited resources to stakeholders who seek to monitor and/or navigate the complex documenting processes of Bank-financed projects. Successive revisions of important documents like SEP, ESMF etc., should include an opening section mapping the major revisions to be found within. The lack of a proper/centralised information disclosure platform hosted by the Borrower, and the complexity of the platform provided by the Bank, inhibits inclusive stakeholder engagement. Stakeholders with low resources, such as Internet connectivity, skilled staff, etc. would find the existing platforms discouraging to utilise. As a result, project monitoring by civil society especially would be restricted to more urbane organisations, excluding many entities who work closely with project-affected communities in the field.

Project documents should be made available in local languages; the SEPs of the Sri Lanka Covid Project state that documents would be available in Sinhala and Tamil as well as braille, signed videos, etc. However, as far as discernible, the documents were only available in English. The universal accessibility of those documents could not be assessed for the purpose

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<sup>19</sup> The repository can be accessed at: <https://projects.worldbank.org/en/projects-operations/document-detail/P173867?type=projects>

of this report. However, complex .pdf documents with multiple, large tables of text etc., generally tend to be unwieldy for most read-aloud software. Moreover, most documents seem to presume considerable knowledge of World Bank terminology, being replete with abbreviations, acronyms, and other Bank-specific terms that are not immediately accessible to readers from outside the World Bank working environment. Such limitations in the information disclosed under the Project also inhibit stakeholder participation.

### *Meaningful consultation*

Stakeholder engagement under the ESF require “meaningful consultations” to take place. This means essentially that consultations should take place from the earliest stages of the project and continue in a manner that allows stakeholder feedback to influence project design. Stakeholder views should be encouraged, and stakeholders should have access to all the relevant information on the project. Meaningful consultations also require work on stakeholder engagement to be documented and disclosed by the Borrower.

In all, the SEP reports four rounds of stakeholder engagement which cumulatively engaged with about 40 individuals representing ‘vulnerable groups’ or ‘civil society’. These rounds were held in April, May, and December in 2020, and in April in 2021. All of them were primarily conducted over the phone. Only the summary of the first round of consultations indicates who conducted them, i.e., the Health Promotion Bureau of the Sri Lankan government with the support of the Project Management Unit in the Ministry of Health. While the first round of consultations in April 2020 deals primarily with issues relating to the Parent Project (i.e., emergency preparedness and responsiveness of the healthcare system), the other two rounds in 2020 focussed on the cash transfer programme, and the final round in April 2021 focussed on the vaccine. Though the SEP identifies an extensive list of stakeholders and disadvantaged/vulnerable groups (see Table 2), only elderly citizens, persons with chronic illnesses, a daily wage earner, a person with disabilities, a person who lost their livelihood, and members of the Vedda community were consulted. While many of the other categories of stakeholders have not been engaged with, the categories who were consulted appear to have been weakly represented (purely in terms of the numbers and without prejudice to the views they reportedly shared).

As discussed before, the consultations were scheduled by the SEP teams, and seem to have coincided with the successive proposal stages of the Project, including its additional financing and restructuring phases (i.e., April 2020 – initiation of the Parent Project; May 2020 – prior to the proposal for AF1; December 2020 – prior to the restructuring of AF1; April 2021 – prior to the proposal of AF2). Nothing indicates the consultations to have been announced ahead of time and the civilian participants in the rounds seem to have been selected randomly, and do not seem to include any stakeholders who initiated any correspondence with the SEP teams themselves. The summaries of the consultations broadly indicate that the participants were unaware of the existence of a World Bank project on Covid at the time of the consultation— which indicates they had not accessed or consumed any project information prior to the consultation. While the summaries show that those consulted have shared important perspectives, they did not necessarily diversify or complicate the established thinking

pertaining to the Project.

Fieldwork conducted for this report indicated widespread unawareness of the Sri Lanka Covid Project. Almost all who participated in the focus group discussions did not know the cash transfers had been funded by the Project. Though some were aware that the drive for the third (Pfizer/booster) dose of the vaccine was funded by the World Bank, awareness of the full scope of the vaccination component of the Project was very low across the board. This unawareness would have contributed to stakeholders' ability to contribute to the Project through meaningful consultations. The stakeholder consultations had relied primarily on phone interviews, which was perhaps necessary considering the movement restrictions prevalent during the pandemic—however, various project documents recognise the limitations of such communication methods with respect to vulnerable groups, and it is unclear from the consultation summaries how the SEP teams ensured the inclusiveness of consultations while conducting them via telephone. Indeed, it is moot to consider the inclusiveness of stakeholder consultations given the low amount of individuals contacted across four rounds.

### *Grievance redress mechanisms*

Grievance redress is an important aspect of stakeholder engagement, and especially so in this Project, where it was the only clear form of correspondence that stakeholders could initiate themselves with the Project. As an element of stakeholder engagement, grievance redress aims to not only provide satisfaction to individuals or groups affected by the project, but also create a feedback loop between stakeholders and project implementation so as to ensure that the project is responsive to any aspects in project design that give rise to grievances. A grievance redress mechanism must be accessible and inclusive, address concerns without retribution, and project-affected parties must be informed clearly of the relevant process. Handling of grievances should be culturally appropriate, discreet, objective, sensitive and responsive to the needs and concerns of the project-affected parties. It should also allow for anonymous complaints.

The Project implemented two separate GRMs. One for the health sector operating under the Ministry of Health (MOH), and a second one for the transfer programme, which operated under the Ministry of Finance (MOF). As of September 2021, the MOH mechanism had recorded 1552 grievances of which 1314 had been resolved. From the grievances received, 928 of the grievances were from people requesting Pfizer vaccine and others vaccine related enquiries such as requesting vaccines/vaccine certificates for foreign employees and individuals to be immigrated, requesting vaccines for elderly, people with special needs and pregnant mothers. The GRM at the MOH now functions as the National Grievance Management System for Health Services. While some data on grievances recorded by the MOH mechanism, as mentioned above, were available in the SEP of September 2021, no further data could be located beyond that date. Moreover, as regards the MOF mechanism, no data could be located, including in the aforementioned SEP, which states that the project management unit is “currently involved in gathering and analyzing the grievances and is expected to submit a

report to WB.”<sup>20</sup>

The vast majority of the participants consulted in the fieldwork for this report indicated ignorance of the formal GRMs established under the Project. In general, especially in relation to the cash transfers, most parties aggrieved in some way would appeal or complain to the Samurdhi officer, Grama Niladari or Divisional Secretary. Though by design the transfer GRM included four tiers through which grievances would be escalated, the SEP also states that, due to the emergency nature of the transfer program, “all grievances will be handled at the Divisional Secretariat level.”<sup>21</sup> In the fieldwork, participants indicated how fears of reprisal existed when recording grievances with local level authorities like the Grama Niladari or Divisional Secretary, since various public services and procedures beyond the transfer programme and indeed the Covid pandemic required interacting with such officials. As such, individuals dissatisfied with how a grievance was handled would abandon the issue for the sake of avoiding further confrontations, especially considering the small amount of cash involved in the transfer. However, the trans sex workers participating in the FGD recounted how aggressively they fought to receive the cash transfer. However, none of their appeals to officials were successful until they secured a letter from local government politician who instructed the relevant officials to include them in the transfer programme. They explained that this initial confrontation familiarised them with the officials, who were acerbic with them in subsequent encounters even if they were not denied the transfers again. On the other hand, many participants in the fieldwork mentioned that appeals to the Grama Niladari or Divisional Secretary were almost invariably successful with them receiving the transfer amount in the next round.

As mentioned before, though the Project disclosed its original SEP early on in March 2020, the next revision was disclosed three quarters of a year later in January 2021. In the intervening months, the first Additional Financing, which established the cash and in-kind transfer programme, had been approved, partially implemented, and then overhauled beyond recognition. The transfers originally envisaged by the project subcomponent of AF1 were never implemented. This means that, several categories of social security beneficiaries, whom the AF1 Project Paper had insisted in June 2020 as being in desperate need for assistance, never received said assistance after the proposal was approved. The government touted widely the launching of a Covid relief programme and even issued transfers over two months (in April and May 2020), well before the World Bank ever got involved in that programme through AF1. Those in need of cash assistance would have expected some continuity in the transfers some of them had received in April and May 2020. The failure to implement the transfers up to 6 or 7 months as the Project had planned had devastating consequences on those who needed the assistance the most. However, they had no recourse through stakeholder engagement, to the extent that no SEP had been disclosed until the project subcomponent had already been restructured. The AF1 transfer programme also established a stand-alone grievance redress mechanism for transfer beneficiaries—however, the non-disclosure of a revised SEP in a timely manner, coupled with the weak implementation of stakeholder consultations (see the subsection on meaningful consultations below), means that

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<sup>20</sup> SEP, September 2021, p. 52.

<sup>21</sup> SEP, September 2021, p. 55.

parties with grievances or organisations concerned with facilitating grievance redress, had no information related to transfer-related grievance redress within the SEP framework.

### Environmental and Social Management Framework

The first stage of implementing the World Bank’s ESF is the assessment of the environmental and social (ES) risks and impacts associated with the project in consideration. Such an assessment can be done in several modes, as provided in the Framework, and the Borrower must adopt the one most appropriate to the project in consideration.

The Sri Lanka Covid Project adopted an assessment of risks and impacts in the form of an Environmental and Social Management Framework (ESMF). The ESMF is used to assess the risks and impacts of a project when they “cannot be determined until the program or subproject details have been identified.”<sup>22</sup> The Project chose ESMF as the assessment tool because of the “emergency response nature” of the Project in the context of a pandemic that is unprecedented in recent times. Thus, the ESMF was submitted “in lieu of” an Environmental and Social Impact Assessment, the main method of assessing ES risks and impacts within the World Bank’s ES Framework.<sup>23</sup> Generally, though an ESMF may substitute a fully-fledged ESIA, it should eventually result in an Environmental and Social Management Plan (ESMP). However, it is unclear whether this was done in the Project.

As mentioned before, though an ESMF is said to have been made public in May 2020 by the Ministry of Health<sup>24</sup>, a copy of the same was not available on the site.<sup>25</sup> The earliest version of the ESMF available in the Bank’s project document repository is dated January 2021. After the disclosure of an ESMF in January 2021, two more updates to it followed, one in May 2021 and another in September 2021.

The risks and impacts identified in the successive ESMFs are broken down in Table 3. The ESMF is meant to be an adaptive tool within the ESF, being revised as the project gains new information and knowledge of the broader context within which it is implemented. Comparison across the successive revisions of an ESMF enables the reader to gauge the intensity and meaningfulness with which a given Borrower engages in the process of ensuring the Environmental and Social Standards defined in the ESF.

Table 3. Successive updates to identified risks in the project ESMF

Risk Identified	Update to ESMF		
	January 2021	May 2021	September 2021

<sup>22</sup> ESF, 2016, p. 24.

<sup>23</sup> Government of Sri Lanka, *Revised Environmental and Social Management Framework (ESMF) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (January 2021), p. 7 (hereinafter, “ESMF, January 2021”).

<sup>24</sup> ESMF, May 2021, p. 15.

<sup>25</sup> See text accompanying note 18, above.

<b>Inability of marginalised and vulnerable social groups to access information</b>	<ul style="list-style-type: none"> <li>- not owning or knowing how to use devices through which info is disseminated</li> <li>- not being able to seek assistance</li> </ul>	No updates	No updates
<b>Inability of marginalised and vulnerable social groups to access services and facilities</b>	<ul style="list-style-type: none"> <li>- curtailed transport facilities; difficulty for those in rural areas to travel long distances to townships to access hospitals</li> <li>- lack/limited financial resources (due to loss of incomes/livelihoods as well as of family members)</li> <li>- inability to access support systems</li> <li>- elderly and PWDs facing challenges in traveling to collect/submit applications from the Grama Niladari officers, Divisional Secretaries and collect their cash payments from post offices</li> <li>- health staff may be overextended addressing COVID-19 that they are unable to treat and care for elderly or the chronically ill</li> <li>- elder care homes, orphanages, homes for the disabled and shelters for GBV victims may be constrained with limited financial resources and capacities</li> </ul>	<ul style="list-style-type: none"> <li>- Possible risk of difficulties in reaching vaccination centres</li> <li>- Grama Niladaris are no longer a potential destination for collecting/submitting transfer applications</li> </ul>	No updates
<b>Insufficient accommodation and servicing requirements</b>	<ul style="list-style-type: none"> <li>- lack of universal access principles in quarantine facilities/homes &amp; lock down locations</li> <li>- undignified treatment of patients and families in health care facilities, quarantine centres, isolation units,</li> <li>- increased risks relating to GBV, child abuse, etc., while in quarantine and self-isolation</li> <li>- prevention of SEA/SH, ensuring minimum accommodation and servicing requirements in health care facilities, quarantine and isolation centres</li> </ul>	<ul style="list-style-type: none"> <li>- Vaccination centres added as a site for potential risks of undignified treatment</li> <li>- Vaccination centres added as a site for potential risks relating to GBV, child abuse, etc</li> </ul>	No updates

	<ul style="list-style-type: none"> <li>- attention to specific, culturally determined concerns of vulnerable groups</li> <li>- some vulnerable groups (especially the elderly, people with disabilities or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment</li> </ul>		
<p><b>Increase in social tensions</b></p>	<ul style="list-style-type: none"> <li>- fear of contamination from inadequate waste management, especially in neighbourhoods and areas close to healthcare institutions</li> <li>- competition over limited medical supplies, elite capture of goods and services provided under the Project</li> <li>- frustration with containment measures</li> <li>- stigmatisation of some social groups</li> <li>- expansion of cash transfers will increase risks associated with possible exclusion of eligible beneficiaries which may lead to social tensions among beneficiaries and non-beneficiaries.</li> <li>- challenges in accessing overburdened health services causing further social unrest</li> <li>- conflicts arising from false information/rumours</li> <li>- lack of information related to the cash transfer (application process and eligibility criteria)</li> <li>- delays in delivery of essential food items to households under quarantine</li> <li>- households under quarantine being dissatisfied with the quality and contents of the food packs</li> <li>- spread of foodborne illnesses</li> <li>- inadequate consultations with relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>- risk of social tensions arising from competition over limited vaccinations</li> <li>- risk of social tensions arising from elite capture of vaccinations</li> <li>- risk of social tensions from excluding eligible beneficiaries</li> <li>- confusion, anxiety, and low uptake of the COVID19 vaccination resulting from inadequate public engagement, misinformation and spread of rumours</li> </ul>	<p>No updates</p>



	<ul style="list-style-type: none"> <li>- anger and stigma towards certain communities and infected persons may result in result in discrimination (e.g., tour guides, foreigners, healthcare staff, military personnel)</li> <li>- fear of accessing health services due to contamination</li> <li>- fear of reporting suspected cases due to fear of stigmatisation</li> <li>- fear of being quarantined and being asked to leave one's home</li> </ul>		
<b>Risks associated with SEA/SH, GBV and Violations of Child Rights</b>	<ul style="list-style-type: none"> <li>- various incidents have been reported violating the rights of women and children over the one-month period of partial lockdown</li> <li>- the proportion of child cruelty cases as a total, rose from 10 per cent to 40 per cent</li> </ul>	<ul style="list-style-type: none"> <li>- increased risks of GBV incidents due to women being pressured to avoid vaccination (citing findings from stakeholder engagement)</li> </ul>	<p>“As the military is involved in the vaccination program, the project has conducted a risk assessment to ensure that adequate measures are in place to address the associated risks such as risks of unlawful/abusive behaviour, including sexual exploitation and abuse (SEA)/sexual harassment (SH) or excessive use of force. The findings from the risk assessment concluded that the overall E&amp;S risk of involving military as being ‘low’, given the measures in place to address the associated risks. As per the findings from the report, no human right violations or GBV/SEA/SH have been reported to the military or the MOH through the available channels during the vaccination program.”</p>
<b>Risks associated with the deployment of security personnel</b>	<ul style="list-style-type: none"> <li>- Does not highlight any potential risks but justifies potential military involvement pre-emptively</li> <li>- “While in the case of military operations, there have been allegations over the involvement of armed forces in human rights violations during the thirty-</li> </ul>	<ul style="list-style-type: none"> <li>- states military will not be involved, citing Ministry of Health</li> <li>- goes on to add—”However, if the military is involved in the future in any project activities, the project will also screen and identify the risks related to contracting and/or utilizing security</li> </ul>	<p>See section on military use below</p>

	<p>year long civil war, there has been no major adverse reports on the deployment of security personnel in emergency situations. Instead, the civilian community in general has valued the services provided by the tri-forces in the recovery operations.”</p>	<p>forces (following guidance given in Annex 22 of ESMF). In doing so, the environmental and social assessment will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.”</p> <p>See further section on military use below</p>	
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The environmental and social assessment is carried out to ensure that the relevant risks and impacts to be expected with a project are duly identified and mitigated as part of project implementation. The ESMF is meant to be updated as the Project progresses, especially in line with the stakeholder engagement processes meant to be implemented in tandem. However, the ESMF does not reflect any significant evolution in risk assessment. Two major updates were made to the ESMF, in May and September 2021. Both these updates evidently coincide with the expansion of the Parent Project through AF2 and AF3 respectively, both of which dealt with the vaccine component. The lack of development in the broader risk assessment since January 2021 is explained by the inadequacy of meaningful consultations in SEP implementation.

### Environmental and Social Commitment Plan

The identification and assessment of environmental and social risks and impacts, including the mitigation plan developed as part of that process, culminates in what is known as the Environmental and Social Commitment Plan (ESCP). The ESCP is an agreement between the Bank and a Borrower, and forms part of the Legal Agreement underlying the project financing (and is thus theoretically enforceable). The ESCP sets out the “material measures and actions” required for the project to meet the Environmental and Social Standards over specified “timeframes”.

The Bank requires its task team to ensure that the ESCP “reflects in adequate detail the measures and actions agreed between the Bank and the Borrower to address risks or impacts on disadvantaged or vulnerable individuals or groups.”<sup>26</sup> However, the first update to the ESCP since Additional Financing for the Project was approved only includes the following measure with regard to disadvantaged and vulnerable individuals and groups: “Assess the environmental and social risks and impacts of proposed Project activities including ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the

<sup>26</sup> DVIG Directive, March 2021, section III.8. The predecessor to this directive was materially the same on the obligations of the task team on this point.

Project in accordance with the ESSs and the ESMF prepared, disclosed and adopted for the Project.”<sup>27</sup> It also excludes “Activities that may affect lands or rights of indigenous people or other vulnerable minorities” from eligibility for financing under the Project.<sup>28</sup>

As such, though the Bank requires the task team to ensure that the ESCP reflects the relevant measures in adequate detail, in fact, the ESCP for the Project merely incorporates the ESMF, along with all its attendant flaws highlighted in this report, above. As the Major Gaps chapter of this report details, many of the impacts that disadvantaged and vulnerable individuals and groups were subjected to during the course of the Project thus far remain unaddressed by both the Bank as well as successive governments to date. The failure to do so is directly referable to the inadequacies of the stakeholder engagement process and the grievance redress mechanisms, as highlighted above.

Below, we track successive updates to the ESCP, to identify its evolution with reference specifically to the transfer programme and vaccine deployment.<sup>29</sup>

- March 2020 (23/3/2020)<sup>30</sup>
  - No mention of transfers
  - No mention of vaccines
  
- January 2021 (15/1/2021)<sup>31</sup>
  - Cash transfers—
    - ESS 1, 1.1, Material Measures and Actions: The PCU/PMU at the MoF will designate a focal point to implement the environment & social activities pertaining to the cash & in-kind support component of the Project as described in the SEP, LMP, ESCP, and ESMF.
    - ESS 1, 1.2, Timeframe: The ESMF for the parent project was disclosed by GoSL on 9 May 2020. However, it will have to be updated to include activities/issues relating to cash & in-kind support component prior to Board date.
    - ESS 2, 2.1, Timeframe: LMP ... will have to be updated to include activities/issues relating to cash & in-kind support component under the AF prior to Board date.
    - ESS 10, 10.2, Material Measures and Actions: Accessible grievance arrangements, utilizing the existing GRM established under the World Bank-financed PSSP as well as a standalone GRM for the cash & in-kind transfer component, shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the World Bank.

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<sup>27</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (January 2021), p. 4 (hereinafter, ESCP, January 2021).

<sup>28</sup> See, ESCP, January 2021, p. 5.

<sup>29</sup> Where dates differ within a cited document and in the World Bank document database, this report cites the date as stated in the Bank database.

<sup>30</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (March 2020).

<sup>31</sup> ESCP, January 2021.

- ESS 10, 10.2, Timeframe: GRM for the cash & in-kind transfer component will be established prior to the signing of loan agreement, and both the GRMs will be accessible and functional throughout Project implementation.
    - No mention of vaccines
- March 2021 (4/3/2021)<sup>32</sup>
  - No mention of transfers
  - Vaccines
    - ESS 1, 1.2.b, Material Measures and Actions: Prepare, disclose, consult, adopt and implement any environmental and social management plans (e.g. health-care waste management plans), instruments or other measures required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP), including relevant WHO guidelines to, inter alia, ensure access to and allocation of Project benefits in a fair, equitable and inclusive manner, taking into account the needs of individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable with regard to access to vaccines
    - ESS 1, 1.2.d, Material Measures and Actions: Adopt procedures, protocols and/or other measures to ensure Project beneficiaries that receive vaccines under the Project do so under a program that does not include forced vaccination and is acceptable to the Bank, as set out in the ESMF.
    - ESS 7, 7.1, Material Measures and Actions: MEASURES FOR INDIGENOUS PEOPLES: The Project shall be carried out in accordance with the applicable requirements of ESS7, including, inter alia: (i) ensuring that the Stakeholder Engagement Plan (SEP) includes meaningful consultations with indigenous peoples throughout Project implementation; (ii) implementing procedures, protocols and/or other measures to ensure that indigenous peoples have access to Project benefits in an fair, equitable, inclusive and culturally appropriate manner, as relevant, with regards to vaccines [as set out in the ESMF and the SEP; and (iii) implementing measures to ensure that indigenous peoples are able to access the Project’s grievance mechanism in a culturally appropriate manner.
    - ESS 10, 10.1, Timeframe: A revised SEP has been prepared and disclosed and shall be updated again no later than 30 days before rolling out of COVID vaccination program. The SEP shall be implemented throughout the period of Project implementation.
    - ESS 10, 10.2, Material Measures and Actions: The grievance mechanism shall also receive, register and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects, [and, as appropriate, requests for compensation]
- March 2021 (12/4/2021)<sup>33</sup>

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<sup>32</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (March 2021a), p. 4 (hereinafter, “ESCP, March 2021a”).

<sup>33</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (March 2021b).

- No mention of transfers
- Vaccines
  - ESS 1, 1.2.b, Material Measures and Actions: same as previous ESCP
  - ESS 1, 1.2.d, Material Measures and Actions: same as previous ESCP
  - ESS 4, 4.3, Material Measures and Actions: Use of military or security personnel – refer document
  - ESS 4, 4.3, Timeframe: – refer document
  - ESS 7, 7.1, Material Measures and Actions: same as previous ESCP
  - ESS 10, 10.1, Timeframe: same as previous ESCP
  - ESS 10, 10.2, Material Measures and Actions: same as previous ESCP
- September 2021 (16/9/2021)<sup>34</sup>
  - No mention of transfers
  - Vaccines
    - Same as previous ESCP
- September 2021 (24/9/2021)<sup>35</sup>
  - No mention of transfers
  - Vaccines
    - Same as previous ESCP

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<sup>34</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (September 2021a).

<sup>35</sup> Government of Sri Lanka, *Environmental and Social Commitment Plan (ESCP) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (September 2021b).

## Major Gaps in ESF Implementation

This section highlights a number of risks and impacts of the Project which were identified through the fieldwork that the ESMF and ESCP fail to capture adequately. In addition, in some areas, though the ESMF and ESCP correctly identify relevant risks and impacts, their mitigation is unsuccessful, disproportionate, or distorted, particularly in terms of the mitigation hierarchy that the ESF stipulates in ESS 1.<sup>36</sup> These are discussed in turn below.

### Electioneering through cash transfers

In the context of upcoming parliamentary elections, the failure to apprehend the potential for political abuse within the cash transfer programme is a significant gap in the ESMF's assessment of social risks. The cash transfer subcomponent had been approved for Additional Financing in June 2020 and, though an ESMF should be updated in a timely manner, it had not been updated even by the time the elections were concluded. However, the assessment of key risks in the Project Paper for AF1 is perhaps indicative of the risk analysis that would have applied to an updated ESMF. Yet, the Project Paper does not highlight any concerns about potential political abuse. On the contrary, its major concern is that the Elections Commission may restrict implementing the transfer programme. The Paper states, "The political risk [of the proposed Additional Financing] is Substantial ... impending national elections and consequent restrictions that be [*sic*] imposed by the election commission may lead to some delays ... during the election period."<sup>37</sup>

Fieldwork clearly indicated the use of cash transfers in electioneering. A majority of participants described how transfer distributions were based on electoral lists, and how local politicians presided over cash distribution carried out ceremonially in local community centres or school halls. Participants relating such stories came from different areas from the same district, and sometimes from different districts, establishing that the political capture of the transfer programme was widespread and systematic. Some participants claimed that party loyalists were prioritised while others were excluded. One participant, who was a community leader of a Village Committee, had been assigned by her local Grama Niladari (GN) to prepare the list of beneficiaries based on those whose livelihoods had been disrupted by Covid. However, the GN had later contacted her to inform her that she could stop work on the list because the responsibility of developing the list had been reassigned to the local Samurdhi officer. She claimed that Samurdhi officers were generally political appointees and were therefore more susceptible to political influence. She also claimed to have first-hand knowledge that the list in her area was developed by the Samurdhi officer in coordination with the local council politician of the ruling party; however, she also mentioned that the local organiser of the second most powerful party had also participated in the process. Peers in her area who felt victimised by the discriminatory process came to her home and shouted abuses at her and her family for having excluded them in the list. They had been unaware that the responsibility of developing the list had been reassigned to the Samurdhi officer. In the focus

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<sup>36</sup> See, ESF, 2016, p. 16.

<sup>37</sup> AF1 Project Paper, June 2020, para. 33.

group discussion with trans women, four trans women who lived together in the same area recounted how they were repeatedly denied the cash transfer by local authorities—until they sought the support of a local politician. Shown a signed letter from that politician instructing the authorities to provide cash transfers to the women, the authorities had relented—albeit grudgingly.

The abuse claimed in the fieldwork broadly describes distributions that took place in April and May 2020, before the World Bank became involved in the transfer programme through AF1. However, in April, the Election Commission had set the election date to August, and the proposed support for the transfer programme was meant to continue through June for at least 4-5 months indicatively.<sup>38</sup> Stakeholder consultations were held in May 2020 for the cash transfer subcomponent in AF1.<sup>39</sup> The summaries of those consultations do not mention any politicised cash distributions, especially in the question formats used to consult the participants.<sup>40</sup> Indeed, because the consultations had spoken to only 10 civilians, the silence on the matter is essentially immaterial, except to demonstrate the bewildering omission in risk assessment and stakeholder engagement.

### Exclusion and inclusion errors

In the context of social security transfers, exclusion and inclusion errors refer to instances of excluding those who should be receiving benefits and including those who should not be receiving them, respectively. Exclusion errors are of particular concern as they reflect violations of the right to social protection. On the other hand, inclusion errors are of concern from a perspective of efficiency since they reflect wastage of funds. Moreover, if either type of error occurs in bad faith and deliberately, issues of discrimination also arise. Such discrimination is particularly egregious when the transfer is direly needed, especially as a result of state-mandated circumstances like social isolation and curfew.

The ESMF recognised, by January 2021, the risks related to inclusion/exclusion errors: “The social risks related to the [transfer programme] includes ... the risks associated with possible exclusion of eligible beneficiaries that may lead to social tensions among beneficiaries and non-beneficiaries. These risks are likely to be significant *especially if there is limited dissemination of information about the cash & in-kind support, lack of transparency in the application and decision-making process relating to cash transfer, misuse of funds ... and inadequate consultations with relevant stakeholders.*”<sup>41</sup>

The fieldwork for this report indicated that both inclusion and exclusion errors were extremely likely to have taken place in terms of the transfers issued before AF1 was approved (in April and May, 2020). Multiple issues were identified through the focus group discussions. Families in low-income households were eligible for cash transfers, but there was no specific process to establish their eligibility as low-income earning. Disruptions to livelihood were identified

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<sup>38</sup> AF1 Project Paper, June 2020, para. 13.

<sup>39</sup> SEP, September 2021, p. 29 and 71 et seq.

<sup>40</sup> SEP, September 2021, pp. 70-79.

<sup>41</sup> ESMF, January 2021, p. 63. Emphasis added.

based on existing relationships between administrators, selection committees, and those seeking transfer benefits. No discernible safeguards against potentially malicious exclusions were immediately evident, but for the GRM established for the Project, which, as discussed before, was underutilised by many discussants participating in the discussions. In general, FGDs with participants in the western province described the ease with which they received transfers, while participants in the North and East described more discerning distributions. In the FGDs comprising of CKD caregivers and high-rise dwellers, who were from the western province, participants claimed that almost everyone got the transfers if they were in the electoral list, with only a few exceptions. Meanwhile, the fieldwork in Mannar and Batticaloa disclosed many stories of exclusion: “family books” were strictly required; permanent residency was required; those in the list who failed to attend the distributions were excluded; etc. Similarly, reports from some areas in Batticaloa indicate that beneficiaries were required to bring a copy of their marriage registration.

- *“...the Samurdhi beneficiaries and people living below poverty line were also included for the allowance in the first stage. We were instructed to exclude the people who were employed and include the people living below poverty line. When a family is entitled for many allowances such as CKD allowance, allowance given for the senior citizens and allowance given for the disabled people, only one allowance was allowed. ... If a family member was employed abroad, that family was not included in the beneficiary list. This led to some conflicts.”*
  - *Samurdhi Development Officer, a village in Mannar<sup>42</sup>*
- *“...All the Samurdhi beneficiaries received the allowance. [they] did not face any difficulty in receiving the allowance. Other families faced some problems. They announced three times that they would give money. When I went for the first time I did not receive. The second time also I did not receive. When I went for the third time I was told that those who had vehicles would not be entitled for the allowance. I have a tractor. It was of no use to me as I could not earn a living out of it. I did not receive the money. At last I contacted the assistant DS and accessed the Samurdhi officer. After many struggles, I received the allowance after one month.”*
  - *Discussant at FGD, a village in Mannar<sup>43</sup>*
- *“Many people in the village did not get money and issues cropped up due to that. One family was separated due to a family issue. The wife and the children were living separately from the father. They were not given the money. When the wife came with her children and requested, they gave her the money...”*
  - *Discussant at FGD, a village in Mannar<sup>44</sup>*
- *“Some people didn’t get cash, but the Rs 5000 was deducted as loan repayments. In some areas, those who had loans were told they will not get the Rs 5000. Women who had taken Samurdhi loans fought with the officers until they changed this rule, who agreed to give Rs 10000 in two instalments, if they had compulsory savings of at least Rs 15000 as a condition. Officers have said that it still had not been deducted from compulsory savings, but it might be deducted if needed in the future ... Those who*

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<sup>42</sup> Identifying details of the interviewee withheld in the interests of confidentiality.

<sup>43</sup> Specific details of FGD locations withheld in the interests of confidentiality.

<sup>44</sup> Specific details of FGD locations withheld in the interests of confidentiality.



*were not on the vote list were told they had to go to the [Grama Sevaka] where they were registered and get a letter. During the curfew times could people go?"*

- *Report of the FGD in Batticaloa*

On the other hand, trans sex workers participating in an FGD, who were from the western province, also recounted the many difficulties in trying to access the transfers. They were initially denied access because they were not permanent residents of the area. When the program was opened to boarders as well, they were still refused because they were single occupants; when they coupled up with each other to reapply, they were refused again for being unmarried. As in the other groups, they described how they accessed the transfer through the help of a local council member, who had written to the Samurdhi officer to have them included in the transfer program, which was successful. Due to their tendency to engage strongly/loudly with administrators, they had been identified as potential troublemakers and prioritized in all the relief efforts after the first incident. However, by contrast, a lone trans garment factory worker who found herself homeless during the first lockdown, had no success with the transfer program, even though she applied. She did not know about the possibility of appeal.

Thus, there appears to have been regional disparities in the strictness of eligibility criteria, which seems to overlap with a North-South divide, though this is not conclusively established in this report, because the sampling did not include as many southern districts as northern and eastern districts. However, even in the south, particularly vulnerable groups such as trans folk, who systematically face stigma and discrimination in society, faced exclusion. The possibility of regional disparities in the strictness of the application of eligibility criteria may be linked to the election-related abuses of the transfer programme discussed above. It would be important to systematically assess such disparities through stakeholder consultations, so as to identify whether there is overlap between the strict-eligibility regions and local authority areas where the ruling party or other major parties were not in power.

### Inadequacy of the cash transfer

The vertical expansion supported by AF1 was as part of a system-wide temporary scaling up in all transfer programmes of the government, in order to raise them all to the same amount of Rs 5000 (see Table 1).<sup>45</sup> However, the rationale underlying AF1 was to facilitate continued social distancing among low-income households, based on the thinking that a spike in transmission rates of Covid would be inevitable if low-income households did not have the economic capacity to remain at home. As such, to control transmission rates, incomes needed to be supplemented with direct monetary transfers. This strategy, to be successful, naturally depended on the adequacy of the transfer.

However, while most participants stated they found the Rs 5000 adequate to maintain a certain level of subsistence, groups with particular vulnerabilities had more difficulties. For example, in the FGD with the trans sex workers, they related how, even after getting the transfer through many struggles with discriminatory authorities, they were forced to pay early rent by the

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<sup>45</sup> Only the CKD allowance was not scaled up, as it was already Rs 5000.

landlord. They explained that they lived in an informal renting arrangement and would have faced immediate eviction if they had refused to pay rent when it was demanded. Thus, they were compelled to resort to sex work even during the lockdown.

Similarly, the CKD caregivers discussed how, well before Covid lockdowns, a single round of dialysis cost upwards of Rs 7000, and during Covid a single day of treatment cost even more. For example, the cost of transport to hospital alone had increased manyfold because public transport was not available during lockdown, and they were compelled to hire vehicles to travel to private hospitals in the city (because government-run general hospitals only provided dialysis for patients about to receive transplants). Moreover, while a single round of dialysis cost upwards of Rs 7000, an average kidney patient requires at least eight rounds of dialysis per month, if not more.

One of the stated objectives of assessing risks and impacts under ESS 1 is to “adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable.”<sup>46</sup> Differentiated measures are a core concept of the ESF and cuts across all ESSs. As such, the ESMF, as well as other project documents like the Project Paper for AF1, are glaringly silent on the rationale behind increasing *all* existing transfer programmes to the same amount (see Table 1). Even though CKD relief is one of the specific cash transfers supported by AF1, the stakeholder consultations on cash transfers spoke only to one chronic kidney disease patient. Curiously, not only does the “CKDu patient, male, from Anuradhapura” omit to mention the high monthly costs of dialysis, he has also apparently stated that he “stayed fully at home due to condition [*sic*].”<sup>47</sup> On the other hand, participants (6 in total) of the FGD conducted with CKD caregivers as part of this report’s fieldwork stated, across the board, that all the kidney patients under their care needed dialysis and that it was impossible to miss it, which would have been excruciatingly painful and almost certainly deadly.

The ESMF (and the Project as a whole) ought to have considered the disproportionate impact of a one-size-fits-all expansion in the transfer programme. The failure to do so has neglected the requirement under the ESF to provide differentiated measures to disadvantaged and vulnerable groups. Indeed, besides the need for differentiated measures, the failure to ensure that beneficiaries with different needs received an adequate cash transfer jeopardised AF1’s stated objective (of economically supporting those who could not otherwise afford to socially distance). Of course, it is moot to discuss the jeopardy of project objectives because the transfers were not implemented in 2020 after the proposal for AF1 was approved.

### Vaccine prioritisation

The purpose of the second Additional Financing was to support the Sri Lankan government in meeting its target of covering 60% of the population with vaccination by financing 18% of the cost of procuring vaccines and 20% of the cost of deploying them. The Paper proposes to do

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<sup>46</sup> ESF, 2016, p. 16.

<sup>47</sup> SEP, September 2021, pp. 71-72.

so by financing the scale-up of selected activities identified in the National Deployment and Vaccination Plan (NDVP) developed by the government in January 2021.

Because only part of the population was being vaccinated, how vaccines would be prioritised was a primary concern for AF2. In its political risk assessment, the Paper states that, “there may be risks ... in ensuring appropriate targeting of the ... vaccines to reach the priority populations.”<sup>48</sup> The Paper incorporates the identification of population group priorities in the NDVP (see Table 4), and notes that “specific criteria to identify people with co-morbidities will be established.”<sup>49</sup> The Paper also notes that, “The key social risks for this AF will be the risks of social exclusion of prioritized groups, including those from high-risk and vulnerable categories and those in remote locations from accessing the vaccine.”<sup>50</sup> The ESMF, in its May 2021 revision, observed that any issues with vaccine prioritisation posed risks of social tensions, which could arise from competition over limited vaccinations, from the elite capture of vaccinations, and from excluding eligible beneficiaries.<sup>51</sup>

Table 4. Prioritised population proportions for COVID-19 vaccination (Source: AF2 Project Paper, April 2021)

Category	Number	Population proportion%	Cumulative proportion%
Frontline health workers	155,000	0.69	0.69
Front line military and police	127,500	0.56	1.25
Above 60	3,159,800	14.0	15.25
International travelers and outbound migrant workers/ students, other vulnerable, cleaning, ports, essential, immune compromised	225,700	1.0	16.25
Working population 50- 59 with comorbidities	1,241,350	5.5	21.75
Working population 40 – 49 with co morbidities	1,151,070	5.1	26.85
Working population 30 – 39 with co morbidities	835,090	3.7	30.55
Working population 50- 59 without co morbidities	1,286,490	5.7	36.25
Working population 40 – 49 without co morbidities	1,828,170	8.1	44.35
Working population 30 – 39 without co morbidities	1,218,780	5.4	49.75
Other eligible	2,313,050	10.25	60.00

However, the Project Paper on AF2 notes that, in accordance with the NDVP, the risks related to prioritisation will be mitigated through “assurance mechanisms such as the establishment of an acceptable plan for within group allocation [*sic*],” where a UNDP technical committee at the MoH would oversee the process on a weekly basis.<sup>52</sup> It also highlights the real-time tracking mechanism proposed under the Vaccine Readiness Assessment Framework (VRAF), developed for the NDVP, which is a “digitalized real time immunization tracking system for the COVID-19 vaccination ... developed by MoH... This tracking system will be scaled up to cover all districts...”<sup>53</sup>

<sup>48</sup> World Bank, *Sri Lanka - COVID-19 Emergency Response and Health Systems Preparedness Project: Second Additional Financing (English)* (April 2021), para. 52 (hereinafter, “AF2 Project Paper, April 2021”).

<sup>49</sup> AF2 Project Paper, April 2021, para. 37.

<sup>50</sup> AF2 Project Paper, April 2021, para. 87.

<sup>51</sup> ESMF, May 2021, p. 85.

<sup>52</sup> AF2 Project Paper, April 2021, para. 51.

<sup>53</sup> AF2 Project Paper, April 2021, para. 88.

Stakeholder consultations in relation to vaccination was held in April 2021. Of the fourteen civilians consulted, ten were members of the Vedda community, and of the remainder, only one person mentioned issues with prioritisation. A male private sector worker, aged 34, from Colombo said, “There is already a shortage of vaccines, a particular class group that is benefitting, it was clear, the low class people may end up last, or not even get the vaccine, there are poor or vulnerable people who are very mobile due to various reasons, they must be identified and supported fairly...[sic]” Despite this solitary voice concerned with prioritisation in stakeholder engagement, issues with unfair prioritisation were widely reported in the media.<sup>54</sup> However, the ESMF in May 2021 only refers to the details provided in the VRAF on planning and implementation as the main risk mitigation strategy related to prioritisation.<sup>55</sup> Moreover, the ESCP also lacks specific details on how the government should ensure vaccine prioritisation is equitable and scientific. It only requires the government to take the measures required to “ensure access to and allocation of Project benefits in a fair, equitable and inclusive manner.”<sup>56</sup> The ESMF and ESCP are both extremely lenient on how vaccine prioritisation should be adopted, leaving broad leeway for the government to determine priorities on an ongoing basis. In fact, though a system of prioritisation was provided in the NDVP (see Table 4), it was completely abandoned as early as February 15, 2021<sup>57</sup>, a mere two weeks after vaccination began in Sri Lanka. Though a grievance redress mechanism was in place to deal with vaccine equity, and which was by then apparently linked to the National Grievance Management System for Health Services, as the Narahenpita Abayarama incident demonstrates, elite capture of vaccinations went unabated with support from the highest political levels.<sup>58</sup>

### Vaccine uptake and access to information

In the fieldwork conducted for this report, there was broad enthusiasm to get vaccinated among those consulted. In the FGD with the high-rise dwellers, many of the participants were above the age of 60 and were eager to receive the vaccine as soon as it was available to them. In the discussion with the CKD caregivers, some participants were eager to get vaccinated as they were constantly travelling to hospitals and so needed to feel safe. Among the trans folk participating, the NGO workers had all received early access to the vaccination through a project they were involved with the Ministry of Health. The trans sex workers were particularly enthusiastic about getting vaccinated, as they came into contact with strangers frequently, and actively sought out any form of preventative measures available.

However, there were those who wished to avoid vaccines, especially among women. In the FGD with the high-rise dwellers, while all the male participants were enthusiastic about getting

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<sup>54</sup> See, e.g., Law & Society Trust, *Let’s talk about the vaccine* (April 2021), available at: [https://lstlanka.org/images/pdf/2021/Lets\\_talk\\_about\\_the\\_vaccine\\_English.pdf](https://lstlanka.org/images/pdf/2021/Lets_talk_about_the_vaccine_English.pdf)

<sup>55</sup> ESMF, May 2021, p. 93.

<sup>56</sup> ESCP, March 2021a, p. 4.

<sup>57</sup> See, e.g., Law & Society Trust, *Let’s talk about the vaccine* (April 2021), pp. 10-12.

<sup>58</sup> EconomyNext, *Abhayarama’s unsanctioned vaccine rollout: Chief incumbent blames Sri Lanka govt* (31.5.2021), available at: <https://economynext.com/abhayaramas-unsanctioned-vaccine-rollout-chief-incumbent-blames-sri-lanka-govt-82578/>

vaccinated from the beginning, and had received at least two doses, among women participants, there was more scepticism. Generally, they were concerned about side effects and the brand of the vaccine—especially as regards the first two doses, which was generally Sinopharm within the group. They were especially concerned about the Pfizer booster, which they called “a completely new, completely different type of vaccine” causing many concerns. Some participants said they experienced severe side effects after the second shot, which made them stay away from the booster. The lone participant who had never received the booster, who was a woman, said she did not have a specific reason to get vaccinated; she also said that, though she saw advertisements on TV about the booster dose, they did not succeed in changing her mind about getting the booster. Among the CKD caregivers, the main reason for hesitancy were the rumours of severe side effects. One of the participants stated that her husband, who was a CKD patient, died suddenly within a month of being vaccinated. Many of them cited known healthcare workers who themselves had sworn off vaccination and had even warned them secretly not to receive the Pfizer vaccine. Some had also seen reports of the government doctor who was disciplined after writing about deaths caused by vaccination on his Facebook page.

To those hesitant about getting vaccinated, there was a dearth of information on the safety of the vaccine. The ESMF had planned to develop a communications and advocacy strategy which included awareness-raising on vaccine literacy. The VRAF mentioned above included provision for surveillance on Adverse Events Following Immunization (AEFI), which planned to implement the country’s existing guidelines on AEFI detection. According to the VRAF, Sri Lanka has a well-established targeted time tested AEFI surveillance system including guidelines compliant with international requirements such as WHO Global Manual on Surveillance of Adverse Events Following Immunization (2014).<sup>59</sup> The ESCP requires the establishment of a GRM which receives, registers and addresses concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects [and, as appropriate, requests for compensation].<sup>60</sup> No provisions related to a communications strategy are seen in the ESCP. As such, given the incidence of vaccine hesitancy based on the fear of dangerous side-effects, it is unclear to what extent the measures in the ESMF and ESCP were useful in promoting vaccine uptake. As discussed below, those who eventually got vaccinated despite their fears were not influenced by any information campaigns, but rather the various tactics resorted to by the government to compel vaccination.

### Vaccines without consent

While the SEP notes the risk of people “being pressured to take the vaccine ... without consent,”<sup>61</sup> the ESMF takes at face value the proposition that the Sri Lankan government does not have a policy of mandatory or forced vaccinations and highlights the procedures in place

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<sup>59</sup> Government of Sri Lanka, *Revised Environmental and Social Management Framework (ESMF) Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) (English)* (September 2021), p. 97 (hereinafter, “ESMF, September 2021”).

<sup>60</sup> ESCP, March 2021a, p. 9.

<sup>61</sup> SEP, September 2021, p. 16.

to obtain the written consent from those who receive vaccination.<sup>62</sup> The VRAF mentioned above was also cited in the Project Paper on AF2 as having developed an informed written consent form in accordance with the relevant legal framework. The ESCP imposes no specific obligations in relation to obtaining the informed consent of vaccine beneficiaries.

In the fieldwork, high-rise apartment dwellers described in their discussion how some of them were compelled to get vaccinated by army officers who arrived at their homes to tell them to get vaccinated. They said they could not refuse to obey the army. However, this incident took place in relation to a block within the housing scheme that had been reporting a high rate of transmission; a participant from the same scheme but a different block said she never experienced military interventions in promoting vaccine uptake, and others noted that her block had not been reporting high transmission rates. In general, those who were hesitant to get vaccinated were compelled by various policy tactics, such as the idea floated in the news back then that those who are not vaccinated will not be allowed to access public spaces. The fear of being victimised such policies led many participants who were otherwise hesitant to get vaccinated. Similarly, CKD caregivers participating in fieldwork described how doctors in the kidney hospital had threatened to withhold treatment to any patients who were unvaccinated. Another participant recalled how, even at the vaccine centre, where she had signed a consent form before getting the injection, doing so did not fully reflect an assumption of risk on her part because nobody at the centre explained the vaccine to her at the time of signing. Many participants echoed this description: whether at vaccine centres or at the housing scheme itself, no one explained the vaccine to them before administering it. In one vaccination centre, an incident was reported wherein the standard consent form had been altered by the local authorities and recipients of the vaccine were compelled to sign it.<sup>63</sup>

All participants were of the view that vaccination should never be coerced, no matter how contagious or deadly the illness in question was. One participant drew on the example of Sri Lanka's successful polio vaccination drive to explain how, with adequate stakeholder participation and information dissemination, coercion becomes unnecessary, as people vaccinate themselves voluntarily when they are adequately informed of its benefits. For most participants in fieldwork, there was a lack of such information.

### Vaccine uptake and military use

The use of military in the Project was a contentious issue from a very early stage. The evolution of the topic within the ESMF, for example, is evidence of this. In the ESMF of January 2021, a separate section is dedicated to "risks associated with the deployment of security personnel."<sup>64</sup> The section discusses previous military involvements in various disaster relief operations and details various frameworks that apply to the military in Sri Lanka, their level of training, the level of public support for military assistance, etc. Yet, the section does not specify

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<sup>62</sup> ESMF, May 2021, p. 80.

<sup>63</sup> Daily Mirror, *Vaccine recipients in Kandy asked to sign form before first Sputnik-V dose; Health Ministry unaware of the incident* (31.5.2021), available at: [https://www.dailymirror.lk/breaking\\_news/Vaccine-recipients-in-Kandy-asked-to-sign-form-before-first-Sputnik-V-dose-Health-Ministry-unaware/108-213137](https://www.dailymirror.lk/breaking_news/Vaccine-recipients-in-Kandy-asked-to-sign-form-before-first-Sputnik-V-dose-Health-Ministry-unaware/108-213137)

<sup>64</sup> ESMF, January 2021, p. 70.

any areas in which military deployment is expected to happen, nor does it clarify any anticipated risks related to military deployment which necessitated the analysis of military activity within the ESMF. The only hint is in the following allusion to the civil war: “While in the case of military operations, there have been allegations over the involvement of armed forces in human rights violations during the thirty-year long civil war, there has been no major adverse reports on the deployment of security personnel in emergency situations. Instead, the civilian community in general has valued the services provided by the tri-forces in the recovery operations.”<sup>65</sup>

The revised ESMF of May 2021 is explicitly clear that no operations had taken place thus far in the Project which involved military personnel. The ESMF, citing MOH, is also explicit that no military personnel will be resorted to in the deployment of the vaccine efforts. However, the ESMF also leaves room for a future shift in this policy, spelling out the international standards to rely on if the military is involved in the future in any project activities. On that basis, the ESMF repeats the analysis from January 2021 for the purpose of providing background information on “military/security involvement in Sri Lanka in civilian activities.”<sup>66</sup>

However, in September, the ESMF was updated to the effect that the military would in fact be involved in the vaccination drive. The main reason for this about-face in policy is clarified as the trade union actions engaged in by healthcare staff at the time which had supposedly resulted in a sharp dip in the number of vaccinations achieved per day. Contradicting previous ESMFs, the section highlights the Covid operations areas in which the military had already been used (e.g., surveillance of Covid transmission, management of quarantine centres, etc.), and goes on to explain how the new development of adding military to vaccine deployment should be viewed as “the execution of a national program by two partners,”<sup>67</sup> provided military involvement is still subject to the overall supervision of health experts and the operational codes usually governing the military.

The SEP, as revised in September 2021, outlines the consultations carried out as part of the risk assessment on military involvement. However, those consultations did not specifically target minority Sri Lankans from the North and the East where the most serious violations of human rights and humanitarian law are alleged to have taken place.<sup>68</sup> Only one person in the stakeholder summaries mentions the use of military in vaccination.<sup>69</sup> The publicly disclosed SEP of September 2021 specifically states that only ten persons receiving vaccines from the military-run centres in the Viharamahadevi and Diyatha Parks in Colombo were consulted for the purpose of the risk assessment. However, the report as published by the Ministry of Health states the following:

“As the Northern and Eastern parts of the country have different social setups relating to their

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<sup>65</sup> *Ibid.*

<sup>66</sup> ESMF, May 2021, p. 86.

<sup>67</sup> ESMF, September 2021, p. 91.

<sup>68</sup> See, broadly, United Nations Human Rights Council, *OHCHR Investigation on Sri Lanka* (2015), available at: <https://www.ohchr.org/en/hr-bodies/hrc/ois/>

<sup>69</sup> SEP, September 2021, p. 94.

language and religious structure, separate feedback was collected from the 10 vaccine recipients representing each of those regions, who have received vaccines at centers established by the Military health services corps and MoH collaboratively. The sample represented people from different geographical locations, gender, race, age, and other vulnerable conditions including pregnancy and chronic diseases. ... Open-ended questions were asked from the interviewees to express their own ideas related to the vaccination carried by the military forces under the purview of MOH staff. ... The interviewees were directly questioned related to harassment, violence, negligence based on their race, gender, age or any other type of mismanagement within the vaccination centers which were organized collaboratively by military health services corps and MOH. The vaccine recipients have given positive feedback relating to the methodical way of vaccination and provision of equal opportunity to get vaccinated while protecting their dignity of gender and race without any type of verbal, physical, or sexual harassment. The beneficiaries have further mentioned that the date, time and venue for the vaccination has to be convenient to avoid travelling difficulties.”<sup>70</sup>

Moreover, while the ESMF prevaricated on the topic through successive revisions and the SEP paid short shrift to consulting stakeholders directly affected by military use, the ESCP had been updated to accommodate military use as early as February or March 2021, which is at least six months prior to the date of the military risk assessment report.<sup>71</sup> Close scrutiny of the subsequent editions of the ESCP indicate that the risk assessment resulted in zero updates to the ESCP in segments relating to military use.

Fieldwork highlighted the coercive impact of deploying the military for vaccination work, not just in the war-affected North or East, but in the metropolis of Colombo. As mentioned above, high-rise dwellers described how, when military personnel arrived at their doors telling them to get vaccinated, they did not have the ability to say no, because they regarded the military with the utmost respect. They also described how the military was used in forcing individuals to submit to compulsory antigen testing during spikes in Covid transmission within their communities. On the other hand, various stakeholders from the North recounted military involvement in Covid efforts, and most of them did not appreciate such involvement as a result of the history of the war, as well as the continuing militarisation of civic life in those areas.

- *“During this time Delta variant was spreading fast in India and as Mannar is used as a route to enter India illegally, the fear was high that the variant could come to Mannar and then spread to the whole country. Because of this fear, Pfizer vaccine was administered to the people above the age of 30. People were not willing to get Sinopharm vaccine. But they were willing to get Pfizer vaccine. People from other districts came to Mannar to get Pfizer vaccine. But we gave priority to the people of Mannar and avoided administering Pfizer vaccine to the other people with the help of the army. First two doses of the vaccines were administered to 96% of the people in*

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<sup>70</sup> Government of Sri Lanka, *Assessment of Social and Environmental Risks Associated with the Involvement of the Army in the COVID 19 Vaccination Initiative* (September 2021), p. 9, available at: [http://www.health.gov.lk/moh\\_final/english/public/elfinder/files/publications/2022/Assessment%20of%20Social%20and%20Environmental%20Risks%20Associated%20with%20the%20Involvement%20of%20the%20Army%20in%20the%20Covid-19%20Vaccination%20Initiative.pdf](http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2022/Assessment%20of%20Social%20and%20Environmental%20Risks%20Associated%20with%20the%20Involvement%20of%20the%20Army%20in%20the%20Covid-19%20Vaccination%20Initiative.pdf)

<sup>71</sup> ESCP, March 2021a, p. 7. This ESCP is dated February, though it appears to have been disclosed in March.



Mannar district. But the booster shot was administered only to 60% to 70% of the people. The decline in getting the booster shot was associated with the fear of contracting the virus has waned among the public and some people still believe that the vaccine will cause serious side effects. Yet we went to each village and administered the vaccine and reached 70% outreach. The army helped us in this process. The army particularly helped us to control the coming of the outsiders and uploaded the process in the web.”

- A Medical Officer of Health from the Mannar District
- “The [Grama Sevaka] issued money to the non-Samurdhi beneficiaries with the help of the army by visiting their homes.”
  - Discussant at FGD, a village in Mannar
- “Those who got the vaccine did so out of fear that their mobility would be curtailed as they had experience of being asked by the army to produce their vaccine cards. They faced the situation that they could go without their ID but not without their vaccine cards. Some people were stopped and checked at Vankalai Junction and returned by the army.”
  - Discussant at FGD, a village in Mannar
- At the vaccination centre there were army personnel. The army were present during the three occasions of the vaccination process. They kept asking me questions about the shots I had taken. I was scared. I experienced a situation similar to when I was blocked by the army behind a barbed wire fence as a refugee under their rule. We had the Grama Sevaka, doctors and the nurses. There are schools and there are principals. The army does not have to guide us. But when we saw the army, we got a tense feeling that the army was going to do something to us and they were going to administer some injection to decimate the Tamils. We heard that only Sinopharm was administered in all the places, but in Mannar they were going to administer the Pfizer vaccine. This news created a fear in our minds why only in Mannar they were planning to administer Pfizer? Still we don’t know the reason. Why the army was employed to do everything from issuing the token to arranging the queue and monitoring the vaccination process? ... Our fear was that they were giving Pfizer shots and the army was also there. As the army was continuously present, the Grama Sevakas were not involved. They could have employed the GS rather than employing the army.”
  - Discussant at FGD, a village in Mannar
- “During the distribution of the five thousand rupees and during the vaccination process, the army participated. We can’t do anything about the army. Even the officers may not like the presence of the army but they can’t do anything. The people may think that the same army that destroyed them in the war have come again to do something and kill them by being present at the vaccination centre. The army could have been avoided in the process. It is not proper to bring the army to places where the public are called in a large number. This is an impossible thing. It would be better if they refrain from doing this in the future. Many people have expressed their concern about it and there is a perception among the people that a military rule would be imminent. It does not augur well.”
  - Samurdhi Development Officer, a village in Mannar<sup>72</sup>

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<sup>72</sup> Identifying details of the interviewee withheld in the interests of confidentiality.

- *“We faced a lot of problems at the vaccination centre. Our independence was curtailed. Particularly, the interference of the army rendered us redundant. The initial stage of the vaccination was controlled by the army. They did everything. Even the GS had to sit in the chair provided by the army. We could have done everything jointly with the MOH. But as the army was involved directly in the process, we could not gather accurate details, because the registration was done by the air force and the army. The Grama Sevakas also maintained a registry. Following these three entries, the names of the vaccinated people were recorded by the MOH. I don’t know if the people had an awareness about the vaccine before being vaccinated. But we faced a lot of problems. We were overwhelmed as all the people came at once to get the vaccine. It was a double whammy of making three entries with the overwhelming crowd. As a result, the people were greatly inconvenienced. Over time, during the second and the third vaccines, the process became so convoluted that the army administered the vaccines separately using the army doctors and the MOH administered the vaccines separately. The MOH announced about the vaccination process in advance. The army employed the officials of the intelligence unit in the process. The army would inform the people about the vaccination just hours before the process. People are sceptical about the shots administered by the army. I observed that our people who are already affected by the war were disgruntled about the activities of the army. Thus, I observed that there were more people at the vaccination centre run by the MOH than that of the army.”*
  - *Grama Sevaka officer, a village in Mannar*

## Gender based violence

The Project recognised the GBV risks of Covid-prevention measures of social distancing and quarantining and planned several measures to respond to such risks. However, in general, most survivors and public authorities were unaware of these measures. Cases were also reported where, though there was awareness, survivors were still unable to access them for various reasons.

Those consulted indicated how their negative experiences with police and the Grama Sevaka discouraged them from trying to access their services again. Most of them identified their spouse as the perpetrator of the violence and most of them were wives abused by their husbands. However, there was one case of a male spouse complaining of abuse by his wife. Across the board, the context of the abuse was being forced into social isolation with livelihoods impacted and household costs rising. Needing the support of the offending spouse to see to household responsibilities was also a contributory factor in not seeking out help. Those with access to the support of NGO’s working in the field of SGBV have mentioned referrals to psychiatrists and rehabilitation, though their effectiveness is indiscernible one way or the other from the fieldwork findings.

The FGD in Batticaloa described how violence in their villages had increased during lockdown. Yet the responsiveness of public services to such violence varied. While one incident involving domestic violence saw the 1990 ambulance responding in a timely fashion to take the woman victim to the hospital, in another incident, involving violence among some young boys, the ambulance had not arrived, resulting in the death of one of the boys. With the men no longer going to work due to lockdown, local brewing and drinking of alcohol had increased,

precipitating violence at home. As one social worker observed, “Woman can’t go anywhere else, no one could come to help, no one came to help, we got lots of calls, some women were hiding in shrubs ... the police too didn’t come. Even if they did respond, there were conditions of PCRs (where survivors had to first prove they did not have Covid)...” The requirement of getting tested prior to receiving services was also allegedly seen in government crisis centres, where people surviving violence and trying to access centres were required to come with a favourable test result. The centres had no mechanism or facilities for testing and required survivors to obtain testing themselves.

Where there was violence involved in the home, this impacted the distribution of the cash transfer. Some times Samurdhi authorities would only give the money to the wife, even if the Samurdhi book was in the husband’s name, but he would still threaten her and take the money. One participant described instances where the husband was separated and lived apart from the family but had returned during the time of the distribution of the cash transfer. When, due to violence, she had gone to her parents home leaving her 4-year-old child with the husband, the authorities had said, “You don’t have a mother’s love for the child. You left the child, so we won’t give you the money, we will give the father the money.”

In one of the FGDs held in Mannar, it was reported that many of the participants were unaware of the free hotline except one lady who was a member in many organisations. Many women did not like to reveal about domestic violence. In some cases, children in the family did not like that a complaint was being made against their father. The women did not like to reveal their family problems or to punish their husbands. The women usually complain to the Grama Sevaka individually. Participants acknowledged that domestic violence was common in the village and that not reporting it was a habit in the village. In Mannar, many public officials, including Gramasevaka Niladaris said they were unaware of any special hotline for GBV cases.

## Bank Due Diligence and Independent Assessment

The risk classification of the Project was designated as “Substantial”, which necessitates that the project ESIA is carried out by an independent specialist.<sup>73</sup> However, according to the World Bank country team, the relevant documents were authored by the project management unit in the Ministry of Health, with “significant inputs” from the World Bank team.<sup>74</sup> They also confirmed that the documents were not produced by an independent specialist.

The ESF clearly assumes a bilateral negotiatory process between the Bank and the Borrower in ensuring the fulfilment of the ESSs. The ESF presuppose that the Bank would advocate for the ESSs at all stages of a project during its negotiations with the Borrower. It should be noted, ESSs are not at cross purposes with development projects; they are meant to ensure project benefits accrue to the widest possible cross-section of stakeholders while also avoiding or mitigating any adverse impacts on them. However, the ESF is subverted when the fulfilment of ESSs is abandoned or neglected, especially through the failure of the Bank’s representatives to carry out meaningful due diligence and hold the Borrower accountable to such ESF obligations as the timely, independent development of ESMFs and SEPs as well as their meaningful implementation. The Project, being classified as *Substantial* in risk, ought to have been assessed by an independent specialist, and Bank staff ought to have remained neutral and committed to carrying out the due diligence required under the ESP.

Furthermore, the Bank’s own environmental and social due diligence is an indispensable component of the ESF. It ensures that the Bank independently verifies a Borrower’s representations on the environmental and social risks and impacts of a project. It also ensures that a Borrower is guided by the Bank, through its due diligence processes, in developing measures to address such risks and impacts appropriately. With respect to due diligence, the Bank especially requires its task team to ensure that,<sup>75</sup>

- i. the environmental and social assessment has properly identified the disadvantaged or vulnerable individuals or groups; and
- ii. appropriate differentiated mitigation measures have been incorporated into project design and documented in relevant project documents so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable, and they are not disadvantaged in sharing any development benefits resulting from the project.

This report’s preceding chapters demonstrate the inadequacies of the Project in both identifying disadvantaged or vulnerable individuals/groups, as well as incorporating the differentiated mitigation measures required to protect them. In their discussion with us, the country team admitted the government’s insufficient reporting in terms of the GRM.<sup>76</sup> The fact that the GRM was underutilised by project-affected parties as well as the lack of publicly available documentation on the GRM operations is evidence of the gaps in the Bank’s due

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<sup>73</sup> “For High and Substantial Risk projects, as well as situations in which the Borrower has limited capacity, the Borrower will retain independent specialists to carry out the environmental and social assessment.” ESF, 2016, p. 19.

<sup>74</sup> Discussion with World Bank Country Team, 1.7.2022.

<sup>75</sup> DVIG Directive, March 2021, section III.6.

<sup>76</sup> Discussion with World Bank Country Team, 1.7.2022.

diligence in ensuring project impacts do not fall disproportionately on disadvantaged or vulnerable parties. In any case, grievance redress is the last alternative of the ESF's risk mitigation hierarchy<sup>77</sup>, naturally, since redress implies the risk has already materialised and exerted its impact on a person or group. Within the hierarchy, only residual risks and impacts are to be redressed, others having been anticipated, avoided, minimised, and mitigated, ostensibly through adequate stakeholder engagement and ESMF implementation. Yet, the summaries of the consultations undertaken as stakeholder engagement are, in themselves, evidence of their insufficiency. Throughout this report, it is evident that while both the SEP and ESMF appeared robust on paper, on closer scrutiny, they were inadequate both in identifying disadvantaged or vulnerable project-affected parties as well as in anticipating the risks and impacts they faced—much to the detriment of those affected, to whom the difference was, if not a matter of life and death, certainly a matter of abject suffering.

A core assumption underlying the transfer programme was the existence of a system to properly target relief to those who needed it: “Streamlined systems of beneficiary selection exist for these programs. Selection of beneficiaries is through a community-based targeting mechanism with income means testing. Village-level functionaries and community groups play a critical role in identifying and verifying applicants and in the selection of beneficiaries.”<sup>78</sup> However, issues of corruption and discrimination surrounding targeted social protection in Sri Lanka have been well-documented for decades. In fact, the stated aim in a parallel World Bank project, ‘Social Safety Nets Project (P156056)’, which has been running in Sri Lanka since 2016, is “to rectify *well-known problems with the design and targeting of social safety net programs*, which have limited the impact of these programs on poverty and social inclusion.”<sup>79</sup> In fact, the progress of that project had been classified as “Moderately Unsatisfactory” owing to the lack of political will (among other things) in advancing the project's activities.<sup>80</sup> Notwithstanding, in the Project Paper for AF1, no mention is made of these issues. Instead, in several places in the paper, the efficacy of social protection targeting is heavily implied.<sup>81</sup>

Despite the upcoming elections, the Bank seems to have readily assumed good faith on the part of the government in providing cash transfers. Yet, as shown in the preceding chapter, incidences of political abuse were widespread in April and May 2020. The Bank ought to have done its due diligence in uncovering prevalence of political abuse in the transfers already made and indicated to the government, in keeping with Bank policy, the minimum requirements necessary to prevent future political abuse. However, this was not the case. The Bank did require the government to “clearly demarcate and ring-fence expenditures to be made on health by the MoH and those for cash transfers to be made by the MoWCS.”<sup>82</sup>

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<sup>77</sup> ESF, 2016, p. 16.

<sup>78</sup> AF1 Project Paper, June 2020, para. 22(b).

<sup>79</sup> World Bank, *Disclosable Restructuring Paper - Social Safety Nets Project - P156056 (English)* (April 2020), para. 1. Emphasis added.

<sup>80</sup> *Ibid.*, paras. 2 and 4.

<sup>81</sup> See, for example, AF1 Project Paper, June 2020, para. 25, where it states, “...the three cash transfer programs to be supported through this AF are currently operational and have an established mechanism for targeting, identification, enrolment, payment, and grievance redress...”

<sup>82</sup> AF1 Project Paper, June 2020, para. 28.

However, whether this requirement also applied to the different categories of cash transfer is not clear, since the Auditor General has informed the Bank that the district secretariats had been reimbursed an amount in excess of the funds provided under the Project, and it was impossible to identify the receipts of Bank funds separately from those of others.<sup>83</sup>

In December 2020, when the proposal to restructure AF1 was made, it was noted that, “Implementation of the social protection response ... has not proceeded as projected ... Planned cash transfers ... have been provided to target beneficiaries only for two of the six months, i.e. April and May 2020.” In other words, though AF1 had proposed in June to reimburse the expenditures pre-financed by the government in April and May and continue the transfer programme for at least an additional 4 to 5 months, in reality, only the reimbursement had taken place. The stated rationale of AF1 had been that, in order to prevent a surge in Covid transmissions, it was crucial to provide cash relief to households who would not otherwise be able to practice social distancing once movement restrictions were lifted. The restructuring of AF1 proposed in December 2020 was to eliminate the existing cash transfer categories and replace them with two, new categories—loss of livelihood and being placed in home quarantine. This was necessitated by the reinstatement of lockdown on the heels of a surge in Covid cases since October 2020, with the infamous outbreak of the “Minuwangoda cluster”.<sup>84</sup> Again, the Bank appears uncritical of both the government’s failure to implement the transfers from June onwards as well as its decision to restructure entirely the programme later the same year. Moreover, the Bank appears approving of the Presidential Task Force for Economic Revival and Poverty Alleviation arrogating to itself the restructured transfer programme, despite having previously identified MoWCS and its agencies as being best suited for implementation<sup>85</sup>, and despite the relative newness and therefore potential lack of capacity of the Task Force to perform the necessary functions<sup>86</sup>. No due diligence seems to have been conducted on ascertaining the appropriateness of this decision, including the potential for any abuse.

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<sup>83</sup> National Audit Office, *Report of the Auditor General on the Financial Statements of the Additional Finance for COVID-19 Emergency Response and Health Systems Preparedness Project for Accounting period from 23 July to 31 December 2020* (10 December 2021), available at: <https://documents1.worldbank.org/curated/en/09940000112218168/pdf/P1738670COVID00ect0AF0MoWCS0AR0FY20.pdf> (accessed 1.6.2022).

<sup>84</sup> World Bank, *Disclosable Restructuring Paper - Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project - P173867 (English)* (January 2021), para. 3 (hereinafter, “AF1 Restructuring Paper”).

<sup>85</sup> AF1 Project Paper, June 2020, para. 24: “The implementation ... will ... include the MoWCS as an implementing agency under the AF ... The MoWCS is currently implementing the respective cash transfer programs and *has streamlined mechanisms developed over the years for administering these cash transfer programs*. In terms of institutional capacity, the MoWCS has trained staff up to the Divisional Secretariat level who are already working towards delivering these programs and are best placed to implement the cash transfers.” Emphasis added.

<sup>86</sup> Daily News, *Presidential Task Force for Economic Revival and Poverty Eradication* (22.4.2020), available at: <https://www.dailynews.lk/2020/04/22/local/217025/presidential-task-force-economic-revival-and-poverty-eradication>

## Recommendations

- Social protection in Sri Lanka should be universal.
- Future transfer programmes supported by the World Bank should reflect the lessons learned from the Covid experience, incorporating adequate safeguards against abuse and discrimination, political influence, and non-transparent targeting mechanisms.
- The Bank should evaluate and investigate the implementation of the cash transfer programme to establish whether it was abused, or any material misrepresentations were made to the Bank by actors within the government, particularly in terms of how it was implemented prior to the approval of AF1 and how it would be implemented once AF1 was approved.
- The Bank should ensure that any future financial investments and/or support to the Sri Lankan government is conditional on legal action being taken against those responsible, especially at the highest levels of political leadership, for any misrepresentations to the Bank and/or any conduct amounting to corruption or abuse in relation to Bank funds, including cases where Bank funds have been used to reimburse illegal government expenditures.
- Revisit the Bank's Environmental and Social Policy to define a stronger role for country teams to supervise and monitor the implementation of the SEP, including by linking project-related disbursements to the adequacy of action taken towards stakeholder engagement and meaningful consultations.
- The Bank should ensure that its supervisory role with regard to ESF implementation is supported robustly by its own network of CSO partners. The Bank should build the capacities of CSOs and CBOs to participate in stakeholder engagement and to monitor government compliance with ESF requirements.
- The documents generated as part of the ESF processes should be more accessible to ordinary citizens. Content should prioritise brevity and conciseness.
  - Where project documents like the SEP or ESMF are being republished with successive updates, the document should include a section at the beginning specifying the changes reflected in the document.
  - The Bank should update the public (through press conferences, social media posts, etc.) in simple terms on the developments of a project, especially when Additional Financing is proposed or approved, Implementation Status & Results Reports are submitted, or when ESMF/ESIA or SEPs are being updated.
  - Information disclosure should also be in vernacular languages and universally accessible formats.

## Appendix: Fact Sheet: World Bank-supported COVID-19 Emergency Response Projects in Sri Lanka

The Emergency COVID Response: In early April 2020, the World Bank responded quickly to support Sri Lanka's pandemic response by mobilizing resources and preparing an emergency project in just 10 working days. The COVID-19 Emergency Response and Health Systems Preparedness Project (ERHSP) was informed by the gaps and needs outlined in the Health Disaster Preparedness, Response and Recovery Plan that was being developed by the Ministry of Health (MoH), with the support of development partners including the World Health Organization (WHO), the Asian Development Bank (ADB) and the World Bank. This allowed for swift preparation while ensuring coordinated financing support by multiple partners. The World Bank followed WHO guidelines in advising the government on stakeholder consultations during COVID-19-induced restrictions. A risk communication strategy and approach were implemented in close coordination with UNICEF and Health Promotion Bureau, using alternate mechanisms of listening to public concerns to avoid large public gatherings.

Results: The ERHSP, with the original total commitment of US\$128.6 million, has helped the Government of Sri Lanka respond to emergency needs by providing essential medical supplies. Since May 2020, one million rapid antigen test kits, 390,000 PCR test kits, and 1.1 million sets of personal protective equipment (PPE) were quickly procured for hospitals. The project was also to strengthen the country's pandemic preparedness and response by establishing isolation and treatment facilities, increasing testing and diagnostic capacity, and strengthening the infection control and surveillance systems.

In June 2020, an additional financing of \$87.24 million was approved to provide scaled-up social protection measures to vulnerable communities, and two further additional financings of \$80.5 million and \$100 million were approved in April and September 2021, respectively to support vaccine procurement and deployment.

The cash transfer program has supported 629,303 elderly persons, 52,940 persons with disabilities, 18,972 patients with chronic kidney disease, and 2,449,214 people who lost their livelihoods due to lockdowns. In total, the transfer program has benefitted 3.5 million people, including 3.1 million beneficiaries of direct cash transfers and 417,427 people who received in-kind transfers of food packages for two weeks during the strict quarantine period.

Areas of Clarification to some specific issues raised in the Civic Watch Review of the World Bank and Sri Lanka's COVID-19 Emergency Response Report Prepared by the Law & Society Trust (L&ST):

- World Bank vs. Borrower Responsibilities under the Environmental and Social Framework (ESF) : During the preparation and implementation of projects, the Bank carries out required due diligence, proportionate to the nature of the Project's anticipated environmental and social (E&S) risks and impacts, following WB's Environmental and Social Framework (ESF). The ownership of the project is with the



Borrower, who is responsible for conducting E&S assessment, preparing the necessary mitigation measures and implementing them. During implementation, both the Bank and the Borrower monitor the E&S performance of projects, in accordance with the Environment & Social Commitment Plan (ESCP). The E&S ratings, issues pertaining to non-compliance, if any, and corrective measures and actions are reported in the Project's Implementation Status and Results Report (ISR) and publicly disclosed following implementation support missions that take place at least every six months. The corrective/remedial actions are then reviewed by both the Bank and the Borrower in subsequent project missions as part of the ongoing E&S due diligence and monitoring.

- E&S Standard 1: Assessment and Management of Environmental and Social Risks: The Borrower conducts E&S assessment proportionate to the risks and impacts of projects during preparation and prepares risk mitigation measures to be carried out during implementation. For example, in the context of the Sri Lanka COVID-19 health project, the Borrower conducted assessments to determine potential risks associated with the involvement of military in project interventions and risks associated with project interventions having civil works. In addition, the Borrower prepared Environment & Social Management Plans (ESMPs).
- E&S Standard 10: Stakeholder Engagement and Information Disclosure: For all projects under the ESF, Borrowers prepare Stakeholder Engagement Plans (SEPs), which are living documents and are updated as and when necessary, throughout the life of projects. In the context of the Sri Lanka COVID-19 emergency health project, the initial SEP was prepared based on the information available at the time in an emergency situation, in a framework format, outlining general principles for engagement with stakeholders following standard templates provided for COVID-19 emergency projects. In addition, consultations carried out by the Borrower were documented and disclosed with subsequent revisions of the SEP. A key component of the SEP related to citizen engagement and risk communication was implemented as part of the project by UNICEF, together with the Health Promotion Bureau of the Ministry of Health (MoH). This included targeted communication to vulnerable groups. In addition to the consultations done during project preparation, the Borrower conducted consultations with affected and interested groups during the Military Risk Assessment and E&S risk assessments conducted before commencing civil works financed by the project.
- The Role of the Military in the COVID Vaccination Drive: The Borrower conducted and disclosed a risk assessment about the potential role of the military in the vaccination drive, proportionate to the nature and scale of the potential risks and impacts of using the military in project activities. The findings from the risk assessment concluded that the overall E&S risk of involving military was 'low'. The military personnel involved in the vaccination program were professional cadres in the army medical team with similar educational backgrounds as their MoH counterparts. These personnel have been trained by the Epidemiology Unit of the MOH on the processes and national

guidelines to follow during vaccinations. In addition, they received training on human rights principles and complaint reporting as part of the grievance handling mechanism. Mobile vaccine programs were also implemented by MOH together with the medical arm of the military to reach vulnerable groups.

- Grievance mechanism (GM): The Sri Lanka COVID-19 emergency health project utilized existing grievance mechanisms of the implementing agencies, supplemented with project-specific arrangements such as a hotline for complaints. The World Bank policy encourages the use of existing systems to avoid duplication and build capacity while strengthening the sustainability of the GMs. Moreover, given the emergency nature of the operation, there was little time for the introduction of new/additional mechanisms. As part of ESF implementation support, the World Bank continues to discuss with the borrower on possible ways to strengthen the GM. The cash transfer program also utilized the existing manually operated grievance system implemented at the Divisional Secretary level. This system is being strengthened to improve its recording and reporting system as part of the World Bank-financed Social Safety Nets Project. However, the due diligence activities have identified some challenges and gaps in this manual process and the World Bank teams continue to provide technical inputs and training to strengthen these grievance redress systems.
- Anticorruption measures integrated into the design of COVID-19 emergency projects. Despite the challenges of the pandemic, the Bank did not waive its fiduciary policies or dilute fiduciary standards for operations responding to the COVID-19 pandemic. The country's Supreme Audit Institution who is the National Audit Office of Sri Lanka is the auditor of the project and assurance of the use of project funds is obtained by the audit performed by them. Audit Reports and Management Letters issued by the Auditor General are reviewed by the Bank team and corrective measures to address audit observations are proposed to be taken by the implementing agency. Further the project was subjected to government internal audit arrangements. The Bank's Anticorruption Guidelines apply to the persons and entities which receive, are responsible for the deposit or transfer of, or take or influence decisions regarding the use of, the Bank proceeds. The Bank draws on lessons from years of investigations into fraud and corruption and includes mitigation guidance for emergency operations. Integrity risk issues are taken into consideration in the drafting of project agreements, during design, and throughout implementation. In instances where the Bank has determined that the risks are high and the country has an urgent need for assistance, it has assumed a more active role in procurement processes in order to provide the Borrower with closer support.

The World Bank welcomes the input and feedback of civil society organizations in the projects it finances. The World Bank Group has just launched public consultations for the next Country Partnership Framework and we welcome suggestions from civil society groups through this process

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