

## SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Sri Lanka	Project Title:	Responsive COVID-19 Vaccines for Recovery Project
Lending/Financing Modality:	Asia Pacific Vaccine Access Facility	Department/Division:	South Asia Department / Human and Social Development Division

### I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY

**Poverty targeting:** Targeted intervention—SDGs

**A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy.**

The Responsive COVID-19 Vaccines for Recovery Project in Sri Lanka under the Asia Pacific Vaccine Access Facility supports Sri Lanka’s National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP). The project will contribute to several key components of the NDVP including (i) vaccine procurement, vaccination service delivery; (ii) vaccine cold chain and vaccine logistics, advocacy for vaccine acceptance; (iii) demand creation and risk communication; (iv) vaccine safety monitoring; and (v) vaccination data management, and monitoring and evaluation.<sup>i</sup> The project will contribute to the achievement of Sustainable Development Goal (SDG) 1 (eradicating poverty), SDG3 (health and well-being for all), SDG5 (gender equity), and SDG10 (reduce inequality). The project is aligned with Asian Development Bank (ADB) Strategy 2030 operational priorities: (1) addressing remaining poverty and reducing inequalities, and (2) accelerating progress in gender equality and social inclusion.<sup>ii</sup> The project supports inclusive growth pillar of ADB country partnership strategy to further reduce poverty and narrow inequality gaps.

**B. Results from the Poverty and Social Analysis during Due Diligence**

**1. Key poverty and social issues.** Poverty in Sri Lanka is more relative than absolute; 4.1% of the population are below the poverty line in 2016.<sup>iii</sup> Multidimensional poverty levels (based on 10 indicators across three dimensions of health, education and living standards) across sectors indicates that 12.4% of estate sector households are multidimensional poor. Further, the vulnerability to multidimensional poverty is observed in 11.9 % of households in Sri Lanka with the estate sector reporting 22.4% and rural sector reporting 12.7% of households which are vulnerable to poverty.<sup>iv</sup> Decomposition of poverty levels for selected provinces shows that a considerable proportion of the population are below the poverty line, e.g., Central (5.4%), North Central (3.3%), Sabaragamuwa (6.7%), and Uva (6.5%).<sup>v</sup> Weak market linkages—evident in limited access to comprehensive, high-quality public services, and employment in the formal sector—have placed this poorer group of the population at a disadvantage. Poverty persists in many districts owing to multiple variables such as low and/or irregular income, rapid urbanization, and high population density (Central Province), low education levels, poor health status, rising indebtedness and weak social capital, food insecurity, susceptibility to natural disasters (drought and floods) and resultant low levels of resilience, and weak connectivity. Other forms of marginalization, such as ethnicity and occupation, also contribute to this. The rural communities in peripheral districts have been underserved and marginalized over an extended period. Inability to access a comprehensive package of health services and suboptimal utilization (owing to limitations in existent physical facilities) have contributed to poor health outcomes. Vulnerability is heightened for some subgroups such as informal laborers and households, older females, and segments of the plantation sector. The need to improve disease surveillance and continuity of care at the national level, especially in the geographically remote and economically disadvantaged areas, has become a priority. COVID-19 and the policy measures implemented to control its spread have made more people vulnerable to poverty. With the pandemic affecting Sri Lanka since January 2020, community mitigation measures and economic disruptions, absolute poverty is at risk of increasing in the short-term due to the weak labor market, critical food shortages, reduced or eliminated household earnings, and a drastic decline in remittances. Over the medium-term, a slow economic recovery risks raising unemployment levels and suppressing earnings in the informal sector.

**2. Beneficiaries.** The project will benefit Sri Lankan people, especially those at high risk of exposure to COVID-19 such as health frontliners, elderly, and uniformed personnel by supporting the national COVID-19 vaccination program. The project adopts an inclusive approach and will reach out to all eligible populations nationwide, including the excluded and vulnerable groups. This will improve individual health and social well-being, facilitate economic recovery from negative impact and externalities of the COVID-19 pandemic, thereby restoring citizens’ confidence. Overarching objective is to improve health services and thereby quality of life of the targeted population.

**3. Impact channels.** The project will enable the Ministry of Health (MOH) to access and deliver safe and effective COVID-19 vaccine to priority target groups island-wide in the short- to medium-term. It will also capacitate MOH on effective monitoring of health system operations, service delivery, and efficient logistic management that will impact the whole health system. This will enhance the capacity of the public health system to effectively respond to the health care needs of the population by delivering COVID-19 vaccines to priority populations, while protecting health and social workers.

**4. Other social and poverty issues.** Loss of jobs and income due to the impacts of the pandemic has been severe. Workers in every sector have been affected. However, the impact on informal workers is high. Sectors like industry, service, apparel, and tourism have been hard hit and significant number of jobs in those sectors have been cut leading to exacerbating household poverty. The impacts on family well-being will be significant. At least 30% of the households reported reducing their consumption of food by early May. The cutting down of nutritious food may lead to health problems especially among children and older people.

<p><b>5. Design features.</b> The project will support the government provide its populations having access to safe and effective COVID-19 vaccines, while improving the logistics, monitoring and waste management practices and facilities. The latter will help achieve further quality improvement in the overall health system in Sri Lanka. Where feasible, it will complement the efforts of stakeholders on eradicating vaccine hesitancy through targeted communication and risk management.</p>	
<p><b>II. PARTICIPATION AND EMPOWERING THE POOR</b></p>	
<p><b>1. Participatory approaches and project activities.</b> Pre-implementation preparatory activities will focus on awareness raising and information sharing with the target groups on vaccination and mitigating vaccine hesitancy. The proposed project will strengthen the capacity of the health system to control spread of COVID-19.</p>	
<p><b>2. Civil society organizations.</b> MOH will seek the support by CSOs and CBOs in communicating information to local communities, identification of targeted population and in organizing vaccination related activities for excluded and vulnerable groups, including those that are from geographically remote and economically disadvantaged areas. CSOs and CBOs, especially those already mobilized by public health midwives of the MOH will coordinate these activities with the geographically remote and economically disadvantaged areas in their localities.</p>	
<p><b>3. Forms of civil society organization participation envisaged during project implementation.</b>  <input checked="" type="checkbox"/> Information gathering and sharing (M) <input checked="" type="checkbox"/> Consultation (M) <input checked="" type="checkbox"/> Collaboration (M) <input type="checkbox"/> Partnership (NA)          CSOs will be trained for these activities under GESI Action Plan Activity 1.</p>	
<p><b>4. Participation plan.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p><b>III. GENDER AND DEVELOPMENT</b></p>	
<p>Gender mainstreaming category: Effective gender mainstreaming</p>	
<p><b>A. Key issues.</b> As of 1 February 2021, a total of 95,550 individuals, including frontline health workers, police, and military personnel, have been vaccinated. While there is an established electronic National Immunization Programme (e-NIP) system designed for COVID-19 vaccination data management, disaggregated data is not readily accessible. There is no reliable and up-to-date data disaggregated by sex on COVID-19 cases, or vaccination uptake. The NDVP identified priority groups for the vaccine uptake. Aside from the frontliners, the plan also recognizes the elderly population above 60 years, people with comorbidities, and the working population as priority groups. However, this categorization is gender blind. Ongoing communication campaign on vaccination protocols will need to be strengthened to ensure that it reaches the women from excluded and vulnerable groups, particularly those from geographically remote and economically disadvantaged areas.</p>	
<p><b>B. Key actions.</b> <input checked="" type="checkbox"/> Gender action plan <input type="checkbox"/> Other actions or measure <input type="checkbox"/> No action or measure          A GESI Action Plan has been developed. The key activities are: (i) training civil society organizations for effectively mobilizing community support to the national vaccination program targeting women, excluded and vulnerable groups; (ii) improving access of women, excluded and vulnerable groups facing mobility constraints through dedicated transportation facilities; (iii) conducting a survey to identify and monitor vaccine hesitancy among vulnerable groups; (iv) developing and disseminating public information communication materials addressing identified gender gaps to ensure effective outreach to vulnerable women; (v) monitoring and reporting on GESI related information in the COVID-19 vaccination beneficiary database system; and (vi) enhancing Health Promotion Bureau staff capacity to reach out to women, excluded and vulnerable groups with effective communication strategies.</p>	
<p><b>IV. ADDRESSING SOCIAL SAFEGUARD ISSUES</b></p>	
<p><b>A. Involuntary Resettlement</b></p>	<p><b>Safeguard Category:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> FI</p>
<p><b>1. Key impacts.</b> The project will not result in physical or economic displacement due to involuntary land acquisition or involuntary land use restriction. Minor civil works including renovating sewerage systems at selected COVID-19 designated hospitals and providing incinerators to satellite hospitals in six provinces shall be done to improve and strengthen medical waste management. Civil works shall be carried out within existing government hospital facilities.</p>	
<p><b>2. Strategy to address the impacts.</b> Due diligence monitoring will form part of the biannual progress reports to be presented to ADB and will highlight involuntary resettlement and indigenous people impacts, if triggered (even inadvertently) at any point.</p>	
<p><b>3. Plan or other Actions.</b></p>	
<p><input type="checkbox"/> Resettlement plan  <input type="checkbox"/> Resettlement framework  <input type="checkbox"/> Environmental and social management system arrangement  <input checked="" type="checkbox"/> <b>No action</b></p>	<p><input type="checkbox"/> Combined resettlement and indigenous peoples plan  <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework  <input type="checkbox"/> Social impact matrix</p>
<p><b>B. Indigenous Peoples</b></p>	<p><b>Safeguard Category:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> FI</p>
<p><b>1. Key impacts.</b> Is broad community support triggered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>          While the national vaccination program may benefit individual indigenous peoples, the intervention will not target distinct and vulnerable indigenous peoples as a group. The civil works under project Output 4 are confined to existing government health facilities and do not include habitats and territories with indigenous peoples. Project activities will not affect traditional and sociocultural beliefs of these indigenous peoples.</p>	

<p><b>2. Strategy to address the impacts.</b> A model for a grievance redress mechanism (social and environment) has been presented in the environmental assessment and review framework (EARF) provide a modality for user groups to resolve any issues resulting from construction activities (if any).</p>			
<p><b>3. Plan or other actions.</b></p> <table border="0"> <tr> <td> <input type="checkbox"/> Indigenous peoples plan  <input type="checkbox"/> Indigenous peoples planning framework  <input type="checkbox"/> Environmental and social management system arrangements  <input type="checkbox"/> Social impact matrix  <input checked="" type="checkbox"/> <b>No action</b> </td> <td> <input type="checkbox"/> Combined resettlement plan and indigenous peoples plan  <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework  <input type="checkbox"/> Indigenous peoples plan elements integrated in project with a summary </td> </tr> </table>		<input type="checkbox"/> Indigenous peoples plan <input type="checkbox"/> Indigenous peoples planning framework <input type="checkbox"/> Environmental and social management system arrangements <input type="checkbox"/> Social impact matrix <input checked="" type="checkbox"/> <b>No action</b>	<input type="checkbox"/> Combined resettlement plan and indigenous peoples plan <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework <input type="checkbox"/> Indigenous peoples plan elements integrated in project with a summary
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<p><b>V. ADDRESSING OTHER SOCIAL RISKS</b></p>			
<p><b>A. Risks in the Labor Market</b></p>			
<p><b>1. Relevance of the project for the country's or region's or sector's labor market</b> <input checked="" type="checkbox"/> Unemployment  <input type="checkbox"/> Underemployment <input type="checkbox"/> Retrenchment <input checked="" type="checkbox"/> Core labor standards. Civil works for limited renovation and strengthening medical waste management will adhere to the core labor standards and it will be monitored through project progress and safeguard monitoring reports as pertinent to the health and safety of workers.</p>			
<p><b>2. Labor market impact.</b> Lower risk of COVID-19 infection and reduction in morbidity and mortality will facilitate resumption of economic activities and more job opportunities including those in informal and vulnerable employment.</p>			
<p><b>B. Affordability.</b> Not applicable. Health services in Sri Lanka are provided free at point of delivery. The government of Sri Lanka will continue to provide COVID-19 vaccines free for all.</p>			
<p><b>C. Communicable Diseases and Other Social Risks.</b></p> <p>1. The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA):  <input checked="" type="checkbox"/> Communicable diseases <input type="checkbox"/> Human trafficking <input type="checkbox"/> Others (please specify) _____</p> <p>2. Risks to people in project area. The project protects individuals against COVID-19 and reduces the risk of the spread of COVID-19 in the community.</p>			
<p><b>VI. MONITORING AND EVALUATION</b></p>			
<p><b>1. Targets and indicators.</b> Targets and indicators are defined in the design and monitoring framework and the GESI Action Plan. Both qualitative and quantitative data will be used to measure progress in achieving outcome and output targets. To the extent possible, data will be disaggregated by sex, age, and other dimension, as feasible, for the outcome, output, and gender targets as appropriate. Improved management information system of the MOH will provide most of the quantitative targets with sex-disaggregated data.</p> <p><b>2. Required human resources.</b> PMU and HPB of MOH will monitor project implementation on poverty and social impact. The project will fund human resource capacity building on gender and poverty and hire the services of a full-time GESI consultant to carry out required reviews related to gender and social inclusion.</p> <p><b>3. Information in the project administration manual (PAM).</b> Monitoring mechanism in the PAM covers poverty, social, and gender issues. Approached to gender mainstreaming is highlighted in the GESI Action Plan. MOH as the implementing agency will prepare and submit (i) quarterly and annual progress reports including GESI Action Plan updates; (ii) semiannual safeguards monitoring reports; (iii) a completion report covering achievements, results of project activities, and a preliminary assessment of achieved benefits.</p> <p><b>4. Monitoring tools.</b> The PAM and loan agreement specify reporting through quarterly project reports, which will be and disclosed on the website. Quarterly progress reports consolidated annual reports, and review missions will monitor the implementation progress. Other reports include COVID-19 situation reports, response updates, and impact evaluation. Disaggregation of data by sex will be integrated in data monitoring instruments.</p>			

ADB = Asian Development Bank, CBO = community-based organization, COVID-19 = coronavirus disease, CSO = civil society organization, GESI = gender equality and social inclusion, HPB = Health Promotion Bureau, MOH = Ministry of Health, PMU = project management unit.

<sup>i</sup> Government of Sri Lanka. Ministry of Health. 2021. *National Deployment and Vaccination Plan for COVID-19 Vaccines*. Colombo.

<sup>ii</sup> Asian Development Bank (ADB). 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila; and ADB. 2018. *Country Partnership: Philippines, 2018–2023—High and Inclusive Growth*. Manila.

<sup>iii</sup> ADB. 2020. *Basic 2020 Statistics*. Manila.