



*SRI LANKA RESPONDS TO
COVID-19: LESSONS IN
PREPARING FOR FUTURE*

QUALITATIVE STUDY

July 1, 2024

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Introduction to the Qualitative Study

The objective of the study

The objective of the qualitative study is to identify features of the community responses and their impact linked to the COVID-19 emergencies in Sri Lanka.

Target population

The target population comprised the general population who were above 18 years old and representing all the 25 districts in Sri Lanka, selected individuals who identified as community leaders, and representatives from identified stakeholders who were involved in the pandemic preparedness and response. To gather insights, 25 Focus group discussions were carried out with general population groups representing all 25 districts in Sri Lanka. Another three Focus Group Discussions were carried out with selected individuals who identified as community leaders representing the Urban, Rural, and Estate sectors of the country. Two key Informant Interviews were conducted with the representatives from identified stakeholders who were involved in the pandemic preparedness and response.

Data collecting instrument and data collection

Semi-structured interviews were used to collect data for the qualitative study. Interviewer guides to conduct the FGDs and KIIs were developed for this purpose. The KII guide was adjusted based on the expert involved. KIIs and FGDs were a maximum of 30 minutes each with all participants agreeing to participate following a re-iteration of the study purpose and agreement to participate via the informed consent process.

Data analysis

Following the interviews, all study data including audio-recordings and hand-written notes were transcribed verbatim without participant identifiers and annotated with pauses/non-verbal expressions. Anonymized transcripts were analyzed by the study team to create and examine themes, subthemes, and codes. The results were analyzed based on Urban, Rural, and Estate Sectors and presented under three sections.

Section 01: Responses and perceived Impacts due to COVID-19 among the General population in Urban, Rural, and Estate Sectors

Section 02: Responses and perceived Impacts due to COVID-19 among community leaders in Urban, Rural, and Estate Sectors

Section 03: Responses and perceived Impacts due to COVID-19 among representatives from identified stakeholders involved in the pandemic preparedness and response

Section 01

Responses and Perceived Impacts due to COVID-19 among General population in Urban, Rural and Estate Sectors

To explore how the Sri Lankan population responded to the Covid 19 pandemic and assess its impacts on them, 25 Focus group Discussions were conducted, covering all 25 districts of Sri Lanka, across the Urban, Rural, and Estate sectors. Focus Group Discussions involved the general population residing in these demographic areas. The demographic characteristics of the participants and details of Focus Group Discussions are outlined in Table 01.

Table 01: Demographic characteristics of the Focus Group Discussion participants

| Sector | District | Date of the FGD | Details of FGD participants | | |
|--------|-------------|-----------------|-----------------------------|------------------------------|-------------------|
| | | | Number of participants | Gender (M-Male, F-Female) | Age range (Years) |
| Urban | Colombo | 2023.08.08 | 12 | M-5, F-7 | 20-65 |
| | Gampaha | 2023.09.09 | 11 | M-5, F-6 | 27-61 |
| | Kalutara | 2023.09.09 | 13 | M-5, F-8 | 21-65 |
| | Matara | 2023.08.12 | 08 | M-7, F-1 | 40-73 |
| | Galle | 2023.09.10 | 10 | M-1, F-9 | 18-58 |
| | Kandy | 2023.07.02 | 07 | M-1, F-6 | 39-64 |
| | Jaffna | 2023.08.08 | 10 | M-5, F-5 | 29-45 |
| Rural | Kilinochchi | 2023.08.19 | 10 | M-5, F-5 | 31-57 |
| | Mannar | 2023.08.19 | 08 | M-4, F-4 | 25-52 |
| | Vavuniya | 2023.08.05 | 10 | M-5, F-5 | 37-60 |
| | Mullaitivu | 2023.08.05 | 09 | M-1, F-8 | 24-48 |
| | Trincomalee | 2023.08.17 | 10 | M-1, F-9 | 21-60 |
| | Batticaloa | 2023.08.08 | 10 | M-3, F-7 | 36-55 |

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|--------|--------------|------------|----|-----------|-------|
| | Ampara | 2023.08.08 | 07 | M-3, F-4 | 29-66 |
| | Anuradhapura | 2023.08.13 | 10 | M-3, F-7 | 38-57 |
| | Polonnaruwa | 2023.08.12 | 13 | M-5, F-8 | 30-70 |
| | Badulla | 2023.08.05 | 12 | M-3, F-9 | 17-73 |
| | Hambantota | 2023.08.13 | 10 | M-3, F-7 | 26-54 |
| | Kurunagala | 2023.08.12 | 11 | M-4, F-7 | 25-68 |
| | Puttalam | 2023.08.05 | 09 | M-4, F-5 | 29-65 |
| | Rathnapura | 2023.09.10 | 14 | M-4, F-10 | 25-63 |
| | Kegalle | 2023.08.12 | 12 | M-4, F-8 | 24-56 |
| | Monaragala | 2023.08.08 | 16 | M-2, F-14 | 21-63 |
| | Matale | 2023.08.13 | 10 | M-5, F-5 | 17-62 |
| Estate | Nuwaraeliya | 2023.08.06 | 12 | M-7, F-5 | 21-55 |

Section 1.1: Responses and perceived Impacts due to COVID-19 among the General population in the Urban Sector

Positive and negative responses and perceived impacts resulting from COVID-19 among the general population in the Urban Sector are identified separately.

Table 02 shows negative responses, and perceived negative impacts due to COVID-19 categorized into ten main themes: namely, Impact on families, Psychological impact, Economic impact, Community response to government approach, Community response to health sector approach, Shortcomings and emergency challenges, Sources of information and communication, Health seeking behavior, COVID-19 Vaccination, and Recovery from the Pandemic. Respective subthemes under each main theme, along with their corresponding codes, have also been identified.

Table 02: Perceived negative impacts and negative opinions of the Urban Sector communities

| Theme | Subthemes | Codes | Quotes |
|---|-------------------------------------|-----------------------|---|
| Impact on families | Impact on children's education | Education disruptions | <p><i>"Schools were closed most of the time during the pandemic. However online classes were conducted. I have five children, but we only have one smartphone. So, it was very challenging when my all five children attended online classes using just one device"</i></p> <p><i>"Schools were repeatedly closed. Exams were postponed. This situation reduced children's interest in education"</i></p> <p><i>"Most of the children in our village left the school because they couldn't participate in online classes during the pandemic because of their financial hardships"</i></p> <p><i>"As children missed the school education for a prolonged time, now children hesitate to go to the school. We have observed a higher number of school dropouts in our area now"</i></p> <p><i>"We gave smartphones to our children to attend their online classes. Now they become addicted to these devices"</i></p> |
| | | School closures | |
| Postponement of examinations | | | |
| School dropouts | | | |
| Less affordability and accessibility of smart devices | | | |
| | Smartphone addiction among children | | |
| | Changes in family dynamics | Weaken family bonds | <p><i>"My wife is a nurse. She didn't receive leave during the pandemic. So, I and my mother had to manage the whole household while looking after a toddler. It was very challenging for me. My wife reduced her interaction with our child and other family members to prevent us from virus transmission. But it was very stressful for both her and us"</i></p> <p><i>"Domestic violence cases have increased in our village during the lockdown period"</i></p> <p><i>"My brother died at the hospital from Covid. His body was immediately cremated without the opportunity for a proper funeral. This was a heart-breaking experience for our family"</i></p> |
| Changes in family roles | | | |
| Increased family disputes | | | |
| Loss of family members | | | |

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| Psychological impact | Anxiety and Stress | Home confinement Social isolation and Mental discomfort Loss of income and jobs Financial constraints and debts | <p><i>“It was very stressful for both us and our children when we were confined in homes during the lockdown”</i></p> <p><i>“We lost our social connection during lockdowns. It caused mental discomfort”</i></p> <p><i>“I operated a family restaurant. We had to permanently shut down it during the lockdown. We had loans to repay. But we couldn’t repay those as we lost our income. This caused depression in my husband and he had to seek treatment”</i></p> |
| | Social stigma and discrimination | Discrimination against COVID patients Social stigma and labeling | <p><i>“My family had to be quarantined. Villagers discriminated against us and labeled us as Covid patients. It was mentally painful”</i></p> <p><i>“I worked in the industrial zone. I lost my job and I returned to my village. But villagers stigmatized me, viewing me as a potential carrier of the virus”</i></p> |
| | Fear and Uncertainty | Fear of interacting with others Fear of COVID-19 transmission | <p><i>“We experienced mental confusion as we lived with the uncertainty that those we interacted with could potentially be COVID patients. Sometimes we received meals from neighbors. We were afraid to eat those as before due to fear of virus transmission. Although we accepted those, we just threw those away”</i></p> <p><i>“Pandemic was a new experience for me. I still remember how I got afraid upon hearing the news of the first Covid case recorded in the country. Other people were also the same. We were afraid to even talk with others”</i></p> <p><i>“We were afraid to send our children to the school due to the fear of virus transmission”</i></p> |
| Economic impact | Job Losses | Loss of daily wage jobs Closure of businesses | <p><i>“During the Corona period, those who mostly lost jobs and became helpless were the ones who engaged in daily wage-earning jobs. They had to stay unemployed for nearly one and half years”</i></p> |

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| | Loss of other jobs | <p><i>"I owned a restaurant and had a significant number of employees. However, with the onset of the pandemic, most of them returned to their hometowns. As a result, I experienced a loss of sales during the lockdown and finally, I had to permanently close my restaurant"</i></p> <p><i>"I am a businessman. I lost my revenue during the Covid period. So, I had to cut down some employees in my office"</i></p> |
| Income disruptions | <p>Impact on self-employed individuals</p> <p>Challenges in selling goods</p> <p>Impact on farming and harvests</p> | <p><i>"I was a self-employer, engaging in the production and sale of dried fish. The market for my products became uncertain as many shops closed during the pandemic, and I faced difficulties in transporting my goods to the market due to travel restrictions"</i></p> <p><i>"I am a farmer. I couldn't go to my field due to travel restrictions. It caused an adverse impact on my harvests and particularly the income"</i></p> |
| Financial hardships | <p>Acquiring goods on credit</p> <p>Educational expenses</p> <p>Mortgaging valuables to survive</p> <p>Inability to pay loans</p> | <p><i>"My father was the only breadwinner in our family. He contracted the disease and had to go to a quarantine centre. We didn't have money to survive until he became well. We had to get essential goods on credit from outsiders, which made us feel indebted"</i></p> <p><i>"I struggled to purchase a smartphone for my son's online education. It was very difficult to cover his educational expenses including internet bills as I lost my income during the pandemic"</i></p> <p><i>"As we lost our income, we had to survive by mortgaging my gold jewelry. But I was never able to recover them from the bank again"</i></p> <p><i>"I owned a shop, and it was permanently closed during the pandemic. I had loans to pay. But I couldn't imagine a way to pay those as I lost my business"</i></p> |

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| | Industry-Specific Impacts | <p>Job losses in industrial zones</p> <p>Disruptions in industries</p> | <p><i>“People who were employed on Manpower/temporary basis in the industrial zone lost their jobs, as the companies continued their operations only with permanent employees during the pandemic”</i></p> <p><i>“We are engaging with tourism industry-related jobs. As the tourism industry was disrupted during the pandemic, we lost our income. Some of us had to permanently close our businesses”</i></p> <p><i>“The hotel industry was also disrupted due to the pandemic. Most of the employees who worked in the hotel industry lost their jobs”</i></p> |
| Community response to government approach | Dissatisfaction with the government approach | <p>Government's lack of decision-making</p> <p>Discontent with the vaccination programme</p> <p>Lack of welfare programs for affected families</p> <p>Ineffectiveness of enforced measures</p> | <p><i>“The government didn’t take essential measures or plans to reduce the impact of the disease. Although they were trying to work on their potential, the results fell short of expectations”</i></p> <p><i>“In the initial stages, when reported cases numbered 1-2, both the government and the public didn't pay much attention to the disease”</i></p> <p><i>“Government imported vaccine for higher prices although there were low priced options. This was mainly due to political reasons”</i></p> <p><i>“Government didn’t implement a welfare programme for helpless families who lost their family members due to Covid”</i></p> <p><i>“Government only provided incentives to the permanent residents. Majority of people in the industrial zones were temporary residents and the government ignored them”</i></p> |
| | Challenges faced with the enforced measures | Challenges during lockdown | <p><i>“During the lockdown, we encountered a shortage of drinking water. Normally, we would travel 2 kilometres to access drinking water, but the pandemic left us in a helpless situation where this was not possible. The government didn’t focus on this issue”</i></p> |

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| | Political influences on decisions | Political influence Lack of Transparency in policy changes | <p><i>"I am a Grama Niladhari. We successfully carried out an incentive dissemination programme with the support of health authorities. But some politicians interrupted the programme"</i></p> <p><i>"Government supported the dissemination of myths about the virus. As an example, high-level politicians facilitated the promotion of scientifically unproven herbal tonics"</i></p> |
| Community response to the health sector approach | Dissatisfaction with the response | Health staff's responsiveness | <i>"We are not satisfied with the job done by the PHI in our area. He didn't attend to our calls during the pandemic"</i> |
| | | Diagnosis and examination discrepancies | <i>"I visited a doctor to get treatment for a headache. However, he diagnosed my illness as COVID-19 without conducting an examination. He didn't even ask me about my symptoms"</i> |
| | | Inadequate guidance and information from the health staff | <i>"MOH office didn't provide us a proper guidance and information. Their primary focus was on contact tracing to identify potential cases"</i> |
| | Community self-reliance | Neglect of health system responses | <i>"I observed that both vaccinated and non-vaccinated people in our village got the disease. So, I started following my own ways to protect myself and my family using natural home remedies"</i> |
| | Political influences and transparency issues | Transparency issues in the health sector Political influences | <p><i>"Vaccination programme was not conducted transparently. We faced lots of discrimination when we tried to get the vaccine"</i></p> <p><i>"We waited in line from 4:30 am to get the vaccine, while some people received the vaccination right away with the help of local politicians"</i></p> |
| Shortcomings and emergency challenges | Shortages of essential goods and services | Medicinal drugs shortages Food shortages | <i>"My friend was pregnant during the pandemic, and she had to face an immediate delivery as she suffered from hypertension. However, the hospital informed her that drugs for hypertension were unavailable in the hospital during her delivery. Most private dispensaries were also not operated at that time"</i> |

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| | | <p>Shortage of drinking water</p> <p>Unfair pricing of essential items</p> <p>Inadequate access to healthcare</p> <p>Disrupted services at government offices</p> | <p><i>“My father was brought away by the health authorities to quarantined and advised us too to be home quarantined. We didn’t have enough food at the home when this happened. It was a very difficult period for us without enough food. Neighbours also didn’t support us because of our quarantine status”</i></p> <p><i>“There is a scarcity of drinking water facilities in some areas in Kalutara. Normally, we travel 2 kilometers to access drinking water, but the pandemic left us in a helpless situation where this was not possible due to lockdowns and travel restrictions”</i></p> <p><i>“Some shopkeepers sold essential food items at unfairly high prices. So, we couldn’t buy those”</i></p> <p><i>“I am a regular clinic patient. But I couldn’t go to the clinic as clinics were not operated during the pandemic”</i></p> <p><i>“The coordination between government officials and the public at the offices weakened due to precautions like maintaining social distance. The availability of government officers in their offices also reduced during this period”</i></p> |
| | <p>Inadequate Government response</p> | <p>Lack of support for families in quarantine</p> <p>Lack of effective emergency services</p> <p>Poorly scheduled curfews</p> <p>Poor management of quarantine centers</p> | <p><i>“My family was quarantined. But any of the responsible parties were concerned about our welfare during the quarantine period”</i></p> <p><i>“My entire family contracted the virus, and during this period, my mother got severely sick. We were unable to contact an ambulance to bring her to the hospital because both hospital ambulances and the 1990 ambulance service were fully occupied. We even couldn’t contact a taxi as taxi drivers declined our request due to our quarantine status”</i></p> <p><i>“Curfews were imposed and lifted without any schedule or pre-plan. Once the curfews were lifted, we had to stop all other work and start to stock essential goods within a very limited time”</i></p> <p><i>“I was sent to an external quarantine centre. There were not enough facilities to even fulfill my basic needs”</i></p> |

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| | Disruptions to daily life | <p>Canceled regular events</p> <p>Limited access to public transportation</p> <p>Being robbed</p> | <p><i>“We couldn’t conduct our regular events such as the New Year festival during the pandemic”</i></p> <p><i>“Public transportation was not operated during the lockdown period. Private taxi services were also not operated at that time. So, we had to go by foot to the town for our needs and limit the long-distance travel”</i></p> <p><i>“When I got infected, I was brought to a quarantine centre very suddenly. I had to immediately leave my house. Upon my return home, I discovered that my belongings had been stolen. Even a kitchen utensil was not left behind for making a cup of tea”</i></p> |
| Sources of information and communication | Reliability of information | <p>Contradictory information from Media</p> <p>Influence of social media on information trust</p> <p>Misinformation and manipulation of data</p> | <p><i>“We are not satisfied about the reliability of information received through media. Most of the time received information was contradictory”</i></p> <p><i>“Health authorities tried their best to provide accurate information to the public. However, the influence of social media in our country is high, leading to the widespread dissemination of inaccurate information. The public often tended to trust and follow these misleading news sources over the information provided by health authorities”</i></p> <p><i>“Some mass media channels promoted unreliable so-called herbal tonics during the pandemic. These actions are not acceptable”</i></p> |
| | Impact on mental health | <p>Fear and depression from information received</p> <p>Confusion due to contradictory information</p> | <p><i>“As we watched the COVID-19 statistics on television, particularly the rising death toll, a sense of fear enveloped us. Most of us had an ideation that we could not escape from this deadly disease. That was so depressing”</i></p> <p><i>“Although the government encouraged us to get the vaccine, there were claims in social media that the Sinopharm vaccine could be lethal. This caused a big confusion among us”</i></p> |

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| Health seeking behavior | Changes in health seeking behavior | <p>Clinic discontinuation</p> <p>Medication delivery challenges</p> <p>Limited access to doctors and emergency care</p> | <p><i>“Many regular clinics in our divisional hospital were not operated during the pandemic. We were directed to clinics in the Kandy base hospital. However, due to travel restrictions and transportation challenges, it was difficult for us to visit those clinics”</i></p> <p><i>“Although clinics were not operated, they posted the drugs to patients’ homes. This service was available mainly for diabetic patients, but was not provided for all patients”</i></p> <p><i>“Sometimes we received the wrong set of drugs through the post”</i></p> <p><i>“Accident cases were only treated for the vaccinated individuals but patients who were not vaccinated were sent back”</i></p> <p><i>“Medical officers at the OPD didn’t properly examine patients”</i></p> |
| | Patient behavior and decision-making | <p>Avoidance of hospitals and clinics</p> <p>Self-Purchase of medication</p> <p>Online medication requests</p> | <p><i>“Even when clinics were operated, we didn’t access those due to concerns about contracting the virus in crowded places like hospitals”</i></p> <p><i>“We purchased monthly drug dosage via WhatsApp from the pharmacies. A representative from the pharmacy delivered the drugs. We had to use this method because some drugs were not available in the hospital”</i></p> |
| COVID-19 Vaccination | Vaccine dissatisfaction | <p>Perceived side effects and health concerns</p> <p>Forced vaccination</p> <p>Obtaining vaccination certificates through bribes</p> | <p><i>“We are now experiencing side effects of the vaccine. Such as body aches, frequent tiredness, and joint pains. People who refused the vaccine are still living healthy while we are facing so many health concerns because of the vaccine. we are regretting about receiving the vaccine”</i></p> <p><i>“We got the vaccine because the government made it mandatory. Otherwise, we didn’t have the willingness to receive the vaccine”</i></p> <p><i>“Some people who did not wish to receive the vaccine got the vaccination certificate by bribing the authorities”</i></p> |

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| | | <p>Disappointment with preferential treatment for Pfizer</p> <p>Sale of vaccines at black market prices</p> | <p><i>“There was an opinion that Pfizer was the best vaccine among others. So, some government high officials who were not residents in the Galle district came here and received the Pfizer vaccine”</i></p> <p><i>“Private hospitals in Colombo engaged in black-market sales of the Pfizer vaccine, charging high rates”</i></p> |
| | <p>Communication and knowledge</p> | <p>Lack of vaccine knowledge and information</p> <p>Misconceptions and myths about vaccines</p> | <p><i>We didn’t receive enough information about the vaccines and their side effects”</i></p> <p><i>“We were not informed about the differences between vaccine types. Still, we don’t understand why there were multiple types of vaccines. It made us confused”</i></p> <p><i>“We didn’t have trust in the Sinopharm vaccine. Because it was manufactured in China and we don’t have trust in Chinese people”</i></p> |
| | <p>Vaccination administration and access</p> | <p>Inefficient management of the vaccination programme</p> <p>Multiple vaccine types</p> | <p><i>“Health staff didn’t come to vaccination centres on time. We had to wait in long lines to get the vaccine. Some elderly people became unwell while waiting, and some even caught the virus when waiting in the lengthy queues”</i></p> <p><i>“I received different types of vaccines as my three doses. I think I am suffering from side effects due to that”</i></p> |
| | <p>Accountability and responsibility</p> | <p>Lack of government accountability for vaccine side effects</p> | <p><i>“The government did not assume responsibility for the vaccine. This is explicitly stated on the vaccination card, that the government is not accountable for any potential side effects that may result from the vaccine. It is so disappointing”</i></p> |

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| Recovery from the Pandemic | Economic impact and recovery | Ongoing financial disruptions Economic downturn and its consequences Daily wage workers' struggles | <i>“Negative financial impacts caused by the pandemic were aggravated by the current economic crisis. So, we still couldn’t recover from it”</i> <i>“I as a daily wage earner had to suffer a lot during the pandemic and still it is very difficult to recover”</i> |
| | Education system recovery | Children's education challenges Higher education sector recovery | <i>“The education system is still in the process of recovering. According to the Ministry of Education, it is expected to take another year, until 2024, to fully rebuild the school education system to its pre-COVID status”</i> <i>“I am a university student. I feel that the university system still trying to overcome the negative impacts caused by the pandemic”</i> |
| | Coping and moving forward | Challenges for those infected and bereaved | <i>“Those who had not faced serious impacts had moved on. But I lost my mother because of Covid and I am still struggling to accept the fact that she is no more”</i> |

Table 03 outlines the positive responses and impacts of COVID-19 within communities in the Urban sector. These responses are classified into eight main themes, and corresponding subthemes under each of these themes, along with their respective codes, have been identified. Their responses span across positive aspects within the categories of Psychological impact, Economic impact, Community response to government approach, Community response to health sector approach, Sources of Information and Communication, Health seeking behavior, COVID-19 Vaccination, and Recovery from the Pandemic.

Table 03: Perceived positive impacts and the positive opinions of the Urban Sector communities

| Theme | Subthemes | Codes | Quotes |
|--|---|--|--|
| Psychological impact | Community Support | Mutual support in the community | <i>“When my family got infected and had to be quarantined, our neighbours supported us with food and other essential goods. It helped us to stay positive at that time”</i> |
| Economic impact | Financial support and assistance | Financial support from large-scale farm owners | <i>“As villagers, we didn’t have a significant financial issue as we were relying on farming, and it was continued without big issues during the pandemic. Moreover, large-scale farm owners financially supported us at that time”</i> |
| Community response to government approach | Satisfaction towards government approach | Government support programs Government's effective decision-making Effectively enforced measures | <i>“We received essential food items such as rice, spices, eggs, and other dry foods from the government with the collaboration of Sathosa. We received those foods timely without a big issue. Grama Niladhari is actively involved in this process. So, we are satisfied with the support given by the government”</i> <i>“Imposing lockdown at the early stage of the pandemic was a good decision”</i> <i>“The government tried their best to control the pandemic. The government implemented measures such as lockdowns, travel restrictions, and vaccination that were effective”</i> |
| Community response to health sector approach | Satisfaction towards the health sector approach | Effectiveness of awareness programs Handling of quarantine and vaccination | <i>“We were satisfied about the way that health authorities responded to the pandemic. Because they did timely awareness programmes, conducted vaccination programmes, and assisted people who were quarantined. We believe that health authorities handled the pandemic well”</i> |

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| | | <p>programs</p> <p>Healthcare workers' dedication</p> | <p><i>"Health staff did their best to control the disease. We are forever grateful to them"</i></p> |
| Sources of Information and Communication | Satisfaction with the received information | Satisfaction with received information | <p><i>"We mostly used television to get the information. We were adequately aware of current pandemic situation in the country as well as about the precautions to prevent the disease through the information received via television. We are highly satisfied about that"</i></p> |
| | Information sources | <p>Social Media (Facebook)</p> <p>Mass Media Channels</p> <p>Police Department's public announcements</p> | <p><i>"We got daily Covid-related updates mainly through Facebook. Additionally, mass media channels also provided important information"</i></p> <p><i>"The police department also did a commendable job by doing public announcements"</i></p> |
| | Awareness and community outreach programs | <p>MOH Office's awareness programmes</p> <p>NGO-led awareness programmes</p> | <p><i>"Our MOH office did awareness programmes for the people in the industrial zone. We are satisfied about that"</i></p> <p><i>"NGOs like SARVODAYA also conducted effective awareness sessions in our area"</i></p> |
| Health seeking behavior | Resilience of healthcare providers | Healthcare workers' dedication | <p><i>"MOH office worked hard and operated a mobile clinic where they visit the patient and provided medicine"</i></p> |
| | | Innovative measures | <p><i>"Although maternal clinics were not operated, PHM continued home visits to observe risky mothers and babies"</i></p> |

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| | | | <i>“There was a mechanism where clinic patients could request monthly drug dosage via online (WhatsApp) from the pharmacies and pharmacy deliver the drugs to the patients”</i> |
| COVID-19 Vaccination | Satisfaction with the vaccination | Outreach efforts by healthcare workers Control of the disease | <i>“My mother was old and can’t walk. Healthcare workers visited my home and administered the vaccine to my mother. This service was highly beneficial”</i> <i>“Pandemic was controlled because of the vaccination programme”</i> |
| Recovery from the Pandemic | Establishments of good habits after the pandemic | Good sanitary practices | <i>“Now some sanitary practices such as washing hands, wearing masks, keeping a social distance when we have cold have become part of our lives”</i> |
| | Introduction of new methods in school education | Online school education | <i>“Now our children got familiar with online modes of education which is good”</i> |

Section 1.2: Responses and perceived Impacts due to COVID-19 among General population in the Rural Sector

Positive and negative responses and perceived impacts resulting from COVID-19 among the general population in the Rural Sector are identified separately.

Table 04 shows negative responses and perceived negative impacts of COVID-19, categorized into ten main themes: Impact on families, Psychological impact, Economic impact, Community response to government approach, Community response to health sector approach, Shortcomings, and emergency challenges, Sources of information and communication, Health seeking behaviour, COVID-19 Vaccination, and Recovery from the Pandemic. Respective subthemes under each main theme, along with their corresponding codes, have also been identified.

Table 04: Perceived negative impacts and negative opinions of the Rural Sector communities

| Theme | Subthemes | Codes | Quotes |
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| Impact on families | Impact on children's education | <p>School closures</p> <p>Postponement of examinations</p> <p>Unsuccessful online classes</p> <p>Less affordability and accessibility of smart devices</p> <p>Smartphone addiction among children</p> <p>Impact on university students</p> <p>Transportation difficulties</p> | <p><i>“As schools were closed most of the time during the pandemic, National exams including 5th grade scholarship examination, GCE O/L, GCE A/L were repeatedly postponed”</i></p> <p><i>“Online education was not successful. We couldn't adapt to online learning like we did with in-person classes. Online teaching became monotonous for us”</i></p> <p><i>“I have four children and had only one smartphone. It was hard for children to join multiple online classes with just one phone. We were helpless”</i></p> <p><i>“My eldest child is a university student. He had to build a hut outside the home to attend online lectures due to network issues”</i></p> <p><i>“Parents somehow provided a smartphone for children's education. But some children used those devices in the wrong way. They used it to engage with social media platforms, adult websites, movies, etc. Because of that, now children became aggressive, and adults can't control them”</i></p> <p><i>“Higher education also affected. We had to wait extra time to get the degree due to university closures. This significantly affected us when seeking job opportunities as well as planning our special life events like marriage”</i></p> <p><i>“Sometimes my children couldn't attend school due to transportation difficulties during the pandemic”</i></p> |

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| | Changes in family dynamics | <p>Weaken family bonds</p> <p>Increased family disputes</p> <p>Loss of family members (is this ell labeled?)</p> <p>Sudden separation from family</p> <p>Unexpected pregnancies</p> <p>Missing important family events</p> | <p><i>“When I returned home after work, my family tried to avoid contact with me. They even hesitated to touch or speak with me. This weakens our family bonds and intimacy with my wife”</i></p> <p><i>“My family had to be stuck in the home for a long period during the lockdown, it caused family disputes”</i></p> <p><i>“Drug addicts exhibited withdrawal symptoms during the lockdown. Their family members faced difficulties with handling them as they acted violently”</i></p> <p><i>“My husband got infected by the virus and died”</i></p> <p><i>“My husband and me referred to a quarantine center while my children were left alone the home. I couldn’t bear that separation”</i></p> <p><i>“Some families experienced unexpected pregnancies during the pandemic as spouses had more time together during lockdown period. However, the majority of these families were not financially prepared to support an additional child”</i></p> <p><i>“We missed important family events such as weddings, family gatherings, and funerals because of lockdowns and travel restrictions”</i></p> |
| Psychological impact | Anxiety and Stress | <p>Home confinement</p> <p>Mental discomfort</p> <p>Social stigma</p> <p>Sense of helplessness</p> | <p><i>“We had no choice but confined in home during lockdown. I have never experienced such a stressful period”</i></p> <p><i>“Three of my close family members died from the disease. I couldn't attend any of their funerals. It is still mentally hard”</i></p> <p><i>“Our sister, who works at a hospital, also contracted the virus. Villagers began to gossip about our family's health then. This increased our mental stress”</i></p> |

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| | | | <i>“Economically well-established people prepared themselves for the pandemic by purchasing essential goods in huge amounts. Seeing this caused feelings of helplessness and anxiety among poor people like us”</i> |
| | Social stigma and discrimination | Discrimination against COVID patients Social stigma and labeling Discrimination in workplaces | <i>“My entire family contracted the virus. My brother passed away due to Covid. We experienced discrimination from our neighbors because of our situation. Even health professionals exhibited discrimination towards us”</i> <i>“My relative who came from abroad had been stayed in our home during the pandemic. As she came from another country my neighbors thought that we were infected and they discriminated against us. Some were even angry with us”</i> <i>“In our area, tea cultivation and gem mining are popular industries that require people to work closely together. However, during the pandemic, there was a sense of discrimination among workers. They hesitated to interact with others due to the fear of virus transmission”</i> |
| | Fear and Uncertainty | Fear of interacting with others Fear of COVID-19 transmission | <i>Some villagers in our community were afraid to talk with others due to fear of virus transmission”</i> <i>“Although schools and tuition classes operated physically during some periods of the pandemic, we were afraid to send our children to classes because of the fear of virus transmission”</i> |
| Economic impact | Job Losses | Loss of daily wage jobs Closure of businesses Loss of other jobs | <i>“Pandemic severely affected the people who engaged in daily wage-earning jobs. They lost their earning opportunities with the lockdown. They managed their expenses until they had their deposits. After deposits ran out, they were in big trouble. Some had to rely on monetary and other aids donated by others”</i> <i>“In Puttalam area, there are factories that make coir products and Batik products. Their sales significantly dropped during the pandemic. some factories were closed. This caused job losses to people who worked in those factories”</i> |

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| | | | <i>“My son worked in a hotel in Colombo, and he was the only breadwinner of the family. He lost his job during the pandemic, and it financially affected the whole family”</i> |
| | Income disruptions | Impact on self-employed individuals Challenges in selling goods Impact on farming and harvests Salary reductions | <i>“I was doing a vehicle repair workshop back then. I had around 10 employees. I faced difficulties in paying their salaries as I received very low profit during the pandemic”</i> <i>“I was engaged in a mushroom-producing business. I normally sell those to the shops in the town. As most of the shops closed during lockdown, I faced financial difficulties and couldn’t continue my self-employment”</i> <i>“We, framers couldn’t go to the paddy fields due to lockdown. Fertilizers, insecticides, and fuel were also not available during lockdowns. This caused a lack of income”</i> <i>“Almost every employer reduced salary by nearly 50% from the early stages of the pandemic. It affected severely the employees”</i> |
| | Financial hardships | Inability to pay loans Lack of financial support from others Surviving on savings Impossibility to engage in | <i>“I was a self-employer back then and I had a loan to pay. But I couldn’t pay those as usual, because I suddenly lost my income”</i> <i>“People in the village were hesitant to financially help others as they also losing their income”</i> <i>“With the pandemic causing job losses, we had to rely on our savings. A significant portion of our savings was used for buying essentials like food”</i> <i>“I had to stop providing alms to the temple. Because I couldn’t afford an extra meal to the temple anymore due to my financial situation”</i> |

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| | Loss of property | Robberies | <i>“My brother was quarantined in the Kandakadu quarantine center with his family members. Some of their properties like household items, crops, and livestock had been robbed when they returned home after being quarantined”</i> |
| Community response to government approach | Dissatisfaction with government approach | <p>Government's lack of decision-making</p> <p>Lack of law enforcement and monitoring</p> <p>Lack of transparency in implemented measures</p> <p>Lack of awareness among the public</p> | <p><i>“Sri Lanka is an island nation. So, it is easy to protect the country from transmission of the virus from foreign countries. But government didn't get initial steps to do that. Not only that, government invited a group of foreigners from a high-risk country to Sri Lanka during the pandemic. How to accept such decisions”</i></p> <p><i>“Although there were lockdowns and travel restrictions, people in our area traveled easily. So, there was not a proper law enforcement and monitoring mechanism for effective implementation of those regulations”</i></p> <p><i>“Some businesspeople took advantage of the pandemic by selling necessary goods, including food, at unfairly high prices. But government didn't monitor those and didn't establish a proper mechanism to mitigate such situations”</i></p> <p><i>“Almost every employer reduced salary by nearly 50% from the early stages of the pandemic. It affected severely to the employees. Some companies permanently closed causing job losses for employees. The government was unable to act according to labor laws and protect the job security of people”</i></p> <p><i>“Governments' financial incentives programme was not conducted fairly and transparently”</i></p> <p><i>“World Health Organization had stated that they are willing to donate rapid antigen kits free of charge. But government purchased those. We can't accept such decisions. The government didn't act transparently in the process of vaccine importation as well”</i></p> <p><i>“The government didn't do enough awareness programmes. Enough information had not reached in regions where people were poorly literate and had less access to mobile phones, radios or other technological devices, mainly the rural areas”</i></p> |

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| | Challenges faced with the enforced measures | Challenges during lockdown and travel restrictions Injustice faced with the enforced measures | <p><i>“Government imposed lockdowns and travel restrictions without prior notice. We got inconvenienced with these sudden decisions. I got stuck in the outer places without having a chance to return to My home. The government did not have a proper plan to manage these practical issues while imposing such regulations”</i></p> <p><i>“The government's primary focus was on managing the disease. They didn't consider the welfare of the citizens and the practical problems people had to face due to the government's actions. As an example, all shops were shut down during the lockdown. Even though we had money, there was no place to buy the things we needed. The government didn't interfere to solve these matters”</i></p> <p><i>“Government-imposed travel restrictions were not applied fairly. Those using expensive vehicles faced minimal inspections and traveled freely. But people traveling in less costly modes of transport such as three-wheelers, motorcycles, and bicycles were continuously inspected while traveling”</i></p> |
| | Political influences on decisions | Prioritizing political agendas upon the pandemic Lack of Transparency in government programmes | <p><i>“Politicians prioritized their political agendas during the pandemic. As an example, if the opposing party was agreeing to impose lockdown, the ruling party was against that decision. This was a shocking response from the government to the pandemic”</i></p> <p><i>“Local politicians abused their powers during vaccination programme as well as in incentive programmes”</i></p> |
| Community response to health sector approach | Dissatisfaction with the response | Abuse of authority Labeling people Health staff's non- | <p><i>“The government provided full authority to the health sector during the pandemic. But they treated patients like prisoners. Even if we accidentally fell out the mask, health staff verbally abused us and treated us very harshly like animals”</i></p> <p><i>“When we visited regular hospital clinics during the pandemic, doctors treated the normal patients as if they were also corona patients. That behavior caused us feelings of stigma”</i></p> |

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| | | <p>responsiveness</p> <p>Lack of monitoring of the precautionary measures</p> <p>Lack of facilities in quarantine centers</p> <p>Inadequate guidance and information from the health staff</p> <p>Unreliability of the information</p> | <p><i>“The public health inspector in our area even didn’t contact us or collect information about the Covid -19 related cases in the village. We had to collect that information and inform him. He even didn’t respond to our phone calls”</i></p> <p><i>“My toddler faced a vision issue, requiring surgery at Lady Ridgeway Hospital for Children during the pandemic. The hospital's communication regarding the surgery was unclear. They were reluctant to provide a definite date for the procedure due to travel restrictions. As a result, I was unable to bring my child for the surgery at the right time. She continues to experience the eye problem”</i></p> <p><i>“PHI informed me to implement Covid precautionary measures in my salon. I spent a lot and established precautionary measures as instructed. But he never visited my salon to inspect those”</i></p> <p><i>“Health staff immediately sent us to quarantine centers when we got infected. But those centers had very poor facilities”</i></p> <p><i>“There was a distrust about the vaccination programme among the public. Health authorities still do not get steps to address this distrust effectively by providing correct information and guidance”</i></p> <p><i>“Sometimes, information given by health ministry differed from the information from World Health Organization. We couldn’t see any relation between that information and became confused thinking about who to trust”</i></p> |
| | <p>Political influences and transparency issues</p> | <p>Transparency issues in the health sector</p> <p>Political influences</p> | <p><i>“Ministry of Health and the National Covid Task Force had controversial opinions sometimes. Some high officials in the Ministry of Health acted upon myths rather than making decisions based on scientific evidence”</i></p> |

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| <p>Shortcomings and emergency challenges</p> | <p>Shortages of essential goods and services</p> | <p>Food shortages stockpiling of essential food items by the rich one Unfair pricing of medicinal drugs and other essential items Disrupted services at government offices Inadequate access to healthcare services</p> | <p><i>“All the adults in our family are daily wage earners and family consists of 13 members including 6 children. We were quarantined for 14 days. We had not been prepared for that. We suffered from food shortages at that time. It was a very hard time for us”</i></p> <p><i>“Rich people began stockpiling essential food items, like rice, in large quantities. Some of these people from Colombo came to our villages and bought significant amounts of rice at higher costs. This led to a shortage of food for the local residents”</i></p> <p><i>“Surgical masks were sold at a high price. It was unfair. Essential goods including foods also sold at unfairly high prices during the pandemic”</i></p> <p><i>“Prices of the drugs became high during and after the pandemic. I purchased my mother’s monthly drug dosage for 1000 LKR before the pandemic and now I need 8000 LKR to buy the same amount of drugs”</i></p> <p><i>“Before the pandemic, we were able to access the respective officials in the divisional secretary office to communicate and solve our problems but due to the COVID-19 restrictions, we had to face many shortcomings, like when we visited the government offices, we did not receive proper responses from the officers and even when we had worn our mask and communicate with them, they neglected our request due to fear”</i></p> <p><i>“My hand was broken during the pandemic. I couldn’t get necessary treatments for that due to travel restrictions and lockdown”</i></p> |
| | <p>Inadequate Government response</p> | <p>Lack of support for families in quarantine Lack of support for government</p> | <p><i>“My family has four members, and all got infected by the virus and had to be quarantined. As I was a government officer, my family didn’t receive any incentive from the government during our quarantine period. So, we were helpless. Because we couldn’t go out to fulfill our needs including food”</i></p> |

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| | Inadequate response from the religious parties | Lack of support from Buddhist and Hindu religious leaders | <i>“People were helpless during the pandemic in many ways. But Buddhist and Hindu religious leaders didn’t support people. Only the Muslim religious leaders provided support for their people”</i> |
| | Disruptions to daily life | Limited access to public transportation Increased crimes | <i>“I have a farm nearby. But I couldn’t maintain it during the pandemic as I faced difficulties to travel there due to lockdown and travel restrictions”</i> <i>“People started to be involved in abuses, and robberies while wearing the mask in our area”</i> |
| | Challenges in work | Wearing PPE kits for a prolonged time Sudden transition to online modes in working Lack of technical knowledge Loss of business Disrupted supply chain of goods | <i>“I am a journalist. I had to work whole day while wearing a full PPE kit. It was a novel experience for me and it was very inconvenient”</i> <i>“Due to the pandemic, we suddenly switched to working online. Zoom technology became necessary for office work. But we were unfamiliar with it and encountered problems with acquiring devices and using the technology”</i> <i>“Normally Sri Lankans are familiar with Ayurvedic medicine. They used it in their everyday life. But health authorities spread the opinion that only Western medicine can cure the Covid and they informed people not to use Ayurvedic medicines for Covid. This negatively affected the Ayurvedic medical industry”</i> <i>“I operated a photocopy shop in the town. The supply chain for A4 sheets and other printing materials was completely disrupted during the pandemic”</i> |
| Sources of information and communication | Reliability of information | Contradictory information from Media | <i>“Media presented false information about Covid deaths. Further, different television channels presented contradictory information about the same scenario”</i> |

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| | <p>Influence of social media on information trust</p> <p>Hiding the information from public</p> | <p><i>“A significant amount of false information has been disseminated through social media platforms. Many users did not critically assess the authenticity of such news and made them go viral”</i></p> <p><i>“When people died during the COVID-19 period, their deaths were not announced by the mosques to avoid tension among the people and to prevent being isolated and quarantined”</i></p> |
| Challenges in accessing information | <p>Hesitancy among high level authorities to provide correct information to media</p> <p>Providing distorted information to the media</p> | <p><i>“I am a journalist. Local health authorities such as hospitals and MOH offices always provide correct information to us. However we noticed that those details were distorted by national-level authorized bodies when they gave those to the media. It was very challenging to get correct information from high level parties. Sometimes we had to use RTI (Right to Information Act) to access correct information from some parties”</i></p> |
| Impact on mental health | <p>Sense of unrest</p> <p>Stress from information received</p> <p>Confusion due to contradictory information</p> | <p><i>“The mass media had often focused on negative news. For instance, they emphasized the number of people who died from COVID-19 without giving much attention to the number of people who recovered from it. This caused a sense of unrest among people”</i></p> <p><i>“We received information through various channels, but instead of feeling informed by them, we became stressed due to the overwhelming amount of distressing news”</i></p> <p><i>“Several media channels provide contradictory information on the same scenario. This caused confusion”</i></p> |

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| | Violation of professional ethics | Unethical promotions during the pandemic | <i>“Most of the mass media channels tried to promote themselves without focusing on media ethics. As a result, they didn’t hesitate to broadcast distorted misinformation. They didn’t have any idea about what would be the impact to the public from their unethical news broadcastings”</i> |
| Health seeking behavior | Changes in health seeking behavior | Clinic discontinuation Limited access to doctors and health care services | <i>“Regular clinics were not operated in the hospital and MOH office. But clinics posted the monthly drug dosage to our homes. But some didn’t receive their drug dosage properly”</i> <i>“Around 90% of the weighing clinics were not functioning during the pandemic. As a result, we didn't have the chance to keep track of our children's weight and growth during that time”</i> <i>“Even though clinic posted medicines, we didn’t have an opportunity to receive a physical examination of our medical state. We just take the same amount of drugs dosage without any Proper examination”</i> <i>“Some hospitals in our area temporarily closed the OPD section”</i> <i>“Doctors were hesitant to check patients closely during clinics and OPDs. Some doctors prescribed medicines without checking the patients. It may be due to fear of infecting the virus”</i> |
| COVID-19 Vaccination | Vaccine dissatisfaction | Perceived side effects and health concerns Forced vaccination Obtaining vaccination certificates through bribes Sale of vaccine at | <i>“I experienced lots of side effects after receiving the vaccine. Like, body aching, frequent tiredness, lack of body energy, numbness. Now I can’t properly do my day-to-day work as before”</i> <i>“In Mannar when people were traveling in the bus, health authorities forcefully stopped the bus and inspected for the vaccine card. Those who already had the vaccine were allowed to cross the border and the remaining passengers were forcefully vaccinated at the bus”</i> <i>“Government made vaccination card mandatory for traveling to common places. That's why we got the vaccine”</i> <i>“Some youth bribed health authorities and marked their vaccination card without getting the vaccine. Most government officers also did the same”</i> |

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| | <p>black market prices</p> <p>Receiving the vaccine through personal connections</p> | <p><i>“Some people bought the vaccine from private hospitals by spending around 10,000 - 50,000 rupees”</i></p> <p><i>“Some people received their preferred vaccine by using their connections with politicians and other powerful government officers. It was not acceptable”</i></p> |
| Vaccine hesitancy | <p>Perceived negative effects for unborn babies</p> <p>Perceived sexual impotence</p> <p>Safeness of the vaccine</p> <p>Vaccine distrust</p> <p>Administering different types of vaccine</p> | <p><i>“Majority of women were hesitant to receive the vaccine. They thought that it would be an issue for the baby when they get pregnant”</i></p> <p><i>“As a young man, I was so concerned that vaccine might have the chances of developing sexual impotence. My friends also had the same thought”</i></p> <p><i>“As a young person, I also didn’t get the vaccine. I have concerns about its safety since it didn’t undergo thorough proper testing. Additionally, there hasn’t been any official certification provided regarding potential side effects”</i></p> <p><i>“China also faced a lot of backlash from their citizens regarding the vaccine they produced. It caused even more suspicion among us”</i></p> <p><i>“The recognition given to Pfizer to travel abroad made many people reject the Sinopharm vaccine. Even when they had the opportunity to get the Sinopharm vaccine, they waited for the Pfizer vaccine and even brought the vaccine for money”</i></p> |
| Communication and Knowledge | <p>Dissemination of false information</p> <p>Lack of vaccine</p> | <p><i>“There were lots of negative and false information shared about the vaccination programme through the social media. Some medical professionals also shared irresponsible statements about the vaccine through these media”</i></p> |

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| | <p>knowledge and information</p> <p>Lack of awareness from the authorities</p> | <p><i>“Some medical professionals publicly criticized vaccine types. These criticisms caused confusion among public”</i></p> <p><i>“Responsible authorities should do timely public awareness to address misconceptions and criticisms attached to the vaccination programme. But they didn’t do so”</i></p> |
| Vaccination administration and access | <p>Lack of transparency</p> <p>Insufficient health staff at the vaccination centers</p> <p>Multiple vaccine types</p> | <p><i>“The government did not act transparently in vaccine purchasing process. Although they had the ability to purchase the vaccine for comparatively lower prices government purchased those for high prices”</i></p> <p><i>“Health authorities didn’t act transparently during vaccination programme. They provided the best vaccine for their families and issued cheaper vaccine (Sinopharm) to the general public”</i></p> <p><i>“Doctors and nurses were available only in a few vaccination canters. Some centers only had military officials and midwives and they administrated the vaccines to the people”</i></p> <p><i>“The government distributed different types of vaccines to different districts which is not acceptable. People became confused about the vaccine because of that. Government should import only one type of vaccine for the whole country”</i></p> |
| Accountability and responsibility | Lack of government accountability for vaccine side effects | <i>“When we went to get the vaccine, we were given a paper with a statement stating that we are aware of the side effects of the vaccination and we are agreeing to the terms and conditions. But we were not aware of any of consequences of the vaccine nor did health staff explained those to us”</i> |

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| Recovery from the Pandemic | Economic impact and recovery | <p>Ongoing financial disruptions</p> <p>Economic downturn and its consequences</p> <p>Continued unemployment</p> | <p><i>“Self-employments and small entrepreneur projects are still struggling to recover to their previous state due to the economic losses experienced during the pandemic. Some self-employers and small entrepreneurs black listed by the banks as they couldn’t re-pay the loans timely during the pandemic”</i></p> <p><i>“We haven't been able to fully recover from the negative effects of the pandemic, and now these impacts are worsened by the ongoing economic crisis. Currently, we are struggling to afford even three meals a day. we don’t think that we will fully be recovered ever again”</i></p> <p><i>“Most of the people who lost their jobs during the pandemic are still unemployed. Especially the young individuals”</i></p> |
| | Education system recovery | <p>Children's education challenges</p> <p>School education sector recovery</p> | <p><i>My children’s academic performance has declined after the pandemic due to the disruption in proper school education during the pandemic”</i></p> <p><i>“The education system still lags behind. General exams are held at different timeframes due to the need for extra time to cover the syllabus. However, tuition classes are almost recovered now”</i></p> |
| | Psychological recovery | <p>Ongoing mental trauma</p> <p>Ongoing mental distress</p> <p>Ongoing distrust towards the vaccine</p> | <p><i>“We still don’t recover from mental trauma caused by the pandemic”</i></p> <p><i>“I still couldn’t fully recover from the mental distress I faced during the pandemic. It was currently aggravated by economic crisis. I feel like it is better if I died”</i></p> <p><i>“I still couldn’t move on from Corona. I am always having a fear of the vaccination and their side effects”</i></p> |
| | Coping and moving forward | Challenges for those infected and bereaved | <i>“We had not been able to perform the funeral rituals of our relatives who had passed away during the pandemic we are not able to recover from this guilt yet”</i> |

Table 05 presents the positive responses and impacts of COVID-19 within communities in the Rural sector. These responses are categorized into eight main themes. Corresponding subthemes under each of these themes, along with their respective codes also have been identified. Rural sector community’s positive responses extend across the main themes of Psychological impact, Economic impact, Community response to government approach, Community response to health sector approach, Sources of Information and Communication, Health seeking behavior, COVID-19 Vaccination, and Recovery from the Pandemic.

Table 05: Perceived positive impacts and the positive opinions of the Rural Sector communities

| Theme | Subthemes | Codes | Quotes |
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| Impact on families | Changes in family dynamics | Improved family bonds Improved quality time with family | <i>“I am now 50 and always being a hard-working person. I never had enough time to be with my family. But with during the lockdown, I had a good quality time with my family. I observed that my wife and children were also happy about that”</i> |
| Psychological impact | Community Support | Mutual support in the community | <i>“We as villagers never isolated our neighbors. We are always concerned about and supported ones who need extra support to survive during the pandemic. I felt a sense of mental relief due to this”</i> |

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| Community response to government approach | Satisfaction towards government approach | Government support programs Effectively enforced measures | <i>“Government donated financial aids and food packages to the Covid infected households during the pandemic. It was very helpful to us”</i> <i>“Government’s strategies such as imposing lockdowns, travel restrictions, and vaccination helped to control the virus”</i> |
| Community response to health sector approach | Satisfaction towards health sector approach | Healthcare workers' dedication | <i>“Public health inspector’s work during the pandemic is commendable”</i> <i>“We are highly satisfied with the way that health sector contributed. They worked beyond their maximum”</i> |
| Sources of Information and Communication | Satisfaction with received information | Satisfaction with received information | <i>“Mass media did a great job by providing necessary information timely. It was the main way in which we received local and international Covid-19 updates and precautionary information”</i> |
| | Information sources | Social Media (Facebook) Mass Media Channels | <i>“Social media also did a great job in informing people about Covid precautionary measures”</i> <i>“Mass media provided timely information about the pandemic including current Covid status of the country”</i> |
| Health seeking behavior | Resilience of healthcare providers | Healthcare workers' dedication | <i>“Weighing clinics were not operated. But some PHMs personally visited homes and did the weighing”</i> |

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| COVID-19 Vaccination | Satisfaction with the vaccination | Control of the disease | <i>“Covid spreading was successfully controlled by the vaccination programme. So, we are satisfied with the programme”</i> |
| Recovery from the Pandemic | Establishments of good and new habits after the pandemic | Good sanitary practices Changes in lifestyle Changes in funeral practices | <i>“We are now more concerned about our health compared to pre-Covid period. Now we used to use masks and sanitizers when we are in a public place”</i> <i>“I used to do home gardening during the pandemic and now it has become a part of my life”</i> <i>“Previously we kept the dead body for 4, 5 days during a funeral. We have changed this practice after Covid. Now we do the funeral promptly after the dead without keeping the body for a prolonged period. We see this as a good practice”</i> |

Section 1.3: Responses and perceived Impacts due to COVID-19 among General population in Estate Sector

Similarly to the Urban and Rural sectors, both negative and positive responses and perceived impacts due to COVID-19 are explored among communities in the Estate sector. Table 06 highlights the perceived negative impacts and opinions expressed by the Estate Sector communities, categorized under ten main themes: Impact on families, Psychological impact, Economic impact, Community response to government approach, Community response on health sector approach, Shortcomings, and emergency challenges, Sources of information and communication, Health seeking behaviour, COVID-19 Vaccination, and Recovery from the Pandemic. Respective subthemes under each main theme, along with their corresponding codes, have also been identified.

Table 06: Perceived negative impacts and negative opinions of the Estate Sector communities

| Theme | Subthemes | Codes | Quotes |
|----------------------|--------------------------------|---|--|
| Impact on families | Impact on children's education | <p>Education disruptions</p> <p>Less affordability and accessibility of smart devices</p> <p>Smartphone addiction among children</p> <p>School dropouts</p> | <p><i>"My children's education was totally disrupted"</i></p> <p><i>"We are poor people. We couldn't afford a smartphone for our children's online education"</i></p> <p><i>"We somehow provided smartphones for children's online education. Although schools have returned to regular in-person classes and online sessions are no longer in place, children still have access to these smartphones. They become addicted to social media platforms like TikTok and mobile games"</i></p> <p><i>"My children stopped going to school after the pandemic due to our financial difficulties"</i></p> |
| | Changes in family dynamics | Loss of family members | <i>"Some villagers in our village were admitted to hospitals due to the Covid and they passed away unexpectedly while at the hospital. Their families didn't see this coming. The families weren't able to have proper funerals because the hospital quickly cremated the bodies"</i> |
| Psychological impact | Anxiety and Stress | <p>Social isolation and Mental discomfort</p> <p>Loss of income and jobs</p> | <p><i>"My family members lived separately in different places as a strategy to prevent virus transmission. I separated my children as well. It was stressful, especially for my children"</i></p> <p><i>"Some people in our village who worked as masons and carpenters stayed and worked in other areas in the country. They couldn't return to the village due to lockdowns and travel restrictions. At the same time, they lost their jobs as well. So, they had to stay outside the village without any income. It was stressful for them as well as their families"</i></p> |

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| | Fear and Uncertainty | Fear of interacting with others Fear of COVID-19 transmission | <i>“Initially there was a belief that anyone who got infected with the virus would not survive. So, we avoided talking with neighbors. This situation resulted stress and fear”</i> <i>“Even if someone came to our house, we suspected that he was infected with the virus. This doubt was mentally very disturbing”</i> |
| Economic impact | Job Losses | Loss of daily wage jobs | <i>“I used to work as a taxi driver. But I couldn’t continue my job during pandemic because of lockdown and travel restrictions. My entire family relied on my income and I lost it due to this situation. We couldn’t afford basic needs including food. There were days when my family couldn’t even manage to have three meals a day”</i> <i>“I worked in a construction site in Colombo and lost my job due to Covid. So, I came back to my village and still I am unemployed”</i> |
| | Income disruptions | Impact on self-employed individuals Impact on farming and harvests | <i>I am a small-scale entrepreneur and I sell craft items. My business was totally disrupted during the pandemic. Because people were not interested in buying my products as they were in a struggle to fulfill their basic needs with less income.</i> <i>“Vegetable cultivation is dominant in our area. But there was not a proper mechanism to sell our products during the pandemic. Because of that, the harvest was wasted and we became helpless”</i> |
| | Financial hardships | Educational expenses | <i>“I have a preschool-aged child. But I can’t enroll her in the preschool now due to the financial difficulties I faced during the pandemic”</i> |

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| Community response to government approach | Dissatisfaction with government approach | Government's lack of decision-making Lack of welfare programs for affected families | <i>"I think that if the government closed airports in the first place and prevented foreigners and other outsiders from coming to the country, it was a successful measure rather than imposing a lockdown later"</i> <i>"Government distributed food packages only for the selected families. It was not carried out equally"</i> |
| | Challenges faced with the enforced measures | Challenges during lockdown | <i>"Although the imposing lockdown was a good decision, government didn't have the plan to support farmers to sell their vegetables during the lockdown"</i> |
| Shortcomings and emergency challenges | Shortages of essential goods and services | Medicinal drugs shortages Food shortages Shortage of fertilizers Unfair pricing of essential items Disrupted services at government offices | <i>"We experienced a medical drugs shortage in hospitals during the pandemic"</i> <i>"Most of the time, grocery shops were closed during the pandemic. There was probably only one shop open in the town. We had to stand in long queues to buy groceries. There were times when, even after waiting in lines for hours, we couldn't manage to purchase food"</i> <i>"There is a scarcity of fertilizers during the pandemic. Some shop owners sold fertilizers for increased prices"</i> <i>"Some shopkeepers sold their products including essential food items to unfairly high prices. We became inconvenient from that"</i> <i>"Some government offices were closed or not regularly operated during the pandemic. So, we faced inconvenience when we visit those institutions for our needs"</i> |
| | Inadequate Government response | Lack of support for farmers Lack of support for tea | <i>"Vegetable cultivation is dominant in our area. But there was not a proper mechanism to sell our products during the pandemic. Because of that the harvest was wasted and farmers became helpless"</i> |

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| | | estate workers | <i>“Majority of people in our area are working in tea estates. But the management of those tea estates didn’t support workers in any manner during the pandemic. Government also did not give us a solution for this matter”</i> |
| Health seeking behavior | Changes in health seeking behavior | Clinic discontinuation | <i>“Regular clinics were not functioning during the pandemic”</i> <i>“PHMs didn’t do their routine home visits during the pandemic as before”</i> |
| COVID-19 Vaccination | Vaccine dissatisfaction | Perceived side effects and health concerns Vaccine hesitancy | <i>“Now we are facing vaccine side effects such as frequent tiredness, lack of body energy, joint pains. We didn’t have such symptoms before having the vaccine”</i> <i>“Almost everyone in our area got the 1st and 2nd dosages of the vaccine. We weren’t reluctant to get those dosages as we were in a fear of transmitting the virus at that time. But we avoided getting 3rd and 4th dosages. Because of the side effects we are facing”</i> |
| Recovery from the Pandemic | Economic impact and recovery | Ongoing financial disruptions Economic downturn and its consequences Daily wage workers' struggles | <i>“As the household economy was disrupted during the pandemic, we still struggling to recover from it”</i> <i>“We are still struggling to find stable sources of income because of the ongoing economic crisis. This situation has made it hard for us to manage and sustain our livelihoods”</i> <i>“I worked in a construction site in Colombo and lost my job due to Covid. So, I came back to my village and still I am unemployed”</i> |

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| | Health impact and recovery | Nutritional status of children Overall health status of children | <p><i>“Nutrition status of most of the children in our village was dropped. Because parents couldn’t afford healthy foods for their children due to the financial difficulties they faced during the pandemic”</i></p> <p><i>“As a preschool teacher, now I have observed that kids’ overall health has declined after the pandemic. They are more susceptible to illnesses and their immune systems seem weaker compared to before”</i></p> |
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Table 07 shows positive responses and impacts resulting from COVID-19 within communities in the Estate sector. These responses are distributed across four main themes: Community response to government approach, Community response to health sector approach, Sources of Information and Communication, and Health-seeking behavior. Corresponding subthemes under each of these themes, along with their respective codes, have also been identified. Notably, the Estate sector communities did not discuss any positive aspects related to Psychological Impact, Economic Impact, COVID-19 Vaccination, and Recovery from the Pandemic, unlike the Urban and Rural communities.

Table 07: Perceived positive impacts and the positive opinions of the Estate Sector communities

| Theme | Subthemes | Codes | Quotes |
|---|--|---|---|
| Community response to government approach | Satisfaction towards government approach | Government's effective decision-making Effectively enforced measures | <p><i>“Overall, I am satisfied with the government response”</i></p> <p><i>“Imposing lockdowns was a good decision. It controlled the virus transmission”</i></p> |

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| Community response to health sector approach | Satisfaction towards health sector approach | Healthcare workers' dedication | <i>“Health staff did their maximum to control the pandemic. We are highly satisfied with their contribution”</i> |
| Sources of Information and Communication | Satisfaction with received information | Satisfaction with received information | <i>“We got updated about the local and international Covid related information through the mass media. So, they did a great job”</i> |
| Health seeking behavior | Resilience of healthcare providers | Healthcare workers' dedication Innovative measures | <i>“Regular clinics were not functioning during the pandemic. But they managed to send the monthly drug dosage to the patient through postal service. This was a good initiative”</i> |

Section 02

Responses and perceived Impacts due to COVID-19 among community leaders in Urban, Rural, and Estate Sectors

With the objective of investigating how community leaders responded to COVID-19 and the impacts they encountered due to the pandemic, three Focus Group Discussions were conducted with selected community leaders representing Urban, Rural, and Estate Sectors. Table 08 provides an overview of the demographic characteristics of the community leaders who participated in the Focus Group Discussions.

Table 08: Demographic characteristics of the community leaders' Focus Group Discussion participants

| Sector | Dates of the FGD | Details of the FGD participants | | |
|--------|------------------|---------------------------------|--|---------------------------|
| | | Number of participants | Designation | Gender (M-Male, F-Female) |
| Urban | 2023.07.01 | 06 | <ul style="list-style-type: none"> • Clergy, Sri Lanka Amarapura Sanga Sabha / Secretary, Dharmashakthi Organization • Medical Officer, Ratmalana MOH office • Managing Director, GPC Group of Companies, Maharagama • Grama Niladhari, Ratmalana Divisional Secretariat • Government Officer/Counselling Officer, National Authority on Tobacco and Alcohol • Teacher, Presbyterian Girls' School, Dehiwala | M – 4 F– 2 |
| Rural | 2023.09.14 | 06 | <ul style="list-style-type: none"> • Teacher Advisor, Zonal Educational Office, Tambuttegama • Teacher, Anuradhapura Central College • Community Leader, Sarvodaya Organization • District Coordinator, Sarvodaya Organization • Businessperson, Anuradhapura • Public Health Inspector, Regional Director of Health Services Office, Anuradhapura | M – 3 F– 3 |
| Estate | 2023.09.11 | 08 | <ul style="list-style-type: none"> • Divisional Director, Department of Education, Nuwara Eliya • Teacher Advisor, Welapana Division, Nuwara Eliya • Principal, Mahakudugala Maha Vidyalaya • Teacher, Mahakudugala Maha Vidyalaya • Grama Niladhari, Nuwara Eliya • District Coordinator, Sarvodaya Organization • Family Welfare Officer, Konkodiya Estate, Nuwara Eliya • Development Officer, Walapane District Secretariat Office | M – 6 F– 2 |

Section 2.1: Responses and perceived Impacts due to COVID-19 among community leaders in Urban Sector

Table 09 presents findings on how community leaders in Urban sector responded to COVID-19 and the impacts they encountered due to the pandemic. The results are organized into ten main themes, each with corresponding sub-themes and codes. These main themes include Impact on Communities, Impact on Community leaders’ role, Community leaders’ support for the community, Community preparedness, lessons learned from the pandemic, Sources of information communication, Community leaders’ response to the government/institutional approach, Community leaders’ response to the health sector approach, Covid-19 Vaccination, and Recovery from the pandemic.

Table 09: Perceived impacts and opinions of the Urban Sector community leaders

| Theme | Subthemes | Codes | Quotes |
|-----------------------|------------------------------------|--|--|
| Impact on Communities | Economic impact | Business disruptions Reduced profits Struggle of daily wage-earners Job losses | <p><i>“My business was in a near shutdown as I lost my business profits during the lockdown” (Businessperson)</i></p> <p><i>“As I lost my profits, it was really challenging to pay salaries to my employees” (Businessperson)</i></p> <p><i>“Paying salary to daily wage-earning employees was difficult. Because they couldn’t attend to work during lockdown. By the way, I initially provided a monthly allowance for them. But later I had to cut down it too due to less profits. Unfortunately, they almost lost their jobs” (Businessperson)</i></p> |
| | Impact on psycho-social Well-being | Stress and anxiety Negative psychosocial issues among children Avoidance of social connections | <p><i>“People faced a multitude of negative life experiences all at once with the pandemic-infections, loss of loved ones, sudden separations, job loss, and even food shortages. All those unexpected events caused them mental stress, depression, and anxiety” (Counsellor)</i></p> <p><i>“When schools closed, children lost opportunities to socialize with peers. This caused mental and behavioral problems among them. Now they exhibit behaviours such as selfishness, increased irritability, anger issues, lack of kindness, and difficulties in blending with their peers” (Teacher)</i></p> |

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| | | | <i>"I have noticed that now people try to avoid social gatherings, visitors to their homes, and friendly discussions with neighbors with compared to the pre-pandemic period" (Grama Niladhari)</i> |
| | Impact on Education | Challenges in attending online classes School closures Impact on student monks | <i>"Schools closed in multiple times during the pandemic. But we carried out online classes. However, most of students couldn't attend. Because their parents couldn't provide them with a smartphone. We were also helpless" (Teacher)</i> <i>"Not only children, but student monks also faced difficulties in their education as Piriwens were closed" (Clergy)</i> |
| | Impact on religious aspects | Challenges faced by temples Challenges in performing religious rituals | <i>"We informed community not to send meals to the temples considering their financial hardships. Although we said so, we were helpless without enough meals" (Clergy)</i> <i>"When the government made body cremation mandatory, Muslim communities became devastated. But they had to comply with the government's decision. Buddhists also faced similar challenges, as they were unable to carry out their Buddhist rituals, such as the "Pansukula," during funerals" (Clergy)</i> |
| | Government Services disruption | Scarcity of employees Social distancing measures Hesitancy to interact with public | <i>"Government employees were unable to carry out their work in the usual manner. They came to work on a roster basis resulting limited number of employees in the office. Not only that they distanced themselves from the public by covering office counters with polythene covers. Some hesitated to interact with public due to the fear of virus transmission. Those actions resulted a poor service to the public" (Grama Niladhari)</i> |

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| Impact on Community leaders' role | Unavailability of a support system for perform duties | <p>Lack of training</p> <p>Lack of guidelines</p> <p>Lack of facilities</p> <p>Unavailability of transport services</p> <p>Lack of staff</p> | <p><i>"We didn't have proper training on pandemic preparedness when pandemic happened" (Medical Officer)</i></p> <p><i>"We didn't have proper protocols and guidelines about safe disposal of biohazardous waste accumulated during the pandemic. We still have stored certain waste items such as Covid vaccine vials, without knowledge of the appropriate disposal methods" (Medical Officer)</i></p> <p><i>"During the initial stages of the pandemic, we faced a shortage of PPE kits and masks. Despite the risk of contracting the virus, we had to continue our work" (Medical Officer)</i></p> <p><i>"Even though schools were open, I faced difficulties to go school because of lack of public transport services" (Teacher)</i></p> <p><i>"My health staff got infected and underwent quarantine frequently. This caused a lack of staff to work in my MOH office" (Medical Officer)</i></p> |
| | Disruptions in regular work | Difficulties in routine duties | <i>"During the pandemic, we encountered challenges in carrying out routine immunization programs for children due to the frequent closure of schools. Regular maternal clinics were also interrupted during this period" (Medical Officer)</i> |
| | Increased workload | <p>Extra duties</p> <p>Work beyond the job role</p> <p>Extended period of work</p> <p>Undertaking additional</p> | <p><i>"Villagers contacted me more often for various reasons such as getting travel permits, receiving food packages, and informing other Covid-related issues in their village. So, it was an extra busy time. Even I had to temporarily stay near my office instead of going home because of my heavy workload" (Grama Niladhari)</i></p> <p><i>"During the whole pandemic situation, I went above and beyond at work. I was hauling food packages from lorries, personally dropping them off at villagers</i></p> |

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| | | responsibilities | <p><i>homes, and even packing the packages based on what each household needed." (Grama Niladhari)</i></p> <p><i>"We had daily vaccination targets to hit, but we were short on crucial healthcare staff, including doctors. So, the existing staff had to be overworked for a prolonged period during the vaccination programs" (Medical Officer)</i></p> <p><i>"At the MOH office, we had to handle COVID deaths, even those occurring abroad. PHIs and MOHs were directly involved. As a medical officer, I dealt with autopsies, body transportation, and obtaining legal permissions for burial/cremation in such cases" (Medical Officer)</i></p> |
| | Psychosocial impact | <p>Social discrimination</p> <p>Stress due to heavy workload</p> <p>Stress due to fear of virus transmission</p> | <p><i>"I worked in a high pandemic area. So, I had to face discrimination from my villagers when I went back home from work. Villagers were afraid that they would get infected by me. As a result, I had to change my travel plans to my home just to avoid villagers" (Government Officer)</i></p> <p><i>"There were some incidences where Covid infected homeless people were found dead on public places like roads. We had to follow special legal procedures to remove these bodies. Our staff worked tirelessly day and night to remove these bodies and to detoxify the places where infected bodies were found. It was a very stressful period" (Medical Officer)</i></p> <p><i>"Healthcare workers like me had to regularly deal with COVID-19 cases, screening and treating patients. Going home after work was stressful because our families were at risk of getting infected" (Medical officer)</i></p> |

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| Community leaders' support for the community | Support for temporary residents | Assisting temporary residents in returning home Assistance for temporary residents facing immediate eviction | <i>"Temporary residents stuck in their boarding places when imposing the lockdown and travel restrictions. We helped them to return to their homes" (Grama Niladhari)</i> <i>"At times, boarding owners forced temporary residents to vacate immediately. In these situations, we intervened, clarifying the circumstances preventing boarders from leaving immediately as required" (Grama Niladhari)</i> |
| | Donations to needy individuals, families, and other parties | Donating essential goods Donating sanitary items | <i>"Back in the first lockdown in March 2020, we teamed up with stores like Keels, Arpico, and other private companies and distributed free food packages out to those who really needed it" (Grama Niladhari)</i> <i>"I teamed up with temples and other religious leaders and donated PPE kits, surgical masks, and hand washing tool kits, to needy schools and government offices" (Clergy)</i> |
| | Support for children's education | Support for online classes Awareness programmes for children and parents | <i>"Some of our students didn't have smart devices for online classes. So, we linked them up with classmates nearby who had access to such devices, ensuring their participation in online classes" (Teacher)</i> <i>"We were especially concerned about Children's' safety when schools were open. So, we conducted awareness programmes for parents and children about Children's safety via online platforms such as Zoom, WhatsApp" (Teacher)</i> |
| | Support for industrial workers | Screening and treatment programs for industrial workers | <i>"We did regular check-ups and treatment sessions for the workers in Rathmalana industrial zone, which enabled us to keep them operational without any shutdowns" (Medical Officer)</i> |
| | Support for Minority communities | Support for the Muslim community | <i>"We intervened to discuss regarding Muslim community's concern about burial policy with then HE the President. As a result, burial sites were established in Batticaloa, Jaffna, and Kaththankudi areas" (Clergy)</i> |

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| Community preparedness | Negative community response to reported cases | Panic in certain community groups | <i>“Some community groups especially the people in urban slums and flats got panicked when a case/s reported from their neighborhoods” (Grama Niladhari)</i> |
| | Actions taken in schools | Awareness programmes for students about COVID-19 precautions | <i>“We especially concerned about the safety of children within the school. We educated students about wearing masks, washing and sanitizing hands, and maintaining social distancing and ensured that students followed those precautions. Teachers also followed the same precautions” (Teacher)</i> |
| | Actions taken by business owners | Precautions to limit virus transmission among employees Awareness programmes for employees | <i>“I limited the number of people involved in each task to minimize potential exposure. We strictly adhered to general safety guidelines recommended by health authorities. In some cases, workers were required to wear PPE kits while performing their duties. Additionally, I maintained regular communication with the workers, emphasizing the importance of following safety guidelines and staying protected from the virus” (Businessperson)</i> <i>“We didn’t transport workers to the company by the same vehicle as it can increase the risk of virus transmission among them. We encouraged nearby workers to come to work on foot or motorbike/bicycle. And provided work from options where we could” (Businessperson)</i> |
| Lessons learned | Future pandemic preparedness | Establishing a national preparedness plan Economic and social preparations for health crises Avoiding Politicization of future plans | <i>“It is important that we establish a preparedness plan in case we encounter another similar health crisis. We need to make necessary preparations concerning all essential aspects including economic and social aspects” (Businessperson)</i> <i>“We’ve seen cases where people turned health decisions into political debates, harming their effective implementation. It’s crucial to remember that politicizing</i> |

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| | | Infrastructure development | <p><i>health decisions during future pandemics can have a negative impact on people” (Businessperson)</i></p> <p><i>“It is important to identify potential locations and pre-establish vaccination and isolation centers in advance for future pandemic” (Medical Officer)</i></p> |
| | Financial Management | Improved money management practices | <i>“Before the pandemic, people, both individuals and companies, weren't great with money management. As a company, we used to think we could spend freely and balance it out with extra income, but now we understand that income can be limited for a while due to unpredictable situations like Covid. It's taught us to align our expenses accordingly” (Businessperson)</i> |
| | Mental Preparedness | <p>Development of mental preparedness for future health crises</p> <p>Improving mental wellbeing of people</p> | <p><i>“We are now mentally prepared for another health crisis in the future with the experience gained with Covid-19” (Businessperson)</i></p> <p><i>“It is important to develop a mechanism to improve mental wellbeing of the people and concern about working on post-traumatic stress disorders in a future crisis like Covid” (Government Officer)</i></p> |
| | Good hygiene practices | Adoption of good hygiene practices | <i>“We learned some good hygiene practices as well. Presently, whenever we experience symptoms of viral flu or cold, we make it a habit to wear masks and limit social interactions until we recover” (Businessperson)</i> |
| Sources of information communication | Media's Impact on Mental Well-being | <p>Unethical media reporting</p> <p>Public distress due to received news</p> | <i>“Media unethically reported some sensitive news such as Individuals being forcefully taken to quarantine centers, transportation of Covid-infected bodies, creations of infected bodies, etc. these news causes mental distress among people” (Grama Niladhari)</i> |
| | Challenges in responsible information | Reporting false information | <i>“There were instances where although we provide accurate information about the Covid cases in our MOH area, media reported them with mixing up with misinformation and exaggerating the negative aspects” (Medical Officer)</i> |

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| | dissemination | Exaggerating the facts | |
| Community leaders' response to the government/institutional approach | Satisfaction with the government/institutional approach | Administrative support from the higher officials Financial assistance for businesses Financial allowance for government officers | <p><i>"Secretary, Colombo Divisional Secretariat office provided his full support for the work we carried out. He monitored our work properly and supervised us where needed" (Grama Niladhari)</i></p> <p><i>"Government launched a program in collaboration with the banking sector to assist businesses. We were granted a 6-month grace period to repay our loans. Moreover, we were offered loans at a low annual interest rate of 4%. It helped us to rebuild our business after the pandemic" (Businessperson)</i></p> <p><i>"We as health ministry employees, received a special incentive (7500 LKR) from the government during the pandemic, which is admirable" (Government Officer)</i></p> |
| | Dissatisfaction with the government/institutional approach | Insufficient support from the Ministry of Education | <i>"I'm disappointed with the Ministry of Education's support during the pandemic. Many students struggled with online classes due to a lack of smart devices and affordable internet connections. Ministry didn't actively work on establishing a proper mechanism to address these issues" (Teacher)</i> |
| Community leaders' response to the health sector approach | Satisfaction with the health sector approach | Support provided to the health sector Health sector support for other stakeholders | <p><i>"All the high officials including then health minister provided their full support for us. I am really satisfied about that" (Medical Officer)</i></p> <p><i>"Public Health Inspectors and MOH office supported our work during the pandemic. They timely communicated information about quarantined individuals, households in need of food packages, vaccination updates, etc." (Grama Niladhari)</i></p> |

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| Covid-19 Vaccination | Challenges faced | Lack of scientifically proven evidence about vaccine Overcrowding at vaccination centers | <i>“Initially we lacked scientifically proven information about the vaccine. So, it was very difficult to administer the vaccine to the public in those days” (Medical Officer)</i> <i>“Although people were reluctant to receive the virus initially, it was changed overtime. Vaccination centers were very crowded afterward and we had to put extra effort into managing the crowd” (Medical Officer)</i> |
| | Support from Stakeholder Parties | Support from stakeholders | <i>“I’m truly satisfied with the support from other stakeholders like Grama Niladhari, Police, armed forces, field officers, and public health inspectors for the vaccination program” (Medical Officer)</i> |
| Recovery from the pandemic | Education Sector recovery | Extended time to fully recover | <i>“The entire education system has been impacted by the pandemic. It is still recovering and will take another three-four years to fully recover” (Teacher)</i> |
| | Economic Impact and Recovery | Severe impact on the economic crisis in the country Incomplete recovery in business Continued unemployment | <i>“The Covid-19 pandemic is one of the primary underlying causes of the recent economic crisis and political unrest. It will take a considerable amount to fully recover from this setback” (Businessperson)</i> <i>“Many individuals who lost their jobs due to the pandemic still suffer from unemployment” (Government Officer)</i> |

Section 2.2: Responses and perceived Impacts due to COVID-19 among community leaders in Rural Sector

Table 10 illustrates the findings based on responses of community leaders in the Rural sector to COVID-19 and the impacts they experienced due to the pandemic. The results are organized into ten main themes, each with corresponding sub-themes and codes. These main themes include Impact on Communities, Impact on Community leaders’ role, Community leaders’ support for the community, Community preparedness, lessons learned from the pandemic, Sources of information communication, Community leaders’ response to the government/institutional approach, Community leaders’ response to the health sector approach, Covid-19 Vaccination, and Recovery from the pandemic.

Table 10: Perceived impacts and opinions of the Rural Sector community leaders

| Theme | Subthemes | Codes | Quotes |
|-----------------------|-----------------------------|------------------------------------|---|
| Impact on Communities | Economic impact | Job losses | <p><i>“As a person who frequently engage with the community, I have witnessed most people losing their jobs during the pandemic. It was tragic” (Community leader - Sarvodaya)</i></p> <p><i>“People who involved in Self-employments and other small-scale businesses also severely affected” (Businessperson)</i></p> |
| | | Business disruptions | |
| | | Disruptions in self-employments | |
| | Impact on mental well-being | Stress and confusion | <i>“Extended school closures and sudden shift to online classes made students confused and stressed” (Teacher advisor)</i> |
| | | Frustration among school community | <i>“When national level exams repeatedly postponed, students and us got frustrated” (Teacher)</i> |
| | | Addiction to smart devices | <i>“Parents gave smartphones to children for their online classes. Now children become addicted to these devices. They are no longer showing any interest in classroom learning” (Teacher)</i> |

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| | Impact on Education | School closures Postponement of national-level examinations | <i>“Government had no other choice but to close the schools during the pandemic. But total school education system was disrupted. National-level exams were repeatedly postponed. Both us and the children got devastated because of that” (Teacher)</i> |
| Impact on Community leaders’ role | Challenges faced in online education | Lack of technical knowledge | <i>“Transition to online education was very challenging. Most of teachers didn’t have enough technical knowledge to conduct online classes. We even didn’t receive any training on that” (Teacher)</i> |
| | | Lack of affordability of smart devices | <i>“We as teachers don’t earn much. So, it was challenging for us to afford smart devices to conduct online classes” (Teacher)</i> |
| | Increased workload | Work beyond the capacity Extended period of work Lack of staff Undertaking additional responsibilities | <i>“We worked beyond our capacity during the pandemic. There were some instances where we had to work for extended time even without having enough water and foods” (Public Health Inspector)</i> <i>“Most of our fellow officers got infected when they attend duties in PCR testing. So, we had to cover their workload as well” (Public Health Inspector)</i> |
| | Psychosocial impact | Social discrimination Stress due to community conflicts | <i>“Some people labelled us as potential virus carriers and discriminated us” (Public Health Inspector)</i> <i>“Some people had conflicts with us when we tried taking them for quarantine centers. This was too much to handle with our heavy work load. It was really stressful” (Public Health Inspector)</i> |
| Community leaders’ support for the community | Donations to needy individuals | Donating foods | <i>“I have involved in food packages dissemination to the needy people” (District coordinator - Sarvodaya)</i> |

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| | Support for children's education | Free teaching sessions | <i>"Although there were online classes, students' participation remained low. So, we organized and broadcasted a series of free teaching sessions through the Radio" (Teacher advisor)</i> |
| Community preparedness | Lack of community preparedness | Novelty of the pandemic | <i>"I didn't see a preparedness to the pandemic among people. Pandemic was a new experience. We learned about the disease and made preparations as we progressed through the pandemic" (Public Health Inspector)</i> |
| Lessons learnt | Improved concern about personal health | Improved health seeking behavior Good hygiene practices | <i>"Previously people normally didn't care about their health unless it is a serious case. But now people are much alert about their health status and contact health professionals more often" (Public Health Inspector)</i> <i>"I have observed that people became more concerned about their personal hygiene too after the pandemic. Previously we had to forcefully teach them to maintain personal hygiene. But now they are doing it without any external influence" (Public Health Inspector)</i> |
| | Improvement in school education | New strategies | <i>"I think online education method can be used very effectively for the improvement of school education if we use it correctly and wisely" (Teacher advisor)</i> |
| Sources of information communication | Satisfaction with the mass media | Importance of provided information Timely dissemination of information | <i>"Mass media channels did a good job during the pandemic. They provided all important information about the pandemic effectively and timely manner" (Businessperson)</i> |

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| Community leaders' response to the government/institutional approach | Dissatisfaction with government/institutional approach | Insufficient support from the Ministry of Education | <i>"I am totally disappointed with the support given by the Ministry of Education to schools and teachers during the pandemic. They could have done better"</i> (Teacher) |
| Community leaders' response to the health sector approach | Satisfaction with the health sector approach | Support provided to front-line health staff Special allowance for employees Providing adequate facilities to execute duties | <i>"Health sector did its best contribution to control the pandemic. We received enough facilities to do our job. We even received a special financial allowance from the Ministry of Health during the pandemic"</i> (Public Health Inspector) |
| Covid-19 Vaccination | Satisfaction with the vaccination programme | The success of disease control | <i>"I am satisfied with the vaccination programme. Covid cases and deaths largely reduced following the vaccination"</i> (Community leader - Sarvodaya) |
| | Dissatisfaction with the vaccination programme | Side effects of the vaccine | <i>"Although vaccination programme helped to reduce the Covid cases, People are now facing side effects like premature deaths, frequent tiredness, loss of body energy, and body aches after receiving the vaccine"</i> (Businessperson) |
| Recovery from the pandemic | Education Sector recovery | Extended time to fully recover | <i>"National level exams are still not in line as before the pandemic. School syllabuses are the same. So, it will take some time to re-align the education system into the proper level"</i> (Teacher advisor) |
| | Economic Impact and Recovery | Impact on the economic crisis in the country | <i>"It seems unlike that people would financially recover in near future. Because current economic crisis has further worsened the situation"</i> (Businessperson) |

Section 2.3: Responses and perceived Impacts due to COVID-19 among community leaders in Estate Sector

Table 11 outlines the findings on how community leaders in the Estate sector responded to COVID-19 and the impacts they encountered due to the pandemic. Similar to the Urban and Estate sector findings, the results are organized into ten main themes, each with corresponding sub-themes and codes. These main themes include Impact on Communities, Impact on Community leaders’ role, Community leaders’ support for the community, Community preparedness, lessons learned from the pandemic, Sources of information communication, Community leaders’ response to the government/institutional approach, Community leaders’ response to the health sector approach, Covid-19 Vaccination, and Recovery from the pandemic.

Table 11: Perceived impacts and opinions of the Estate Sector community leaders

| Theme | Subthemes | Codes | Quotes |
|-----------------------|-----------------|------------------------------------|---|
| Impact on Communities | Economic impact | Tea industry disruption | <p><i>“The tea industry faced challenges. They couldn’t export their products during the pandemic” (Development Officer)</i></p> <p><i>“People who worked in the tea industry did not receive any financial assistance from the government. Because they were considered to have secure employment during the pandemic in tea companies. However, the daily wages they received were extremely low” (Grama Niladhari)</i></p> <p><i>“Several people in the estate sector were previously employed in Colombo. However, due to the pandemic, their employers sent them back to home. They had no choice but to return to their village. Most of them are still unemployed” (Grama Niladhari)</i></p> |
| | | Reduced profits | |
| | | Struggle of daily wage-earners | |
| | | Job losses | |
| | | Lack of external financial support | |
| | | Continued unemployment | |

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| | Impact on Education | <p>Challenges to attend school</p> <p>Challenges in attending online classes</p> <p>School dropouts</p> | <p><i>“Although schools were open both us and students faced difficulties to attend to the school due to travel restrictions and lack of transport facilities during the pandemic” (Teacher)</i></p> <p><i>“Online classes also not very successful. People in these areas can’t afford a smart phone for their children’s education. They have lots of other priorities” (Teacher)</i></p> <p><i>“Some children began working when schools were closed. However, a considerable number of these children have since discontinued their education and are now engaged in employment to assist their families” (Principal)</i></p> |
| | Challenges in protecting from the disease | <p>Inability to maintain social distance</p> <p>Lack of precautionary measures at workplaces</p> | <p><i>“Estate community people live in small and crowded houses. So, it was very difficult for them to maintain social distance during the pandemic. Because of this they caught by the virus very easily and frequently. They were so helpless” (family welfare officer)</i></p> <p><i>“Management of the tea companies forced workers to attend to work. But they didn’t establish Covid precaution measures at the estates” (Development officer)</i></p> |
| | Iniquity faced | Lack of enough support from the government | <p><i>“In the Estate sector, at least four families live in the same house. As development officers, we faced difficulties in distributing government funded food packages to these houses. Usually, one food package was allocated for one house unit and these families also got one food package although there are multiple subfamilies in the same house” (Development officer)</i></p> |

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| Impact on Community leaders' role | Unavailability of a support system to perform duties | Unavailability of enough information to perform duties Unavailability of transport services | <i>"We didn't have an online database about the residents in the area. We faced difficulties because of that when we offered services to the community during the pandemic" (Grama Niladhari)</i> <i>"Principals and teachers faced challenges in attending the school due to transport issues" (Zonal Educational Director)</i> |
| | Political influences | Distribution of incentives to the community Unreliable promises to the community by politicians | <i>"Local politicians influenced us when we distribute financial and other aids to the community. It was a real burden" (Grama Niladhari)</i> <i>"Politicians unexpectedly informed the public that COVID aid would be distributed starting the next day. However, at the local administration level, there was no prior preparation or official directive to carry out such an aid program. The public held us accountable and expected us to deliver the aid as promised by the politicians. This situation placed significant stress on us" (Development Officer)</i> |
| Community leaders' support for the community | Donations to needy individuals, families, and other parties | Sanitizing the selected locations Donating sanitary items | <i>"When management of tea companies didn't take any steps to protect their workers from the virus transmission, we intervened and sanitized those companies with our money" (Teacher advisor)</i> <i>"We distributed masks and sanitizers to the community" (Grama Niladhari)</i> |
| | Support for children's education | Free classes for children | <i>"We conducted free classes for the children in the estate when schools were closed" (Principal)</i> |
| Community preparedness | Lack of preparedness | Lack of cautiousness about the disease Sense of confusion | <i>"People didn't have a pre-preparedness to face the pandemic. They were confused and didn't know how to respond to this. Over time, they became more cautious when they became more aware of the rising COVID cases and deaths" (Family Welfare Officer)</i> |

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| Lessons learned | Future pandemic preparedness | Infrastructure development | <p><i>“People who live in small quarters (line houses) should move to the separate homes in order to prevent the disease transmission in a future pandemic” (Family Welfare Officer)</i></p> <p><i>“It is essential to develop the village schools. So that students do not have to travel to distant schools and encounter transportation and other challenges during future crises like this” (Divisional Education Director)</i></p> <p><i>“Hospitals in rural areas should be enhanced to provide easily accessible and quality healthcare service for the people” (Grama Niladhari)</i></p> |
| | Financial Management | Improved money management practices | <i>“People need to focus on building a stable economic foundation to better cope with unforeseen crises in the future” (Development officer)</i> |
| Sources of information and communication | Quality of the information provided | <p>Incomplete media reporting</p> <p>Challenges faced due to incomplete media reporting</p> <p>Lack of reliability of news</p> | <p><i>“Mass media provided incomplete news. During the Covid-19 aid programme, media informed people that government is providing Covid-19 aid for the public. But they didn’t aware people of the eligibility criteria of the Covid aids. We as government officers faced difficulties during aids distribution because of that” (Development officer)</i></p> <p><i>“Most of the news provided by the mass media are false and distorted” (Principal)</i></p> |
| Community leaders’ response to the government/institutional approach | Satisfaction with the government/institutional approach | Administrative support from the higher officials | <p><i>“I am really satisfied with the contribution of Divisional Secretariat Office, Walapane to the Covid-19 control” (Development Officer)</i></p> <p><i>“Zonal Educational Offices did their best to support schools during the pandemic” (Principal)</i></p> |

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| Community leaders' response to the health sector approach | Dissatisfaction with the health sector approach | Lack of coordination with the stakeholders | <i>"We had to disseminate drugs for the clinic patients in collaboration with the regional hospital. But the hospital didn't cooperate with us properly"</i> (Grama Niladhari) |
| Covid-19 Vaccination | Dissatisfaction with the vaccination | Sides effects of the vaccine | <i>"I have observed that premature deaths have been increased in significant amount after receiving the vaccine"</i> (Family Welfare officer) <i>"People are facing side effects of the vaccine now. Like, frequent tiredness, loss of body energy, body aches."</i> (Teacher) |
| Recovery from the pandemic | Economic Impact and Recovery | Severe impact on the economic crisis in the country Continued unemployment | <i>"How people financially recover when economic crisis following the pandemic has completely destroyed their lives"</i> (Grama Niladhari) <i>"A number of people in the estate sector were previously employed in Colombo. However, due to the pandemic, their employers sent them back to home. They had no choice but to return to their village. Most of them are still unemployed"</i> (Grama Niladhari) |

Section 03

Responses and perceived Impacts due to COVID-19 among representatives from identified stakeholders who were involved in the pandemic preparedness and response

Key Informant Interviews were carried out with the representatives from identified stakeholders who involved in the pandemic preparedness and respond. Key informants were selected from Health and the Disaster Management sectors to learn their opinions on Health care institutions’ responses to the pandemic, Key stakeholders involved during the pandemic, Adequacy of current resources to address an emergency, Shortcomings exposed with the pandemic, Impact to the future health planning and financing priorities because of the pandemic, Preparedness of health system to address and future emergency, Gaps to be addressed in order to effectively face an another pandemic, high-risk population groups impacted, Key policy responses and laws implemented by the Ministry of Health and Government in regulating and managing the pandemic were discussed. Those data are presented in the following table (Table 12).

Table 12: Perceived opinions among selected key informants from Health and the Disaster Management sectors

| Themes | Subthemes | Codes | Quotes |
|------------------------------------|--|--|---|
| Health care institution’s response | Conversion into a Covid treatment hospital | Challenges faced during conversion Infrastructural changes Support from the Ministry of Health and other donors Transferring patients | <i>“Homagama Base Hospital converted into a Covid treatment hospital during the pandemic. It was a real challenge because running a Covid hospital is way different than a regular hospital. We had to do a bunch of infrastructural changes to the hospital. It wasn't a solo mission. We got a helping hand from the Ministry of Health and some local donors”</i> <i>(Health sector representative)</i> <i>“During this transition, we transferred normal patients off to Kalubowila base hospital and some other hospitals”</i> <i>(Health sector representative)</i> |

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| | Health staff response | Initial hesitation to work in the Covid hospital | <i>“At first, the hospital staff wasn't so keen on working in the Covid hospital. But later they used to it” (Health sector representative)</i> |
| | Interaction with patients | Use of Robo machines Health staff hesitation to interact with patients | <i>“In the early days of the pandemic, the health staff was a bit hesitant to interact with the Covid patients. So, the hospital management used Robo machines to deliver food, drugs, and other basic stuff to the patients. The health staff only visited patients for check-ups and treatments” (Health sector representative)</i> |
| Key stakeholders involved | National Level Stakeholders | National Covid Control Committee Hospital Network Disaster management and respond division in Ministry of Health | <i>“At the National level, key stakeholder is the National Covid Control Committee. This committee consisted of individuals representing Epidemiology Unit, Family Health Bureau, Army, and the politicians” (Health sector representative)</i> <i>“Hospital network played a major role during the pandemic” (Disaster Management sector representative)</i> <i>“Disaster management and response division in Ministry of Health also involving in coordination and monitoring during the pandemic” (Disaster Management sector representative)</i> |
| | Provincial Health Authorities | Provincial Health Authorities 1990 ambulance service | <i>“Provincial health authorities and the hospital staff were other main key stakeholders” (Health sector representative)</i> <i>“1990 ambulance service also played a key role by transporting patients” (Disaster Management sector representative)</i> |

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| | Other Government Bodies | Army Personnel Public Administrative Bodies | <i>“Army personals, Public administrative bodies such as Divisional Secretariat offices also played a major role” (Health sector representative)</i> |
| | Local Non-Governmental Organizations | Non-Governmental Organizations | <i>“Local NGOs were also a stakeholder” (Health sector representative)</i> |
| Adequacy of current resources to address an emergency | Challenges in Current Situation | Impact of economic crisis Health staff shortage Insufficient financial allocations | <i>“During the pandemic, we had enough resources to control the pandemic. We had enough staff, enough financial allocations, and the supplies. Additionally, we got lots of support from the NGOs and other donors at that time. But now with the economic crisis, we are lacking emergency medicine. Health staff also migrating. Financial allocations also not enough now” (Health sector representative)</i> |
| Shortcomings exposed | Novelty of the pandemic | Lack of experience | <i>“We didn’t have adequate information or experience to face a pandemic like this. It was a major shortcoming” (Health sector representative)</i> |
| | Lack of data and coordination | Limited data availability Difficulty in coordinating with stakeholders | <i>“Pandemic was a new experience for us. We didn’t have enough information to rely on. So, it was very difficult to coordinate with other stakeholders and provide real information and guidance” (Disaster Management sector representative)</i> |
| Impact to the future health planning and financing priorities | Learning from the Pandemic | Learning and preparation opportunity | <i>“Pandemic gave a very good opportunity to plan and prepare for a future health crisis. Previously we didn’t know how to face such a pandemic. Now we have experiences and with that experience we can face for another pandemic with a good preparation” (Health sector representative)</i> <i>“Pandemic is a good eye opening for the health sector. Now we have identified what were the gaps in our response to the pandemic. Like gaps in planning, coordinating etc” (Disaster Management sector representative)</i> |

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| Preparedness of health system to address and future emergency | Challenges due to economic crisis | Health staff migration Shortage of essential medicines Reduced financial allocations | <i>Even though we had a prior experience to prepare for a future pandemic, now we are facing various challenges due to the ongoing economic crisis in the country. Majority of health staff is migrating, we are lack essential medicines, and we don't get enough financial allocations as before. (Health sector representative)</i> |
| | Positive aspects and experiences | Experiences for future preparedness | <i>"The positive aspect is now we have enough experiences to prepare for a future pandemic" (Health sector representative)</i> |
| | Strengths and Weaknesses of the Health System | Strong Primary Health Care System Presence of grassroots level operational staff Lack of coordination with multisectoral parties | <i>"Our primary health care system and the public health sector is really strong. So, we can manage. In terms of weaknesses, we must improve the coordination with multisectoral parties" (Disaster Management sector representative)</i> |
| Gaps to be addressed | Health Staff | Increase in health staff | <i>"Amount of the health staff should be increased. Financial allocations for the health sector also should be increased" (Health sector representative)</i> |
| | Financial allocations | Increase in financial allocations | |
| | Coordination | Improvement in Coordination | <i>"We definitely need to improve the coordination with stakeholders to successfully face a pandemic like this" (Disaster Management sector representative)</i> |
| | Supply Chain Management | Proper supply chain management | <i>"There should be a proper supply chain management for the continuation of supply during a pandemic" (Disaster Management sector representative)</i> |

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| high-risk population groups impacted | Lack of research on high-risk populations | No research on high-risk populations | <i>“There is not enough research to state who are the high-risk groups impacted by the pandemic. As this is a communicable disease, all the people are at risk” (Disaster Management sector representative)</i> |
| | High-risk populations | Elderly Population People with Chronic Diseases People with High Interaction People in Confined areas/Homes | <i>“However, elderly people, people with chronic diseases, people who highly interact with other people, people who live in confined areas/homes may be a high risk” (Disaster Management sector representative)</i> |
| Key policy responses taken by the MoH | Key policies | Quarantine law implementation Actions based on quarantine law | <i>“Key policy response implemented was quarantine law. other all actions were based this law” (Disaster Management sector representative)</i> |
| Key policy responses taken by the governments | Key policies | Quarantine law implementation | <i>“Key policy response implemented was quarantine law” (Disaster Management sector representative)</i> |
| Laws in regulating and managing the pandemic | Key laws | Quarantine law implementation | <i>“The main law implemented was quarantine law. All other sub-laws implemented from time to time were based on that” (Disaster Management sector representative)</i> |

Annexures

Annexure 01: Focus group Discussion Guide for Community members

1. How did the pandemic affect you/ your family members?
2. How did the pandemic affect your mental wellbeing?
3. Were you financially affected? If so, how?
4. Would you consider the government's response to the pandemic to be adequate? (Probe: Initial lockdown in March etc)
5. What do you think about some of the COVID-19 pandemic policies implemented by the government which received a mixed response? Do you think cultural/religious beliefs should be considered when implementing policies? eg. Burials
6. What were the main shortcomings that you were exposed to by the emergency? Were they mainly related to information, access, capacity, delivery/supplies, finances/costs, or governance?
7. Were you adequately informed about the pandemic? Were you satisfied with the amount of information received about the COVID-19 pandemic through media/social media and the reliability of it?
(Probe: Do you believe these controversial topics were addressed promptly by the authorities? eg. Burials, misconceptions about the COVID-19 vaccine)
8. Considering the health system's response towards the pandemic, how satisfied were you?
9. Were healthcare institutions functioning as usual during the pandemic?
(Probe: Was the clinic functioning timely? were there drugs available timely)
10. How satisfied are you with the COVID-19 vaccination that was carried out?
11. Have you been able to recover from the negative impacts of the pandemic by now?

Annexure 02: Focus group Discussion Guide for Community leaders

1. How did the pandemic affect your community/institution?
2. As a community leader, how did you help the community cope with the challenges and changes brought by the pandemic?
3. How has the pandemic affected your role/work as a community leader?
4. How prepared do you think your community was for the COVID-19 pandemic?
5. What are the key learnings you gained from the COVID-19 pandemic as a community leader?
6. What do you think about some of the COVID-19 pandemic policies implemented by the government which received a mixed response? Do you think cultural/religious beliefs should be considered when implementing policies? eg. Burials
7. How did the information received through mass media/social media affect your work?
8. Are you satisfied with the response of your working field towards the pandemic?
9. How satisfied are you with the COVID-19 vaccination that was carried out?
10. Have your community been able to recover from the negative impacts of the pandemic?

Annexure 03: Key Informant Interview Guide for Representative from Health sector

1. How did Sri Lanka's health system/ health care institution respond to COVID-19 challenges?
(Probe: actions, measures, strategies implemented/strengths and weaknesses of those/ Challenges faced)
2. In your opinion who are the key stakeholders in the response to battle COVID-19
(Probe: Government bodies, NGOs, Role of the Health care providers, Communities' involvement)
3. Are current resources (finance/health workforce/supplies) adequate to address an emergency?
4. What were the main shortcomings that were exposed by the emergency? Were they mainly related to information, access, capacity, delivery/supplies, finances/costs or governance?
5. How does COVID-19 affect future health planning and financing priorities?
(Probe: Impact of the Covid-19 on financial resource allocation, examples of priority changes, challenges faced due to these changes in prioritization, possible future impacts due to these changes)
6. Do you feel Sri Lanka's health system is adequately prepared/financed to address a future health emergency (Why)? Where are the biggest gaps that need to be addressed?
(Probe: Strengths and weaknesses of the health systems' preparedness/practical examples)
7. Considering the pandemic or a disaster situation what are the biggest gaps that need to be addressed? (Probe: Recourses, preparedness, management)

Annexure 04: Key Informant Interview Guide for Representative from field of Disaster Management

1. In your opinion who are the key stakeholders in the response to battle COVID-19?
(Probe: Government bodies, NGOs, Role of the Health care providers, Communities' involvement)
2. Are current resources (finance/health workforce/supplies) adequate to address an emergency?
3. Which are the high-risk population groups impacted by the pandemic? What financing measures has the Government taken to ensure essential goods reach the most vulnerable? (Probe: special programs implemented aiming vulnerable populations/Challenges faced)
4. What were the main shortcomings that were exposed by the emergency? Were they mainly related to information, access, capacity, delivery/supplies, finances/costs or governance?
5. How does COVID-19 affect future health planning and financing priorities? (Probe: Impact of Covid-19 on financial resource allocation, examples of priority changes, challenges faced due to these changes in prioritization, possible future impacts due to these changes)
6. Do you feel Sri Lanka's health system is adequately prepared/financed to address a future health emergency (Why)? Where are the biggest gaps that need to be addressed? (Probe: Strengths and weaknesses of the health systems' preparedness/practical examples)
7. What were the key policy responses taken by the MoH? Were they timely? What were the main barriers faced?
(Probe: key policy responses implemented/ effectiveness of those/barriers faced when implementing/public's response towards those)
8. What were the key policy responses taken by the governments and what were the main barriers faced? (Probe: key policy responses implemented/ effectiveness of those/barriers faced when implementing/public's response towards those)
9. Could you tell us about any existing laws applicable to Sri Lanka in regulating and managing the pandemic? For example, the quarantine law?
10. Considering the pandemic or a disaster situation what are the biggest gaps that need to be addressed? (Probe: Recourses, preparedness, management)