

Coping with the New Normal: Changing Role of Local Authorities in the Covid-19 Pandemic Symposium Report August 2021



IN PARTNERSHIP WITH



1. Local Government Service Delivery under Health Emergencies and Disasters

Overview

COVID-19 has posed an unprecedented challenge to governments as they struggle to operate within a context of extreme uncertainty with frequent health and economic shocks and disruption to social structures. The pandemic has intensified social and economic inequalities, widened the digital divide and worsened gender disparities. All 17 SDGs have been adversely impacted by the health crisis which has spiraled into a human and socio-economic catastrophe. While the crisis threatens to reverse development gains, it has also made the achievement of the 2030 Agenda more urgent and essential towards ensuring risk-informed development that is sustainable, inclusive and resilient against future crises.

National and sub-national governments are at the frontlines of responding to the pandemic and are required to manage an escalating health crisis within a rapidly deteriorating socio-economic environment. COVID-19 has reaffirmed the role of a strong local government in responding to challenges like the current public health crisis as well as helped local authorities (LAs) to reflect on how to best serve citizens through digital tools. The pandemic has also helped instigate a long-overdue digital transformation of public institutions and underscored the need for accountability, inclusivity and equal access to information. Coping with the new normal will require local governments to take a leading role in rebuilding more equitable, sustainable and resilient communities embedding principles of civic participation, gender equality and digital inclusivity.

The 'Coping with New Normal: Changing Role of Local Authorities in the Covid-19 Pandemic Symposium' organised by the UNDP's flagship programme on local governance (supported by the European Union), Federation of Sri Lankan Local Government Authorities and the Citra Social Innovation Lab, UNDP brought together approximately 150 participants across local authorities in the South Asian Region and subject-area experts to share good practices and lessons learnt in managing the Covid 19 pandemic whilst ensuring continued service delivery. The symposium also provided an opportunity for speakers to reflect on strategies to mobilize and equip local authorities to deliver better in a post-pandemic environment.

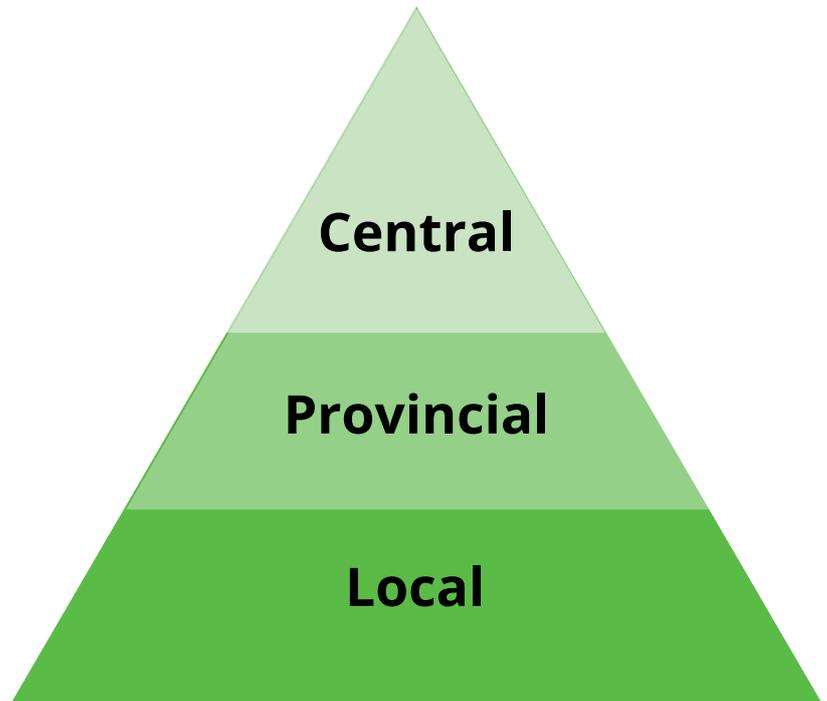
Local governance in Sri Lanka

In line with global trends, local governments in Sri Lanka are becoming increasingly important in bridging the gap between national policies and ever-changing ground realities. The local government level consists of 24 Municipal Councils, 41 Urban Councils and 276 Pradeshiya Sabas totalling 341 Local Authorities. LAs have been resilient despite increasingly difficult challenges, including lack of financial and human resources at the sub-national level and vertical and horizontal coordination gaps. Sub-national government finances have become more constrained with growing expenditure and reduced revenues resulting in deficits and increased debts. At the same time, LAs have an expanded role during the pandemic in making basic health care more responsive to local needs as well as trying to mitigate the future impacts of the crisis.

At the National level, Sri Lanka is a unitary democratic republic with a unicameral 225-member legislature

Second tier consists of nine provinces, divided into 25 Districts and 333 Divisional Secretariats.

Third tier consists of 341 local authorities made up of 24 Municipal Councils - cities and larger towns; 41 Urban Councils- smaller towns; and 276 rural Pradeshiya Sabhas



Roles and responsibilities of local authorities

The 2009 National Policy on Local Government recognises LAs both the planning and implementing authority responsible for several areas including primary healthcare, poverty reduction, women's empowerment and social inclusion. Business continuity during crises is critical to ensure the provision of essential services to keep communities functioning. Digital technologies have helped local governments continue to deliver essential services during the pandemic and additional measures will need to be taken to ensure all communities are able to benefit from digitalization.

Local governments are deemed as having a "moral and legal responsibility" to deliver basic services for all citizens under their jurisdiction where citizens have the "right to demand optimal basic services". The policy document further sets out the responsibilities of local governments as both the planning and implementing authority responsible for poverty reduction, women's empowerment and social inclusion. As such, the onus is placed on local governments for addressing the socio-economic fallout from the Covid-19 crisis.

Responsibilities of local authorities within the health sector

- Sri Lanka's preventive health system is largely managed by the public sector; services are provided through 310 divisional health units known as Medical Office of Health (MOH) areas covering the entire country.
- LAs play a major role in preserving and promoting good health and preventing diseases. They are legally empowered to act as the general public health authority according to the No. 29 of 1947 Municipal Council Ordinance (Chapter 251); No. 61 of 1939 Urban Council Ordinance (Chapter 255) and No. 15 of 1987 Pradeshiya Shaba Act
- According to the above legal provisions, LAs have the following roles within public health:
 - Primary authority for health care management: responsible for promoting and advancing public health
 - The general administrative authority for public health
 - Powers vested within other ordinances (e.g. Nuisance ordinances, Housing and Town Improvement ordinance etc.) can be utilised by LAs to secure public health
 - Function as an Infectious Diseases and Epidemics Control Mechanism (Municipal Council Ordinance 137) and coordinate with the area MoH to control epidemics (Pradeshiya Sabha Act 78 (2)).

Within the context of the protracted pandemic situation, local authorities are critical agents in enforcing and monitoring public health behaviours to control Covid-19 transmission. Crucial prevention measures, captured in the acronym DReAM will need to be reinforced to the public regularly (i.e. physical distancing, respiratory etiquette, Aseptic techniques and handwashing, and use of masks (DReAM campaign by the Ministry of Health, WHO Sri Lanka and partners).

Challenges posed by Covid-19 to local government service delivery

- Lack of prior experience in responding to a pandemic resulted in delays. Measures such as enhanced communications on disease control and social distancing were slow to be enforced.
- Poor technical knowledge on handling machinery/equipment (for disinfection of premises and personal protective equipment (PPE))
- Lack of equipment and facilities at the local level to enforce COVID-19 disease control measures
- Unstable and poor revenue collection, especially during COVID lockdown periods and strained public finance to support service delivery
- Poor coordination with Provincial and National government partners as well as between LAs
- Challenges in securing behavioural change within the public - e.g. segregating infected waste from household waste.

HEALTH SECTOR SNAPSHOT

Sri Lanka aims at Universal Health Coverage through free at-the-point of care services. The country's health system is considered a low-cost and high impact model due to the low Government expenditure and positive country health indicators.



Total expenditure on healthcare (private and public) is 3.9% of GDP. This is in line with low middle-income countries - 4%.



Government health expenditure is

1.54% OF GDP

73% OF EXPENDITURE

Country healthcare expenditure is centralised with the central government accounting for 73% of expenditure

Sri Lanka's health system consists of the state and private sectors, with the public sector accounting for the majority of in-patient care.

In Patient Care



Out Patient Care



Extensive public health care system

On average, Sri Lankans are within 1.4 km of a basic health clinic and 4.8 km from a free government-sponsored Western-type health care facility

Sources:

Ministry of Health, Nutrition and Indigenous Medicine, 2016
UNICEF Budget Brief: Health Sector Sri Lanka 2019
HEALTH CARE IN SRI LANKA: What Can the Private Health Sector Offer?, World Bank 2014

Good practices on local government COVID-19 responses

Local authorities, working closely with the Government, development partners and civil society, have strengthened their response to the emerging needs on the ground in efforts to contain COVID-19 transmission.

1. Improved service delivery through virtual means

- Public access to services for reporting COVID-19 complaints and service-related inefficiencies improved through the establishment of a call centre.
- Communication, reporting and monitoring functions of LAs streamlined through the establishment of a virtual communication system with UNDP support in North, East, North Central and Uva provinces. .
- Establishment of virtual platforms, online payment systems and a call centre take services of LAs directly to the people, which helped ensure unimpeded service delivery during Government lockdowns and social distancing measures.

2. Facilitated emergency response:

- LAs carried out disinfection and sanitization of public areas with UNDP's assistance towards procuring machinery, chemicals and PPE in CDLG project areas
- Safe and secure garbage collection and disposal from quarantined areas and individuals ensured. Health labourers engaged in waste disposal vaccinated through LA's vaccination drives.
- Distribution of food supplies to infected patients
- Measures to enforce physical distancing at market places imposed to curtail COVID-19 transmission through the introduction of an open market concept; physical distancing between vendors; limitation on the number of vendors and introduction of alternative market days.

3. Enhanced COVID-19 case management

- LAs coordinated with the Ministry of Health (MoH) to notify government authorities of urgent cases and community transmission

“ AS HEALTH IS A HIGHLY DECENTRALIZED AND DEVOLVED SUBJECT, IT PLACES A GREATER RESPONSIBILITY ON LOCAL AUTHORITIES WHO ARE EXPECTED TO PLAY A MAJOR ROLE IN PROTECTING AND ADVANCING THE PUBLIC HEALTH OF THE COUNTRY. ”

DR MRS H. S. R. PERERA, DEPUTY DIRECTOR GENERAL PUBLIC HEALTH SERVICE, MINISTRY OF HEALTH.

“ THE ENABLING OF VIRTUAL COMMUNICATIONS HAS BEEN A MILESTONE IN THE COMMUNICATION SYSTEM AT A LOCAL LEVEL. OFFICIALS ARE NOW AWARE THAT THEY CAN BE IMMEDIATELY CONNECTED WHICH HAS TRANSFORMED OUR OPERATIONS AND BROUGHT LAS CLOSER TO THE COMMISSIONER OF LOCAL GOVERNMENT (CLG) OFFICE. UNDP'S SUPPORT THROUGH ITS LOCAL GOVERNANCE PROJECT HAS ENABLED MORE THAN 130 LAS TO CONNECT AND ENGAGE WITH EACH OTHER ON ONE PLATFORM, A HISTORIC FIRST FOR LOCAL GOVERNANCE. ”

MR. N. MANIVANNAN, THE COMMISSIONER OF LOCAL GOVERNMENT OF THE EASTERN PROVINCE

Recommendations

The following recommendations will help enhance local governments' COVID-19 response

01

Strengthen responsibilities, infrastructure and administrative capacities of local governments



Local governments need to be empowered with the responsibilities and resources to enhance preparedness at the ground level for public health emergencies. National guidelines and establishment of communications, monitoring and legal systems within LAs to ensure that the public are abiding by public health guidelines are instrumental to bring about behavioural change within the population. Continuous public awareness-raising, supervision of public and business spaces, support for contact tracing and testing, quarantine and isolation measures must be facilitated by LAs to enable strict implementation of disease control measures.

03

Ensure continued implementation of other public health activities



Equal emphasis should be placed on upholding public health in all other aspects through the uninterrupted delivery of other public health services, such as elimination of mosquito breeding sites for dengue control; food safety measures and pest control etc.

02

Establish mechanisms for multi-stakeholder engagement



COVID-19 necessitates a strong, coordinated response across sectors, enterprises and stakeholders to ensure decisive actions are taken to reduce disease transmission, enforce public adoption of protective health behaviours and mitigate the socio-economic impact of the pandemic. As such, concrete mechanisms for multi-stakeholder engagement should be established and scaled up with the Ministry of Health at the centre as the technical authority for health emergencies. Engagement with multiple stakeholders for the design, implementation and monitoring of interventions will help the social, economic and health systems respond cohesively to public health emergencies.

04

Facilitate citizen engagement in public health



Education, empowerment and engagement of communities in health decision-making processes are vital towards making basic health care more responsive to local needs and will ultimately determine the success of public health measures. Local authorities as the institution closest to the communities play a critical role in facilitating civic participation; raising public awareness about disease control and understanding the effectiveness of public health messaging. The spirit of volunteerism within the public should also be leveraged to assist LAs with performing their duties.

2. Uninterrupted service delivery at the local level during pandemics

Overview

Local Governments are the first line of connection to the communities they serve and their role becomes even more critical during the COVID-19 pandemic. Local authorities perform essential services such as water services, environmental services, waste management, roads maintenance, relevant community and economic services and emergency services. Business continuity is critical to ensure the provision of essential services to keep communities functioning. The pandemic also places additional responsibilities on local authorities as they have to undertake public disease control measures; build public awareness on COVID-19; as well as support communities to manage the economic and social challenges arising from the pandemic. The pandemic has caused severe disruptions to public services and it will be a challenge for LAs to manage the socio-economic fallout from COVID-19.

Services Provided by Local Authorities



GOVERNANCE

Grassroots level political administration and representation

REGULATORY

LAs can create and enact by-laws to address local issues with a high degree of independence from the Central Government.

ADMIN

Administrative functions including finance and revenue collection, and staff services and training.

HEALTH

Promotion of public health and sanitation, including preventive and curative services, food sanitation, waste management, maternity and child health clinics



INFRASTRUCTURE

Physical Planning, Thoroughfares, Land and Buildings. Maintaining all roads, land and buildings that are within LA jurisdiction, supervising and approving building plans according to Government Ordinances

PUBLIC UTILITIES

Water and Public Utility Services. Maintenance of water supply, public markets, fairs and street lighting and public bathing places.

WELFARE

Services provided usually include: libraries, community centres, sports and recreation, public assistance, and pre-schools

Challenges and recommendations to ensure continued service delivery

1. Coordination

Local governments are tasked with taking quick and responsive actions in tackling the pandemic and organizing protection for citizens in need working with the central government, other public institutions and civil society. They are also enlisted with enforcing the government's restrictions on physical distancing, mask-wearing, disinfection of premises etc. The pandemic has been a challenge for LAs as they have to activate vertical coordination mechanisms with the central and provincial governments as well as horizontal coordination mechanisms with other administrative units and civil society. A COVID-19 task force exists at the district and divisional secretariat levels to coordinate the Government's response to the crisis. Although LAs participate in the Divisional Secretariat Task Force and help identify vulnerable individuals and relief measures, connectivity issues hinder the participation of LAs in online meetings. The LAs are constrained by very limited network connectivity - for e.g. only 5 out of the 45 LAs in the Eastern Province have any network connectivity

→ **Recommendation: Improve coordination mechanisms by strengthening the network connection infrastructure and capacities of LAs.** Strengthening connectivity and establishing online conferencing mechanisms as well as capacity building of relevant staff on the use of virtual technologies will help facilitate better coordination of response measures on the ground especially during COVID-19 lockdowns.

2. Citizen Engagement

There is strong engagement and spirit of volunteerism from civil society in response to supporting local COVID-19 response and recovery efforts. However, without a proper coordination mechanism between civil society, local government and other partners there will be duplication of efforts and assistance may not reach the most vulnerable in society. Local authorities, as the institution closest to the public, will need to take a leadership role in ensuring a coordinated rollout of relief efforts on the ground as well as facilitate transparency and accountability of CSO activities.

→ **Recommendation: Develop an online platform for citizen engagement and monitoring of relief efforts.** A 'Civil Society Collective' was formed by civil society actors in response to government requests for supporting COVID-19 relief measures. An online platform will help the Collective in mapping out the humanitarian support from CSOs at the local level and also capture socio-economic data of target communities to identify potential vulnerabilities and needs. The platform will ultimately facilitate local-level engagement between officials and CSOs to ensure decision making and long-term development planning is informed by ground realities. Additionally, it will help promote transparency of CSO activities by facilitating proactive information disclosure and will strengthen the legitimacy of CSO engagement in relief and recovery.

3. Waste Management

Hospitals and other healthcare facilities generate significant amounts of waste, of which 15% is considered hazardous material that may be infectious, toxic or radioactive. Unsafe disposal methods in landfills and inadequate incinerators are major concerns as they pose multiple health and environmental risks. Health-care waste contains potentially harmful microorganisms that can infect others through the release of pathogens and toxic pollutants into the environment. As such, governments need to develop and enforce appropriate regulations and build awareness on proper waste management and disposal systems to avert the adverse health outcomes associated with inadequate and poor waste management practices.

“ WE MUST ASK OURSELVES WHO GENERATES WASTE IN HCFs? IT’S NOT DOCTORS OR NURSING OFFICERS. IT IS THE PATIENT AS IN US, THE GENERAL PUBLIC. THAT MEANS WE ALL HAVE A RESPONSIBILITY TOWARDS CLINICAL WASTE MANAGEMENT. THE GUIDING PRINCIPLE IS THAT WE HAVE TO TREAT HEALTHCARE WASTE MANAGEMENT AS A NATIONAL NEED AND PRIORITY. WE ALL NEED TO COME TOGETHER TO FIND A LASTING SOLUTION.

GAMINI SENANAYAKE, CONSULTANT, UNDP ”

CLINICAL WASTE MANAGEMENT IN SRI LANKA STUDY

Key learnings of 'UNDP survey on Challenges & Experiences in Clinical Waste Management in Sri Lanka', 2021. With the request of the Ministry of Health, UNDP conducted a Rapid Assessment of Health Care Waste Management covering both state and private-sector health care facilities (HCF) to understand the landscape and key challenges facing clinical waste management.



150
HCFs

An online survey of nearly 150 HCFs including all large-scale state sector HCFs was conducted; Base Hospitals and above; small scale state sector HCFs; Divisional Hospitals and below; and some private sector HCFs. **40 observation visits and 20 Key Informant Interviews** were also conducted.

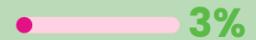
Daily generation of clinical waste in state sector HCFs

APPROX 25 TONS

Around **97% of state sector HCF clinical waste is treated** (including on-site incineration and metatizing – non-incineration autoclaving and offsite incineration)



Balance 3% of state sector HCF clinical waste is either open burned or open dumped without any treatment



Open burning and substandard incineration in the absence of proper pollution control measures results in the emission of very harmful and cancer-causing substances such as Dioxane and Furan.



The disposal of untreated health care wastes in landfills can lead to the release of harmful pathogens and the contamination of drinking, surface, and groundwaters if landfills are improperly constructed.



All other key stages of waste management – including waste minimization or avoidance, segregation at source, collection, handling, onsite transportation – are in near-perfect status in many HCFs.

The main challenge faced by HCFs is the **non-availability of safe disposal facilities** for incineration and metatizing residues causing severe health, social and environmental issues.

→ **Recommendation 1: Establish a high-powered national level multi-stakeholder steering committee on HCWM to ensure an accountable, sustainable and effective HCWM system in Sri Lanka.**

The guiding principle is that HCWM needs to be treated as a national need and priority and not just the responsibility of HCFs alone as the medical waste is generated by the general public. A well-coordinated and collaborative multi-stakeholder steering committee needs to be established across all levels of the governance system (Central Government, Provincial Councils and Local Authorities) and including the ministries in charge of health, environment and provincial councils along with environmental regulatory and facilitating bodies to build an HCWM system that meets national and international standards. A comprehensive system should be built addressing the responsibilities, resource allocation, handling and disposal of healthcare waste with strategies and policies in place to ensure strong oversight and regulation.

→ **Recommendation 2: Develop a cluster-based or central system for HCWM**

A gradual transition should be facilitated from the current scattered system of in-house HCWM within HCFs to a more cluster-based off-site treatment system or a central based off-site treatment system. HCFs should be gradually relieved of clinical waste treatment and disposal responsibilities by phasing out existing in-house treatment facilities (within 10 years) with a proper transition programme along with a prohibition of installing new onsite treatment facilities. During the transition period, properly designed onsite or offsite incinerator ash pits should be introduced and metamizer residues should be tested and certified so that they can be handled as general waste (hazardous and infectious free). A dedicated sanitary landfill should also be designated for this purpose as a long-lasting solution.

Two options with fully-fledged pollution control systems have been proposed:

- Option 1 - Cluster-based off-site treatment system. The exact number of treatment sites can be decided and identified following an analysis of locations of HCFs and quantity of waste generation; availability of suitable treatment sites; and distance between HCFs and proposed treatment sites. Transport systems for waste collection and intermediary storage should also be organised with strict monitoring of the entire system.
- Option 2 - Central offsite treatment system. Hybrid systems of non-incineration and incineration technologies can be considered to minimize environmental issues. It is also recommended to have 2 or 3 different operators to prevent a monopoly on the market and to introduce competition to the marketplace.

“ **LOCAL AUTHORITIES NEED TO BE CONNECTED WITH CIVIL SOCIETY TO STRENGTHEN HORIZONTAL PARTNERSHIPS. CIVIL SOCIETY WAS STILL ABLE TO DELIVER SOME ESSENTIAL SERVICES TO THE PUBLIC DESPITE LIMITED MOBILITY FOLLOWING GOVERNMENT LOCKDOWNS AND MOVEMENT RESTRICTIONS. LOCAL GOVERNMENTS SHOULD TAP INTO AND EMPOWER CIVIL SOCIETY ENGAGEMENT TO CONTAIN THE PANDEMIC AND ITS IMPACTS.** ”

**DR VINYA ARIYARATNE, PRESIDENT,
SARVODAYA SHRAMADANA MOVEMENT**

3. Gender Dimensions of the COVID-19 Pandemic

Overview

Women are disproportionately affected by the COVID-19 pandemic across every sphere - from the health sector to the economy to safety and social protection. COVID-19 has revealed the deep structural inequalities faced by women and girls and the impacts will have lasting consequences which threaten to undermine valuable gains for women's welfare and empowerment. Governments and local authorities will need to unpack the severity and multifaceted gender dimensions of COVID-19 in order to build back better and integrate the needs and vulnerabilities of women in the recovery process.

GLOBAL IMPACT OF COVID-19 ON WOMEN

Women are disproportionately affected by the COVID-19 pandemic across every sphere - from the health sector to the economy to safety and social protection



Health

Women and girls are uniquely affected by an overstretched healthcare system and disrupted sexual and reproductive health services



7 out of 10 of the world's healthcare workers are women - increasing their exposure to COVID-19



Healthcare resources are being diverted towards emergency response reducing women's access to life-saving sexual and reproductive health services, including maternal health-care and gender-based violence support



Reduced access to contraceptives due to school and university closures leads to increased rates of adolescent pregnancies and sexually transmitted diseases

Economic

Women and girls are economically more vulnerable to pandemics: women earn and save less than men; they hold insecure jobs or live close to poverty



70 % of women's employment in developing countries is in the informal economy with reduced social protection, workers rights and decent working conditions.



Women have increased unpaid care responsibilities due to: school closures and added care for elderly and COVID-19 survivors owing to overstretched healthcare thereby limiting their job opportunities. Women already spent 3X more time than men on unpaid care and domestic work



Women have less access to financial tools and support: 65% of women had an account at a financial institution compared to 72% of men

Security

Domestic violence against women has intensified during the pandemic due to rising tensions within households following increased socio-economic pressures and cramped living conditions.



Prior to the pandemic, one in three women will experience violence during their lifetimes



Increased risk of violence against women due to: women being trapped with their abusers due to lockdowns; health and financial worries heighten domestic tensions; economic dependence forces victims to stay with their abusers; and support services are disrupted by pandemic control measures and restricted movement



RISE IN GLOBAL REPORTS OF VIOLENCE AGAINST WOMEN*

*in countries with reporting systems in place. This represents only the worst cases and actual percentage is likely to be much higher due to under reporting of domestic violence.



Reduced access to support services due to: overstretched police, judicial and health services; disrupted court proceedings; civil society groups hampered by lockdown restrictions and resource constraints; domestic violence shelters are at full capacity; and victims' reluctance to access health services due to COVID concerns.

“FIXING GENDER GAPS IS NOT JUST ABOUT WOMEN - MEN AND THE WHOLE OF THE SOCIETY WILL BENEFIT FROM A MORE EQUAL SOCIETY”

DR. BERNADIA IRAWATI TJANDRADEWI,
SECRETARY GENERAL,
UNITED CITIES AND LOCAL GOVERNMENTS, ASIA PACIFIC

Recommendations

As Governments address the socio-economic fallout from Covid 19, national recovery measures must integrate the needs and rights of women and girls in order to rectify pervasive systemic inequalities as well as build a more equal and resilient world. Women have been hardest hit by the pandemic and will be critical to rebuilding communities. In the long-term just as the impacts of the pandemic have been amplified by pre-existing gender inequalities, Governments' responses will need to be gender-sensitive, intersectional and people-centred in both addressing the current crisis and its aftermath.

01

Ensure women's participation in policy-making



Women need to be consulted and included across all emergency response measures and economy planning efforts. Women's full participation in decision-making across all levels of Government is critical to build back better, eliminate gender-based violence and achieve gender equality. Specialised groups or task forces on COVID-19 need to ensure women's representation across legislative, policy and budgetary decision-making processes. Gender-inclusive decision-making will help ensure recovery planning is more inclusive and responsive to the experiences of men and women across diverse backgrounds and generate better policy outcomes.

“WOMEN'S FULL AND EFFECTIVE PARTICIPATION AND DECISION-MAKING IN PUBLIC LIFE IS CRITICAL TOWARDS ADDRESSING THE GENDER ISSUES EXACERBATED BY THE PANDEMIC AND ACHIEVING GENDER EQUALITY.”

**MS MANEL JAYAMANNE, EXECUTIVE DIRECTOR,
WOMEN'S COMMITTEE SRI LANKA**

02

Develop targeted policies to address gender inequalities



Entrenched gender norms and inequalities will need to be transformed through targeted policies that address the care economy, gendered impacts of Covid-19, GBV and sexual and reproductive health (SRH) services. Decisive steps will need to be taken to improve the working and pay conditions of women, enhance social protection schemes and remove barriers to women's labour force participation. Special emphasis should be placed on the needs of female health workers; continued SRH services; and care for GBV survivors. COVID-19 response plans should recognise GBV civil society groups as an 'essential service' and increase resources provided and expand the capacity of domestic violence (DV) shelters.

“THE ONGOING COVID-19 PANDEMIC HAS HAD DETRIMENTAL IMPACTS ON WOMEN INCLUDING THEIR WELLBEING, SEXUAL AND REPRODUCTIVE HEALTH, MENTAL HEALTH, AND THEIR ABILITY TO LEAD IN THE RECOVERY OF OUR SOCIETIES AND ECONOMY.”

**MS. NIROSHIKA WEGIRIYA,
WOMEN IN NEED**

03

Integrate gender mainstreaming and gender-segregated data



Integrating a gender perspective across a country's assessments of and responses to COVID-19 is integral to ensuring the extent of the impact of the pandemic on women and girls is fully understood and effectively addressed. Gender mainstreaming is a strategy for promoting gender equality whereby a gender lens is included across all activities of an institution, including policy development, research, advocacy, resource allocation, implementation and monitoring of programs utilising sex-disaggregated statistics.

“ WOMEN WITH DISABILITIES AND OTHER VULNERABLE POPULATIONS WERE HARD HIT BY THE PANDEMIC AS MANY LOST THEIR LIVELIHOODS AND SUPPORT FROM THE STATE WAS INADEQUATE AGAINST THE SEVERE HARDSHIP CAUSED BY THE PANDEMIC. ”
PROF AKHTER HUSSAIN, UNIVERSITY OF DHAKA

04

Strengthen coordinating and implementing mechanisms at the local level



Local authorities should be empowered with the mandate and resources to address issues facing women and girls at the grassroots level in collaboration with relevant partners. A sub-committee within LAs focusing exclusively on women's issues should be established with funding support and linked to the Women and Children's Unit of the Divisional Secretariat and key partners to implement coordinated actions targeting DV. Continuous capacity building on basic gender-related laws, relevant service providers, referral systems and establishing vigilant community groups and youth programmes should be conducted to strengthen LA actions in addressing local GBV issues. LAs should also step up their advocacy and awareness-raising activities targeting men in support of women's rights.

“ LOCAL GOVERNMENTS ARE AT THE FOREFRONT OF THE COVID-19 RESPONSE ESPECIALLY THROUGH BASIC LOCAL SERVICES AND CARE WORK PROVISION. THEY PLAY A CRITICAL ROLE TOWARDS BUILDING FEASIBLE SOCIO-ECONOMIC GENDER-RESPONSIVE RECOVERY PLANS. ”
MS. UDENI THEWARAPPERUMA, CONSULTANT, UNDP

4. Impact of the digital divide on COVID-19 response with special reference to local governance

Overview

Connectivity has proven to be a critical tool in responding to the pandemic as Governments have utilised digital technologies to ensure continued delivery of essential public services and raise public awareness on COVID-19 and relevant public health measures. COVID-19 has also accelerated the pace of digital transformation with the private and public sectors adopting digital initiatives at a faster rate with unprecedented growth in the use of digital products and services. Although digitalization opens up many socio-economic opportunities, it can also deepen inequalities for vulnerable segments if digital inclusion policies are not prioritized.

Local governments across the globe have made significant strides towards digitalization, from continuing routine operations through teleconferencing to enabling citizen engagement through opening up digital payment portals. In a bid to bridge the digital divide, Governments have scaled up communications infrastructure, provided subsidies on internet data and implemented innovative solutions such as 'WiFi on Wheels' to support communities off the internet grid to access online platforms. Local governments have a crucial role to play in ensuring that rural areas, marginalized communities, and vulnerable segments of society are not excluded from the benefits of digitalization. Ensuring equitable transparent access to digital platforms will help strengthen local governance processes and promote inclusive development that positively impacts all communities.

“ CONNECTIVITY HAS BECOME A CRITICAL DRIVER OF VULNERABILITY AND TRIGGER FOR EXCLUSION. COVID-19 HAS CERTAINLY MOVED THE NEEDLE OF THE DISCUSSION FROM TECHNOLOGY-FUELLED ASPIRATIONS OF SMART CITIES AND HYPER DIGITIZATION TO A GRIMMER REALITY OF DIGITAL EXCLUSION AND THE NEED FOR DIGITAL EQUITY. ”

DR GOPA THAMPI, THE ASIA FOUNDATION

Key Challenges

1. Digital literacy of the general public and internet penetration

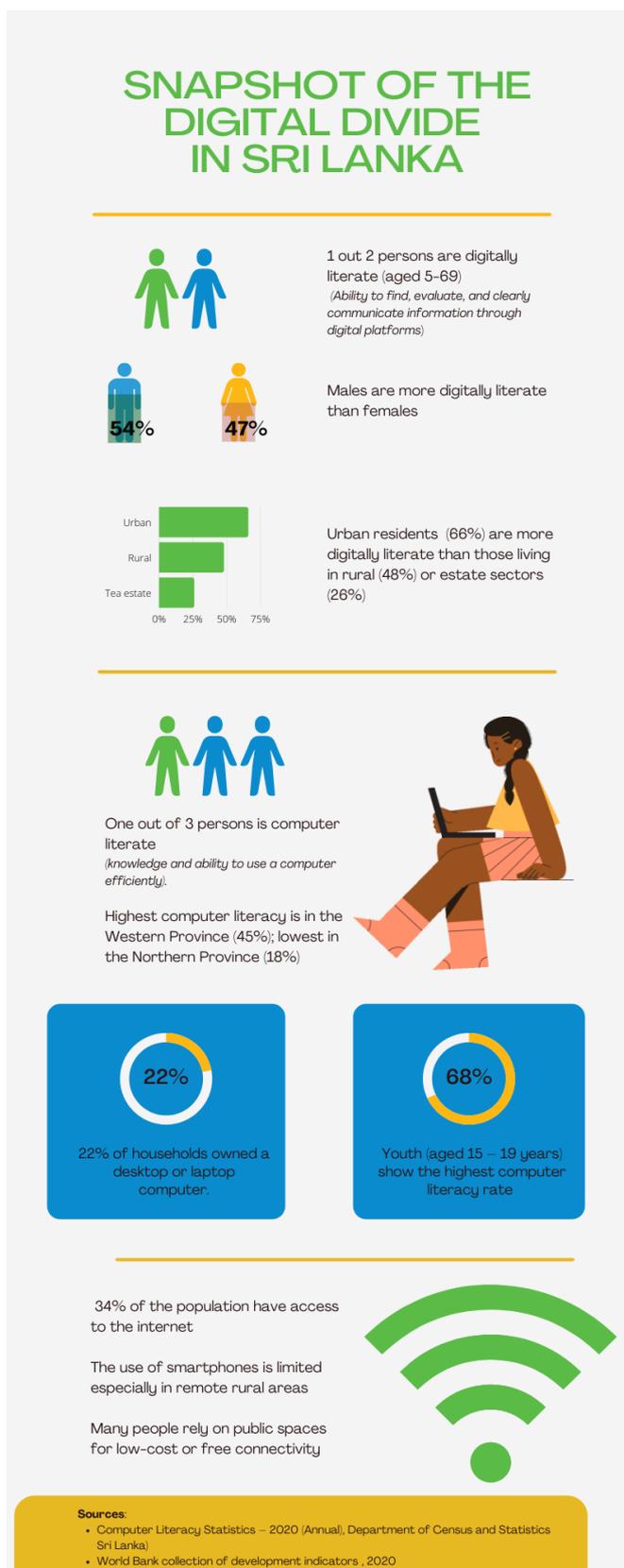
The level of digital literacy in Sri Lanka is promising, however, disparities in digital and computer literacy across age groups, gender, sectors and geography will need to be addressed in order to ensure that the benefits of the Government's digital interventions are enjoyed by all. Additionally, poor internet penetration in rural areas and the estate sector represent significant challenges to digital inclusion efforts. The country's 4G and 3G connection providers boast a very high geographic coverage but there are many pockets with low signal strength.

The Telecommunications Regulatory Commission (TRCSL) is working to resolve low connectivity issues under several projects, including through the 'Gamata Sannivedanaya' initiative which provides communication facilities to villages.

2. Data sharing between parallel systems

The Sri Lankan Government has multiple parallel data systems to serve citizens and businesses across the different levels of Government, from the civil administration of the central government to the District and Divisional Secretariats to the Grama Niladhari level (Village Government officers). The data systems are under the purview of the Ministry of Home Affairs as well as Provincial and Local Government networks. Different data systems which can not be equally utilised by other government agencies hinder information sharing and timely decision making by public institutions.

There have been many attempts in the form of administrative reforms to create a synergy and share data between local governments (which report to Provincial Councils) and Regional Administration Divisional Secretariat System. The E-Grama Niladhari and Unique Digital ID system initiative of the State Ministry of Home Affairs to establish a biometric-enabled citizen database is in the final stages and will be a critical step towards enabling information sharing between different government systems.



3. Digital literacy of public sector employees

Government statistics indicate that 44% of government and semi-government employees lack computer literacy. Low levels of ICT awareness and skills of civil servants within local government bodies will pose a challenge to the implementation of digital service delivery tools.

There have been many projects in the past aimed at strengthening ICT literacy including capacity building interventions by the Information and Communication Technology Agency (ICTA) and the Sri Lanka Institute for Local Governance (SLILG).

Best Practices

Local governments have been able to execute several digital service delivery initiatives in collaboration with Provincial and Central government entities to ensure an improved user experience across the different users of LG systems in the country including citizens, corporate users, community and civil society organizations and other government services (including departments within Provincials Councils and Central Government). Selected initiatives are highlighted below:

- E-Local Government Project of ICTA and Pura Saviya - aims to ensure citizen-friendly service delivery by improving transparency; promoting the efficiency of internal management LG systems; and enhancing social inclusiveness by providing opportunities for citizens to give feedback on local development needs.
- The identification of properties for tax purposes has been digitized and is to be standardized across the country which will help strengthen the LG revenue base.
- Corporates have benefited from the single window concept of the Colombo Municipal Council (CMC) which has helped improve the Ease of Doing Business Index by enabling the digital registration of properties; and online issuances of non-vesting certificates and other construction permit clearances.

Digital technology has also been efficiently leveraged by LAs to support the COVID-19 response and minimise the impact of disasters through maintenance of essential services throughout the LG areas.

- CMC obtained the services of a pre-existing online registration system for private health care appointments (e-Channeling) to enable citizens to reserve a time slot for COVID-19 vaccination and ensure a hassle-free vaccination experience.
- Social media platforms (including Facebook, WhatsApp etc) were used to disseminate COVID-19 related information effectively and raise public awareness of health regulations
- Public Officials and Grama Niladhari used mobile technologies to reach vulnerable communities and groups.
- ICTA implemented the use of QR codes and check-ins to assist with location-based tracking and contact tracing for COVID-19.
- Online platforms and applications were developed by ICTA, Tri-forces and the Ministry of Health to identify and vaccinate persons across several age groups.

“ UPLIFTING THE ORGANIZATIONAL MATURITY, ENSURING A CLEAR AND DEDICATED WORKFORCE AND UTILISING COLLABORATING COMMUNICATION TOOLS IS CRITICAL TO CLOSING THE DIGITAL DIVIDE. ”
MR SAMEERA JAYAWARDENA, PROGRAM MANAGER, INFORMATION AND COMMUNICATION TECHNOLOGY AGENCY (ICTA)

Recommendations

The following recommendations will help governments to close the digital divide and promote inclusive digital development.

01

Develop progressive policies



Forward-looking legislation is needed to support innovation and protect the digital rights of individuals. Central governments, while taking the lead need to foster locally-owned approaches and support LAs to migrate into a digital future by creating ecosystems that bolsters digital capabilities.

03

Support capacity building of local governments



Rapid upskilling of staff is required to support the seamless execution of digital service delivery initiatives and enhance the effectiveness of local governments. The public sector will need to shift its focus from digital literacy to digital capability where public officials confidently utilise ICT for service delivery and outreach.

05

Develop partnerships



COVID-19 has accelerated partnerships through collaboration between governments and technology firms for emergency responses, resulting in a massive upsurge in apps, dashboards, and helplines. This synergy must be tapped into and expanded beyond COVID-19 to instill digital innovation across government institutions.

02

Improve data on digital exclusion



As the first respondents to address the challenge of digital exclusion in times of crises and emergencies, local governments need more granular data on digital exclusion. LAs need to move beyond national averages and statistics to understand the demographic, social and economic factors that contribute to digital exclusion and map out where digital exclusion exists. Following improved and finer-level data on digital exclusion, LAs need to develop and implement training programmes and provide infrastructure support to ensure digitally inclusive development.

04

Pursue innovative solutions to expand connectivity

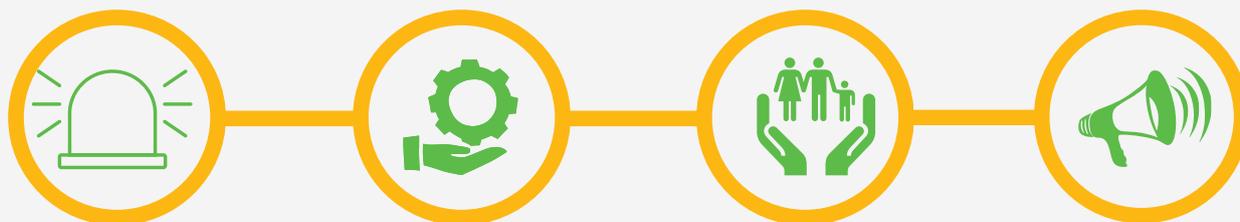


As rolling out communications infrastructure will take time, local governments need to pursue hybrid solutions in the meantime to bridge the digital divide. Wi-Fi or connectivity hubs can be created in public libraries and community centres. Sri Lanka has 1080 public libraries managed by their respective Municipal Councils, Urban Councils and Pradeshiya Sabhas and there are approximately 4,000 community centres managed by local governments. These dispersed social hubs could act as critical bridges to reach individuals lacking internet access.

5. Emerging role of local authorities in a post pandemic environment: Global and Regional Perspectives

The Covid-19 pandemic has reinforced the importance of local governments as critical agents in responding to emergencies.

Local Governments' COVID-19 Response



EMERGENCY RESPONSE

Front-line responders in emergency planning and crisis response

SERVICE DELIVERY

Continued delivery of key local services (such as water, waste management, sanitation, market operations etc)

RELIEF ASSISTANCE

Facilitation of relief packages for affected families

PUBLIC AWARENESS

Public outreach and awareness building on disease control measures

Key Challenges to Local Governments

1. Recentralisation of Governance

Governance functions have been re-centralized as the national government has appropriated mandates and functions that were previously the responsibility of local governance institutions. Re-centralization was viewed as a necessity to ensure a swift government response to contain disease spread. As a result some responsibilities of local governments were carried out by the national government. Local government networks, such as the Federation of Sri Lankan Local Government Authorities (FSLGA), will be critical in ensuring that the constitutional mandates of local governments are respected and their powers and functions are protected.

2. Budget shortfalls

The contraction of the economy due to Covid-19 has had a severe impact on public service spending as many local governments and councils are facing severe budget shortfalls and bankruptcy. Unemployment, business closures and other financial impacts have resulted in declining tax revenues and greater financial strain on many local governments. This has resulted in reduced access to resources at the local level at a time of increased need.

“IT IS IN MOMENTS OF RESPONSES TO CRISES THAT TRUST AND TRANSPARENCY VALUES CAN CREATE THE IMPETUS TO DELIVER SERVICES IN A RESPONSIVE AND ACCOUNTABLE MANNER. INSTEAD OF ALLOWING THE SYSTEM TO RELAPSE TO BUSINESS AS USUAL, LOCAL GOVERNMENTS SHOULD BUILD ON THESE NEW PATHWAYS AND EMBARK ON LONG STANDING SYSTEMIC CHANGES.”

GOPA THAMPI, THE ASIA FOUNDATION

“EFFECTIVE DECENTRALIZATION IS IMPERATIVE TO ENSURING LOCAL GOVERNMENTS HAVE SUFFICIENT POWERS, ACCESS TO RESOURCES AND CAPACITIES AT THE LOCAL LEVEL WHERE THE SDGS WILL BE DELIVERED AND TO KEEP PEOPLE AT THE HEART OF DEVELOPMENT”

LUCY SLACK, ACTING SECRETARY GENERAL, COMMONWEALTH LOCAL GOVERNMENT FORUM

Recommendations

The following recommendations will help transform the powers, roles and responsibilities of local authorities in order to address rising challenges in the new normal posed by Covid-19.

01

Expand mandate of local governments



Covid-19 has made a compelling case for the importance of local governments' institutions, delivery mechanisms, services and data to effectively respond to a pandemic. Decentralized systems, funds and responsibilities will help to empower communities in decision-making processes and make service delivery more responsive to local needs. Additionally, increased demands for local governments to be able to respond to rising issues, such as gender based violence, mediation and economic development, necessitate an evolution of legal frameworks and operational capacities in order to ensure local governments are able to step up to new challenges and retain the trust of their communities.

03

Enhance public engagement and outreach



Transparency and public trust in governance institutions have become increasingly important in an era of misinformation and social media. Local governments will need to invest in robust and transparent public communication measures and open up channels for citizen engagement in policy and decision making. Enhanced transparency will help foster more responsive and accountable service delivery which will help deepen public trust and social cohesion.

02

Embrace innovative approaches to governance



Local governments need to shift from a compliance-heavy mindset to a more innovative approach to effectively operate within the new normal post Covid 19. Capacity building of local governments will need to focus on soft skills such as innovative thinking, teamwork and communications to engineer innovative and long-lasting solutions to systemic challenges and rising issues.

04

Promote sustainable economic, social and environmental development



Building resilient communities and minimising the harmful impact on the planet's resources will be crucial during post-Covid 19 recovery. Although Covid-19 helped drive the digitisation of government services, it is critical to ensure that this digital transformation does not generate further inequality or exclude vulnerable segments of the population.



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