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## UN Sri Lanka Multi-Partner Trust Fund

<b>Programme Title</b>	Inclusive risk communications, focusing on key COVID-19 prevention messages, addressing vaccine hesitancy and misinformation
<b>Country/Region</b>	Sri Lanka
<b>Priority area/ strategic results</b>	<p><b>Result 1:</b> Sri Lankans are well informed of the benefits of being inoculated against COVID-19 and aware of the hygiene measures they must continue to follow</p> <p><b>Result 2:</b> Create awareness on identifying misinformation and broader media literacy during times of crisis</p>
<b>Organization that have received direct funding from the MPTF Office under this programme</b>	UNDP
<b>Implementing Partners</b>	UN Agencies in Sri Lanka
<b>Overall Duration</b>	24 months
<b>Amount</b>	USD 30,000
<b>Proposed project submitted/report(s) to be submitted by</b>	<p><i>Signed by the HoA</i></p> <p><i>Faiza Effendi</i></p>

### 1. BACKGROUND

Sri Lanka, with a population of almost 22 million has faced the COVID-19 outbreak since January 2020. At the onset of the crisis the UN in Sri Lanka mobilized the Risk Communications and Community Engagement Cluster of the Crisis Response and Preparedness Plan. Through the Cluster and specifically UN Agencies in country, led by the UN RCO, UNICEF and WHO – a closely coordinated National Risk Communications plan was put in place with the Health Promotion Bureau (HPB). Through these joint efforts UN Sri Lanka in coordination with the HPB and other Government departments reached 16 Mn Sri Lankans or 75% of the population with risk communications messages. Messages also focused on vulnerable groups such as estate workers, persons with disabilities, victims of domestic violence, and migrants, refugees, and asylum seekers.

However, as the pandemic continues into a 2<sup>nd</sup> year, allied messaging on vaccines, continued hygiene measures and tackling misinformation become essential to ensuring Sri Lanka recovers from the pandemic.

Vaccines currently dominate both global and national debates. Globally, there is an unprecedented level of vaccine hesitancy that could threaten our ability to achieve herd immunity through vaccination. Therefore, it is necessary to increase trust, acceptance and demand for vaccination.

Misinformation and disinformation are spreading fast in times of COVID-19. Although not a new phenomenon, the

circulation of misinformation has become more evident and complex. The term infodemic has been used to describe an excessive amount of information about a problem, which makes it difficult to identify a solution. With an infodemic, false claims circulate more easily, hampering public health responses, creating confusion, distrust, and causing harm to people's lives. The government, international organisations and civil society organisations have tried to counter misinformation in multiple ways. However, the issue persists and is becoming increasingly challenging, especially in a context where trust in public health authorities has declined.

## 2. TARGETED LOCATIONS

The risk communications campaign addressing vaccine hesitancy and continuing hygiene measures will target high risk communities in urban and rural areas, particularly living in high-density low-income settlements. Efforts at countering misinformation will target the Sri Lankan population specifically within the older demographic of those above 45 and most susceptible to spreading misinformation.

## 3. OBJECTIVE(S)

The overall objective of the programme is to ensure Sri Lankans receive the correct information to counter the impact of the COVID-19 pandemic.

1. The target population is provided with evidence-based information on the efficacy and safety of vaccinations conducive to informed decisions by each person and of the need to continue hygiene measures to prevent COVID-19.
2. The target population is aware of the danger of spreading misinformation and can correctly identify and counter misinformation in their daily interactions.

## 4. EXPECTED RESULTS AND ACTIVITIES

**Result 1: The target population is provided with evidence-based information on the efficacy and safety of vaccinations conducive for each person to make an informed decision, and of the need to continue hygiene measures to prevent COVID-19.**

The factors that lead people to make choices to take vaccines are nuanced and affected by how they see the world, their perceptions of the choices people like them will make, who they trust, their perceptions of risk, consistency of message and convenience of actually getting the vaccine.

It all starts with trust. The willingness of a population to put a foreign substance into their bodies is highly dependent on trust. Do they trust the vaccine? Do they trust those urging or requiring them to get the vaccine? Do they trust those developing it, and their methods and testing? Do we trust that the vaccine will keep them safe and not make them sick? Do they trust those administering the vaccine, and the environments in which it is offered? It's not surprising that hesitancy regarding a COVID-19 vaccine is so rampant, and that it's easy and understandable to put trust in those around us who are expressing hesitancy and our own gut instincts, rather than trusting institutions.

Therefore, in creating trust in the target population (with adequate consideration to be made in all messaging of the needs of women and girls and their access to relevant information and essential services – such as basic healthcare and vaccines – including when addressing Government recovery plans. This also should include other vulnerable groups, such as older persons, the LGBTIQ community, asylum seekers, returning migrants, and others) the UNCG will work within the existing framework of trust that populations have in their own networks and social norms. Examining vaccine hesitancy through the lens of social norms offers two opportunities to make a difference. The first is activating social networks and people's perceptions of what others are doing. The second is in changing the communications norms among those communicating on behalf of the vaccine. Furthermore, the effectiveness of the message will be strengthened by evoking the right emotions. Although, it

is tempting to activate emotions like fear or shame to get people to take a vaccine - fear is immobilising and shame is likely to achieve the opposite reaction we hope for. Instead the focus will be on more constructive emotions like love, hope and the desire to protect.

Currently, most of the Government-led national communication interventions are focused on mass and digital media, with limited emphasis on community engagement. This lack of targeted messaging means that certain at-risk communities are neglected. The proposed project will work in parallel to, and complement, ongoing activities funded or implemented by different UN partners that targeting rural communities with RCCE.

Individuals in plantation communities and high-density urban settlements are considered some of the most vulnerable populations in Sri Lanka. This vulnerability has further increased during the COVID-19 pandemic given their living conditions and the disease infection modalities. UNCG will conduct COVID-19 risk communication promotions targeting these communities mainly through IEC materials, audio messages and monitoring through community leaders.

Mobilizing community leaders to amplify evidence-based messaging on public health issues such as vaccinations will help address any hesitancy and increase trust. In order to reach all communities and complement the work with local leaders, efforts will be made to mobilize Community Service Organizations such as Sarvodya, or private sector organizations such as commerce chambers or planters associations.

Activity 1.1: Promotion of hygiene, including handwashing and IPC, for high-risk groups in urban and rural communities (including plantations and others). This would include community mobilization and setting up monitoring and feedback mechanisms.

Activity 1.2: Producing and providing community leaders and other partners with packages for dissemination to local communities

**Result 2: The target population is aware of the danger of spreading misinformation and can correctly identify and counter misinformation in their daily interactions.**

Media illiteracy is particularly high in certain demographic groups, making them susceptible to misleading and false information online. For example, older generations are more likely to be misled by online misinformation - one study found that those over 65 were three to four times more likely to share junk news online than the 18–29 age group<sup>1</sup>. Those within the older demographic continue to place a great deal of trust in mainstream media outlets and therefore more receptive to strategies in identifying misinformation from these sources. Therefore, mainstream media outlets and journalists with a high level of trust, are ideal for communicating messages of verifying online news sources.

When countering misinformation, explaining why misinformation is incorrect is more effective than simply labelling it as false. A detailed counter-message is crucial to help people develop a new narrative and mobilize them in terms of taking preventive actions. A repetitive loop of countering misinformation and myth-busting is the most effective means to ensure that the public is well informed.

Activity 2.1: Monitor misinformation trends and produce material that counters prevalent misinformation circulating online

Activity 2.2: Mobilize journalists in educating the public on the importance of critical assessment of everything they see online with evidence-based information

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<sup>1</sup> Felten C, Nelson A. Countering Misinformation with Lessons from Public Health. Available at: <https://www.csis.org/countering-misinformation-lessons-publichealth>

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## **5. IMPLEMENTATION MODALITY AND LEAVING NO ONE BEHIND**

The funding for the programme will be facilitated via UNDP on behalf of the Office of the Resident Coordinator (RCO). The programme led by the RCO will work with UN Agencies to produce high quality and impactful content to reach target audiences. Furthermore, the UNCG will utilize existing partnerships with media, the private sector and community leaders to amplify messaging. Additionally, consideration should be made in all messaging to meet the needs of women and girls adequately and their access to relevant information and essential services – such as basic healthcare and vaccines – including when addressing Government recovery plans. This also should include other vulnerable groups, such as older persons, LGBTIQ community, asylum seekers, returning migrants, and others.

## **6. UN SRI LANKA COMMUNICATION GROUP'S VALUE ADDITION**

The UNCG has a wide range of partnerships and expertise that can be utilized to address the needs of training journalists and mobilizing community leaders and the private sector.

## 7. BUDGET

Number	Results and Activities	Budget (USD)
<b>Result 1</b>	<b>The target population is provided with evidence-based information on the efficacy and safety of vaccinations conducive for each person to make an informed decision, and of the need to continue hygiene measures to prevent COVID-19.</b>	<b>14,018.69</b>
1.1	Promotion of hygiene, including handwashing and IPC, for high-risk groups in urban and rural communities (including plantations and others). This would include community mobilization and setting up monitoring and feedback mechanisms.	10,950.00
1.2	Producing and providing community leaders and other partners with packages for dissemination to local communities	3,068.69
<b>Result 2</b>	<b>The target population is aware of the danger of spreading misinformation and can correctly identify and counter misinformation in their daily interactions.</b>	<b>14,018.69</b>
2.1	Monitor misinformation trends and produce material that counters prevalent misinformation circulating online	10,950.00
2.2	Mobilize journalists in educating the public on the importance of critical assessment of everything they see online with evidence-based information	3,068.69
Total Programme Costs		28,037.38
Indirect Support Costs		1,962.62
<b>TOTAL Pass-Through Amount Approved</b>		<b>30,000.00</b>

## 8. PROJECT RESULTS FRAMEWORK

Expected Accomplishments	Indicators	Baseline	Targets	Monitoring Mechanism Info/Data Sources	Data Collection Methods	Frequency and Persons Responsible	Key Assumptions and Risks in Achieving Outputs
<p><b>Outcome 1: The target population is provided with evidence-based information on the efficacy and safety of vaccinations conducive for each person to make an informed decision, and of the need to continue hygiene measures to prevent COVID-19.</b></p> <p>Indicator: Awareness of community leaders and other partners (ie, the private sector) on the safety and efficacy of vaccines</p> <p>Baseline: To be assessed before interventions</p> <p>Planned target: TBD</p>							
1.1 Promotion of hygiene, including handwashing and IPC, for high-risk groups in urban and rural communities (including plantations and others). This would include community mobilisation and setting up monitoring and feedback mechanisms.	Assessment of current practices	To be assessed before workshops	Assessment of practices following information campaign	Surveys	Questionnaire	TBD	Community behaviours do not change because public focus changes direction
1.2 Producing and providing community leaders and other partners with packages for dissemination to local communities	Current methods of informing followers of COVID-19 efficacy and safety	To be assessed before interventions	50% increase of community leaders and other partners informing their followers on the efficacy and safety of vaccines	Submission by community leaders 6 months following the workshops	Questionnaire	TBD	Community leaders and partners face backlash from communities owing to adverse reactions to the vaccine
<p><b>Outcome 2: The target population is aware of the danger of spreading misinformation and can correctly identify and counter misinformation in their daily interactions.</b></p> <p>Indicator: Increased number of counter narratives to misinformation</p> <p>Baseline: To be assessed before workshops</p> <p>Planned target: TBD</p>							
2.1 Monitor misinformation trends and produce material that counters prevalent misinformation circulating online	Increased number of counter narratives to misinformation	To be assessed before interventions	Increased number of counter narratives	Content produced	Monitoring of social media	TBD	An increase in rumours and fears spread by malicious groups

2.2 Mobilise journalists in educating the public on the importance of critical assessment of everything they see online with evidence-based information	News content produced for the public on verifying online information	To be assessed before workshops	50% increase in the number of content pieces produced on the topics of misinformation	Submission by journalists 6 months following the workshop	Content analysis	TBD	Journalists are unable to produce content owing to pressure from media owners
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## 9. WORK PLAN

Result	Results and Activities	Oct 21 – Dec 21	Jan 23	Feb 22 - April 22	May 22	June 22
<b>Result 1</b>	<b>The target population is provided with evidence-based information on the efficacy and safety of vaccinations conducive for each person to make an informed decision, and of the need to continue hygiene measures to prevent COVID-19.</b>					
1.1	Promotion of hygiene, including handwashing and IPC, for high-risk groups in urban and rural communities (including plantations and others). This would include community mobilisation and setting up monitoring and feedback mechanisms.					
1.2	Producing and providing community leaders with packages for dissemination to local communities					
	Assessing impact					
<b>Result 2</b>	<b>The target population is aware of the danger of spreading misinformation and can correctly identify and counter misinformation in their daily interactions.</b>					
2.1	Educating journalists on the tools and sources available to them to verify information and produce well researched content					
2.2	Mobilise journalists in educating the public on the importance of critical assessment of everything they see online with evidence-based information					
	Assessing impact					
<b>Reporting</b>						



## **10. PROJECT MONITORING, REPORTING AND COMMUNICATION/VISIBILITY REQUIREMENTS**

UN RCO and UNCG will monitor and report on the progress of the programme, including the work to assess the effectiveness of the messaging with target audiences.

### **Communication/visibility requirements**

Communications and visibility actions for this project will be developed to ensure maximum visibility for the donor, Government of Australia, based on the guidelines provided. Photographs that capture the progress of activities that are published on social media and other channels will be shared with DFAT.