Semi Annual Safeguard Monitoring Report

Project Number: SRI 51107 -002
ADB Loan and Grant Numbers – SRI 3727 and SRI – 0618
Reporting Period: 1 January to 30 June 2021

Sri Lanka: Health System Enhancement Project (HSEP)

Prepared by HSEP (Health System Enhancement Project) Project Management Unit for the Ministry of Health and Indigenous Medical Services (Former named as “Ministry of Health Nutrition and Indigenous Medicine”), Colombo, Sri Lanka.

GOVERNMENT OF SRI LANKA

MINISTRY OF HEALTH

SEMI ANNUAL SOCIAL SAFEGUARD

MONITORING REPORT 2021

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HEALTH SYSTEM ENHANCEMENT PROJECT

ADB Loan and Grant Numbers – SRI - 3727 and SRI – 0618

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ABBREVIATIONS

ADB	Asian Development Bank
BOQ	Bill of quantity
DDRs	Due diligence reports
DH	District hospital
EA	Executing agency
GDP	Gross domestic product
GIS	Geographic information system
GRC	Grievance redress committee
GRM	Grievance redress mechanism
IP	Indigenous people
IPP	Indigenous people's plan
IPPF	Indigenous people's planning framework IR Involuntary resettlement
LAA	Land Acquisition Act
LAR	Land acquisition and resettlement
MOHNIM	Ministry of Health, Nutrition and Indigenous Medicine
NIRP	National involuntary resettlement policy
PHC	Primary health care
PIU	Project implementation unit
PMCU	Primary medical care unit
PMU	Project management unit
PPTA	Project preparatory technical assistance
PSGA	Poverty social and gender analysis
SIA	Social impact assessment
SPO	Sub project office (of design and consultancy firm) SPS Safeguard policy statement

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01. EXECUTIVE SUMMARY

I. This Semi-Annual Social Safeguards Monitoring for **H**ealth **S**ystem **E**nhancement **P**roject (HSEP) of Sri Lanka covers the period from January to June 2021. The results of the Due Diligence Reports (Social Safeguard) prepared for the proposed project concluded that, as per ADB Safeguard Policy Statement, the project is categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. The areas of development within the four provinces (Central, North Central, Uva and Sabaragamuwa provinces) were selected based on identification of critical gaps with a geographic targeting to ensure coverage of lagging regions. It has been found that no additional land is required for the project. The land identified for locating all facilities are belong to respective institution without acquiring private lands. Therefore, no either resettlement impacts or temporary disruption of livelihood of any household or group of community in the project area during design and construction periods. Hence, it can be concluded that the project activities conducted during the reporting period does not have any involuntary resettlement issues.

II. All the project activities comply with the concerned laws and regulations of Sri Lanka. The screening of the project sites and the preparation of DDR-Social was based on the, ADBs Safeguard Policy Statement 2009.The project output indirectly contribute to gender equality and gender responsiveness.

III. Public consultations have been carried out during planning and implementation phases of the project. The views raised at the consultation were incorporated in the design. Issues raised are being addressed during the implementation phase to ensure that the stakeholders are not affected adversely by implementation of the project.

IV. During the reporting period the social safeguard expert visited 24% of subprojects covering as sample of subprojects implemented in round 1 and 2 in Uva, Central and Sabaragamuwe provinces. The sample subprojects are representative civil works undertaken in HSEP. Supplementary data on social safeguard issues cropped up if any in all 4 provinces was obtained from M&E Officers in each PIU. Therefore, this report covered all the subprojects implemented under round 1 and 2.

02. **BACKGROUND OF THE REPORT AND PROJECT DESCRIPTION**

2.1 Objective of the report

01. This Semi-Annual Social Safeguards Monitoring Report for the Health System Enhancement Project of Sri Lanka covers the period from 1st January to 30th June 2021. The objective of the report is to provide an overview of the progress made in the implementation of the Social Safeguard activities during this reporting period. It provides information on social safeguards activities related DDRs, GAP implementation and social as well as safeguards issues raised during the design and construction periods, as needed as well as social impact mitigation measures adopted. It describes the project's performance in dealing with community consultation and stakeholders' participation and grievances received and redressed. Lessons learned and the recommendations for the implementation of safeguards component of the project during the next reporting period are summarized at the end of the report.

2.2 Project Description

02. The proposed project focuses on strengthening primary healthcare in four underserved provinces in Sri Lanka – Central, North Central, Uva and Sabaragamuwa. It pursues an equity perspective in planning and delivery of essential primary health services. It intends to further inform and operationalize government primary health care (PHC) reform initiatives to reduce bypassing of PHC facilities through the provision of comprehensive services, including non- communicable diseases, develop a referral system, and functionally integrate preventive and curative services. Furthermore, the project will target underserved communities' access to PHC, and address selected gaps in core public health surveillance in line with the international health regulations (IHR).

03. The project targets all nine districts in four provinces with a focus on geographically, socially, and economically-deprived populations. The total population of the project is approximately 7,000,000 which is 33% of the country population (20,300,000). Out of the total population in the targeted four provinces, approximately 10 % of the population are estate population and 6.5% is urban while the majority (83.5%) of the population live in rural areas. The total estate sector population in Sri Lanka is 895,815. The proposed ADB financed project area encompasses 700,000 (78%) of the total estate population of which a significant number of centers service this population.

04. Projects and programs financed by ADB need to comply with ADB's safeguard policies as detailed in the Safeguards Policy Statement (SPS) of 2009. Therefore, sub-projects and Components eligible for funding under this project will be required to satisfy the ADB's safeguard policies, in addition to conformity with environmental legislation of the Government of Sri Lanka.

03. PROJECT OBJECTIVE AND EXPECTED OUTCOMES

05. The overarching objective is to improve efficiency, equity, and responsiveness of the health system.

3.1 - Project outputs:

Output 1. Primary Health Care strengthened especially in lagging areas – four target provinces (Uva, Sabaragamuwa, Central, and North Central)

a. Curative: infrastructure and equipment support for primary medical health centers (PMCUs) and district hospitals (DHs).
b. Preventive: outreach and mobility support to 'medical officers of health' areas (vehicles, renovation of field centers).
c. Public awareness and behavior change focusing on primary health care (PHC) demand and utilization.
d. Management Innovation Fund. In the form of block grants to districts to support innovations in management, organization, and efficiency improvements (support for related central stewardship and technical support included under output 3).

06. This output supports the development of curative PHC facilities (this includes DHs and PMCUs). The priority health facilities were identified by a two-stage objective analysis using the vulnerability index and the GIS tool in consultation with the MOHNIM and the four provinces. In stage one, the vulnerability index was used to identify the vulnerable population in the target provinces and the GIS tool linked the nearest PHC to the vulnerable populations. Based on this calculation, the priority list of PMCUs and DHs that require development was identified. At stage 2, in discussion with the provinces, the respective districts, and the MOHNIM, two additional criteria, (i) facility without basic services - water, electricity, sanitation services (ii) any facility that needed development based on local knowledge and needs were considered to finalize the neediest 15 PMCUs and DHs per district (total 15*9=135) that will be developed under the project.

Output 2. Health and Surveillance Capacity strengthened

a. Health information technology for continuity of care and improved disease surveillance (review and support for interoperable health facility-level electronic reporting on patient information and disease surveillance).
b. Surveillance equipment at points-of-entry and for Epidemiology Unit; and possible support for infrastructure renovation for inbound migrant health assessment.

Output 3. Policy Development and Project Management Support - technical advisory, operational policies and guidelines for PHC (e.g. Essential Service Package, human resources for PHC); project management support

Guide lines introduced by health authorities to be followed in construction sites were strictly followed by the contractors during monitoring period of this report. This situation was observed by the social safeguard expert in his visits to construction sites during January to July 2021.

04. INSTITUTIONAL FRAMEWORK FOR PROJECT PLANNING AND IMPLEMENTATION

07. National steering committee has been set up for policy level guidance for the project and to deal with ADB. Ministry of Health and Indigenous Medicine is the project executing agency and it has established Project Management Unit with adequate and experienced staff to persons to facilitate and direct the project implementation in 4 provinces. Project Implementation Units (PIUs) have been established in each province for project planning and implementation. The PIU is directed by Project Coordination Committee headed by Chief Secretary of each provincial Cu8cial.

The Project Executing agency has hired a group of individual consultants to provide professional support for the PMU. Sub-project design preparation and construction supervision are carried out by a separate consultancy team hired.

05. SCOPE AND PRESENT PROGRESS OF CIVIL WORKS

08. Civil work under the program have focused mainly on expanding facilities within the Outpatient's Department (OPD) in Primary Medical Care Units (PMCUs) and Divisional Hospitals, if necessary, typically adding between 1,000 to 2,000 sq. feet to the existing building footprint within the same premises depending on the institution's requirements. Upgrades to OPDs will typically include new consultation rooms, dressing rooms, and expanding patient waiting areas, addition/renovation of emergency treatment units (ETU), laboratories, dispensary, drug stores, staff rest rooms and toilets. Some work could also include minor renovations such as tiling of floors and walls, electrical re-wiring and lighting, plumbing and repair to toilets and septic systems, fixing ceilings and roofing, new furniture, lighting, fixtures and other fittings.

09. Rehabilitation work of substantial number of sub-projects under round 1 have been completed during this period (January to June 2021) as agreed and this was mainly due to effective monitoring of the construction supervision team and the PIU . Some issues for delays such as variations of the cost due to some design changes and COVID 19 imposed health risk. The subprojects identified in round 2 are in the process of Design preparation. The data on construction progress of the round 1 sub-projects including details of social safeguard related issues if any caused for the delays are shown in table 1.

Table 1 - Progress of construction and social issues if any under round 1 subproject by 30.06.2021

Province	Number of subprojects completed	Number of subprojects uncompleted	Social issues if any
Central	5	9	No – Subproject on Dolosbage could not be started due to unsuitability of the land identified for subproject implementation. The original scope of work has been changed and work related to changed design will be attended by the contractor.
Sabaragamuwa	4	-	No
Uva	9	1	No
North Central	5	4	No

Source: PIUs in 4 provinces

The data on progress of design completion of subprojects identified in 4 provinces is also presented in table 2.

Table 2- Progress of Design preparation on round 2 sub-projects by 30.06.2021

Province	Number of subprojects design completed	Number of subprojects not design completed	Social issues if any on land acquisition and any other issues concerned to stakeholders
Central	14 All sub-projects	-	None
Sabaragamuwa	4 fully completed, 6 in progress, Total 10 sub-projects	-	None
Uva	**Round 2, phase 1;** 8 designs completed and construction in progress. Design completed and civil	-	A land block has been identified at Batalayaya as an alternative subproject to Wewagama DH, located in land side

	works temporarily suspended due to selection of this hospital selection of OPD building at DHB Medagama as COVID treatment center. **Round 2, phase 2;** 5 designs completed and procumbent process started. 5 designs and BOQs completed, In 1 hospital only design completed		prone area
North Central Province	16	5	None

Source: PIUs in 4 provinces

06. SCOPE OF IMPACTS AND IMPACTS OBSERVED DURING REPORTED PERIOD

10. Most physical work associated with project confined within the existing government-owned lands and avoided involuntary resettlement impacts (land acquisition and physical or economic displacement of people).

11. The projects output one consists of refurbishment and renovation of PMCUs and DHs which do not have any significant adverse social impacts. The land identified for locating these facilities are belong to respective institution without acquiring private lands. The social safeguard expert observed some problems of renovating Wewegama DH due to land slide issues in its premises. Therefore, a land block in Batalayaya was selected as an alternative subproject for improvement under the HSEP. The originally prepared design in Dolosbage hospital in Central province could not be started due to unsuitability of the land. This subproject will be implemented with change scope of work in near future.

12. It has been found that no additional land is required for the project. It is confirmed that there is no any land acquisition or structural damages or livelihood disturbances due to the implementation of this project. It is also confirmed that there is no presence of Indigenous people in this project area. Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project has been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period, January to June 2021.

13. The Social safeguard expert of the project visited 15 subprojects mentioned below during reporting period. According to his observations there were no serious social safeguard related issues observed except Uyanwatta PMCU in Sabaragamuwa province. In response to this social issue social safeguard expert prepared a case study highlighting the issues related to the Uyanwatta PMCU. Summarized details of Uyanwatta and other subprojects visited are shown below. Further specific details of observations in sub-projects visited during reporting period are shown in Annex 1

6.1 - Observations of the sociologist

14. The social safeguard expert visited 5 Sub-projects in Monaragala during 12-1-2021 to 13-1-2021. Summary of the observations in each subproject are mentioned in table 3

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Table 3– Summary of Social safeguard observation in Monaragala sub projects

Date	Names of the sub-projects	Observations
12-1-2021	Kotiyagala PMCU in Monaragala District. (sub-project under stage 2 round 2)	There will be no Involuntary Resettlement issues (Negative impacts on land and livelihood activities of people). The details of the design may be further explain to the hospital staff.
12-1-2021	Buddama PMCU in Monaragala District (sub-project under stage 2 round 2)	There will be no Involuntary Resettlement issues (Negative impacts on land and livelihood activities of people). The details of the design may be further explain to the hospital staff.
12-1-2021	Bakinigahawela PMCU in Monaragala District (sub-project under stage 2 round 2)	There will be no Involuntary Resettlement issues (Negative impacts on land and livelihood activities of people). The details of the design may be further explain to the hospital staff.
13-1-2021	Devatura PMCU in Monaragala District (sub-project under stage 2 round 2)	There will be no Involuntary Resettlement

		issues (Negative impacts on land and livelihood activities of people). The details of the design may be further explain to the hospital staff.
13-1-2021	Occumpitiya DH in Monaragala District (sub-project under stage 2 round 2)	There will be no Involuntary Resettlement issues (Negative impacts on land and livelihood activities of people). The details of the design may be further explain to the hospital staff At present some rehabilitation activities are in progress under Government funds in other parts of the hospital. There will be no duplication of works by these two projects.

Source: observations of the Social safeguard experts of the project

15. Rapid surveys were also carried out in 5 hospitals of Matale and another 5 in Kegalle during April 2021. Summary of the observations made in these field visits are mentioned in table 4:

Table 4 - Summary of Social safeguard observation in Matale & Kegalle sub projects

Date	Name of the sub-project	Observations
9-4-2021	Paldeniya PMCU- Matale	The construction of new building is in progress, The interviewed stakeholder representatives are satisfied with new building and its designed components. No significant issues were observed as problems to be attended.
9-4-2021	Kalundawe PMCU-Matale	Kalundawe PMCU has been running in a Midwife's quarters belongs to MOH. All the stakeholders interviewed (hospital staff and patient) highly appreciated the new building being constructed for the PMCU which is at present operating in a small house with various constraints. There were no any other issues to be addressed from the social safeguard point of view.
9-4-2021	Seegiriya District hospital -Matale	New building is being constructed. This will address most of the problems due to inadequate space. The access from existing buildings to the new building is not included in the sub-project design. This has to be improved with funding from the provincial health ministry resources.
9-4-	Galewela DH-	Existing dental clinic building is being improved to use for OPD and other

2021	Matale	clinical facilities. The dental treatment facility center will be shifted to other suitable place in existing buildings. Some small rehabilitation work has also proposed with other donor funding such as Bikku Ward with possible funding from Dambulla Temple etc. The hospital staff appreciate the improvement work under the ADB funded project but they are also interested to get few other areas such as improvement to MLT Lab, New facility for X ray, and establishment of Mini-theater for minor surgeries etc. Improved under funding from the provincial Government.
10-4-2021	Madawela Ulpotha PMCU-Matale	Inadequate space is the most difficult constraint faced by this PMCU and this problem will be satisfactorily resolved by the proposed sub-project as expected by the Hospital staff. The hospital staff are struggling a lot to manage the ongoing services to be delivered with extremely poor infrastructure facilities in the present buildings. No issues to be attended from the social safeguard point of view were observed during the visit.
20-4-2021	Uyanwatta PMCU- Kegalle	This PMCU was proposed as one of the sub-projects to be improved under Round 1 but civil work could not be initiated due to some ownerships issues of the land block. This problem was analyzed and a report was prepared to ADB for their information to commence civil work. It can be assumed that sub-project can be started in near future.
21-4-2021	Hewadiwela PMCU-Kegalle	New building for the PMCU is being constructed in a government Land plot used for sport activities by villagers. Villagers were the group requested to expand the existing PMCU to improve its infrastructure facilities to enhance the services. A community Base Organization (CBO) in Hewadiwela has made significant attempts at getting this sub-project approved to this area.
21-4-2021	Bolagama PMCU-Kegalle	Inadequate space is the main problem in the existing building. Almost all the inadequacies have been addressed by the new sub-project being implemented. Lack of furniture will be issues in the new buildings with adequate furniture and such needs may be submitted to the relevant authorities of the Health Department in Kegalle. There were no issues observed related to social safeguard.
21-4-2021	Aranayaka DH-Kegalle	A new building with large space has been constructed. According to the hospital staff lot of facilities can be established in this new building. Aranayaka DH is one of the hospitals established in Kegalle district during British administration period. Most of the buildings existing are dilapidated and badly in need of rehabilitation for future use. The Health staff of the hospital appreciate the ADB funded project's interventions. Further the MO in charge of Aranayaka hospital is of the opinion that needs for rehabilitation of existing dilapidated infrastructure facilities to be taken up with the Health Authorities of Kegalle District.

Source: observations of the Social safeguard experts of the project

Note: Divisional hospital of Dolosbage in central province had faced some issues to implement originally prepared design related civil works due to unsuitability of the land. In response to this issue new scope has been proposed and few activities of civil works such as rehabilitation of staff quarters and some wards will be commenced in near future.

6.2 - The information reported by M&E officers of PIUs in 4 provinces

16. The M&E officers attached to 4 PIUs kept on monitoring the progress of implementation work in all the sub-projects under round 1 and round 2. They have continuously observed the issues related to construction and design preparation including social and environmental issues. Except 1 subproject in Monaragala (Wewegama), 1 in Kegalle (Uyanwatte) and one in Central Province (Dolosbage) Social safeguard related issues were not reported from any of other subprojects. A new land block in Bathalayaya in Monaragala of Uva province was selected as an alternative subproject to address the environmental issue reported from Wewegama Hospital in Uva-Paranagama DSD. High possibility of land slides in Land of Wewegama hospital was observed. Issues related to land ownership was observed in Uyanwatta PMCU in Kegalle of Sabaragamuwe Province and such issues will be resolved by the Health Authority in Kegalle. The ADB and the HSEP planners are keen to implement Designed improvements of Uyanwatta PMCU. Dolosbage subproject was delayed due to unsuitability of the land and therefore, scope of work originally planned has been changed, the project will be implemented based on new scope of work. The information documented by the M&E officers of each province is shown in Annex 2.

07. COMPENSATION AND REHABILITATION

17. The overall project is categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples as per ADB Safeguard Policy Statement. As on date, considering the subprojects including civil works taken up, there is no land acquisition or resettlement involved in the project so far. However, the project would report if it encounters any cases of rehabilitation / resettlement in future.

18. Since all rehabilitation and reconstruction works are carried out at existing premises, (i.e. no land acquisition is involved) there is no involuntary resettlement involved in the project. Hence, no compensation or allowances has been required to be provided.

08. PROJECT DISCLOSURE, PUBLIC PARTICIPATION AND CONSULTATION

19. As per ADB approved RF and IPPF, Due Diligence Reports (Social Safeguards) were prepared for each sub project and approved by ADB. The DDR confirmed that each sub project falls under "Category C" for both involuntary resettlement and indigenous people safeguards. During the reporting period (January –July 2021) there has been no resettlement impacts and impacts to Indigenous people (annex 2- Reports sent by M&E officers of each province).

20. All project details including list of PMCUs, DHs and Field Health Care Centers, Initial Poverty and Social Analysis and Social Safeguard and Environmental assessments are available to the public on ADB website and HSHP website www.hsep.lk.

21. Consistent with National Involuntary Resettlement Policy (NIRP) and ADB's Safeguard Policy Statement (2009) (SPS), meaningful consultations were organized. The project hired a social safeguard expert in July 2020. He is involved in visiting sub-projects depending on the possibility in the crucial situation of the country due to COVID 19 pandemic. Design preparation and construction supervisory consultants and Medical Doctors of some hospitals aware of the role of social safe guard component of the project during planning and construction stage. The Social safe guard expert also participate progress review meetings held by PMU and used them as opportunity to provide social safe guard aspects of the project to the key actors of the project including Deputy Project Directors in each province.

09. IMPLEMENTATION OF GENDER ACTION PLAN

22. The project has been classified effective gender mainstreaming (EGM) as the p r o j e c t outputs are designed to advance both women's and men's access to health services and infrastructure which in turn would contribute to mainstreaming gender equality. Some interventions include gender responsive construction features (separate toilets, private examination and changing rooms); gender responsive and inclusive essential service package; sex-disaggregated data in health information systems; and trainings for medical officers and PHC staff on gender sensitivity, gender related policies, and intervention.

23. PMU has appointed Monitoring and Evaluation Consultant to carry out a study to collect data for performance assessment of hospitals. The M&E consultant is collecting sex disaggregated data to assess the gender related impacts. the design team of the project has taken action to include separate female toilets and suitable access facilities for the disable people visiting the improved hospitals under the project.

24. The Gender Specialist has been appointed to implement GAP. This consultant is in the process of analyzing the gender related issues that are being addressed under the project.

10. GRIEVANCE REDRESS MECHANISM (GRM)

25. The project established a grievance redress mechanism that is available and accessible to the community, officials from the government and non-government organizations and all citizens directly or indirectly affected or influenced by the project interventions. In addition, a grievance redress mechanism (GRM) is required for addressing grievances related to environment and social issues related to the project. A well-defined and managed grievance redress process is benefitting the project implementing teams as well as the communities directly and indirectly influenced or affected by the project. It helps to address minor disputes before they are elevated to formal dispute resolution methods by complainants including to the legal system, mediation bodies or members of parliament. Some issues emerged in Wewagama sub-project in Monaragala, Dolosbage in Central Province and Uyanwatte in Kegalle were successfully resolved at the PMU and PIU level during this reporting period.

26. An effective ADB approved project-specific three tier Grievance Redress Mechanism (GRM) is in place for timely and sensible hearings and facilitate solutions. The key staff of PMU and the PIUs in each province is well aware of the Grievance redress mechanism to be followed. The Grievance Redress Mechanism of the Project is also disclosed on project website www.hsep.lk. The list of grievances recorded and attended is provided regularly in the quarterly progress reports. There were no serious grievances at time of the reporting except above mentioned three cases in Wewagama DH in Monaragala, Dolosbage DH in Cerntral Province and Uyanwatta PMCU in Kegalle.

27. A Grievance Redress Mechanism (GRM) is established in each PIU to receive, evaluate, and facilitate resolution of the user group's concerns, complaints, and grievances on the social and environmental performance of the project. The Grievance Redress Committee (GRC) is also established with membership of required key staff of the project and other stakeholders. If any complaint is received, the GRC will meet fortnightly and can invite others to participate in its discussions as appropriate to the case. The PIU representative will serve as convener and will advise subproject residents of this modality.

28. A complainant can register grievances in the 'grievance register book' maintained in each of the Sub Project Offices (SPO) of the Design and Supervision Consultancy team. The register will document (i) date of grievance registered, (ii) name/address of complainant, and (iii) nature of grievance. The GRC will prepare a written assessment that describes the complaint and confirms whether the grievance is genuine/valid. A response on the matter will be provided to the complainant within a fortnight by the PIU.

29. There has been no serious grievance related issues received by the Grievance redress committees or the staff of PMU, PIU or any responsible staff of the project during 1st of January to 30th of June 2021, except the issues cropped in Wewagama Hospital in Monaragala, Uyanwatte in Kegalle and Dolosbage in Kandy. This observation is substantiated by the information provided by the M&E officers of each PIU.

11. IMPLEMENTATION OF FUNCTIONS OF PMCUs

30. The PMU and PIUs have taken necessary actions to continue all health services to the public without any interruption to PMCUs functions during the project period. Nevertheless, some disturbances to the existing functions in OPD areas were observed during the visits of social safeguard expert to 15 sub-projects during January and April 2021. These disturbances were experienced by both hospital staff and the patients visiting for treatments. The hospital staffs have made alternative arrangements to optimize the use of available area within the hospital premises to minimize these disturbances to the users of the available spaces in the hospital. However, these temporary disturbances are tolerated by the users and the hospital staff due to the expected benefits from the sub-projects being implemented.

12. INSTITUTIONAL ARRANGEMENTS AND TRAINING

31. PMU and PIU with the involvement of consultants such as social safeguard expert, gender expert and RDC are responsible to monitor implementation of social safeguard requirements (SSR) under the project. ADB has provided general training for PMU and PIUs staff implementation of social safeguard requirements. The social safeguard specialist and gender expert are involved in implementation and monitoring of SSR and GAP providing more guidelines and training for project staff. The formal training program planned to be conducted got delayed due to prevailing COVID 19. However, the social safe guard expert used the opportunity of his visits to sub-projects to provide social safe guard related information to the Design and construction supervisory staff, contractors and hospital staff. These are informal interventions and therefore, formal awareness program will be held in immediate near future as soon as country becomes normal with the withdrawal of currently imposed travel restrictions.

12.1 - COMPLY WITH STANDARD ADB SAFEGUARDS IN REHABILITATION AND CONSTRUCTION

32. Outreach to contractor and laborers:
    a. Each PIU with the guidance of PMU and other consultants such as gender experts have conducted training for PIU staff contractors and hospital staff to address and avoid or minimize public nuances and other inconvenience during construction period of the project.

    b. Awareness and implementation of occupational health and safety guidelines and practices, for example, use of hard hats and protective gear. Under the supervision of consultants and M&E officers regularly visit and monitor construction safeguard and Environment safeguard. During the field visits in January and April 2021 the Social safeguard expert found workers in construction sites follow typical construction related safety measures and also additional health measures recommended to prevent from COVID 19.

    c. Child labor: the SPS employs a zero-tolerance policy for child labor, as such, it is imperative that all sub-contractors (formal and informal) comply with this edict. Sri Lankan labor law supports this caveat.

    d. Fair wages for men and women: The contractors in each sub project maintain worker register for both formal and contract staff. According to the informal discussion of the social safeguard expert with men and women workers in construction site, they both receive similar wages. Even though there are no documents to prove gender buyers remuneration related dis-remunerations are not observed.

12.2 - MEASURES TAKEN FOR THE CONTAINMENT OF COVID -19 SPREADING THE PROJECT SITES

33. According to the guidelines provided by ADB, PMU has onducted special awareness programs for monitor construction sites and workers. Special monitoring formats developed and monitoring has been conducted by PIUs. All PIUs have taken responsibilities for make sure contractors precaution action related to COVID 19

34. Summary of the recording and monitoring the procedures adopted by the contractors during 2020 to ensure health and safety to prevent spreading of COVID-19 is mentioned in table 5. Similar monitoring program with relevant to actions was carried out during 1st 6 months of 2021 with regard to measures to be taken for mitigating COVID-19 related possible implications. Further, lessons learned during 2020 were effectively used for planning and implementation of an enhanced program during 2021. The social safeguard expert observed same guidelines were being followed in construction sites he visited in January and April 2021.

Table 5- Procedures adopted by the contractors and action taken with regard to COVID 19

Procedures adopted by the contractors	Action taken
1. What activities were considered when reopening the sites? a. Reopening of sites and mobilizing the workers b. Awareness creation, routine, and regular health/ hygienic practices c. Emergency preparedness	a. Clean the site before the work commenced. Face masks provided, maintain register for workers and instruct to maintain social distance and sanitization. Instructed to bring meals from home and to eat without sharing. b. Provide posters included safety measures. Aware and conduct regular site meetings. Briefing before work begins, Posters and make facilities to listen to Radios during working hours to learn about information related to COVID. c. A senior worker has been appointed in each site as office r in charge in taking action in an emergency situation of the construction site.

2.What precautions have been taken so that workers are not at a risk to expose/infect the virus Note: workers at a site near a hospital are more vulnerable to be infected	Strictly advised to be apart from entering the ward or visiting near patients and had no issues as all are well aware after the curfew period.
3.List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease	Conduct personal surveillance of workers and strictly maintained a practice of one meter distance between workers in the construction site.
4. List out the measures adopted at site to record the health condition of workers upon reporting to work and their where about and specific activities they had got involved during the lock down period.	At the briefing time Supervisors have been inquired about the health of the family members whether they had fever, cough what so ever and checked the temperature- maintained. Record book has been maintained to record down if any changes felt or told
List out the measures that would be adopted to monitor the health condition of the worker force. Note that workers/ staff with following conditions should not be allowed to the site. a. Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath b. Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days c. Those who are quarantined for COVID-19 d. If sick person reports for work, he/she is sent back home immediately e. Wearing masks has been imposed as a compulsory condition for the workers.	a. Not reported and supervisor has been not allowed even to the morning briefing b. Not reported c. Not reported d. Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site	Visitors have been restricted (Register Book) to enter the sites. Boards have been displayed including visitors cannot enter, if they need to come in, they have to contact the supervisor over the phone and if the supervisor is satisfied, he or she can enter with same precautions.
7. Include measures taken to provide required PPE to workers, measures taken to enforce them to wear them at site and measures used to dispose the used items such as face masks	Workers must dump the face mask to the separated dust bin in front of the work supervisor that he had placed it at the right bin to dispose.
7. Include measures taken to provide required PPE to workers, measures taken to enforce them to wear them at site and measures used to dispose the used items such as face masks	Workers must dump the face mask to the separated dust bin in front of the work supervisor that he had placed it at the right bin to dispose.
8. List out the routine and regular measures that would be adopted at sites to maintain the health, hygiene and safety of the workforce including office staff (including social distancing where possible)	Social distancing at work, having meal and accommodation advised.
9. List on how awareness programmers shall be conducted for the workforce on spread and containment of COVID 19. On good health and hygienic practices and for workers who return home the precautionary measures they should be taking. Consider in maintaining physical distance when conducting awareness programmers and meetings.	Site supervisor remind preventive measures in every site meeting

10. Provide information on how accommodations, kitchens, meal rooms, labor billets shall be improved to restrain any possibility of contamination	Accommodations are temporarily closed at the sites and most of the workers travel from their home. Temporary accommodations have been re arranged under supervision of site supervisor
11. Include procedures that would be adopted in case an infected persons/ suspected case is found at site	Proposed procedures - Inform PDHS and to the contractor to take immediate action to send the effected person to quarantine and to set others to be in self-quarantine till the PCR test are done repeatedly to ensure that they are totally cured.
12. Has the Contractor or site supervisor consulted the Medical Officer of the healthcare facility (of the sub-project) before reopening, and what were the opinion/advice obtained? Contact the medical officer and record his/her opinion on site organization and health & safety plans to prevent COVID-19, and safeguard general health of the workers.	No formal discussions with Medical Officers or other related officers, sites are opened according to the general information made to the general public and the other institutions. None of the subproject in 4 provinces was not identified as COVID affected construction site.

Source: PMU, PIU, contractors, social and environmental safeguard expert

The social safeguarded expert also observed the covenants introduced as per legal agreements to be followed in construction sites. The details of covenants and states of compliance of the contractors and other parties of the project are shown in table 6

12.3 - Social Safeguard Covenant

The social safeguarded expert also observed the covenants introduced as per legal agreements to be followed in construction sites. The details of covenants and states of compliance of the contractors and other parties of the project are shown in table 6

Table 6 - covenants - as per legal agreements

No.	Shed	Para No.	Description	Remarks/Issues
Loan 3727	4	5	Involuntary Resettlement and Indigenous Peoples The Borrower through the Project Executing Agency shall ensure that the Project does not have any indigenous peoples or involuntary resettlement impacts, all within the meaning of ADB's Safeguard Policy Statement (2009). In the event that the Project does have any such impact, the Borrower shall take all steps required to ensure that the Project complies with The applicable laws and regulations of the Borrower and with ADB's Safeguard Policy Statement.	Complying Any location which requires land acquisition and involuntary resettlement is not considered under the project to build facilities. No resettlements and Plans are required and follow the ADB s safeguard Policies.
Loan 3727	4	6	Human and Financial Resources to Implement Safeguards Requirements The Borrower shall make available or cause the Project Executing Agency to make available necessary budgetary and human resources to fully implement the respective EMP.	Complying
Loan 3727	4	7	Safeguards – Related Provisions in Bidding Documents and Works Contracts	Complying

			The Borrower through the Project Executing Agency shall ensure that all bidding documents and contracts for Works contain provisions that require contractors to: (a) comply with the measures and requirements relevant to the contractor set forth in the respective IEE and EMP (to the extent they concern impacts on affected people during construction), and any corrective or preventative actions set out in a Safeguards Monitoring Report;	Safeguard monitoring carried out and GRCs established IEE and EMP are attached to the civil works bid documents for implementation by constrictors
Loan 3727	4	7	(b) make available a budget for all such environmental and social measures; and	Complying
Loan 3727	4	7	(c) provide the Borrower with a written notice of any unanticipated environmental, resettlement or indigenous peoples risks or impacts that arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP.	Complying EMP is being implemented by contractors and monitored by PMU and PIUs. No resettlement or IP impact is found during the construction in 2021 first six months
Loan 3727	4	8	Safeguards Monitoring and Reporting The Borrower through the Project Executing Agency shall do the following: (a) submit semi-annual Safeguards Monitoring Reports to ADB and disclose relevant information from such reports to affected persons promptly upon submission;	First six months 2021 report
Loan 3727	4	8	(b) if any unanticipated environmental and/or social risks and impacts arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP, promptly inform ADB of the occurrence of such risks or impacts, with detailed description of the event and proposed corrective action plan; and	Complying Action taken for issues will be informed to ADB
Loan 3727	4	8	(c) Report any actual or potential breach of compliance with the measures and requirements set forth in the respective EMP promptly after becoming aware of the breach.	Complying
Loan 3727	4	9	Prohibited List of Investments The Borrower through the Project Executing Agency shall ensure that no proceeds of the Loan or Grant are used to finance any activity included in the list of prohibited investment activities provided in Appendix 5 of the SPS.	Complying
Loan 3727	4	10	Labor Standards, Health and Safety The Borrower through the Project Executing Agency shall ensure that the core labor standards and the Borrower's applicable laws and regulations are complied with during Project implementation. The Borrower shall include specific provisions in the bidding documents and contracts financed by ADB under the Project requiring that the contractors,	Complying Contractor responsible for Laws and regulations for labor standard

			among other things: (a) comply with the Borrower's applicable labor law and regulations and incorporate applicable workplace occupational safety norms; (b) do not use child labor; (c) do not discriminate workers in respect of employment and occupation; (d) do not use forced labor; (e) allow freedom of association and effectively recognize the right to collective bargaining; and (f) disseminate, or engage appropriate service providers to disseminate, information on the risks of sexually transmitted diseases, including HIV/AIDS, to the employees of contractors engaged under the Project and to members of the local communities surrounding the Project area, particularly women.	HIV/AIDS awareness programs was conducted by PIU within first quarter 2020.
Loan 3727	4	11	The Borrower shall strictly monitor compliance with the requirements set forth in paragraph 10 above and provide ADB with regular reports.	Complying Any labor issue will be included in the QPRs
Loan 3727	4	12	Gender and Development The Borrower shall ensure that (a) the GAP is implemented in accordance with its terms; (b) the bidding documents and contracts include relevant provisions for contractors to comply with the measures set forth in the GAP; (c) adequate resources are allocated for implementation of the GAP; (d) progress on implementation of the GAP, including progress toward achieving key gender outcome and output targets, are regularly monitored and reported to ADB; and (e) key gender outcome and output targets include the following:	Complying Gender Specialist will be recruited for implementation and monitoring of GAP, and was appointed in February 2020

13. CONCLUSION AND RECOMMENDATIONS

35. It has been found that no additional land is required for most of the subprojects. The land identified for locating all facilities are belong to respective institutions without acquiring private lands except the subproject in Uyanwatta of Kegalle district. The land identified for Uyanwatta subproject was a private property donated to the regional health department in Kegalle. At present some issues related to land ownership has immerge and there being attempted at seeking solutions. Except this case there were no resettlement impacts or temporary disruption of livelihood of any household or group of community in the project area during design and construction periods were observed. Hence, it can be concluded that the project activities conducted during the reporting period does not have any involuntary resettlement issues. Nevertheless, Sub-project, Uyanwatte PMCU in Kegalle got delayed in awarding contract due to some legal issues of the land. This issue has been identified in a study conducted by Social safeguard expert and action will be taken by the provincial health Authorities to clear the land from its legal issues. The Uyanwatte sub-project in Kegalle will be implemented after clearance of the land related issue.

36. Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project have been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period in first six Months in 2021. Therefore, the report not found significant reasons for changing categorizing of the project.

37. PMU and PIUs provide details of necessary building requirements to contractors to meet ADB Social Safeguard guidelines to avoid issues. Since small contractors are carrying out most of civil works. Further, PMU and PIUs will provide an awareness program for contractors on ADB social safeguard requirements.

14. ACTIVITIES PLANNED UNDER SOCIAL SAFEGUARD COMPONENT OF THE PROJECT

38. The activities social safeguard experts plans to attend during second 6 months of 2021 are summarized in table 7

Table 7 – Activities planned in the 2nd 6 months of 2021

Activity	Details	Time plan
Social safe guard awareness program	Formal training session will be conducted in each province with the participation of PIU relevant staff, Key actors of contractors, Representatives of Design preparation and construction supervisory staff, Medical doctors of sub-projects under round 2	From August 2021 to October 2021(intermittent inputs)
Preparation of DDR for subprojects under round 2	Each subproject will be studied to prepare DDR	Preparation of DDR will be continued from August 2021
Sample studies/case studies with subprojects already completed in each province under round 1	This study will focus on lessons to be learned on social safe guard and other social impacts for replication in other subprojects within HSEP and else where	This was done in first six months of 2021 but it will be further continue from August 2021
Preparation of ADB and client required reports	Quarterly, bi-annual and annual reports and final report on the HSEP	At the time of requirement

Annex 1- Detailed observation of field visits during January to June 2021

Table 8- Observations in subprojects visited during in January 2021 – Monaragala district

Name of subproject	Socio economic features	Need addressed by subprojects	Issues observed
Kotiyagala PMCU (Round 2: stage 2)	Located in 124H Kotiyagala GND, of Siyambalaanduwa DSD, the people in Wattegama, Karakolapitiya, Kotiyagala, Biloya, Pahantarawa people this area used to visit this hospital for treatment. Most of them are farmers involved in rain fed cultivation during Maha season. Therefore, majority of these beneficiaries of this hospital area categorized as poor and economically vulnerable community. The nearest hospital for this group other than Kotiyagala is at Athumalai. They have transport difficulties to visit hospitals such as Athumalai, Siyambalaanduwa and Monaragala. This hospital is reach by about 100 persons' average for various treatments in OPD. Human elephant problem is a serious issue for free mobility of these poor farmers.	The design for the subproject has been prepared and shown to the hospital staff for their comments. Hospital staffs are of the opinion that proposed designed will addressed most of the existing problems in the PMCU. The existing problems include lack of space, dilapidated toilet systems, lack of facilities for medical doctors and rest of the staff, non-availability for space for dental treatment and storing drugs. Non availability of good quality drinking water	Hospital staff did not raise any social safeguard issues, but they prefer if water related problems are solved. It was observed there is flexibility in the design for separation of large area in the new building for different purposes according to the desires of the hospital staff. Non-availability of regular service of medical officers has been serious issue in this hospital for a long period of time.
Buddama PMCU Monaragala	This is located in Siyambala anduwa DSD. The people from Meeyagala, Ambagaspitiya, Ritigahawatta, Ketagoda, Kuppebedda, Kirawanaberaliya and Gowindapura vistis these hospital for treatment. These people have to visit Siyambalaaanduw hospital if the facilities are poor in this PMCU. At least 200 people	Lack of space for deliveing better services if the main constrain. There are no conducive infrastructures inside the existing building for clinics. No ETU facilities, no place for dental treatment. There is no specific place for drug storage. Medical officer has quarters for residential facility but other staffs do not have. They also travel	Most of the existing problems will be addressed by the proposed designed but heir worried about good drinking water facilities and also a separate pantry for at least to prepare tea for the staff and ambulance with a garage.

	per day visit this PMCU for treatment. Most of the community members coming for treatment are farmers.	from faraway places with difficulties. Toilet system is badly dilapidated.	
Bakinigaha wela PMCU - Monaragala	The existing building is located in a small land block that has significant limitation for expansion. Some limited extension is possible in the backyard of the existing building and therefore, proposed subprojects will be confined to the backyard of the premises. Drinking water facilities is available.	The hospital staff could not be contacted during these visits but few community members in the vicinity informed the existing difficulties mainly due to inadequate space for OPD, holding clinics and other facilities such as adequate space for medical officer, other staff and also some place for their resting requirements.	The design team has understood this difficulty due limited space in the land block, expansion will be carried out in the backyard but there may be need to remove a stone in that bear land area. However, need for the improvement is whittle to enhance the services to the neighboring community mainly depending on agriculture.
Devathura PMCU - Monaragala	This hospital located in Devathura GND of Badalkumbura DSD. The beneficiary's area mainly farmers residing in GNDs such as Devathura, Bibilegama and few other GNDs. About 8 to 900 patients reach the hospital in some days for treatment for OPD and attained clinics. There mainly agricultural community. Transport is the most difficult to reach the hospital. In this case community in the area are much interest to get hospital to avoid next hospital located about 8 to 10km away from their residences (Namunukula hospital) Hingurukaduwa district hospital is located in 15km distance from Devathura. Wellawaya main hospital is also 40km away from	Existing building is in limited land plot (66 perch). Therefore, proposed designed is confined to small land plot. Inadequate facilities for OPD related activities will be addressed by the proposed project. Water for the hospital is taken from community water supply project. The hospital staff are happy about the proposed expansion that will address the main problems related to inadequate space. Even after the implementation of proposed subproject dilapidated doctors' quarters and lack of even a small pantry for preparing tea for the staff will remain and medical staff intend to take up these issues with the provincial health authority	

	Devathura. Significant number of Tamil community also benefit from this proposed subproject. This Tamil community involve in tea plantation activities in the vicinity.		
Occampitiya divisional hospital	This divisional is located in Buttala in Monaragala district. Most of the beneficiaries' communities are farmers and labouers in gem mining. Beneficiary people living interior areas are having serious transport difficulties. Considerable number of people from outside of Occampitiya involved in illegal gem mining also visits the hospital even in odd times. A larger area in Buttala DS covers in this hospital for treatment some of the GNDs located in this large area include Galatemmennawa, Neardella, Mahagodayaya, Gaminipura, Gonaketiya, Suduwaturawa, Pahalagama, Buruthapolla, Urulugoda and Malikawila. Some of the facilities such as ETU dental clinic have been rehabilitated two years ago.	Even though few facilities have been recently rehabilitated. This hospital needs improvements to addressed the problems due to inadequate facility in OPD area, consultation rooms, ETU, area for clinics and some wards (at present ETU and two wards have been proposed for rehabilitation under provincial funds. Rest of the needs will be addressed by the proposed ADB funded subprojects.	Issues related to social safeguard were not observed. The medical staff interviewed pointed out even after implementation of ADB funded project the issues such as water treatment, space for keeping available generator, repairs of Medical Officer and other quarters will remain. They also pointed out residential facilities for nurses and other health workers are critical needs due to travelling in risk roads with human, elephant's conflicts.

Table 9 - persons consulted – Monaragala District

Subproject	Persons consulted
Kotiyagala PMCU in Monaragala	K M Madara Chrishanti – Dispenser PH: 0783760391
	K M Sunitha Kumari – health service assistant PH: 0787645814
	K A Saudiga – farmer in Kotiyagala
	M D Jayasena – farmer in Kotiyagala
	Dr Samitha Lakshman – Medical Officer.
	M A Premalatha – temporary health service labourer
Buddama PMCU Monaragala	Aravind Batuwanthudawa – Medical officer,
	A. A. Lakmali Amarasooriya – Dispenser
	P. M. Damayanthi – development officer
	I A G A Attanayake – Driver
	G M Chamila Priyadarshanie – labourer
	P M I Pushpakumara - Labourer
	S P Priyantha - labourer
Devathura PMCU - Monaragala	Dr. Mrs. G B S Dayaratna Medical Officer
	D M A P Jayasundra - Dispenser
	R M S M Ratnayake – storekeeper
	R D Tennakoon – minor staff
Occampitiya divisional hospital	Dr. Nandasiri – Medical Officer
	S.G.A. Pushpasiri – nursing in charge
	R M Nilupa Kumari – health assistant.

Table 10 - Observations in subprojects visited during in April 2021 – Matale district

Name of subproject	Socio economic features	Need addressed by subprojects	Issues observed
Paldeniya PMCU	This PMCU is located in Pallepola DSDs. Rural community living in Mahawela , Paldeniya and Polwatta GNDs visit this hospital. Most of the beneficiaries are agricultural community involved in plantation work.	The subproject is in progress and it will be addressed most of the existing issues of the PMCU. New design includes ETU, Minor laboratory, drug store, consultation rooms for Medical officers, improved toilets system for patients and doctors. Separate place for dressing and clinics. Water for the hospital is provided by the Pradesiya Saba, but quality of water is not goods and hospital staff get drink water from outside for mixing of medicines and for drinking purposes of the staff	Significant issues on social safeguard were not observed. Access to improve the PMCU is a significant problem. The hospital staff interested to take this issue to the Pradesiya saba. They also need to take the drinking water issues with same institution. In overall ongoing subproject has introduced significant infrastructures facilities to enhance the service of the PMCU.
Kalundewa PMCU	Kalundewa PMCU is located in Dambulla DSD. The nearest hospital to is Dambulla base hospital. According to the medical staff, farmers even from Dambulla visit this hospital mainly due to comfortable and flexible access to hospital and its staff. In this context it is expected increase of patient treated per day from 15 to 20 up to 70 per day. The number of patients during land preparation period of paddy lands are extremely low but it gets increase significantly just	Quarters belongs to midwife of MOH is used as PMCU at present. Therefore, it has extremely poor facilities to function as medical treatment center. Both medical staff and patients have difficulties during treatment time due to congested area. at present other facilities such as ETU for emergency use, facility for nebulization if need, waiting area and all other treatment area are confine to one location. In most of the time patients are completed to	Most of the present difficulties in PMCU will address by the proposed subprojects. The medical staffs are after opinion that the human resources of the center should be significant increase to enhance the services in improved hospital.

	after that preparations.	wait outside the building and they have difficulties during rainy days. Other essential facilities such as drug stores, dressing area are not available.	
Sigiriya Divisional Hospital	This is fairly large hospital with multiple buildings established for different services at least 150 patients get treatment from OPD. The hospital also has facilities for residential treatment. The hospital is located in tourist area but majority of beneficiary community members are famers.	Inadequate OPD non availability of laboratory facilities, dilapidated and poor sanitary system, inadequate facilities for medical staff, lack of space for drugs store, ETU has space related issues are the present problems in the hospital. These problems will get satisfactory addressed by the proposed designed of subprojects.	Medical staff proposed access facilities to improve between its ETU and main building. Apart from improving the buildings for the hospital medical staff suggested to improve their residential quarter and also to construct additional quarters for medical officers.
Galewela Divisional Hospital	This is one of the moderate the large divisional hospital in Dambulla area. It covers about 5 DSDs in Central province for treatment. According to the medical staff at least 300 patients come to OPD and other 250 come for clinic. In an average day about 20 indoor patients are observed. These patients are coming from larger catchment including Galewela, Ibbagamuwa, Kekirawa, Dammbulla and Pallepola. Hospital has five different wards. And fairly large medical staff but inadequate for enhance service	The main activity under the ADB funded project is rehabilitation of existing dental treatment center. The functions of dental treatment will be transferred to another building in the main hospital area. The new building used for expanded outdoor patient treatment and holding different clinics.	After improvements under the proposed subproject, human resources also to be increase to provide enhance services. The medical staff also highlighted some other needs to be addressed in the hospital with funding facilities from other sources. These needs include establishment of x-ray facilities, installation of a generator and mini operational theater.
Madawala Ulpotha PMCU	Even though this is a primary health care center average 150 patient come for treatment in OPD. Another about 80 patients	The present main problem is inadequate space. The present buildings are seriously dilapidated. There are no facilities such as drug	The medical staffs are satisfied with the proposed designed they after view that service can enhance significantly

	for clinics. Two clinics are held per week. People from large catchment use to come for this hospital for it are easy access and environment. Most of these patients are rural farmers from DSDs such as Matale, Yatawara and Pallepola	stores, holding clinics with safety and inadequate waiting area for the patients. The medical doctors had proposed complete demolition of existing buildings but only renovation has been approved under the subproject. But renovated building with modification will have most of the facilities.	

Table 11 - Persons consulted 2021 – Matale district

Subproject	Persons consulted
Paldeniya PMCU	Dr. Namal Edirisinghe – Medical Officer
	M Sandun Stanley - Worker
	H P A P Abeyratna - Dispenser
	M Dahapala - farmer
Kalundewa PMCU	Dr. Manoj Galgamuwa – Medical Officer
Sigiriya Divisional Hospital	Dr. Mrs Nilukshi – Medical Officer
	Mr. Nishantha – Nursing officer
Galewela Divisional Hospital	I G Rupasinghe – nursing oficer
	S M Premaratna – In charge of minor staff
	Dr. W. J. Ratnayake - DMO
Madawala Ulpotha PMCU	Dr. R M K Ratnayake – R M O
	Dr Imali Walpola – Medical officer

Table 12 - Observations on Kegalle District during April 2021

Name of subproject	Socio economic features	Need addressed by subprojects	Issues observed
Uyanwatta PMCU	Rural community with multi ethnic groups, mobility in the interior area is difficult due to narrow and dilapidated road system. Most of the community members are rural farmers depending on minor export corps.	Improvement to OPD, establishment of ETU and construction of proper sanitary toilet system.	This sub project was suggested for improvement under round 1 but due to some problems with the legal ownership of the land civil works could not be commenced.
Hewadhiwela PMCU - Kegalle	This PMCU is located in Rabukkana DSD. The rural community in GNDs such as Siyambalagamuwa, Kudagama, Alugolla, Deliwela, Meepagoda, visits for treatment. The existing building of the hospital has been constructed in community sport ground but the users of the ground themselves have requested the subproject for improving existing facilities. Most of the community members visiting are farmers. The visitors find serious access difficulties due to non-availability of public bus service up to the hospital. Therefore, beneficiary visitors are compelling to travel in mainly 3wheelers.	The existing building has serious space related difficulties. The work in OPD could not be performed effectively due to this problem. The facilities such as ETU, drugs store, space for holding clinics and reasonable sanitary toilet system were not available. The new building which has been completed now has enough space to establish these facilities at reasonable level. The new building for the hospital will be open in near future.	The hospital staff and the leaders of community base hospital of Hewadhiwela are much satisfied with the new building constructed. The hospital staff expect provincial level health authorities to consider increasing human resources in the hospital for enhanced services in the new building. Issues related to social safeguard were not observed during construction phase of the new building.
Bolagama PMCU - Kegalle	This PMCU is located in Rambukkana DSD. The rural community from GNDs such as Kiriwandeniya, Bolagama, Meemana, Kiulpana, Muwapitiya, Ratnampitiya, Pinnawela, Kotagama visit the PMCU for treatment, mainly in OPD and clinics. About 60 to 100 patients visit the hospital for treatment in OPD. The hospital is located	Most of the issues related to inadequate space have been addressed by the new subproject. The hospital staff have flexibility to use the larger area constructed as OPD depending on their service requirements. The new sanitary latrine with	Issues related to social safeguard were not observed during the construction period. Nevertheless, hospital staff are of the view that health authority in the province should provide equipment to the new building to use for enhance services.

	in a place it can be easily access through public bus service. Water supply was the main problem in the existing hospital. The PMCU is significant mainly for the poor rural community because if this service is not available, they have to visit other hospital which are more than 7km away from this PMCU (Rambukkana, Mawanella and Kegalle)	facilities for male, female and disable are appreciated by the hospital staff. The room indicated in the designing as ETU may be used as dressing room according to the hospital staff. The most significant problem solved by the subproject is drinking water provided through tube well.	
Aranayake Divisional Hospital – Kegalle	Aranayake Divisional Hospital is one of the ancient hospitals in the country constructed during British period. This hospital is located in a large land block in extent of 4acres. The hospital provides routing services to large number of patients, for example 400 per day in OPD, about 200 per day in each clinic, 16 clinics are held in a month. Atleast 40 patient get admitted day for in-house treatment.	The HSEP under its need assessment of each cluster a new building for the hospital has been built. The hospital staff appreciate the additional infrastructure added to the hospital. Some of the activities presently performing in existing buildings can be shifted to the new building. Almost all the existing buildings are presently dilapidated even though they are being used. For example, all the wards, kitchen, staff quarters are in need of immediate rehabilitation. Water supply to the hospital is not in good condition for drinking. There is no facility for sustainable waste disposal.	But hospital staff need to get other dilapidated buildings repaired with the possible support from provincial health authority in Sabaragamuwa province
Minuwaragama PMCU -	Minuwaragama PMCU located in Kegalle DSD. It is	The main problem of existing building is	There were no serious social safeguard issues

Kegalle	about 6km from Kegalle township. The nearest private care unit of Minuwaragama is Wakirigala, it is about 8km away from this PMCU. The existing PMCU is a building previously used as village court during British period. Therefore, it has serious drawbacks to be used as medical treatment center. Even though it is being used	inadequate space to be used as OPD and holding clinics. The building is also seriously dilapidating at present it has no proper sanitary latrine system, no place to keep drugs safely. Cats and rats both getting to the inside of the building during night. The staff of the hospital are much happy about the intervention under the health sector project to shift existing PMCU to the new building. New building would address most of the problems and experience at present.	immerge during the construction. The staff are of the opinion that they have to do internal separation within OPD area of new building to create essential facilities such as place of dining, rest rooms and a place to prepare tea for the staff with the consultation of PIU staff in Sabaragamuwa province.

Table 13 - Persons consulted 2021 – Kegalle district

Name of the hospital	Persons consulted
Hewadhiwela PMCU - Kegalle	Dr. Champa Dilrukshi Jayathilake - MO
	Bogika Ariyabandu – Midwife
Bolagama PMCU - Kegalle	MO, Midwife and Health worker
Aranayake Divisional Hospital – Kegalle	DMO and all other MOs,
	nursing development Officer
	few health assistants
Minuwaragama PMCU - Kegalle	Mr Athula Kemaratna – RMO
	G D Ranjith – contractor of the new building.
	6 persons visited for treatment

Annex 2- Information provided by M&E officers in each PIU

Province: Central

Table 14 - Social Issues emerged in hospitals/health care centers under round 1

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
KANDY DISTRICT			
Hataraliyadda DH	Completed	No	
Madulkele DH	Not Completed	No	
Dholosbage DH	Not Completed	YES	Originally planned activities were not possible due to unsuitability of the land. New scope of work has been identified and planned to be implemented in near future.
Galaha DH	Completed	No	
Deltota DH	Completed	No	
NUWARAELIYA DISTRICT			
Kotagala DH	Not Completed	No	
Laxapana DH	Completed		
Nanuoya PMCU	Not Completed		
Pundaluoya PMCU	Completed		
MATALE DISTRICT			
Kimbissa DHC	Not Completed	No	
Kalundawa PMCU	Not Completed		
Madawalaupatha PMCU	Not Completed		
Galewela DHB	Not Completed		
Paldeniya PMCU	Not Completed		

Table 15 - Social Issues emerged in hospitals/health care centers under round 2

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
KANDY DISTRICT	**Pending ADB Concurrence (Not yet award contracts)**		
Kolongoda DHC			
Morayaya DHC			
Ambagahapelessa DHC			
Hasalaka DHB			
Kurunduwatta DHC			
NUWARAELIYA DISTRICT			
Hanguranketha, DHC			
Gonapitiya DHC			
Mandaramnuwara DHC			
Agarapatana DHC			
MATALE DISTRICT			
Madipola DHC			
Nalanda DHC			
Gurubebila PMCU			
Leliambe DHC			
Elkaduwa PMCU			

Province: North Central Province

Table 16 - Social Issues emerged in hospitals/health care centers under round 1

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
Ellawewa:PMCU	Completed	No	
Sevanapitiya:PMCU	Completed	No	
Damminna:PMCU	Not Completed	No	
Ambagaswewa:PMCU	Completed	No	
Horowpathana:DHC	Not Completed	No	
Galenbindunuwa:DHB	Completed	No	
Negampaha:DHC	Not Completed	No	
Konwewa:PMCU	Not Completed	No	
Tittagonawa:PMCU	Completed	No	

Table 17 - Social Issues emerged in hospitals/health care centers under round 2

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project - Yes/no	If yes type of issues
Polonnaruwa District			
Sinhapura	Completed	No	
Madagama	Completed	No	
Parakrama Samudraya	Completed	No	
Wijepura	Completed	No	
Bakamoona	Completed	No	
Aselapura	Completed	No	
Weheragala	Completed	No	
Attanakadawala	Completed	No	
Mannampitiya	Completed	No	
Jayanthipura	Completed	No	
Aralaganwila	Completed	No	
Anuradhapura District			
Ethakada	Completed	No	
Katiyawa	Completed	No	
Labunoruwa	Completed	No	
Andiyagala	Completed	No	
Mahasenpura	Completed	No	
Habarana	Not Completed	No	
Wahalkada	Not Completed	No	
Mahawilachchiya	Not Completed	No	
Ratmalgahawewa	Not Completed	No	
Poonewa	Not Completed	No	

Province: Sabaragamuwa (Kegalle)

Table 18 - Social Issues emerged in hospitals/health care centers under round 1

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
Bolagama	Completed	No	
Hewadiwela	Completed	No	
Aranayaka	Completed	No	
Minuwangamuwa	Completed	No	

Table 19 - Social Issues emerged in hospitals/health care centers under round 2

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
Karandupona	Completed	No	
Basnagala	Completed	No	
Pothdenikanda	Completed	No	
Hinguralakanda	Completed	No	
Bulathkohupitiya	In Progress	No	
Dothaloya	In Progress	No	
Daraniyagala	In Progress	No	
Mahapallegama	In Progress	No	
Undugoda	In Progress	No	
Algama	In Progress	No	

Province: Uva

Table 20 - Social Issues emerged in hospitals/health care centers under round 1

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
Construction/Renovation of OPD Building at DH Meegahakiula	Completed	No	
Construction/Renovation of OPD Building at DH Ettampitiya	Completed	No	
Construction/Renovation of OPD Building at DH Haldummulla	Completed	No	
Construction/Renovation of OPD Building at DH Kandaketiya	Completed	No	
Construction/Renovation of OPD Building at DH Koslanda	Completed	No	
Construction/Renovation of OPD Building at PMCU Dombagahawela	Completed	No	
Construction/Renovation of OPD Building at PMCU Daliva	In Progress	No	
Construction/Renovation of OPD Building at DH Dambagalla	Completed	No	
Construction/Renovation of OPD Building at DH Thanamalwila	Completed	No	
Construction/Renovation of OPD Building at PMCU Hambegamuwa	Completed	No	

Table 21- Social Issues emerged in hospitals/health care centers under round 2

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
Round 2 Phase 1 Contracts			
Construction/Renovation of OPD Building at DHB Uvaparanagama	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Haputale	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Metigahathenna	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Lunugala	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at PMCU Kotagama	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at PMCU Nannapurawa	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Medagama	Designs completed and works Temporarily stopped because of this hospital selected as Covid 19 treatment center	No	
Construction/Renovation of OPD Building at DHC Pitakumbura	Designs completed and constructions ongoing	No	
Construction/Renovation of OPD Building at PMCU Rathmalgahaella	Designs completed and constructions ongoing.	No	
Round 2 Phase 2 Contracts			
Bakinigahawela – PMCU	Designs completed and Procurement process ongoing.	No	
Okkampitiya – DHC	Designs completed and Procurement process ongoing	No	
Buddama – PMCU	Designs completed	No	

	and Procurement process ongoing		
Kotiyagala – PMCU	Designs completed and Procurement process ongoing	No	
Dewathura - PMCU	Designs completed and Procurement process ongoing	No	
Kirklis DHC	Designs and BOQs completed	No	
Uraniya DHC	Designs and BOQs completed	No	
Galauda – DHC	Designs and BOQs completed	No	
Spring Valley – DHC	Designs and BOQs completed	No	
New land selected for construction of PMCU as an alternative to Wewagama DH	Designs completed	No (Batalayaya new land)	New land in Bathalaya is being considered for construction of PMCU instead of DH Wewegama which is located in land slide prone area
Udaveriya DHC	Designs and BOQs completed	No	