SEMI ANNUAL SOCIAL SAFEGUARDS MONITORING REPORT

Health System Enhancement Project (HSEP)

Project Number: SRI 51107 - 002
ADB Loan and Grant Numbers – Loan - 3727 and Grant – 0618

Health System Enhancement Project – Additional Financing (HSEP-AF)
Project Number: SRI 51107 -003
ADB Loan and Grant Numbers – Loan - 4121 and Grant - 9222

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 SAFEGUARDS MONITORING REPORT

July - December 2021

HEALTH SYSTEM ENHANCEMENT PROJECT (HSEP)

Project Management Unit
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ABBREVIATIONS

ADB	Asian Development Bank
AF	Additional Financing
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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1 EXECUTIVE SUMMARY

1. This Semi-Annual Social Safeguards Monitoring for Health System Enhancement Project (HSEP) of Sri Lanka covers the period from July to December 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. All construction is being progress without any interruption to current operation of the health facilities. Hence, it can be concluded that the project activities conducted during the reporting period does not have any involuntary resettlement issues.

2. 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.

3. 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.

4. During the reporting period the social safeguard expert visited subprojects 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 1,2 and subprojects included in additional financing.

2 BACKGROUND OF THE REPORT AND PROJECT DESCRIPTION

2.1 Objective of the report

5. This Semi-Annual Social Safeguards Monitoring Report for the Health System Enhancement Project of Sri Lanka covers the period from 1st July to 31st December 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

6. 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).

7. 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.

8. Vulnerable population groups in the selected districts were identified using the vulnerability mapping of Grama Niladhari (lowest administrative division) divisions by the Department of Census and Statistics based on data from the last census in 2012. The non-income poverty variables used for this are: (i) percentage of the places with basic facilities more than 5 km away from the GN division; (ii) percentage of households which used kerosene and other sources of non-electricity for lighting; (iii) percentage of low quality households; (iv) percentage of households using unprotected water sources; and (v) percentage of houses with low quality sanitation facilities. The vulnerable population within the four provinces is estimated to be 2,300,000.

9. 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

10. 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.

3 PROJECT OBJECTIVE AND EXPECTED OUTCOMES

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

Project outputs:

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

- Curative: infrastructure and equipment support for primary medical health centers (PMCUs) and district hospitals (DHs).
- Preventive: outreach and mobility support to 'medical officers of health' areas (vehicles, renovation of field centers).
- Public awareness and behavior change focusing on primary health care (PHC) demand and utilization.
- 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).

12. This output supports the development of curative PHC facilities (this includes B H s [1], 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 MoH 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 MoH, 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)[2] that will be developed under the project.

Output 2. Health information technology, disease surveillance capacity and COVID-19 response strengthened

- 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).
- 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

13. 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 July to December 2021.

[1] Under the additional financing 9 BHs will be renovated and refurbished.
[2] Round 1- 43 facilities and round 2 – 50 facilities under loan 3727 and 42 facilities under loan 4121.

4 INSTITUTIONAL FRAMEWORK FOR PROJECT PLANNING AND IMPLEMENTATION

14. 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 Council.

15. 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.

5 SCOPE AND PRESENT PROGRESS OF CIVIL WORKS

16. 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.

17. Rehabilitation work of 33 sub-projects under round 1 have been completed during this period 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 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-project including details of social safeguard related issues if any caused for the delays are shown below.

Table 1 Progress of construction and social issues if any under round 1 subproject by 31.12.2021(Loan 3727)

Province	Number of subprojects completed	Number of subprojects uncompleted	Social issues if any
Central	9 (Round 1)	5	No
Sabaragamuwa	7(Round 1)	5	No
Uva	10(Round 1)	10	No
North Central	7(Round 1)	10	No

Table 2 Progress of construction and social issues if **any under additional financing subproject by 31.12.2021 (Loan 4121)**

Province	Number of subprojects completed	Number of subprojects uncompleted	Social issues if any
Central	-	13	No
Sabaragamuwa	-	10	No
Uva	-	10	No
North Central	-	9	No

18. All projects under additional financing are in procurement and design stagers.

Table 3 Progress of design preparations and procurement in round 2 sub-projects by 31.12.2021

Province	Progress of the procurement and design the facilities	Number of subprojects not design completed	Social issues if any on land acquisition and any other issues concerned to stakeholders
Central	17 designs completed and 15 in bid evaluation stage	-	None
Sabaragamuwa	10 designs completed and 2 contracts awarded.	-	None
Uva	10 designs completed and 9 contracts awarded.	-	A land block has been identified at Batalayaya as an alternative subproject to Wewagama DH, located in land slide prone area
North Central Province	11 designs completed and 8 contracts awarded	-	None

6 SCOPE OF IMPACTS AND IMPACTS OBSERVED DURING REPORTED PERIOD

19. All construction activities associated with project are in and within the lands belong to the Government. Therefore, no any land acquisition and or involuntary resettlements involved in the Project.

20. 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. However the land area where Wewegama DH is situated identified as a vulnerable area for landslides by NBRO. Therefore, it was decided to shift the DH to a land which belongs to the Government in Batalayaya. Dolosbage in Kandy district also has the same issue and therefore scope has been changed with approval of the Provincial Coordination Committee. Construction not been started yet and awaiting PPC approval for the variation to start the construction.

21. 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.

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

22. 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) and 1 in Kegalle (Uyanwatte) Social safeguard related issues were not reported from any of other subprojects. Issues related to land ownership was observed in Uyanwatta PMCU in Kegalle of Sabaragamuwe Province and issue is not been resolved yet due to recognition of the land ownership.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. The information documented by the M&E officers of each province is shown in ***Annex 2.***

7 COMPENSATION AND REHABILITATION

23. 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.

24. 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.

8 PROJECT DISCLOSURE, PUBLIC PARTICIPATION AND CONSULTATION

25. 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 (July to December 2021) there have been no resettlement impacts and impacts to Indigenous people (annex 2- Reports sent by M&E officers of each province).

26. 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.

27. 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. After the contract period Project has appointed new consultant which will be initiate the work first week of February 2022. He will be 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.

9 IMPLEMENTATION OF GENDER ACTION PLAN

28. 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.

29. 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.

30. 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)

31. 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. Social safeguard issues not being reported during the reporting period.

32. 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 Uyanwata issue.

33. 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.

34. 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.

35. There have 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 reporting period. Except the issues cropped in Uyanwatte in Kegalle and Dolosbage in Kandy. Those issue are still in not been resolved completely. This observation is substantiated by the information provided by the M&E officers of each PIU.

11 IMPLEMENTATION OF FUNCTIONS OF PMCUs

36. 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 sub-projects during July to December 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

37. PMU and PIU with the involvement of consultants such as social safeguard expert, gender expert and designing and supervision firm 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. A Social Safeguard specialist was appointed in 11th August 2020. Another expert on gender was also appointed in October 2020 for 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 within the first quarter of 2022.

13 COMPLY WITH STANDARD ADB SAFEGUARDS IN REHABILITATION AND CONSTRUCTION

38. 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 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.

Construction site at Deliwa and Matigahatenne

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.

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

39. According to the guidelines provided by ADB, PMU has been conducted 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.

40. 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 below. Similar monitoring program with relevant actions will be carried out in future with regard to measures to be taken for mitigating covid related possible implications. Further, lessons learned during 2020 will be effectively used for planning and implementation of an enhanced program. The social safeguard expert observed same guidelines are being followed in construction sites he visited in 2021.

41. Procedures which were conducted during the last six months have been continue for the reporting period.

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. c. A senior worker has been appointed in each site as office 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. Facilities which were using as a covid 19 treatment centers have been not started works until proper handed over done by relevant authorities.
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.

Procedures adopted by the contractors	Action taken
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
5. 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.
8. 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.
9. 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.

Procedures adopted by the contractors	Action taken
10. 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
11. 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
12. 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.
13. 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

15 CONCLUSION AND RECOMMENDATIONS

42. It has been found that no additional land is required for the project. The land identified for locating all facilities are belong to respective institutions 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. Nevertheless, Sub-project, Uyanwatte PMCU in Kegalle got delayed in awarding contract due to some legal issues of the land. These issues have 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.

43. 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 2nd six Months in 2021. Therefore, the report not found significant reasons for changing categorizing of the project.

44. 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

Annexure 1 Social Safeguard Covenant

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
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

No.	Shed	Para No.	Description	Remarks/Issues
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 submitted before 20th July 2021 Second six-month report will be submitted before 31st
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	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	PIU advised to conduct HIV/AIDS awareness programmes for workers.
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

No.	Shed	Para No.	Description	Remarks/Issues
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	Complying Gender Specialist will be recruited for implementation and monitoring of GAP, and was appointed in February 2020

Annexure 2 Information provided by M&E officers in each PIU

Province: Central

Social Issues emerged in hospitals/health care centers under round 1 (Loan 3727)

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. Awaiting PPC approval to start the construction
Galaha DH	Completed	No	
Deltota DH	Completed	No	
NUWARAELIYA DISTRICT			
Kotagala DH	Completed	No	
Laxapana DH	Completed		
Nanuoya PMCU	Completed		
Pundaluoya PMCU	Completed		
MATALE DISTRICT			
Kimbissa DHC	Not Completed	No	
Kalundawa PMCU	Not Completed		
Madawalaupatha PMCU	Completed		
Galewela DHB	Completed		
Paldeniya PMCU	Not Completed		

Social Issues emerged in hospitals/health care centers under round 2 (Loan 3727)

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	Bids are under evaluation		
Kolongoda DHC			
Morayaya DHC			
Ambagahapelessa DHC			
Hasalaka DHB			
Kurunduwatta DHC			
NUWARAELIYA DISTRICT			
Hanguranketha, DHC			
Gonapitiya DHC			
Mandaramnuwara DHC			
Agarapatana DHC			

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
MATALE DISTRICT			
Madipola DHC			
Nalanda DHC			
Gurubebila PMCU			
Leliambe DHC			
Elkaduwa PMCU			

Province: North Central Province

Social Issues emerged in hospitals/health care centers under round 1 (Loan 3727)

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	Completed	No	
Ambagaswewa:PMCU	Completed	No	
Horowpathana:DHC	Not Completed	No	
Galenbindunuwa:DHB	Completed	No	
Negampaha:DHC	Completed	No	
Konwewa:PMCU	Not Completed	No	
Tittagonawa:PMCU	Completed	No	

Social Issues emerged in hospitals/health care centers under round 2 (Loan 3727)

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	Construction in progress	No	
Madagama	Construction in progress	No	
Parakrama Samudraya	Construction in progress	No	
Wijepura	Construction in progress	No	
Aselapura	Completed	No	
Aralaganwila	Completed	No	
Social Issues emerged in hospitals/health care centers under additional financing (Loan 4121)			
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**
Bakamoona	Completed	No	
Weheragala	Completed	No	
Attanakadawala	Completed	No	
Mannampitiya	Completed	No	
Jayanthipura	Completed	No	
Social Issues emerged in hospitals/health care centers under additional financing (Loan 3727)			
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**

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
Anuradhapura District			
Ethakada	Construction in progress	No	
Katiyawa	Construction in progress	No	
Labunoruwa		No	
Andiyagala	Construction in progress	No	
Mahasenpura	Construction in progress	No	
Habarana	Not Completed	No	
Social Issues emerged in hospitals/health care centers under additional financing (Loan 4121)			
Wahalkada	Completed	No	
Mahawilachchiya	Completed	No	
Ratmalgahawewa	Completed	No	
Poonewa	Completed	No	

rovince: Sabaragamuwa (Kegalle)

Social Issues emerged in hospitals/health care centers under round 1 (Loan 3727)

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	

Social Issues emerged in hospitals/health care centers under round 2 (Loan 3727)

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
Basnagala	Completed	No	
Pothdenikanda	Construction in progress	No	
Hinguralakanda	Construction in progress	No	
Social Issues emerged in hospitals/health care centers under round 2 (Loan 4121)			
Bulathkohupitiya	Completed	No	
Karandupona		No	
Dothaloya	Completed	No	
Daraniyagala	Completed	No	
Mahapallegama	Completed	No	
Undugoda	Completed	No	
Algama	Completed	No	

Province: Uva

Social Issues emerged in hospitals/health care centers under round 1 (Loan 3727)

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	Completed	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	

Social Issues emerged in hospitals/health care centers under round 2 (Loan 3727)

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	constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Haputale	constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Metigahathenna	constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Lunugala	constructions ongoing	No	
Construction/Renovation of OPD Building at PMCU Kotagama	constructions ongoing	No	

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
Construction/Renovation of OPD Building at PMCU Nannapurawa	constructions ongoing	No	
Construction/Renovation of OPD Building at DHB Medagama	Works temporarily stopped because of this hospital selected as Covid 19 treatment center and works restart on 20th September 2021.	No	
Construction/Renovation of OPD Building at DHC Pitakumbura	constructions ongoing	No	
Construction/Renovation of OPD Building at PMCU Rathmalgahaella	constructions ongoing.	No	
Social Issues emerged in hospitals/health care centers under round 2 (Loan 4121)			
Bakinigahawela – PMCU	Designs completed and Procurement process ongoing.	No	
Okkampitiya – DHC	Designs completed and Procurement process ongoing	No	
Buddama – PMCU	Designs completed and Procurement process ongoing	No	
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	
Bathalayaya PMCU	Designs completed	No	PMCU Bathalaya included instead of DH Wewegama which is located in land slide prone area
Udaveriya DHC	Designs and BOQs completed	No	