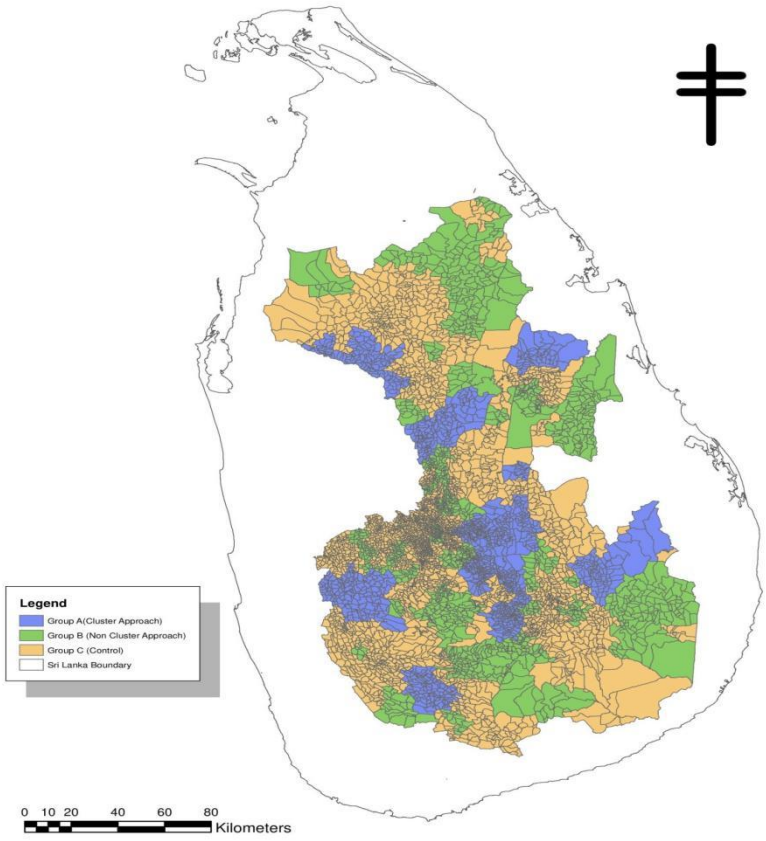
Government of Sri Lanka

Ministry of Health and indigenous Medicine



Semi-Annual Social Safeguards Monitoring Report

(for period ending 30.06.2024)

Health System Enhancement Project

ADB Loan Number: Loan SRI 3727, Grant SRI 0618, and Loan - L4121 and Grant - G922(AF)

Project Management Unit
3/19, Kynsey Road, Colombo 8, Sri Lanka

ABBREVIATIONS

ADB	:	Asian Development Bank
CSC	:	Construction Supervision Consultant
DOH	:	Department of Health
MOH	:	Ministry of Health
PIU	:	Project Implementation Unit
AF		Additional Finance
MoH		Ministry of Health
ADB		Asian Development Bank
AF		Additional Financing
AGD		Auditor General's Department
DMF		Design and monitoring framework
EMP		Environment management plan
DER		Department of External Resources
FHB		Family Health Bureau
FHC		Field health center
GOSL		Government of Sri Lanka
HCWM		Healthcare waste management
HPB		Health Promotion Bureau
HSEP		Health System Enhancement Project
MOH		Medical officer of health
MHNIM		Ministry of Health, Nutrition and Indigenous Medicine
MH		Ministry of Health
PCC		Project coordination committee
PCR		Project completion report
PMU		Project Management Unit
PIU		Project Implementation Unit
PDHS		Provincial Director Health Services

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1. EXECUTIVE SUMMARY

1. This document reports on the social safeguards compliance of the Health System Enhancement Project (HSEP). It covers the construction and operational phases of the Project from June to December 2022. The total value of the Project is USD 60 million comprising USD 37.5 million in concessionary loan, USD 12.5 million grant and USD 10 million as counterpart contribution from the Government of Sri Lanka . The project is delivered through a project investment modality and is effective from 05th February 2019 and will be closed on November 2023. The project will be implemented in all nine districts of Central, North Central, Uva and Sabaragamuwa Provinces.

2. The proposed project will improve efficiency, equity, and responsiveness of the primary health care (PHC) system based on the concept of providing universal health coverage and continuum of care to quality essential health services.

3. The project pursues an equity perspective in planning and delivering of essential primary health services. It expects to further inform and operational government PHC reform initiatives to reduce bypassing of PHC facilities by providing more comprehensive services, including for NCDs, develop a referral system, and functionally integrating 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).

4. The project is targeting all nine districts in four provinces of Central, North Central, Sabaragamuwa, and Uva with a special focus on the geographically, socially, and economically deprived populations. The beneficiary population of the project is approximately 7 million which is 33% of the Sri Lanka population (21 million) while the target population within the four provinces, is estimated to be approximately 2.4 million.

5. Resettlement Screening has been done for all sub projects and they have been categorized as category "C" for involuntary resettlement.

6. Impact on Indigenous People Screening has been done for all sub projects and they have also been categorized as category "C"

7. All the sub projects comply with the concerned laws and regulations of Sri Lanka.

8. Hence, it can be concluded that sub-projects of the Project do not have significant social safeguard issues. The sub projects have been categorized as 'C' as they do not have significant impacts based on the screening mentioned above.

9. Public consultations are carried out during planning and design stage and public issues are addressed during implementation to ensure that the any of stakeholders are not affected adversely on implementation of the sub projects.

10. GRM for the project is developed and approved by ADB and disclosed in project website. All the Grievances are attended by the Project Authorities.

11. No resettlement issues in the project to date. 2 grievances reported during the reporting period.

2. INTRODUCTION

A. Background of the Report:

12. The objective of the report is to provide an insight into the Compliance of social safeguard under the project and provide information on various safeguard issues (if any) and measures taken to solve them with the Asian Development Bank's (ADB's) Safeguards Policy Statement (SPS), 2009. This type of report is prepared semi-annually and disclosed on ADB's website as per the requirements of the loan agreement. Furthermore, this compliance report also fulfills ADB's SPS requirement on safeguards compliance audit for projects with existing facilities/activities when preparing the Original Financing and Additional Financing (AF) project.

B. Scope and Methodology

13. Land Acquisition Act provides compensation only for land, structures, and crops and provisions are not available to address key resettlement issues to mitigate or avoid impacts on people resulting from land acquisition. In addition, non-titled people and other dependents on land cannot be assisted under the LAA. To address the current gaps in the LAA in addressing the key resettlement issues such as exploring alternative project options that avoid or minimize impacts on people, the government of Sri Lanka (through the cabinet of Ministers) adopted the NIRP on the 24th May 2001. The NIRP also highlights the need for consultation of A P s and their participation in the resettlement process. The Central Environment Authority (CEA) was tasked to review and approve Resettlement Plans (RPs) prepared by project executing agencies. The plans also required to be publicly available.

- The grant agreement signed between GOSL and ADB
- The project administration manual (PAM),
- The Contract Agreements signed between the Contractors and the MoH
- The Safeguard Policy Statement (SPS) 2009,
- National Involuntary Resettlement Policy (NIRP)
- The Resettlement Framework and ADB SPS 2009
- Land Acquisition Act
- Land Development Ordinance (1935)
- State Land Ordinance No 8 of 1947
- Prescriptive Ordinance No 22 (1871)
- Other Acts and Laws related to Acquisition and Compensation
- National Environmental Act No 47 of 1980 (NEA)

C. Project Description:

14 The Project – Health System Enhancement Sector Project (HSEP) funded by the Asian Development Bank under Loan SRI 3727, Grant SRI 0618, and Loan - L4121 and Grant - G 922(AF) is being implemented by the Ministry of Health of the Government of Sri Lanka.

15. The Project is envisaged to improve the infrastructure services in selected four Provinces which are lagging in terms of overall development. Selected infrastructure in four Provinces of Sri Lanka including Central, North Central, Uva and Sabaragamuwa have been selected to be taken up for development of Infrastructure facilities under the Project. The various sub projects that would be taken up for implementation under this Project and other basic facilities, including building or enhancing health-care centers. Details of the subprojects that would be undertaken under the original and AF can be obtained from the Semi-Annual Environmental Monitoring Report submitted from July to December 2022.

16. The project will also support the institutional strengthening of the National, Provincial and District authorities for improved and sustainable health service delivery through a series of training process and the development of their working capacities.

17. The Ministry of Health is the Executing Agency of the Project and implements the Project by establishing a Project Management Unit (PMU) to oversee and coordinate the overall implementation of the Project. The PMU is headed by the Project Director with necessary staff. At Provincial Level the Project is coordinated by Project implementation Units (PIUs).

D. Scope of Impacts

18. The sub projects are very small which do not have any significant adverse social impacts. It must be noted that all the sub projects carried out by the project are conducted within government owned land therefore this helps in avoiding any need of land acquisition.

E. Compensation and resettlement

19. As on date, considering the sub projects taken up, there is no resettlement involved in the project. However, the project would report if it encounters any cases of rehabilitation / resettlement in the future.

20. The Entitlement Matrix based on the above policies provides a detailed description of specific compensation measures and assistance applicable to each category of AP. Unforeseen impacts will also be compensated in accordance with the principles. A detailed description of compensation measures and assistance is provided in the Entitlement Matrix. APs who settle in the affected areas after the cut-off date will not be eligible for compensation. However, they will be given sufficient advance notice prior to project construction.

F. Project disclosure, Public consultation and Participation

21. The project has followed a consultative process in deciding the sub projects and finalizing the designs of the project.

22. At the PPTA and further stages adequate consultations were held in finalization of the sub projects. The details of the consultation in the project identification stage were given in the previous report.

23. Public Consultations are once again held during the finalization of the design and comments considered in finalization of design. Public Consultations were continued during the Implementation stage too. However, no public consultation carried out during the reporting period due to the prevailing Fuel and economic crisis in the country.

24. All project information and details of the sub projects awards is informed in website of the project.

G. Grievance Redress Mechanism (GRM)

25.

I. GRIEVANCE REDRESS MECHANISM

1. A project-specific Grievance Redress Mechanism (GRM) will be established to receive and facilitate the resolution of APs' concerns, complaints, and grievances on social and environmental issues.

2. The Land Acquisition Act (LAA) provides a limited GRM where certain grievances of displaced persons relating to compensation can be referred to the Board of Review established under the LAA. The NIRP recommends the establishment of an internal monitoring system by project executing agencies to monitor the implementation of RPs in handling grievances. A person who does not agree with the decision of the Board of Appeal can go before the Supreme Court claiming higher amounts of compensation. The Appeal Board and the Supreme Court are located in Colombo, and may not effectively serve APs.

3. The multi-tiered GRM for the project is outlined below, each tier having time-bound schedules and with responsible persons identified to address grievances and consult appropriate persons at each stage. The objective of the GRM is to support genuine claimants to resolve their problems through mutual understanding and consensus building process with relevant parties. This is in addition to the available legal institutions for resolving issues. APs using the project GRM can choose to use legal systems at any point in the project GRM process.

4. Where an AP is not satisfied with the outcomes of the 3 tiers of the project GRM, the AP should make good faith efforts to resolve issues working with the the South Asia Regional Department through ADB's Sri Lanka Resident Mission. As a last resort, the AP can access ADB's Accountability Mechanism (ADB's Office of Special Project Facility or Office of Compliance Review). [1] The information on how to file a complaint can be found at www.adb.org/site/accountability-mechanism/main.

A. GRM Levels and Composition

5. The Proposed Grievance Redress Mechanism is implemented through three levels. Committees are formed by administrative directions of the Ministry of Health. Levels of GRM Committee

01	National-level GRC	Formed at HSEP this will function as an apex body of the GRM system, mainly to hear appeal cases coming from operational level GRCs, and to provide policy and regulatory support to operational level GRCs. 1. Project Director - Chairman - PMU 2. Member – (MoH) 3. Member – (MoH) 4. Member – (MoH) 5. Member (PIU- NCP) 6. Member (PIU- NCP) 7. Member (PIU - Sabaragamuwa) 8. Member (PIU - Sabaragamuwa) 9. Assistant Secretary, Department of Planning NCP – Member 10. Secretary MoH Uva – Member 11. Deputy Chief Secretary Sabaragamuwa – Member 12. Member (Legal Officer- MoH) 13. Member Country Coordinating Mechanism Sri Lanka) 14. Social Safeguard Specialist 15. Environment Specialist

02	Province-level GRC	North Central 1.DPD PIU -Chairman 2. District M&E Officer – Secretary. 3. RDHS - Anuradhapura – Member 4. RDHS – Polonnaruwa - Member 5. Officer Provincial Administration – Member 6. Treasurer, Kidney Protection and Prevention Society – Member Central 1. DPD PIU - Chairman 2.RDHS – Kandy -Member 3.RDHS – Nuwara Eliya -Member 4.RDHS – Matale - Member 5. Grama Niladari -Representative of the community 6.Director Engineering Service – Member Uva 1.DPD PIU - Chairman 2.RDHS – Badulla - Member 3.RDHS –Monaragala -Member 4.Medical Officer – Representative of community 5.Legal officer – Nominated by PC 6. Project Secretary – Social and environmental responsible officer Sabaragamuwa 1.DPD PIU - Chairman 2. Project Officer PIU- Secretary. 3.RDHS – Ratnapura -Member 4.RDHS – Kegalle -Member 5.Director Planning – Provincial Council - Member 6.Retired Provincial Director Education - Member

1. Composition of the National-level Grievance Redress Committee

6. The GRC will be based at the HSEP and chaired by the project director a designated. The serves as the apex body for the GRM. The Project Director will serve as the committee Secretary to the committee. The committee consists of:

- 1. Project Director - Chairman - PMU
- 2. Member – (MoH)
- 3. Member – (MoH)
- 4. Member – (MoH)
- 5. Member (PIU- NCP)
- 6. Member (PIU- NCP)
- 7. Member (PIU - Sabaragamuwa)
- 8. Member (PIU - Sabaragamuwa)
- 9. Assistant Secretary, Department of Planning NCP – Member
- 10. Secretary MoH Uva – Member
- 11. Deputy Chief Secretary Sabaragamuwa – Member
- 12. Member (Legal Officer- MoH)
- 13. Member Country Coordinating Mechanism Sri Lanka)
- 14. Social Safeguard Specialist
- 15. Environment Specialist

B. GRM Operations

7. GRM awareness is critical in resolving grievances in a timely manner. Awareness should be raised for stakeholders including the public, concerned government officials, concerned local authorities, contractors, civil society organizations. Awareness raising should include:

(i) GRC levels, purposes of the different levels and how they can be accessed for: e.g., construction-related grievances, grievances related to physical and economic displacement,
(ii) Types of grievances that cannot be resolved by the GRM,
(iii) Eligibility to access the GRM,
(iv) How complaints can be reported to the GRCs: to whom, e.g., phone, postal and email addresses, and websites of the GRCs as well as information that should be included in a complaint.
(v) Procedures and time frames for initiating and concluding the grievance redress process; boundaries and limits of GRM in handling grievances; and roles of different agencies such as project implementer and funding agency.
(vi) Any system to appeal against the decision of GRC.

8. Similarly, an effective awareness program should be arranged to inform the APs on the following:

(vii) Members of GRC and its location
(viii) Method of complaining or reporting the grievance
(ix) Taking part in the GRC meeting (if any companions of the complainant allowed)
(x) The steps of resolving process and timeline adopted in this mechanism
(xi) Needed documents and evidence to support of the complaint

9. A variety of methods can be adopted for communicating information to the relevant stakeholders. These methods could include display of posters in public places such as in government offices, project offices, community centers, hospitals and health clinics in the area.

10. Information should be presented in a simple brochure as a basic document on the GRM. A draft brochure is attached in Annex 6. A straight forward public leaflet giving exact information on GRM and GRCs with its scope and working arrangements—will help avoid misconceptions, over expectations and ambiguities on GRM and GRCs. However, public awareness requires continued information disclosure.

i. Grievance Redress Process

11. The project-specific GRM process for APs is shown.

Grievance Redress Process

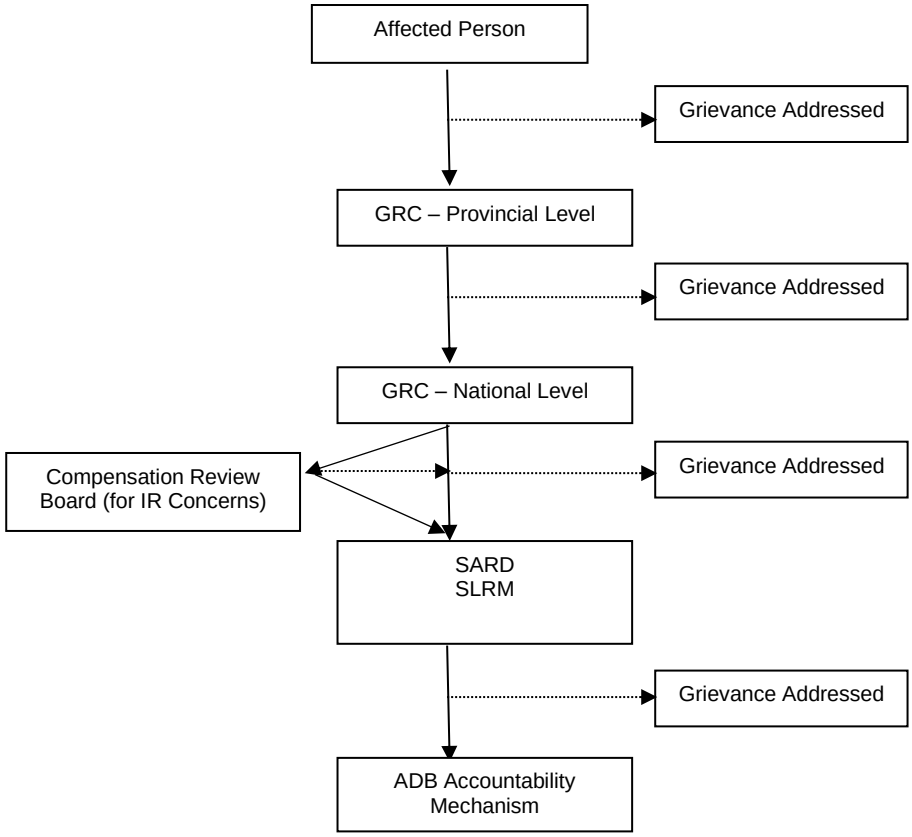

Figure 1: Grievance Redress Process

12. The GRM will not impede the APs decision to use the legal system at any time.

26. A project-specific Grievance Redress Mechanism (GRM) will be established to receive and facilitate the resolution of APs' concerns, complaints, and grievances on social and environmental issues A Grievance Redress Mechanism (GRM) has been prepared for the project and got cleared by ADB.

27. The Land Acquisition Act (LAA) provides a limited GRM where certain grievances of displaced persons relating to compensation can be referred to the Board of Review established under the LAA. The NIRP recommends the establishment of an internal monitoring system by project executing agencies to monitor the implementation of RPs in handling grievances. A person who does not agree with the decision of the Board of Appeal can go before the Supreme Court claiming higher amounts of compensation. The Appeal Board and the Supreme Court are located in Colombo, and may not effectively serve APs.

28. The multi-tiered GRM for the project is outlined below, each tier having time-bound schedules and with responsible persons identified to address grievances and consult appropriate persons at each stage. The objective of the GRM is to support genuine claimants to resolve their problems through mutual understanding and consensus building process with relevant parties. This is in addition to the available legal institutions for resolving issues. APs using the project GRM can choose to use legal systems at any point in the project GRM process.

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(xii) GRC levels, purposes of the different levels and how they can be accessed for: e.g., construction-related grievances, grievances related to physical and economic displacement,
(xiii) Types of grievances that cannot be resolved by the GRM,

(xiv) Eligibility to access the GRM,
(xv) How complaints can be reported to the GRCs: to whom, e.g., phone, postal and email addresses, and websites of the GRCs as well as information that should be included in a complaint.
(xvi) Procedures and time frames for initiating and concluding the grievance redress process; boundaries and limits of GRM in handling grievances; and roles of different agencies such as project implementer and funding agency.
(xvii) Any system to appeal against the decision of GRC.

In this period 2 grievances are recoding in Uva province and Sabaragamuwa province. In one of the cases, the grievance was a result of a fall which led to the death of a site worker.

Accident Information:
Accident - Two construction workers involved in the scaffolding erection of the below-mentioned site, fell from the scaffolding, and one worker passed away due to injuries sustained during the fall & another worker got injured.

Description of the Accident:
This is a two-story building. From 24/0 l /2024, construction of the steel roof frame was in progress. In the late evening hours of this day, these two laborers were fixing the scaffolding. While fixing the scaffolding both workers have come to a one steel catwalk plate. Suddenly it bent due to weight and due to the impact, the workers lost their balance and fallen to the ground. At the time of the accident, the guard rail had not been fixed which was the next planned work of the contractor. The head of one of the workers had fallen to the building side, had been hit on the side of the concrete staircase causing a major head injury. Both were hospitalized immediately, unfortunately, one of the workers passed away due to injuries. The other worker has got minor injuries.

Construction Site Information:
Construction: Construction of Additional Building to the Existing OPD Building of Spring Valley Divisional Hospital
Contractor: Manamperi Engineering (Pvt) Ltd
Details of the Supervision staff:
Construction Manager - Mr. Tharindu Wijesinghe (Part-time)
Technical Officer Civil - Mr. Malith Dilshan (Full time)
Supervisor Civil - Mr. Naveen Gunarathne (Full time)

Details of Personnel Dead/Injured:
Worker I – Fallen and Death
Name: Upasakage Rathnasiri
NIC: 19621540341
Address: No. 24/8, Delkada, Kurunduwatta Rd, Thudawa, Matara

Worker 2 - Injured
Name: E.M. Susantha Mahesh
NIC: 760962406V
Address: No. 50, Sri Saranapala Nahimi Mw, Hiththetiya East, Matara.

Interviewed personal
G. H. H Sanjeewa (Project Operations Manager)
E.M. Susantha Mahesh (Sub Contractor – Injured Person)
W. K Shamali (Death Person Wife)

Nature of Injuries:
Worker 1: The head of this worker had been damaged severely by hitting on the Concrete staircase. He was unconscious when seen.

Worker 2: He had sustained minor injuries as he had landed on the ground hence reducing the impact of the fall in comparison to the injuries sustained by Worker 1. He was hospitalized for four days. Thereafter he was sent to the site at Morayaya hospital.

Immediately Actions:
Immediately after the fall, other workers and supervisor have rushed to the site of the accident. They have kept the injured workers safely and informed the emergency service of the Spring Valley Hospital.
Medical treatments have been given immediately to both workers at the Spring Valley Hospital and both were transferred to Provincial General Hospital Badulla Hospital but the worker Mr. U. Rathanasiri was pronounced dead upon arrival to the Provincial General Hospital Badulla.

Incident:
It was revealed that these two workers had been fixing the scaffolding at the time of the accident. The 12ft long steel catwalk plate was placed on GI pipe supports at ends only. The middle support has been yet to be fixed. While one worker was doing some work on the catwalk plate in the middle of the plate, another worker also has come to the plate. Due to the weight of two workers, the steel catwalk plate suddenly bent and due to the sudden impact, workers lost their balance and fallen.
It is observed that this has happened due to the second worker having walked on to the scaffolding plate assuming that it has been fixed properly without confirming it with the other worker.

Death Person Back Ground:

- U. Rathnasiri (62 years) was working as a labor to sub-contractor Mr. E.S.S. Mahesh. He had three dependents, his wife and two children.
- Wife- W.K. Shyamalee - NIC 197568303502 -House wife. Age - 49
- Elder son – U. Lasith Shehan -24 years- Waiting for employment in Korea
- Younger son- U. Sachithra Lakshan- 16 years- Schooling (Grade 11)
- Rathnasiri was the only income source of the family.

Death Person With Wife and Son

Proposed Actions in Future:

- Strengthen all Health and Safety keeping at the Project construction sites and continuous monitoring of the same.
- Checking of the Health and safety requirements at the site to be strengthened.
- Instructed to use safety belts for working at heights.
- Instructed to conduct training programs/ Awareness programs regarding Health and Safety for all the workers.
- To inform to the contractor to include a policy to the insurance company to cover the sub-contractors.
- Strengthen the monitoring of the safety measures by PIU/ Design and Supervision Consultant.

Immediate compensation provided by the company to the family after his death.

- Expenses of the funeral Rs. 225,000.00
- Accident basic cover is Rs. 700,000.00 (the company agreed to provide Rs. 925,000.00)
- The company has submitted the necessary documents to claim from Continental Insurance Pvt Ltd (But the sub-contractor is not covered within their policy).

Follow-up Actions:

- Monitoring the affected family for six months as the family members are suffering mentally and economically and support to be given to the family in looking into getting an income source for the family.
- Follow up on the insurance claim.
- Contractor agreed to pay the total due amount in one installment.

Construction Site Information:

Province: Sabaragamuwa

District: Ratnapura

Construction: Addition and Improvement to Pinnawala PMCU

Contractor: Duleepa Construction and Engineers

Contract No: HSEP/PIU/SPW18/01/2022

Complaint Received Against the Contractor's work at Pinnawala PMCU

The Sri Lanka Public Health Inspector's Union – Rathnapura Branch sent a complaint dated June 9, 2024, to the Project Director – HSEP regarding the following matters. The complaint was against the Contractor for the improper and disorderly manner in which the construction work is being carried out, affecting and causing difficulties in conducting clinical activities of the MOH-Pinnawala and the potential for damaging the existing MOH building.

1. The construction of the access route to the MOH building has resulted in patients having to take a slippery concrete footpath to enter the building. This poses a significant threat and causes numerous difficulties, especially for pregnant women and children.
2. During the cutting and removal of trees, carelessness and irresponsibility led to damage

to part of the roof of the MOH building, resulting in leaks. If the damaged and decayed ceiling falls onto patients, it could cause injuries.

3. The contractor removed all fixtures and play frames that were beautifully erected adjoining the MOH building and left them unerected, leading to decay. The contractor mentioned that he could not take any responsibility for this.
4. The disorderly work of the contractor has blocked the drainage and rainwater canals with loose soil. As a result of poor drainage, stagnant water puddles have formed in front of the MOH building, causing a mosquito menace.
5. The rubble brought to the site has damaged the walls of the MOH building during unloading and stockpiling.
6. The peripheral areas of the play area and the MOH building have become covered with vegetation, making the premises very unsafe. The contractor and the Imbulpe MOH have refused to clear the vegetation. Women in the area have voluntarily contributed their labor to clean the vegetation, but their efforts were ineffective due to the haphazard dumping and placement of construction materials.
7. On a previous occasion, the Samurdi Community Committee cleaned the hospital premises, and the MOH building was painted by the Mother's Coalition after collecting funds from the women.
8. The disorderly and unsequenced construction work of the contractor has exposed the frontal walls of the MOH building to rainwater, causing discoloration. The frontal section is also filled with mud due to water stagnation, preventing any cleaning work from being done.
9. Initially, the site supervisor and workers were cooperative and friendly. However, they are now carrying out work in a disorderly and unorganized manner, disregarding the impact on the MOH building and its surroundings. When contacted by the PHI, the supervisor mentioned that he would only follow the engineer's instructions and could not take responsibility for any damage caused to the MOH building.

Therefore, this letter has been sent to the HSEP to express their displeasure and to seek attention to solve the problems and provide solutions.

The Contractor's response and settlement of the dispute

1. The PIU, under instructions from the PMU, informed the contractor to strictly follow the instructions and immediately address the issues and rectify them. The contractor complied and made all the necessary corrective actions under the close supervision of the PIU Engineer and DSC Engineer. The Sri Lanka Public Health Inspector's Union – Rathnapura Branch sent a letter (dated 2024.06.09) appreciating the immediate and timely action taken by the PMU, PIU, RDC, and the contractor. Their letter of appreciation is attached (Annex 1).

2. It was decided by the PMU and all the PIUs to implement daily and weekly screening of environmental issues as listed above (forms are provided in Annex 2(b). With this new requirement, it is expected that the contractor will comply with all the provisions stipulated in the EMP and EMoP. The progress will be reported in subsequent monitoring reports.



Figure 2: The present condition near the new building and the MOH premises at Pinnawala

30. The framework of Grievance Redress Mechanism was given in the previous reports.

31. The Grievance Redress Mechanism of the Project is disclosed in the project website (https://hsep.lk/index.php/who-we-are/project-management-unit-pmu/grievance-redress-committee)

32. The list of grievances recorded and attended is provided regularly in the quarterly progress reports. However, there was no grievances reported during the reporting period.

H. LEGAL FRAMEWORK - Legislative Framework

33. The Land Acquisition Act (LAA) of 1950 is the principal law which 'Makes provision for acquisition of the Lands and Servitudes for public purposes and provides for matters connected with or incidental to such provision'. It provides for the payment of compensation at market rates for lands, structures and crops. It has several

amendments, the latest being the version of 1986. Regulations were also made in 2008 by Gazette Notification No. 1585/7 (20 January 2009). This regulation aimed to address assessment of properties at lower values compared to prevailing market values. This happened when acquired portions of land plots were taken as separate entities for assessment, they become less economically valuable as very small land plots. For example, land acquired for roads are usually small block separated from a large block of land. For the valuation of these plots, the market value of the parent plot from which a portion is acquired is taken into consideration, and due proportionate value is given to the acquired portion. The revision also gives provisions to consider replacement cost of buildings and cover a variety of expenses in the process of changing his residence and businesses. If an owner of a house or of an investment property is displaced, an additional 10% payment based on market value is also paid under this regulation. This regulation is a progressive step towards the revision process of LAA and is consistent with NIRP. The operational procedures of the LAA (1950)

I. Project Impact and Outcome

34. The expected project impact is to contribute to the Government development objective1 of ensuring a healthier nation with a more comprehensive PHC system. The project outcome is to improve efficiency, equity, and responsiveness of the PHC system.

J. Basic Project Information

Description	HSEP	HSEP-AF
Project Number	SRI 51107 -002	SRI 51107 -003
ADB loan and Grant No	SRI 3727, Grant – SRI 0618	Loan - L4121 and Grant - G 9222
Implementing agency/ies	Central, North Central, Sabaragamuwa and Uva Provincial Health Departments	Provincial Health Departments of 9 provinces, SLIBTEC, MoH and 2 state ministries
Date of Loan agreements Signing	26th of October 2018	7th October 2021
Date of Project Effectiveness	5th February 2019	17th November 2021
Project Completion Date	30th November 2023 Extended date – 31st May 2021	30th November 2025
Elapsed Project period	5 Years and 4 Month	2 Year and 6 Month

3. PROJECT OUTPUTS AND ACTIVITIES

It must be noted that the projects outputs and activities mentioned below are for the Health System Enhancement Original and Additional Financing Project:

Output 1: Will support four sets of activities:

(1). Development of primary medical care services

29. Under this output, the project supports the development of curative PHC facilities (this includes DHs and PMCUs). Approximately, 29% (135/469) of all PMCUs and DHs in the four provinces will be developed under this output. The infrastructure designs will be based on a MOHNIM approved physical space norm for PHCs. This output will also support to purchase the immediate medical equipment needs which were identified by carrying out a stocktaking of gaps against current guidelines. The additional equipment that would be needed to address the essential service package (ESP) at the PHC level will be procured from the second year of project implementation. The additional services may include services for elderly care, services for mental health, and more comprehensive non-communicable diseases and risk factor prevention related care at the PHC level, rehabilitation and disability care services and additional laboratory services.

(2). Development of primary preventive care services

30. Under this output, the project intends to renovate and refurbish at least one field health center per medical officer of health area (approximately 127 field health centers in the four provinces). The project will enhance the mobility levels of the field health staff, especially the medical officers to expand and further improve and better supervise the preventive health services. Approximately 40 vehicles will be provided to medical officers of health and to regional level medical officers for maternal and child health services for supporting improved preventive and promotive health services in the four provinces. In addition, this output will support the within district drug distribution system with the purchase of 9 covered trucks for each of the regional medical supplies divisions under the districts. This output also supports to expand the targeted nutrition related services available to the mothers and children in the four provinces with a special focus of more vulnerable populations in the estate and rural areas.

(3). Public awareness and behavior change communication for increasing PHC utilization

31. The objective of this output is to create demand and support a behavior change of health seekers who regularly bypass PHC services. This output will also support to encourage utilization of nutrition services and wellness and healthy living promotion in the community. Moreover, the campaign will also promote the nine selected clusters and the related MOH areas for (i) wellness and healthy lifestyle; (ii) integrated services such as nutrition, NCDs, and elderly care; and (iii) for convergence with other vertical programs (malaria, HIV, tuberculosis, leprosy, sexually transmitted diseases, etc.).

(4). Strengthen PHC management for continuity of care

32. This output will support to strengthen mechanisms to establish continuity of care and provide a higher quality, more comprehensive, package of care primarily to PHC level

health seekers in the target provinces. As part of this effort, on a pilot basis, each of the 9 districts identified a cluster of PHC level hospitals that will be functionally linked to one apex secondary care level facility. This sub-output will support the provincial and regional health staff to propose and implement strategies to improve continuity of care in these clusters via district specific proposals submitted to each of the PIUs. In addition, to activities related to clusters, province and district health staff are encouraged to develop proposals (which will include detailed activity plans) to further support better delivery of PHC services under five broad areas: (i) improving PHC management; (ii) human resources development; (iii) information technology for better patient management and disease control; (iv) scaling up curative and preventive services; and (v) rehabilitation of facilities.

Output 2: will support two sets of activities:

(1). Adopt health information technology (HIT) for better continuity of care and disease surveillance

33. This output intends to strengthen health and disease surveillance to provide real time sharing of health information vertically and horizontally across facility levels and across different episodes of care for an individual patient. This will help enhance the referral system, patient quality of care, and disease surveillance capacity of the system and will establish a system for continuity of care for health seekers. The total number of facilities that will establish the system would be approximately 111 facilities grouped across the 9 clusters in each of the 9 districts and approximately 40 medical officer of health areas connected or falling within the clusters. The cluster HIT will also be used to strengthen disease surveillance, including for the timely reporting of the 28 notifiable diseases of Sri Lanka. The project will support the MOHNIM Epidemiology unit with servers and consulting services for software to link the cluster health information system with disease surveillance. This sub-output will further support disease surveillance with the establishment of geographic information system (GIS) enabled services in the four provincial directors' health offices and in the respective nine regional directors.

(2). Implement IHR recommendations

34. This output intends to support the equipment gaps to meet the core capacity levels at all eight ports of entry (POEs) in Sri Lanka. Mobility is enhanced at the two designated ports (two vehicles). In addition, to further strengthening the disease surveillance related tasks carried out by the quarantine unit, the currently ongoing web-based surveillance system for notifiable diseases is further strengthened. This output supports developing of soft skills such as training of health personnel on IHR and quarantine, and other training related to use of quarantine manual, surveillance, and vector control. This sub-output will also seek the services of a local consultant to review and develop the legal regulatory framework for better implementation of IHR in Sri Lanka. In addition, as part of national security, this sub-output will support to carry out assessments related to establishing an inbound migrant health assessment system in Sri Lanka. Further, this output will support infection prevention and control activities and support to introduce better health care waste management practices in the cluster facilities.

Output 3: will support:

(1). Policy development support

35. This sub-output will support policy and strategy development for comprehensive PHC and continuum of care, especially for vulnerable groups living in plantations with priority given to nutrition and reproductive health. A package of essential health services is being developed by MOHNIM including for NCDs and emergency services. Facility and equipment standards are also being developed. MOHNIM is also developing a national policy for human resources for health. The project will provide selective support in the form of consulting services and workshops for various policy initiatives of MOHNIM. This will include (i) establishment of clusters to explore strategies for strengthening PHC; (ii) personnel workforce planning with a special focus on PHC workforce; (iii) development of policies and guidelines related to the implementation of the essential service package; and (iv) review and development of the reproductive health and gender related guidelines.

(2). Capacity development

36. This sub-output will support MOHNIM with capacity building and training resources for workshops for nutrition and health promotion, emergency management, cluster planning and management, infection prevention and control, distance learning for GIS. In addition, this sub-output, will provide resources for training for relevant staff in the target provinces to expand knowledge on family health, gender, infection prevention and control, health care waste management, monitoring and evaluation methodologies, counselling. This sub-output will also support the implementing of the gender action plan and environmental and social safeguards, and support training in procurement and financial management. This output will also support the development of a distance learning center at the National Institute of Health Sciences for introducing distance learning training programs in the health sector for PHC level staff.

(3). Project management and results monitoring

37. The project will also support the operating costs (both fixed and variable) related to central and provincial project management and coordination, operating project management unit (PMU) and the 4 project implementation units (PIUs). In addition, this sub-output will support the conduction of a baseline and an end line survey including case studies and impact evaluations. In addition, this sub-output will support the consultancy firm to carry out design and supervision of civil works assignments identified under the project.

4. KEY MONITORING INDICATORS

38. The project outcomes are assessed by observing at the end of the Project:

(i). 20% increase in outpatient utilization at PHC.

(ii). 20% increase in patient satisfaction, knowledge, and attitudes on utilization.

(iii). 90% of notified notifiable diseases were investigated within the stipulated time in the medical officer of health areas in the target provinces.

(iv). Cluster system reform implemented and evaluated in all nine clusters.

39. The project intends to strengthen PHC services in the targeted 4 provinces of Central, North Central, Sabaragamuwa, and Uva with a special focus on the socially, economically and geographically disadvantaged populations. The PHC services are defined as primary health care services that are provided via curative facilities (Primary Medical Care Units and the Divisional Hospitals), and via the preventive health network led by the Medical Officers of Health.

5. INSTITUTIONAL FRAMEWORK

40. 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.

41. 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.

42. The Ministry of Health is the Executing Agency (EA) while the Provincial Department of Health Services is the implementing agency (IA) of the Project. However, the project has a Project Implementation Units (PIUs), headed by Project Directors who are in turn supported by the respective Project Coordinators (PCs). The Project Coordinators together with the Project Officers act as the environmental/social focal person to monitor the environmental and social safeguards implementation.

43. In addition, The Project hired the National Individual Consultants (NSC) for different sectors to monitor and supervise the implementation of the Project. The Consultancy team also includes Social Safeguard Specialist to look after implementation and monitoring of the safeguard’s measures associated with the Project.

6. PRESENT PROGRESS OF CIVIL WORKS

44. Civil works under the project have focused mainly on expanding existing facilities within the Outpatient 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.

45. Upgrades to OPDs will typically include new consultation rooms, dressing rooms, and expanding patient waiting areas, addition/renovation of emergency treatment units (ETU), laboratories, dispensaries, 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.

46. Based on the information and reports received from M&Es and PCs on a periodic basis, the compilation of the physical progress of all sub-projects in four Provinces is given in the ***Table*** below. Relevant and latest photographs that illustrate the actual status are presented in **Appendix 01*.***

Implementation Progress of Development of Primary Medical Care Services/ Divisional Hospitals under the HSEP/ HSEP (AF)

Badulla District

Activity	**Contract Amount (Without VAT)**	**Contract Period**	**Phy. Pro. (%) Expected/ Actual**	**Fin. Pro. %**	**Special Notes**
Original project					
DHC Galauda	61.20	06.10.2023 05.10.2024	60%	22%	Plastering/ putty works ongoing
DHB Haputale (Balance Works)	34.11	24.01.2024 21.08.2024	50%	12%	Ceiling/ wiring ongoing
Additional Financing					
DHC Uraniya	80.57	12.06.2023 11.06.2024	85%	37%	Upper section Completed. Car porch ongoing
DHC Spring Vally	72.54	12.06.2023 11.06.2024	98%	31%	Putty works/ Internal paint/ electrical fittings ongoing
PMCU Bathalayaya	74.36	12.06.2023 11.06.2024	100%	62%	
DHC Kirklis					

DH Udaveriya					Temporarily hold due to insufficient fund.

Monaragala District

Activity	**Contract Amount (Without VAT)**	**Contract Period**	**Phy. Pro. (%)**	**Fin. Pro. %**	**Special Notes**
PMCU Bakinigahawela	64.12	10.7.2022 09.07.2023	91%	32%	New constructions Completed. Old building repair works ongoing
DHC Okkampitiya	86.21	10.07.202-09.07.2023	67%	25%	New building – tilling/putty works Completed. Existing building – demolition Completed. Ceiling Ongoing.
PMCU Dewathura	74.37	10.07.202-09.07.2023	88%	29%	New building Ground floor Completed. Aluminum works ongoing in upper Flow. Old building repairing ongoing.
PMCU Buddama					Revising BOQs
PMCU Kotiyagala					Temporarily hold due to insufficient fund
Total (Additional)	452.28			36%	

Anuradhapura District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Koonwewa	37.92	15.08.2019 – 04.08.2021	78	40	ADB Concurrence has been given for the awarding of the contract for the balance work. Awaiting to sign the agreement to get done the balance work.
Round 2					
Katiyawa	30.01	24.09.2021 - 27.04.2023	86	57.60	It has been decided to terminate the contract. Awaiting ADB Concurrence for the contract termination.
Labunoruwa	55.30	11.12.2023 – 10.12.2024	55	16	Wall plastering works are in progress.
Habarana	42.09	23.12.2023 – 23.12.2024	70	40	Painting works are in progress.
Aselapura	25.54	11.12.2023 - 10.12.2024	80	28	Aluminum Work in progress.
Additional Financing					
Wahalkada	64.73	14.01.2024 - 14.01.2025	35	12	Brickworks are in progress.
Rathmalgahawewa	62.97	15.01.2024 - 15.01.2024	20	12	Maternity ward tile works ongoing.

Polonnaruwa District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%) Expected/ Actual	Fin. Pro. %	Special Notes
Original – Round 2					
Aselapura	25.54	11.12.2023 - 10.12.2024	80	28	Aluminum Work in progress.
Additional Financing					
Attanakadawala	49.48	17.10.2023 – 17.10.2024	78	44.27	Wall painting works
Weheragala	23.55	02.10.2023 – 02.10.2024	75	12	Tile works are in progress
Bakamoona	42.996	19.10.2023 – 19.10.2024	90	25	Female ward aluminum works
Jayanthipura	53.79	19.10.2023 - 19.10.2024	90	25	Construction of a corridor on going (Additional work).

Kegalle District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Uyanwaththa	35.04	15.11.2023 – 15.07.2024	88	12	Painting work, Electrical fitting fixing, Tiling, external staircase construction, ceiling are in progress.

Ratnapura District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Pinnawala	51.19	20.03.2023 – 30.06.2024	99	39.50	External works, water tank structure and final touch ups are in progress

Kandy District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Morayaya	23.57	24.11.2023 – 24.11.2024	96%	24%	Clinic building repairing work in progress
Hasalaka	38.66	15.11.2023 – 15.11.2024	45%	20%	Counter top construction work in progress
Kolongoda	41.16	17.11.2023 – 15.11.2024	50%	18%	Plumbing work in progress
Kurunduwatta	40.26	21.11.2023 - 19.11.2924	44%	12%	Waiting area foundation work
Ambagahapelesa	64.37	05.03.2024 – 04.03.2025	19%	12%	Column concreting work in progress

Nuwara Eliya District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Bogawanthalawa	63.62	19.03.2024 – 18.03.2025	20%	12%	Excavation for column base and screed concreting
Agarapathana	55.44	05.03.2024 - 04.03.2025	11%	12%	Rubble work in progress
Additional Financing					
Ginigathhena	42.02	27.03.2023 – 26.03.2024	93%	37%	Midwife quarters number 02 Internal ceiling work

Matale District

Activity	Contract Amount (Without VAT)	Contract Period	Phy. Pro. (%)	Fin. Pro. %	Special Notes
Original					
Handungamuwa	68.25	21.05.2023 – 19.05.2024	97%	27%	Finishing work in progress
Madipola	51.11	27.11.2023 – 25.11.2024	48%	24%	Roof construction work in progress
Leliambe	35.38	01.12.2023 – 29.11.2024	36%	12%	Masonry work in progress
Nalanda	37.33	05.12.2023 – 29.09.2024	60%	18%	Roof construction work in progress

7. SOCIALSAFEGUARDS AND RESETTLEMENT MONITORING

6.1. Land acquisition and Resettlement

47. 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 sub-projects including civil works taken up, there is no land acquisition or involuntary resettlement involved in the project so far. However, the project would report if it encounters any cases of rehabilitation/resettlement in the future.

48. All construction activities associated with sub-project activities are in and within the lands belonging to the Government. However, Resettlement Framework (RF) is prepared for the project to guide land acquisition if there's any need arises. The Land acquisition process will be initiated as per the provisions in the Land Acquisition Act and its regulations. The payment of compensation will be done according to the Entitlement matrix of RF if involved.

49. If any land donation is involved in any sub-project in the future, all efforts will be made to minimize the land donation. If any land needed from the public, negotiation with property owners will be carried out with the involvement of a third party, the respective Grama Niladari and/or Divisional Secretariat to ensure that land donation is not done under coercion. The agreement between the donor and the recipient shall be executed as per the format prepared for land donation and survey fees, notary charges for modifying the deed shall be borne by the project to free any legal encumbrances caused as a result of taking the lands for construction work.

50. The covenants of the loan agreement signed with ADB require that Resettlement Framework (RF) documents be complied during the implementation of project in accordance with ADB's SPS 2009, and RF prepared for the project and agreed between the Borrower and the ADB. Since most of the sub projects have been completed and remaining few activities are near completion, the issue of land acquisition and resettlement impacts is not relevant to the Second Additional Financing component of the Project.

7.2. Grievance Redress Mechanism

51. In order to achieve and facilitate the resolution of AP's any concerns, complaints or grievances about the projects safeguard performances, a Grievance Redress Mechanism (GRM) has now been followed by the project including at each sub-project site. When and where the need arises, this mechanism is used for addressing any complaints that may rise during the implementation and operation of the project. Around the clock complaint register is now available in the PIUs and the construction sites for the affected parties to lodge their grievances on social safeguards.

    The key functions of the GRM are to (i) record, categorize and prioritize the grievances; (ii) settle the grievances in consultation with complaints and other stakeholders; (iii) informed the aggrieved parties about the solutions; and (iv) forward the unresolved cases to higher authorities.

52. The operation of Health System Enhancement Project did not create any negative impacts on peoples' socioeconomic condition and livelihoods due to the construction activities during the reporting period. In order to handle the possible social conflict during the project operation, Grievance Redress Committees (GRCs) were formed in cooperation with the relevant authorities covering all sub-project sites. However, a conflict

emerged in the Uyanwaththa OPD building in, Kegalle when the community tried to obstruct the planned construction activities. The conflict emerged when the selected area of land ownership for the proposed Uyanwatta OPD building was claimed by an individual person. A court case number 1344 had been proceeding at the Mawanella District Court over the dispute on the ownership of this land. However, the parties to the land dispute were made to agree jointly on the release of land through the persuasion of the mosque mediation board. The land release was ratified by D.C Mawanella on 27.06.2022.

53. Dotaloya PMCU the land is not transferred legally though Arpico Company has released it. The fertilizer store has moved safely and there is no community effect now. It is difficult to reach the expectation of the donation of the land to establish a PMCU due to poor access to the location. It would be more worth if the land located near by the main road. Anyhow, it will be more productive if the entrance road can be developed.

54. There are no complaints related to land acquisition and or involuntary resettlement. Since there are no Indigenous People in the Project area, there were no impact on indigenous culture, identity, dignity and practices. The project design has included health, hygiene and sanitation related activities in the sub projects. The social safeguard policy has been successfully implemented through well conceptualized planning and designing.

7.3. Health and Safety

55. The project employed sufficient labourers in each sub-project during the construction period. The women and vulnerable families were given the highest priority in the recruitment of labour. It was an added advantage for the low-income families to improve their income. The labourers were mostly from the same area. Immaterial of their nationality, class or cast, the project provided equal benefits to the community. For minor injuries, contractors at all construction sites of each sub project had first aid provisions. For emergencies and serious medical conditions, the labourers had free access to health facilities existed in the Project area.

54 Apart from the free medical facilities provided by the Government hospitals and medical centers, the labourers were provided with adequate resting spaces, safe drinking water, waste disposal facilities and proper sanitation facilities for men and women. They were also provided with safety and protective gears such as helmets, boots, and face masks.

55 Issues of child labour and labour conditions and their well-being were regularly monitored by the Regional Labour Officers of the Department of Labour. There were no reports of labour abuses, particularly related to unfair payments, discrimination and forced or child labor for all sub project construction work.

56 Awareness Material has been provided to the labourers on HIV/AIDS and Communicable diseases especially with regards to dengue transmission. ADB guidelines provided for the prevention of COVID-19 has been followed at the construction sites.

7.4 **Public/Stakeholder Consultations**

8. CONCLUSION

57 The progress of Social Safeguards Compliance of the Project has been summarized up to the end of the reporting period. All project operations are running as per the prescribed methodology of the resettlement plan and policy. Most of the grievances have been solved through mutual negotiations between the affected people and concerned parties. Workers have become more aware of their safety. They are regularly using safety gear. Occupational health and hygiene have been well taken care of. Not a single case of serious disease other than COVID-19 has been recorded in this period.

58 There are no complaints regarding land acquisition and involuntary resettlement as well. Some of the minor issues are appropriately managed and handled in the local level through negotiations and mutual understanding.

Annexure 1:

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2. Deputy Director, Health System Enhancement Project – No 75, Dharmapala Mawatha, Rathnapura (කා.දැ.පි.)
3. ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂ රත්නපුර (කා.දැ.පි.)
4. පළාත් විගණන අධ්‍යක්ෂ පළාත් විගණන දෙපාර්තමේන්තුව සබරගමුව පළාත (දැ.පි.)
5. Resources Development Consultation (Pvt) Ltd, No 55-2/1, Galle Road, Colombo 02. (දැ.පි./ ස්තූතිය සහ ප්‍රසාදය පළ කිරීම)
6. Duleepa Construction and Engineering, Mathugama Road, Aluthgama. (දැ.පි./ ස්තූතිය සහ ප්‍රසාදය පළ කිරීම)

2024-06-04 දිනට පැවති තත්ත්වය

ග්‍රාම-නිලධාරී කළු අලු 2024-06-18 දිනට තත්ත්වය.

2024-06-04 දිනට පැවති තත්ත්වය

ග්‍රාම-නිලධාරී කළු අලු 2024-06-18 දිනට තත්ත්වය.

ග්‍රාම නිලධාරී