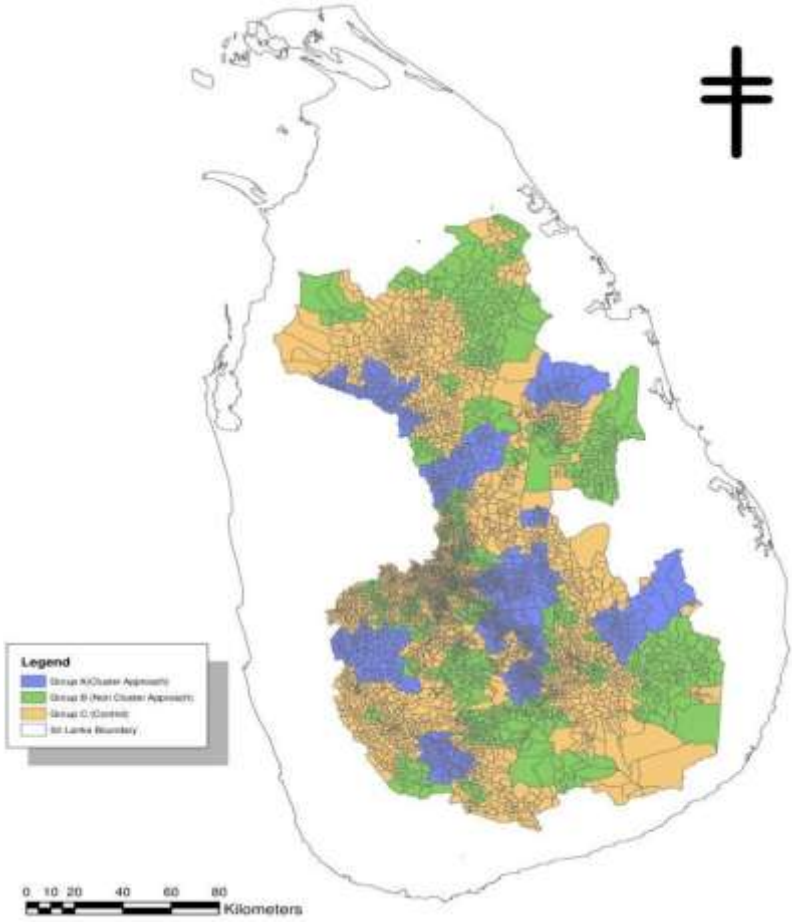
Government of Sri Lanka

Ministry of Health and Mass Media



Semi-Annual Social Safeguards Monitoring Report

(for period ending 30.06.2026)

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
AF		Additional Financing
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		Health Care Waste Management
HPB		Health Promotion Bureau
HSEP		Health System Enhancement Project
MOH		Medical officer of health
MoHMM		Ministry of Health and Mass Media
PCC		Project coordination committee
PCR		Project Completion Report
PMU		Project Management Unit
PIU		Project Implementation Unit
PDHS		Provincial Director Health Services

CONTENTS

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 January to 30 June 2026. The total value of the Project is USD 60 million, comprising USD 37.5 million in concessionary loans, USD 12.5 million in a grant, and USD 10 million as a counterpart contribution from the Government of Sri Lanka. The HSEP project is delivered through a project investment modality and is effective from 05th February 2019. The HSEP-AF is effective from 17th November 2021 and will be closed on 31st of May 2027. The project is being 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 a 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 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).

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. Each project and sub-projects are designed and implemented with gender and social inclusion friendly.

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

9. 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.

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

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

12. No resettlement issues in the project to date.

2. INTRODUCTION

A. Background of the Report:

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

This report is prepared based on limited field investigations and observations and the review of following documents:

- The Loan agreements signed between GOSL and ADB
- The Grant agreements 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:

The Project, Health System Enhancement 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.

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. 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. 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 processes and the development of their working capacities.

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 the necessary staff. At the Provincial Level, the Project is coordinated by the Project Implementation Unit. (PIU).

D. Scope of Impacts

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 existing government-owned land; therefore, this helps in avoiding any need of land acquisition.

E. Compensation and resettlement

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.

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

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

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.

Public Consultations are once again held during the finalization of the design and comments considered (validation) in finalization of design. Public Consultations were continued during the Implementation stage too for further suitable adjustments. However, one public consultation carried out during the reporting period in Rambuka PMCU in Ratnapura district.

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

G. Grievance Redress Mechanism (GRM)

A project-specific Grievance Redress Mechanism (GRM) is established and operational 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 has been cleared by ADB.

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.

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.

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 rising 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.

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

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)

The list of grievances recorded and attended is provided regularly in the quarterly and annual progress reports. However, there was one construction- related grievance reported during first half year reporting period.

H. LEGAL FRAMEWORK - Legislative Framework

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.

Ex: 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

The expected project impact is to contribute to the Government development objective 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 2026	31st May 2027
Elapsed Project period	7 years & 4 months	4 years and 7 months

3. PROJECT OUTPUTS AND ACTIVITIES

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

Output 1 : will support four sets of activities:

(1). Development of primary medical care services

Under this output, the project supports the development of curative PHC facilities (this includes DHs and PMCUs). Approximately, 26.65% (125/469) of all PMCUs and DHs in the four provinces will be developed under this output. The infrastructure designs will be based on a MoH 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

Under this output, the project intends to renovate and refurbish at least one field health center per medical officer of health area (approximately 98 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

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

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.

<u>Output 2 :</u> will support two sets of activities:

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

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 MoH 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

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

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 MoH, including for NCDs and emergency services. Facility and equipment standards are also being developed. MoH 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 MoH. 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

This sub-output will support MOH 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, and counseling. This sub-output will also support the implementation 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

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

The project outcomes are assessed by observing a

(i) 20% increase in outpatient utilization at PHC.
(ii) 20% increase in patient satisfaction, knowledge and attitudes on utilization.
(iii) 90% of 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.

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

National steering committee has been set up for policy level guidance for the project and to deal with ADB. Ministry of Health and Mass Media 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.

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.

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

In addition, The Project hired the National individual Consultants (CSC) 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. SITES MONITORING AND OBSERVATION

Several commendable practices were observed during site monitoring visits that contribute positively to health, safety, social inclusion, and environmental management during the construction phases:

1. Strict Health and Safety Protocols

   All workers consistently wore personal protective equipment (PPE) including helmets, gloves, and safety boots.
   Toolbox meetings were conducted to reinforce safety awareness.
   First-aid kits were available and accessible on-site in no-hospitals sites.

2. Effective Grievance Redress Mechanism

   A designated grievance box was installed with signage in local languages with contact details.

   No outstanding social safeguard issues related to land acquisition, resettlement, or livelihoods remain in relation to this matter.

3. Environmental Good Practices

   Dust control measures such as dust barriers and spray water are in necessary places. Construction debris and solid waste are systematically collected and disposed of in designated areas. A noise level is monitored in NIID site and all sites minimized to avoid disturbing in larger project sites.

   Every work site has been made aware of measures to control stagnant water to combat and control mosquitoes and mosquito larvae.

4. Stakeholder Engagement and Communication

Site engineers maintain regular and continuous communication with hospital staff, health service supervisors, and estate management throughout the project cycle, from planning to completion. These consultations ensure that all relevant stakeholders are adequately informed of proposed activities, implementation schedules, and any minor design or operational changes that may arise during the construction process.

Information on construction timelines and activities is shared with surrounding communities through displayed notice boards and verbal briefings, enabling community members to remain informed. The project also provides open channels for feedback, comments, and suggestions, which are considered during implementation.

Community acceptance and a sense of participatory ownership are actively promoted. Local community members are encouraged to contribute ideas, and local labor is prioritized for employment wherever feasible, thereby supporting livelihoods and strengthening positive community relations.

Overall, stakeholder engagement and information disclosure practices were found to be consistent with social safeguard requirements**,** contributing to transparency, community support, and smooth project implementation.

5. Site Cleanliness and Orderliness

Materials were neatly stored, minimizing hazards and improving workflow. Regular cleaning of drainages system and control the water stagnation in the sites are practice to reduce mosquito breeding Designated walkways were maintained to separate workers and hospital visitors. Temporary fencing around construction zones helped prevent unauthorized entry and ensured patient safety.

6. Respect for Operational Health Services
Construction noise was minimized during critical hospital hours.
Access to emergency services and patient pathways was maintained at all times.
Staff coordinated with hospital administration before any disruptive work.

7. PRESENT PROGRESS OF CIVIL WORKS

Civil works under the project have focused mainly on expanding existing facilities within the Outpatient's Department (OPD) in Primary Medical Care Units (PMCUs), Field Health Centers (FHC) and Divisional Hospitals (DH), 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.

Based on the information and reports received from M&Es and PCs on periodic basis, the compilation of physical progress of all sub projects in four Provinces is given in ***Table 1*** below. Relevant and latest photographs that illustrate the actual status are presented in the

Appendix 1.

Financial and physical progress ongoing construction in round one and two and additional funding.

Implementation Progress of Development of Primary Medical Care Services –Completed construction, Civil work round 1. Out of 43 facilities 43, all constructions have been completed and handed over.

Institutions	Completion Date	Initial Contract Value with variation	Final Contract Amount	Date of Handing Over	Functioning Status (Yes/No)
W 1- Monaragala					
Thanamalwila	30/11/2020	25,139,451.26	21,838,569.28	19/01/2021	Yes
Dambagalla	25/12/2020	20,504,827.71	18,547,087.82	29/01/2021	Yes
Hambegamuwa	17/02/2021	26,592,606.63	22,588,811.99	15/03/2021	Yes
Dombagahawela	15.06.2021	20,160,000.00	16,517,785.02	16.07.2021	Yes
Daliwa	25/11/2021	19,845,000.00	18,852,463.00	26/01/2021	Yes
W 2- Badulla					
Meegahakuliya	06/10/2020	22,898,511.30	19,236,658.38	11/11/2020	Yes
Haldummulla	15/03/2021	30,229,067.49	26,368,535.24	09/04/2021	Yes
Kandeketiya	29/03/2021	36,067,488.71	31,468,162.06	03/05/2021	Yes
Koslanda	06/03/2021	27,163,993.23	20,626,646.54	30/04/2021	Yes
Ettampitiya	28/06/2021	40,017,080.48	30,794,357.50	19.07.2021	Yes
W 3- Kandy					
Hatharaliyada	13/05/2021	34,370,747.78	30,404,477.62	09/06/2021	Yes
Galaha	10/01/2021	20,370,293.54	19,649,377.71	11/01/2021	Yes
Deltota	04/03/2021	18,104,901.52	17,024,188.73	04/03/2021	Yes
Madulkelle	21/07/2023	59,365,057.82	43,364,369.03	28/08/2023	Yes
Dolosbage	5/03/2024	52,051,331.30	28,397,981.07	18/03/2024	Yes
W 5- Nuwara Eliya					
Laxapana	08/03/2021	22,954,178.12	21,408,375.75	10/03/2021	Yes
Pundaluoya	08/03/2021	25,465,230.96	24,830,352.53	10/03/2021	Yes
Nanuoya	28/07/2021	43,696,271.76	40,890,056.13	09/08/2021	Yes
Kotagala	14/07/2021	14,380,766.26	12,013,434.42	09/08/2021	Yes
W 4 – Matale					
Madavalaulpotha	06/10/2021	8,021,889.20	7,310,919.39	04/10/2021	Yes
Galewela	09/11/2021	3,973,265.13	3,553,400.48	04/11/2021	Yes
Kalundewa	31/12/2022	34,144,769.05	31,857,069.90	28/02/2023	Yes
Paldeniya	31/12/2022	33,531,334.23	31,284,734.59	28/02/2023	Yes
Kimbissa	31/12/2022	31,112,401.85	29,544,461.52	28/02/2023	Yes
W 6- Polonnaruwa					
Ellawewa	02.07.2021	26,165,478.60	26,165,478.60	06.11.2021	Yes
Sevanapitiya	30.06.2021	21,112,778.08	21,112,778.08	03.07.2021	Yes

Damminna	20.10.2021	25,982,164.06	25,982,164.06	06.11.2021	Yes
Ambagaswewa	11.01.2021	21,975,432.72	21,975,432.72	17.02.2021	Yes
W 7- Anuradhapura					
Horowpathana	30.05.2022.	57,278,706.04	57,278,706.04	10.07.2022	Yes
Galenbindunuwa	28.12.2020	20,888,946.50	20,888,946.50	12.01.2021	Yes
Negampaha	27.08.2021	28,777,044.62	28,777,044.62	11.02.2022	Yes
Konwewa	Terminated	37,924,183.62	37,924,183.62	Terminated	-
Koonwewa Balance Work	30.04.2025	26,647,331.97	26,647,331.97	12.08.2025	Yes
Tittagonawa	29.10.2021	36,100,765.60	36,100,765.60	01.07.2021	Yes
W 8- Kegalle					
Bolagama	03/12/2020	20,019,009.68	14,319,229.50	14/12/2020	Yes
Hewadiwela	24/09/2020	18,521,317.34	15,287,113.59	01/10/2020	Yes
Minuwangamuwa	21/08/2019	24,721,316.18	21,083,900.24	02/04/2021	Yes
Aranayaka	31/01/2021	28,360,731.95	26,800,756.65	10/02/2021	Yes
Uyanwatta	14/07/2024	35,036,277.89	4,656,855.49	05/08/2024	Yes
W 9- Rathnapura					
Dodampe	28/02/2021	28,876,946.68	26,529,975.24	15/03/2021	Yes
Endana	30/11/2020	19,664,463.76	19,552,924.40	09/12/2020	Yes
Ranvala	24/12/2021	21,040,115.18	16,907,052.92	01/02/2022	Yes
Narissa	10/03/2020	31,787,884.94	18,330,112.44	01/02/2022	Yes
Delwela	14/10/2022	19,968,805.60	19,272,468.45	09/12/2022	Yes

Under the HSEP – Original Project, 50 PMCU/DHs are to be developed under Round 2 civil work. Out of which 47 PMCU/DHs have already been completed, 3 were deleted.

Implementation Progress of Development of Primary Medical Care Services –Completed construction Civil work round 2 Out of 47 facilities (All 50 PMCU/DH, 3 have been removed), 47 facilities have been completed and handed over relevant provincial departments.

	Completion Date	Initial Contract Value with variation	Final Contract Amount	Date of Handing Over	Functioning Status (Yes/No)
W 10- Monaragala					
Pitakumbura	24/05/2022	22,562,573.61	27,075,088.33	24/05/2022	Yes
Rathmalgahaella	01/07/2022	23,977,088.30	28,772,505.96	29/07/2022	Yes
Nannapurawa	24/11/2022	21,852,166.22	26,222,599.46	15/12/2022.	Yes
Kotagama	14/10/2022	23,718,015.97	28,461,619.16	18/11/2022	Yes
Medagama	31/05/2023	23,631,807.26	28,358,168.71	11/08/2023	Yes
W 11-Badulla					
Uva Paranagama	14.10.2022	17,166,237.59	17,999,950.50	10/11/2022	Yes

Lunugala	14.10.2022	32,590,152.27	39,108,182.72	10/11/2022	Yes
Metigahatenna	13/12.2022	25,234,598.55	30,281,518.26	20/12/2022	Yes
Galauda	29.11.2024	61,202,864.23	61,202,864.23	08.01.2025	Yes
Haputale (Balance Works)	25.12.2024	34,109,094.95	34,109,094.95	24.02.2025	Yes
W 12 – Matale					
Maraka	14.06.2024	39,602,653.22	24,392,126.38	14.06.2024	Yes
Gurubebila	01.06.2024	19,753,419.78	4,904,141.36	25.06.2024	Yes
Elkaduwa	29.05.2024	12,790,828.41	8,157,921.08	12.06.2024	Yes
Handungamuwa	10.07.2024	68,254,552.65	22,054,747.69	06.08.2024	Yes
Nalanda	05.10.2024	37,332,035.00	9,672,093.28	05.09.2024	yes
Leliambe DHC	1.12.2024	35,384,072.8	-	31.12.2024	Yes
Madipola	13.01.2025	51,112,815.98	-	25.03.2025	
W 13 – Kandy					
Morayaya	10.09.2024	23,568,018.78	7,616,829.38	30.09.2024	Yes
Kurunduwatta DHC	21.11.2024	40,263,530.15	-	21.03.2025	Yes
Hasalaka DHC	19.11.2024	38,657,792.4	-	01.01.2025	Yes
Kolongoda DHC	17.11.2024	41,162,251.78	-	01.01.2025	Yes
Ambagahapelessa	05.03.2025	64,365,368.00	-	27.06.2025	Yes
W 14 – Nuwara Eliya					
Hatton	04.03.2024	19,792,208.58	9,749,688.76	21.03.2024	Yes
Agarapathana	30.04.2025	55,437,345.3	-	20.06.2025	Yes
W 15- Polonnaruwa					
Parakrama Samudraya	09.11.2022	33,150,482.80	33,150,482.80	10.11.2022	Yes
Sinhapura	25.11.2022	35,279,294.56	35,279,294.56	06.01.2023	Yes
Wijepura	23.12.2022	18,810,422.00	18,810,422.00	25.12.2023	Yes
Medagama	30.03.2022	39,724,027.20	39,724,027.20	27.04.2023	Yes
Aselapura	25.10.2024	25,540,847.54	25,540,847.54	03.11.2024	Yes
Aralaganwila DHB	31.01.2026	65,841,635.94	65,841,635.94	to be handed over	No
W 16- Anuradhapura					
Ethakada	20.07.2023	43,296,396.22	43,296,396.22	09.09.2023	Yes
Katiyawa PMCU	Terminated	30,008,680.08	30,008,680.08	Terminated*	-
Katiyawa Balance Work	30.05.2026	25051833.4	25051833.4	05.06.2026	Yes
Andiyagala	20.06.2023	26,719,051.32	26,719,051.32	05.08.2023	Yes
Mahasenpura	15.07.2023	35,674,485.85	35,674,485.85	15.08.2023	Yes

Habarana	12.09.2024	42,085,401.25	42,085,401.25	19.09.2024	Yes
Labunoruwa PMCU	04.12.2024	55,304,530.50	55,304,530.50	05.12.2024	Yes
W 17- Kegalle					
Hinguralakanda	31.03.2023	32,609,417.50	Final Bill paid. Retention released.	14.03.2023	Yes
Pothdenikanda	31.03.2023	20,835,028.40	Final Bill paid. Retention released.	31.03.2023	Yes
Basnagala	18.10.2023	39,281,006.88	23,779,761.80	09.04.2024	Yes
Dothaloya	17.11.2023	51,651,902.49	29,336,123.38	21.03.2024	Yes
W 18 – Ratnapura					
Paragala	20.11.2023	27,065,478.55	10,000,099.87 Final bill was submitted to PIU	23.01.2024	Yes
Galpaya	10.04.2024	53,876,063.09	29,021,487.05	18.06.2024	Yes
Belihuloya	10.04.2024	48,097,347.17	25,114,331.99	24.06.2024	Yes
Kirimetithenna	24.06.2024	56,183,858.70	23,147,625.89 Final bill is being checked	24.06.2024	Yes
Rajawaka	24.06.2024	54,467,643.59	21,241,645.79	24.06.2024	Yes
Pinnawala	30.06.2024	51,190,477.64	20,218,641.16	30.07.2024	No

* The original contract was terminated prematurely, and the remaining work was procured through a new contractor. This new contract was awarded on 10th January 2024 and the contractor completed and handed over the contract on 24th February 2025. However, several major defects were identified, including issues with doors, drainage, bathroom gullies, bathroom fittings etc. Despite multiple notices for the rectification of these defects, the contractor has been reluctant to address the issues.

Physical infrastructure development of PMCUs and DHs (Additional Financing: 42 facilities across 9 districts) Out of 42, 07 have been removed due to insufficient funds, 8 Constructions ongoing and 29 have been completed.

Additional Financing (PMCU/DHs)	Facility Name	Date of Commencement	Extended Completion Date	Physical Progress (%) cumulative	Financial Progress (%) cumulative	Remarks
Matale	Dullewa PMCU	15.09.2025	18.06.2026	90%	20%	Construction Ongoing
Rathnapura	Beranduwa	16.12.2024	25.11.2025	75%	31%	Construction ongoing
	Waddagala	16.12.2024	04.11.2025	75%	34%	Construction ongoing
Kegalle	Bulathkohupitiya PMCU	28.02.2025	19.12.2025	99%	42%	Construction ongoing
	Deraniyagala DHA	07.02.2025	30.04.2026	80%	51%	Construction ongoing

Out of 42 facilities 29 facilities have been completed and handed over relevant provincial departments.

	Completion Date	Initial Contract Value with variation	Final Contract Amount	Date of Handing Over	Functioning Status (Yes/No)
W 1- Kandy					
Digana	22.09.2023	14,836,370.46	12,740,073.07	04.10.2023	Yes
Katugasthota	20.03.2023	25,735,421.21	13,262,134.15	01.04.2024	Yes
Marassana	26.02.2024	31,309,552.04	21,200,155.33	05.03.2024	Yes
Morahena	25.03.2024	39,301,820.59	22,722,574.74	27.03.2024	Yes
Muruthalawa	25.03.2024	39,621,863.05	21,487,336.28	05.04.2024	Yes
W 3 – Nuwara Eliya					
Watawala	25.03.2023	85,823,888.43	44,781,758.68	27.03.2024	Yes
Hangarapitiya	25.03.2023	41,720,036.58	24,327,941.78	09.04.2024	Yes
Ragala	25.03.2023	23,021,577.03	12,751,675.49	01.04.2024	Yes
Kandapola	14.03.2024	83,587,046.20	29,055,108.23	09.07.2024	Yes
Ginigathhena	14.03.2024	42,016,948.42	15,544,951.35	12.09.2024	Yes
W4 - Matale					
Aluthwewa PMCU	30.05.2026	38,056,248.00	38,056,248.00	08.06.2026	Yes
W5 – Badulla					
Bathalayaya	08.05.2024	74,367,535.4	74,367,535.4	08.04.2024	Yes
Spring Valley DH	18.07.2024	72,546,491.44	72,546,491.44	01.08.2024	Yes
Uraniya	10.09.2024	80,576,799.59	80,576,799.59	24.10.2024	Yes
W 4 - Monaragala					
Dewathura	26.08.2024	74,376,783.12	74,376,783.12	09.09.2024	Yes
Okkampitiya DHC	22.10.2024	86,215,155.56	86,215,155.56	01.11.2024	Yes
Bakinigahawela PMCU	10.10.2024	64,199,743.26	64,199,743.26	04.10.2024	Yes
PMCU Buddhama	16.03.2026	36,692,235.00	36,692,235.00	-	No
W 8 – Anuradhapura					
Mahawilachchiya	02.04.2024	42,259,698.25	42,259,698.25	08.04.2024	Yes
Wahalkada	10.02.2025	64,727,816.76	64,727,816.76	27.03.2025	Yes
Rathmalgahawewa	30.08.2025	62,974,569.62	62,974,569.62	Handing over documents under preparation	No
W 9 – Polonnaruwa					
Jayanthipura	20.08.2024	53,787,248.00	53,787,248.00	03.09.2024	Yes
Weheragala	04.08.2024	23,547,297.50	23,547,297.50	22.10.2024	Yes

PMCU					
Bakamoona DHB	01.10.2024	42,996,717.60	42,996,717.60	18.10.2024	Yes
Attanakadawala	15.10.2024	49,482,245.45	49,482,245.45	27.01.2025	Yes
W10 - Kegalle					
Algama PMCU	09.12.2025	28,995,484.4	28,995,484.4	Not yet handed over	No
Undugoda DHA	09.12.2025	40,017,169.4	40,017,169.4	29.01.2026	Yes
Mahapallegama PMCU	10.02.2026	41,726,794.9	41,726,794.9	Not yet handed over	No
W11 – Rathnapura					
Kuruwita	20.12.2025	38,442,388.52	38,442,388.52	Not yet handed over	No

Summary of the Progress of the Development of PMCUs and DHs

Description	**UVA**	**SAB**	**CENTRAL**	**NCP**	**Total**
Works Completed	27	24	40	28	**119**
Items Deleted	3	1	4	2	**10**
Items under Procurement Process	0	1	0	0	**1**
Construction Works in Progress	0	4	1	0	**5**
TOTAL	**30**	**30**	**45**	**30**	**135**

Summary of the Progress of the Development of Field Health Centers

Field Health Centres initially planned to be completed under the project were 127. But 31 were deleted.

Summary of the Progress of the Development of Field Health Centres

	Uva	**North Central**	**Central**	**Sabaragamuwa**	**Total**
Works Completed	23	15	23	14	75
Item not considered for other reasons	0	2	2	5	9
Items Deleted - New Construction	3	12	7	9	31
Under Procurement Process	0	0	2	2	4
Construction Works in Progress	0	0	13	4	17

Financial and Physical progress on the ongoing construction of Field Health Centers

District	Location	Date of Commencement	Completion Date	Physical Progress (%) during the reporting Period	Physical Progress (%) cumulative	Financial Progress (%) during the reporting Period	Financial Progress (%) cumulative	Remarks
Nuwara Eliya	Pedro	31.10.2024	02.10.2025	0%	45%	31%	31%	Construction ongoing
Nuwara Eliya	Norwood	05.11.2024	30.08.2025	0%	0%	27%	27%	-
Nuwara Eliya	Strathspey	05.11.2024	06.08.2025	10%	100%	12%	37%	Construction Completed
Nuwara Eliya	Rahathunoda	-	-	30%	30%	-	-	Construction ongoing
Nuwara Eliya	Chrystler's farm	24.10.2025	22.03.2026	5%	5%	15%	15%	Construction ongoing
Nuwara Eliya	Abotsleigh	03.11.2025	02.04.2026	30%	60%	0%	0%	Construction ongoing
Nuwara Eliya	St Lenard	-	-	-	-	-	-	
Nuwara Eliya	Strathdon	-	-	-	-	-	-	
Nuwara Eliya	Ragala	20.01.2026	12.02.2026	15%	65%	0%	0%	Construction Ongoing
Nuwara Eliya	Kirkoswald	09.01.2025	31.03.2026	35%	40%	0%	0%	Construction Ongoing
Kandy	Pupuressa	04.08.2025	07.02.2026	-	95%	-	15%	Construction Ongoing
Kandy	Aludeniya	10.07.2025	30.10.2025	10%	100%	-	15%	Construction Completed
Kandy	Marathugoda	03.07.2025	30.11.2025	30%	100%	-	70%	Construction Completed
Kandy	Kolabissa	03.09.2025	08.02.2026	55%	80%	-	13%	Construction Ongoing
Kandy	Mapakanda	15.02.2025	15.02.2026	40%	50%	-	13%	Construction Ongoing
Kandy	Karaliyadda	10.09.2025	10.04.2025	65%	100%	0%	0%	Construction Completed
Kandy	Janasavigama	16.10.2025	15.03.2026	30%	80%	-	22%	Construction Ongoing
Kandy	Gangaihala	11.10.2025	09.03.2026	35%	100%	-	45%	Construction Completed
Kandy	Central Clinic at Galagedara MOH	-	-	-	-	-	-	Not commenced yet
Sabaragamuwa	Udabage	25.10.2025		20%	100%	-	-	Construction completed
	Rambuka	29.03.2026	26.08.2026	5%	5%	-	-	Construction Ongoing
	Galigamuwa	23.03.2026	05.08.2026	2%	2%	-	-	Construction Ongoing

	Ammaduwa	24.12.2025	23.04.2026	25%	40%	-	27%	Construction Ongoing
	Hindurangala	Not commence yet						
Monaragala	Samanalabedda	17.09.2025	15.01.2026	**65%**	100%	39.49%	39.49%	Construction completed
	Maligawila	17.09.2025	15.01.2026	**50%**	100%	-	-	Construction completed
	Eathanawatta	17.09.2025	15.01.2026 EOT requested	**55%**	90%	-	-	Construction completed
	Horombuwa	17.09.2025	15.01.2026	99%	100%	13.77%	13.77%	Construction completed
	Bendiyaawa	17.09.2025	15.01.2026	55	100%	22.23%	22.23%	Construction completed
	Aluthwewa	17.09.2025	15.01.2026 EOT requested	60%	100%	25.5%	25.5%	Construction completed
	MOH office (Central clinic) Sewanagala	17.09.2025	15.01.2026	50%	100%	45.18%	45.18%	Construction completed
Badulla	Goonakele	17.09.2025	15.01.2026	25%	100%	27.38%	50.56%	Construction completed

Implementation Progress of Development of Primary preventive care services – Completed construction of Field Health Centers Out of 98 facilities 75 facilities have been completed.

District	Location	Completion Date	Date of Handing Over	Functioning Status (Yes/No)
Ratnapura	Makadura	20.05.2023	20.05.2023	Yes
	Niriella	21.03.2023	21.03.2023	Yes
	Banangoda	27.09.2023	27.09.2023	Yes
	Hallinna	10.04.2025	10.04.2025	Yes
	Thalagama	15.10.2023	03.11.2023	Yes
	Gabbela FHC	05.09.2024	11.11.2024	Yes
	Mihindugama FHC	02.09.2024	30.06.2024	Yes
	Columbugama	20.06.2024	20.06.2024	Yes
	Pathakada	27.05.2024	27.05.2024	Yes
Kegalle	Yatiyanthota	20.06.2023	20.06.2023	Yes
	Athurupana	20.05.2023	20.05.2023	Yes
	Bopitiya	20.06.2023	20.06.2023	Yes
	Dehiovita MOH	22.06.2024	22.6.2024	Yes
	Uggoda	28.03.2025		
	Udabage	13.10.2025	Not yet handed over	No
Matale	Kandegedara	31.03.2023	31.03.2023	Yes
	Katudeniya	10.04.2023	10.04.2023	Yes

	Aluthwewa	25.12.2024	23.04.2025	Yes
	Habaragahamada	20.12.2024	19.03.2025	Yes
	Dankanda	20.12.2024	18.04.2025	Yes
	Narangolla	20.12.2024	19.03.2025	Yes
	Deevilla	19.07.2025	18.08.2025	Yes
Kandy	Dunuwila	31.03.2023	31.03.2023	Yes
	Udapalatha	30.06.2023	30.06.2023	Yes
	Inigala new clinic	20.11.2024	19.5.2025	Yes
	Central clinic Udunuwara	23.11.2024	22.03.2025	Yes
	Gangawata Koralea	30.12.2024	11.06.2025	Yes
	Gangaihala MOH Office	05.03.2026	24.03.2026	Yes
	Aludeniya	25.03.2026	08.04.2026	Yes
	Marthugoda Central Clinic	21.01.2026	04.05.2026	Yes
	Karaliyadda	05.05.2026	01.06.2026	Yes
Nuwaraeliya	Labokelea	16.02.2025	15.06.2025	Yes
	Hope Estate	16.02.2025	16.07.2025	Yes
	Kabaragala	18.02.2025	17.07.2025	Yes
	Strathspey	31.05.2026	05.06.2026	Yes
	Radella	19.10.2024	17.03.2025	Yes
	Mayfield	31.12.2024	09.07.2025	Yes
Monaragala	Alupotha	05.07.2023	13.08.2023	Yes
	Randeniya	05.07.2023	11.08.2023	Yes
	Rathmalgahaella	24.02.2024	25.04.2024	Yes
	Samanalabedda	31.03.2026	25.05.2026	Yes
	Aluthwewa	31.03.2026	20.05.2026	Yes
	Ethanawattha	15.01.2026	13.05.2026	Yes
	Horombuwa	05.03.2026	30.04.2026	Yes
	Maligawila	31.03.2026	19.05.2026	Yes
	Sewanagala	31.03.2026	24.04.2026	Yes
	Bandiyawa	15.01.2026	Not yet handed over	No
Badulla	Kandubedda	05.07.2023	25.07.2023	Yes
	Kolongasthenna	10.07.2023	24.07.2023	Yes
	Maliyadda	14.11.2023	14.11.2023	Yes
	Udaperuwa	02.12.2023	19.12.2023	Yes
	Uduwara	02.12.2023	19.12.2023	Yes

	Ballagola	02.12.2023	21.12.2023	Yes
	Dehigolla	14.11.2023	14.11.2023	Yes
	Hingurugamuwa	02.12.2023	07.12.2023	Yes
	Kahagolla	02.12.2023	02.02.2024	Yes
	Kokagala	12.01.2024	06.02.2024	Yes
	Liyangahawela wattha	07.02.2024	06.03.2024	Yes
	Hindagala Estate	01.01.2024	06.03.2024	Yes
	Goonakele estate	15/01/2026	27.03.2026	Yes
Anuradhapura	Rajanganaya Track 13, 14	27.11.2023	27.11.2023	Yes
	Damapalessagama	29.11.2023	29.11.2023	Yes
	Sinharagama	29.02.2024	29.04.2024	Yes
	Ihalahalmillewa	20.03.2024	15.10.2024	Yes
	Getalewa	20.03.2024	16.09.2024	Yes
	Sangilikanadarawa	16.08.2024	14.12.2024	Yes
	Rambakulama	16.08.2024	14.12.2024	Yes
	Anawolondewa	16.08.2024	12.02.2024	Yes
	Telhiriyawa	10.04.2025	-	Yes
	Murunhahahitikanda	25.07.2025	-	Yes
Polonnaruwa	Kithuluthuwa	12.01.2024	09.07.2024	Yes
	Sinhaudagama	12.01.2024	09.07.2024	Yes
	Somapura (with new roof)	12.01.2024	24.08.2024	Yes
	Kituluthuwa	12.01.2024	09.07.2024	Yes

Health Care Waste Management Centers

Central Province		
District	**HCWMC**	**Current status**
Teldeniya Cluster - Kandy	Medamahanuwara DH	All are functioning
	Manikhinna DH	
	Wattegama DH	
	Ududumbara DH	
	Hasalaka MOH	
	Morayaya/Minipe DH	
	Katugasthota DH	

	Akurana MOH	
	Galagedara DH	
	Galaha DH	
	Ankumbura DH	
	Akurana DH	
	Pamunuwa DH	
	Kadugannawa DH	All are handed over
	Kurunduwattha	
	Pussellawa DH	
Matale	Galewela Divisional Hospital	Completed & Handed over
	Hettipola Divisional Hospital	
	Madipola Hospital	
Nuwaraeliya	Base Hospital - Rikillagaskada	Completed, handed over and functioning
	Walapane Divisonal Hospital	

Sabaragamuwa Province		
District	**HCWMC**	**Current Status**
Rathnapura	DH Pallebedda	Completed & Handed Over All are functioning
	DH Chandrikawewa	
	DHA Godakawela	
	DHA Kiriella,	
	DH Erathna	
	DH Ayagama,	
	DH Ayagama,	
Kegalle	DHA Deraniayagala	
	DHA Undugoda	
	DHA Kithulgala	
	DHA Aranayaka,	
	DHA Hemmathagama	

Uva Province		
District	**HCWMC**	**Current Status**
Welimada	BH Welimada	Completed & functioning
	DH Uwaparanagama	
	DH Boralanda	
	DH Bogahakumbura	
	DH Nadulgamuwa	
	PMCU Keppetipola	
Bibila	PMCU Godigamuwa	Completed & Functioning
	PMCU Kotagama	
	PMCU Nannapurawa	
	PMCU Rathmalgahaella	

North Central Province

District	HCWMC	Status
Anuradhapura	Negampaha DH	Completed & handed over
	Katiyawa DH	
	Rajanganaya Track 11 DH	
	Adiyagala DH	
	Senapura DH	
		Completed & handed over
Polonnaruwa	Jayanthipura DH	
	Aralaganwila DH	Pulasthigama Package deleted
	Pulasthigama DH	

Gender Base Violence Centers – Mithuru Piyasa

North Central Province		
District	**GBV Centers/ Mithurupiyasa**	**status**
Anuradhapura	Thambuththegama	BOQ under revision
Polonnaruwa	Medirigiriya	BOQ under revision

Central Province		
District	**GBV Centers /Mithurupiyasa**	**status**
Kandy	Teldeniya	Completed & functioning
Matale	Dambulla	Completed & functioning
Nuwaraeliya	Rikillagaskada	Completed & functioning

Sabaragamuwa Province		
District	**GBV Centers /Mithurupiyasa**	**Current status**
Rathnapura	Kahawatta	Completed & all are functioning
Kegalle	Karawanella	Completed. (not functioning)

Uva Province		
District	**GBV Centers/ Mithurupiyasa**	**status**
Monaragala	Bibila	Completed & functioning
Badulla	Welimada	Rebidding

Progress of the ongoing activities:

No	Activity	Physical Progress – S1 2026
1	Construction of Laboratory Complex at NIID, Angoda	Construction is ongoing Physical Progress – 79%
2	Renovation of the hostel building at the National Institute of Health Sciences (NIHS), Kalutara	Construction Completed
3	Establishment of Iodine Therapy at TH Rathnapura	Construction Completed
4	Establishment of Iodine Therapy at TH Anuradhapura	Construction Completed
5	Refurbishment of Point of Entry – Trincomalee	Construction Completed
	Refurbishment of the Point of Entry Colombo	Construction Completed
	Refurbishment of Point of Entry Hambanthota	Completed
	Refurbishment of Point of Entry Galle	Completed
6	Refurbishment of MRI Quarantine Unit	Completed
7	Construction of Suwa Seriya Paramedical Staff Base and Ambulance Stations	19 completed out of 20 ambulance stations
8	Establish a Computer Training Lab at MSD	Construction Ongoing Physical Progress – 20%

Ambulance Stations under the JFPR Grant

Improving the facilities of the Suwa Seriya Paramedical staff based at selected 20 regional stations (selected police stations in Sri Lanka). 14 Contracts awarded, 5 procurement process ongoing and 1 to rebid.

No	Ambulance Station	Current Progress
1	Mathugama	Contract completed. Not yet handed over
2	Hikkaduwa	Contract completed. Not yet handed over
3	Narammala	Work Completed and handover. Most of the places are functioning except few places
4	Dambulla	
5	Pallekelle	
6	Kothmale	
7	Mankulam	
8	Anuradhapura	
9	Old Police Station Trincomalee	

10	Ampara	
11	Kamburupitiya	
12	Monaragala	
13	Udawalawe	
14	Uva Paranagama	
15	Ambalantota	
16	Katana	
17	Kegalle	Mutual Termination
18	Kaduruwela -Polonnaruwa	Work completed
19	Puttalam	
20	Kilinochchi	

8. SOCIAL SAFEGUARDS AND RESETTLEMENT MONITORING

8.1. Land Acquisition and Resettlement

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 future.

All construction activities associated with sub projects activities are in and within the lands belong 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 Entitlement matrix of RF if involved.

If any land donation involved in any sub project in the future, all effort will be made to minimize the land donation. If any land needed from the public, negotiation with property owners will be carried out with 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.

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.

8.2. Grievance Redress Mechanism

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.

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.

It has been found that no additional land is required for the project. It is confirmed that there is no any land acquisition or structural damages or livelihood disturbances due to the implementation of this project. It is also confirmed that there is no presence of Indigenous people in this project area. Therefore, the results of this Due Diligence study concluded that, as per ADB Safeguard Policy Statement, the project has been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no temporary disruption of livelihood of any household or group of community in the project area during construction period. So that no needs to provide neither Resettlement Plan nor Indigenous People Development Plan as required by ADB's policy.

8.3. Health and Safety

The project employed about sufficient labours in each sub project during the construction period. The women and vulnerable families were given highest priority in 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.

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.

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.

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.

8.4. Public/Stakeholder Consultations

Meaningful Public and Stakeholder consultations were carried out during the detailed designing and the early stage of Project implementation. If any necessary situation in the field, conducts consultation/ discussions with relevant stakeholders in situations that arise in the field.

9. CONCLUSION

The impending follow-up action envisaged in last year on the social safeguard and safety issues have been duly addressed and resolved during the 2025 second semi-annual period.

Current progress of the HSEP/ HSEP-AF

PMCU/DH

Description	UVA	SAB	CENTRAL	NCP	Total
Works Completed	27	24	40	28	**119**
Items Deleted	3	1	4	2	**10**
Items under Procurement Process	0	1	0	0	**1**
Construction Works in Progress	0	4	1	0	**5**
TOTAL	**30**	**30**	**45**	**30**	**135**

FHC

	Uva	North Central	Central	Sabaragamuwa	Total
Works Completed	23	15	23	14	75
Item not considered for other reasons	0	2	2	5	9
Items Deleted - New Construction	3	12	7	9	31
Under Procurement Process	0	0	2	2	4
Construction Works in Progress	0	0	13	4	17

Out of the 9 Gender-Based Violence Center contracts, 6 (Dambulla, Rikillagaskada, Kahawatta, Karawanella, Teldeniya and Bibila) have been completed, 1 (Welimada) is rebidding and 2 (Thambuttegama and Madirigiriya under BOQ revision,

In the Central Province all 20 waste management centers have been completed. In Sabaragamuwa Province all Health Care Waste Management Centers (HCWMC) have been completed (12). In Uva Province, all HCWM constructions (10) have been completed, while in North Central Province, all HCWM projects (7) have been completed and Pulasthigama has call off.

The construction of the Laboratory complex at NIID, Angoda is ongoing and physical progress is about …. and the renovation of the hostel building at NIHS, Kaluthara has been completed. The establishment of Iodine Therapy at TH Anuradhapura and Ratnapura has been completed, Out of the 20 ambulance stations, 16 have been completed, 3 are in the bidding Kegalle process, and for the Kegalle contract mutually terminated.

The progress of Social Safeguards Compliance of the Project has been summarized up to the end of reporting period. All project operations are running as per the prescribed methodology of the resettlement plan and policy. One stakeholders meeting has been conducted in Rambuka FHC road boundary issue. All stakeholders gave their consent to shift the construction location beyond RDA reservation. Workers have become more aware about their safety. They are regularly using safety gear. Occupational health and hygiene have been well taken care of.

There are no complaints regarding land acquisition and involuntary resettlement as well.

There are some of the verbal minor issues are appropriately managed and handled in the local level through negotiations and mutual understanding.

10. APPENDIX

1. Physical Progress - District level ongoing construction Progress

	District	Name of the Sub Project	Image
Round 2 (AF)	**Matale**	**Dullewa PMCU** **Physical Progress – 90%** **Financial Progress – 20%**	
AF	**Matale**	**Aluthwewa PMCU** **Physical Progress – 100%** **Financial Progress – 25.5%** **Agreement Amount – LKR 38,056,248.00**	
AF	**Kandy**	**Mapakanda PMCU clinic** **Physical Progress – 50%** **Financial Progress – 13%**	

	Kandy	**Janasavigama FHC** **Physical Progress – 80%** **Financial Progress – 22%**	
AF	**Kandy**	**Kolabissa FHC** **Physical Progress – 80%** **Financial Progress – 13%**	
RO 2	**Monaragala**	**Buddhama PMCU** **Physical Progress – 100%** **Financial Progress – 70%** **Agreement Amount – LKR 36,69 Mn**	
AF	**Kandy**	**Gangaihala koralea FHC** **Physical Progress – 100%** **Financial Progress – 45%**	

AF	**Ratnapura**	**Rambuka FHC** **Physical Progress –** 5**%**	
AF	**Kegalle**	**Galigamuwa FHC** **Physical Progress – 2%**	
AF	**Kandy**	**Kadugannawa HCWMC** **Physical Progress – 100%**