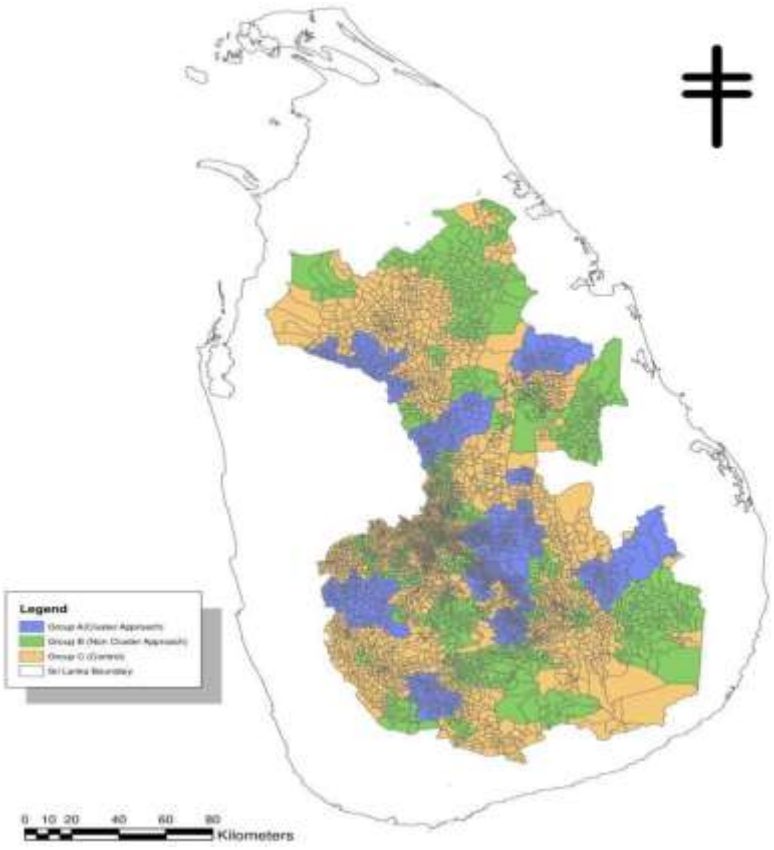
Government of Sri Lanka

Ministry of Health and Mass Media



Semi-Annual Social Safeguards Monitoring Report

(for period ending 31.12.2024)

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
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

This social safeguard compliance report is a document of the borrower. The views expressed herein do not necessarily represent those of ADB's Board of Directors, Management, or staff, and may be preliminary in nature.

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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 June to December 2024. 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 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 and will be closed on November 2025. The HSEP-AF is effective from 17th November 2021 and will be closed on November 2025. 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 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. No 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. 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:

14 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 process and the development of their working capacities.

15. 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 Unit. (PIU).

D. Scope of Impacts

16. 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

17. 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.

18. 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

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

20. 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.

21. 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.

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

G. Grievance Redress Mechanism (GRM)

23. 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.

24. 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.

25. 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.

26. 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.

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

28. 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)

29. 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

30. 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

31. 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 – 30th November 2024	30th November 2025
Elapsed Project period	5 years & 9 months	3 years & 3 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

29. 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

30. 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

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 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

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 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

36. 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 counselling. 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

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 a

(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 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.

43. 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.

FOLLOW-UP DETAILS FOR ACCIDENT IN SEMI-ANNUAL 1 PROGRESS REPORT 2024

44. Proposed Actions in Uva Province – Spring Valley Accident

Proposed Actions	Follow up action
Strengthen all Health and Safety keeping at the Project construction sites and continuous monitoring of the same.	The contractors' site staff were directed to provide necessary personal safety equipment to their field staff and labour. Adequate health and safety measures are implemented by the respective contractors during the construction.
Checking of the Health and safety requirements at the site to be strengthened.	All construction sites were notified on the requirement of proper health and safety measures. The PMU, PIU and the contractors' site staff were instructed to monitor compliance accordingly
Instructed to use safety belts for working at heights.	Instructions were issued to the contractors and PIUs accordingly.
Instructed to conduct training programs/ Awareness programs regarding Health and Safety for all the workers.	Aware all contractors and workers at construction sites
To inform to the contractor to include a policy to the insurance company to cover the sub-contractors.	Noted to include in next contract insurance
Strengthen the monitoring of the safety measures by PIU/ Design and Supervision Consultant.	➢ Instructed to contractors to follow safety guidelines strictly. ➢ Remind workers at every site visits.

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

- Expenses of the funeral Rs. 225,000.00
- Workman Compensation Act no 10 of 2022 the maximum liability for the death of workmen is Rs.2,000,000.00 and it further described that liability varies upon wages of employees. A contractor has calculated the victim's salary as Rs.75,000.00 based on daily wage of Rs. 3,000.00 and no of 30 days for a month. That salary is reasonable according to present market rates. The Workmen Compensation Act no 10 of 2022 sets the compensation amount as Rs. I ,880,000.00 for salary range of Rs.70,001 .00 -Rs.80,000.00 (Clause 27 of the act).

The amount of compensation payable according to the act (Death of Workman) is Rs. 1,880,000.00 and the details of the compensation amount are as follows:

- Paid compensation amount on 26th February 2024 Rs. 925,000.00
- Paid compensation amount on 15th July 2024 Rs. 955,000.00
- Total Paid amount Rs. 1,880,000.00

Follow-up Actions

Follow-up actions	Completed/ Not
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.	Informed the contractors.
Follow up on the insurance claim	All insurance claims paid.
The contractor agreed to pay the total due amount in one installment.	Total due amount paid by 15th July 2024 26.02.2024 = Rs.925000.00 15.07.2024 = Rs. 955000.00 Total = 1880000.00

6. PRESENT PROGRESS OF CIVIL WORKS

45. Civil works under the project have focused mainly on expanding existing 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.

46. 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.

47. 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 on the ongoing construction in round one.

	Facility Name	**Physical Progress (%) cumulative**	**Financial Progress (%) cumulative**	**Remarks**
Anuradhapura	Koonwewa			Terminated
	Koonwewa Balance Work	90%	0%	Floor tiling & Wall tiling at washrooms are ongoing

Implementation Progress of Development of Primary Medical Care Services –Completed construction Civil work round 1

Out of 43 facilities 42 facilities have been completed and handed over relevant provincial departments.

No	**PMCU/DHs**	Completion Date	Date of Handing Over	Functioning Status (Yes/No)
	W 1- Monaragala			
01	Thanamalwila	30/11/2020	19/01/2021	Yes
02	Dambagalla	25/12/2020	29/01/2021	Yes
03	Hambegamuwa	30/01/2020	15/03/2021	Yes
04	Dombagahawela	25/03/2021	16/07/2021	Yes
05	Daliwa	25/11/2021	26/01/2021	Yes
	W 2- Badulla			
06	Meegahakuliya	06/11/2020	11/11/2020	Yes
07	Haldummulla	15/03/2021	09/04/2021	Yes
08	Kandeketiya	29/03/2021	03/05/2021	Yes
09	Koslanda	06/03/2021	30/04/2021	Yes

10	Ettampitiya	28/06/2021	19/07/2021	Yes
	W 3- Kandy			
11	Hatharaliyada	13/05/2021	09/06/2021	Yes
12	Galaha	10/01/2021	11/01/2021	Yes
13	Deltota	04/03/2021	04/03/2021	Yes
14	Madulkelle	21/07/2023	28/08/2023	Yes
15	Dolosbage	5/03/2024	18/03/2024	Yes
	W 5- Nuwara Eliya			
16	Laxapana	08/03/2021	10/03/2021	Yes
17	Pundaluoya	08/03/2021	10/03/2021	Yes
18	Nanuoya	28/07/2021	09/08/2021	Yes
19	Kotagala	14/07/2021	09/08/2021	Yes
	W 4 – Matale			
20	Madavalaulpotha	05/10/2021	06/10/2021	Yes
21	Galewela	09/11/2021	04/11/2021	Yes
22	Kalundewa	31/12/2022	28/02/2023	Yes
23	Paldeniya	31/12/2022	28/02/2023	Yes
24	Kimbissa	31/12/2022	28/02/2023	Yes
	W 6- Polonnaruwa			
25	Ambagaswewa	15/01/2021	17/02/2021	Yes
26	Sevanapitiya	28/06/2021	03/07/2021	Yes
27	Ellawewa	02/07/2021	06/11/2021	Yes
28	Damminna	14/10/2021	06/11/2021	Yes
	W 7- Anuradhapura			
29	Galenbidunuwawa DHB	31/12/2020	12/01/2021	Yes
30	Tittagonewa	30/06/2021	03/08/2021	Yes
31	Negampaha	29/08/2021	24/05/2022	Yes
32	Horowpathana	15/8/2021	10/07/2022	Yes
	W 8- Kegalle			
33	Bolagama	03/12/2020	14/12/2020	Yes
34	Hewadiwela	24/09/2020	01/10/2020	Yes
35	Minuwangamuwa	21/08/2019	02/04/2021	Yes
36	Aranayaka	31/01/2021	10/02/2021	Yes
37	Uyanwatta	14/07/2024	05/08/2024	Yes
	W 9- Rathnapura			
38	Dodampe	28/02/2021	15/03/2021	Yes

39	Endana	30/11/2020	09/12/2020	Yes
40	Ranvala	24/12/2021	01/02/2022	Yes
41	Narissa	10/03/2020	01/02/2022	Yes
42	Delwela	14/10/2022	09/12/2022	Yes

Under the HSEP – Original Project, 50 PMCU/DHs are to be developed under Round 2 civil work. Out of which 42 PMCU/DHs have already been completed, 3 were deleted and 5 are still in ongoing.

Round 2 Phase 1	Facility Name	Physical Progress (%) cumulative	Financial Progress (%) cumulative	Remarks
Anuradhapura	Katiyawa			Terminated
	Katiyawa Balance Work	83%	69.10%	Prepared BOQ for balance work (LKR 7,008, 290.44) Termination document to ADB for final approval
Polonnaruwa	Aralaganwila	32%	12.25%	Brick Work at consultation room and Formwork for Beams Section at Toilet Blocks area.
Nuwara Eliya	Agarapathana	75%	17%	Roof construction work in progress
	Bogawanthalawa	73%	24%	Roof construction work in progress
Kandy	Ambagahapelessa	75%	17%	Roof construction work in progress

Implementation Progress of Development of Primary Medical Care Services –Completed construction Civil work round 2

Out of 19 facilities 17 facilities have been completed and handed over relevant provincial departments.

No	PMCU/DHs	Completion Date	Date of Handing Over	Functioning Status (Yes/No)
	W 10- Monaragala			
01	Pitakumbura	10.05.2022	24.05.2022	Yes
02	Rathmalgahaella	29.07.2022	29.07.2022	Yes
03	Nannapurawa	24.11.2022	15.12.2022	Yes
04	Kotagama	14.10.2022	18.11.2022	Yes
05	Medagama	31.05.2023	11.08.2023	Yes
	W 11-Badulla			

06	Uva Paranagama	14.10.2022	10.11.2022	Yes
07	Lunugala	14.10.2022	10.11.2022	Yes
08	Metigahatenna	13.12.2022	20.12.2022	Yes
09	Galauda	29.11.2024	08.01.2025	Yes
10	Haputale (Balance Works)	25.12.2024	To be 24.02.2025	
	W 12 – Matale			
11	Maraka	20.05.2024	14.06.2024	Yes
12	Gurubebila	02.06.2024	25.06.2024	Yes
13	Elkaduwa	29.05.2024	12.06.2024	Yes
14	Handungamuwa	10.07.2024	06.08.2024	Yes
15	Nalanda	02.09.2024	05.09.2024	No
16	Leliambe DHC	24.11.2024	31.12.2024	Yes
17	Madipola	13.01.2025	-	-
	W 13 – Kandy			
18	Morayaya	10.09.2024	30.09.2024	Yes
19	Kurunduwatta DHC	13.01.2025	-	No
20	Hasalaka DHC	17.11.2024	01.01.2025	
21	Kolongoda DHC	17.11.2024	01.01.2025	
	W 14 – Nuwara Eliya			
22	Hatton	04.03.2024	21.03.2024	Yes
	W 15- Polonnaruwa			
23	Parakrama Samudraya	08.11.2022	09.11.2022	Yes
24	Sinhapura	06.01.2023	06.01.2023	Yes
25	Wijepura	22.12.2022	25.12.2022	Yes
26	Medagama	28.03.2023	12.05.2023	Yes
27	Aselapura	10.12.2024	03/11/2024	Yes
	W 16- Anuradhapura			
28	Ethakada	09.09.2023	09.09.2023	Yes
29	Andiyagala	11.08.2023	11.08.2023	Yes
30	Mahasenpura	15.08.2023	15.08.2023	Yes
31	Habarana	12/10/2024	12.10.2024	No
32	Labunoruwa PMCU	10/12/2024	04.12.2024	Yes
	W 17- Kegalle			
33	Hinguralakanda	31.03.2023	14.03.2023	Yes
34	Pothdenikanda	31.03.2023	31.03.2023	Yes
35	Basnagala	18.10.2023	27.03.2024	Yes
36	Dothaloya	17.11.2023	21.03.2024	Yes
	W 18 - Ratnapura			
37	Paragala	20.11.2023	23.01.2024	Yes
38	Galpaya	10.04.2024	18.06.2024	Yes

39	Belihuloya	10.04.2024	24.06.2024	Yes
40	Kirimetithenna	24.06.2024	24.06.2024	Yes
41	Rajawaka	24.06.2024	24.06.2024	Yes
42	Pinnawala	30.06.2024	30.07.2024	No

Physical infrastructure development of PMCUs and DHs (Additional Financing: 42 facilities across 9 districts)

Out of 42, 6 Constructions ongoing and 21 PMCU has been completed.

Round 2 Phase 1	Facility Name	Physical Progress (%) cumulative	Financial Progress (%) cumulative	Remarks
Anuradhapura	Wahalkada	95	20.63	Delayed due to the approval of revised layout & str. drawing for ETU unit. EOT requested by PIU on 08.01.2025.
	Rathmalgahaella	71%	20.53%	Renovation of Maternity ward roof got delayed due to material purchasing issue. Corridor was added to the design layout after CA. EOT requested by RDC in Nov
Kegalle	Deraniyagala	-	-	Awarded in December and work started
Rathnapura	Weddagala	-	-	Awarded in December and work started (Foundation process is ongoing)
	Beranduwa	-	-	Awarded in December and the site mobilized
	Kuruwita	-	-	Work Started

Out of 42 facilities 21 facilities have been completed and handed over relevant provincial departments.

No	PMCU/DHs	Completion Date	Date of Handing Over	Functioning Status (Yes/No)
	W 1- Kandy			
01	Digana	22.09.2023	04.10.2023	Yes
02	Katugasthota	20.03.2024	01.04.2024	Yes
03	Marassana	26.02.2024	05.03.2024	Yes
04	Morahena	25.03.2024	27.03.2024	Yes
05	Muruthalawa	25.03.2024	05.04.2024	Yes
	W 3 – Nuwara Eliya			
06	Watawala	25.03.2024	27.03.2024	Yes
07	Hangarapitiya	25.03.2024	09.04.2024	Yes
08	Ragala	25.03.2024	01.04.2024	Yes
09	Kandapola	02.06.2024	09.07.2024	Yes
10	Ginigathhena	16.08.2024	12.09.2024	Yes
	W5 – Badulla			

11	Bathalayaya	08.05.2024	08.04.2024	Yes
12	Spring Valley DH	18.07.2024	01.08.2024	Yes
13	Uraniya	10.09.2024	24.10.2024	Yes
	W 4 - Monaragala			
14	Dewathura	26.08.2024	09.09.2024	Yes
15	Okkampitiya DHC	22.10.2024	01.11.2024	Yes
16	Bakinigahawela PMCU	04.10.2024	04.10.2024	Yes
	W 8 – Anuradhapura			
17	Mahawilachchiya	08.04.2024	08.04.2024	Yes
	W 9 – Polonnaruwa			
18	Jayanthipura	20/08/2024	03.09.2024.	Yes
19	Weheragala PMCU	15/10/2024	22/10/2024	Yes
20	Bakamoona DHB	04/10/2024	18/10/2024	Yes
21	Attanakadawala	15/12/2024	27/01/2027	No

Summary of the Progress of the Development of Field Health Centres

	Uva	North Central	Central	Sabaragamuwa	Total
Works Completed	15	9	4	12	40
Item not considered for other reasons	0	2	2	4	8
Items Deleted - New Construction	3	12	7	7	29
Under Procurement Process	8	0	21	8	37
Construction Works in Progress	0	5	13	3	21

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

District	Location	Date of Commenced	Completion Date	Physical Progress (%) cumulative	Financial Progress (%) cumulative	Remarks
Anuradhapura	Murungahitikanda	25.07.2024	17.03.2025	87%	45.32%	Remaining Works : Fixing Aluminium doors, windows and fanlight. Fixing Iron Grill. Sanitary fitting & fixing accessories.
	Thelhiriyawa	20.03.2024	14.02.2025	65%	44.32%	Issues with Contract awarding. Solved on 14.08.2024. Contractor received the approval on 14.08.2024. Contractor commenced the work on 24.09.2024. (Due to relocation of clinic and office, the item got delayed).
	Rambakulama	16.08.2024	Contractor	95%	0%	Painting works – 20%

			submitted EOT request to RDC in November 2024			Plumbing works – 10% Completed Awarded BOQ works in December & Ongoing additional work recommended by RDC. Contractor agreed to finish the work by 20th Feb, 2025
	Anawolandewa	16.08.2024	12.02.2025 (EOT requested)	62%	0%	Roof works are ongoing
Polonnaruwa	Weheragala	10.01.2024		10%	0%	Painting works & Installation of sanitary accessories
Central	Norwood	05.11.2024	03.05.2025	10%	0%	
	Radella	19.10.2024	17.03.2025	20%	13%	
	Stathspey	05.11.2024	03.04.2025	Contract Mobilized	0%	MOH request renovation work for attached clinic building
	Mayfield	31.12.2024	29.06.2025	20%	0%	
	Pedro	31.10.2024	28.04.2025	15%	0%	
	Udunuwara	18.12.2024	16.04.2025	40%	12%	Request a roof with ceiling on garage slab to use as a waiting area
	Inigala	03.01.2024	03.05.2025	30%	13%	
	Gangawatakoral a	12.01.2025	11.06.2025	Contract Mobilized	0%	
	Habaragahama da	20.12.2024	19.03.2025	15%	0%	MOH request access path to new clinic building with canopy roof. Request security grill for windows , Wall fan and wiring work of new clinic building
	Dankanda	20.12.2024	18.04.2025	40%	0%	
	Narangolla	20.12.2024	19.03.2025	35%	0%	
	Aluthwewa	25.12.2024	23.04.2025	15%	0%	
	Deevilla	22.01.2025	20.07.2025	Contract Mobilized	0%	RRM wall required for rear side of the building
Sabaragamu wa	Diulangate			10%	0%	Awarded in December
	Hallinna			-	0%	

	Uggoda			60%	0%	

Implementation Progress of Development of Primary preventive care services –Completed construction of Field Health Centres Out of 98 facilities 40 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
	Thalagama	15.10.2023	03.11.2023	Yes
	Gabbela FHC	05.09.2024	11.11.2024	Yes
	Mihindugama FHC	02.09.2024		Yes
	Columbugama	20.06.2024		Yes
	Pathakada	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		
Matale	Kandegedara	31.03.2023	31.03.2023	Yes
	Katudeniya	10.04.2023	10.04.2023	Yes
Kandy	Dunuwila	31.03.2023	31.03.2023	Yes
	Udapalatha	30.06.2023	30.06.2023	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
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
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
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

Health Care Waste Management Centers

Central Province		
District	**HCWMC**	**Current status**
Teldeniya Cluster - Kandy	Medamahanuwara DH	Awarded – 09.09.2024 and Completed All are functioning
	Manikhinna DH	
	Wattegama DH	
	Ududumbara DH	
	Hasalaka MOH	
	Morayaya/Minipe DH	
	Katugasthota DH	
	Akurana MOH	
	Galagedara DH	
	Galaha DH	RFQ documents are being prepared for ADB concurrence & DDR pending
	Ankumbura DH	
	Akurana DH	
	Kadugannawa DH	
	Pamunuwa DH	
	Pussellawa DH	
Matale	Galewela Divisional Hospital	Completed & Handed over
	Hettipola Divisional Hospital	

	Madipola Hospital	Pending ADB concurrence for RFQ document & DDR pending
Nuwaraeliya	Base Hospital - Rikillagaskada	Completed & Handed over All are functioning
	Walapane Divisonal Hospital	Pending ADB concurrence for RFQ document & DDR pending

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 Udugoda	
	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	Completed & Functioning

North Central Province

District	**HCWMC**	**Status**
Anuradhapura	Negampaha DH	ADB Clarifications were responded for the contract award.
	Katiyawa DH	
	Rajanganaya Track 11 DH	
	Adiyagala DH	
	Senapura DH	
		Pending PPC Decision for the contract award
Polonnaruwa	Jayanthipura DH	
	Pulasthigama DH	
	Aralaganwila DH	

Gender Base Violence Centers – Mithuru Piyasa

North Central Province		
District	**GBV Centers/ Mithurupiyasa**	**status**
Anuradhapura	Thambuththegama	BOQ Under Preparation
Polonnaruwa	Medirigiriya	BOQ Under Preparation

Central Province		
District	**GBV Centers /Mithurupiyasa**	**status**
Kandy	Teldeniya	Pending ADB concurrence for RFQ document
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 & all are functioning

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

Progress of the ongoing activities:

No	Activity	Physical Progress - 2024
1	Construction of Laboratory Complex at NIID, Angoda	Construction is ongoing Physical Progress – 16%
2	Renovation of the hostel building at the National Institute of Health Sciences (NIHS), Kalutara	Construction is ongoing Physical Progress – 28% waterproofing work - 80% Tiling – 60% Painting – 10% Electrical works – 25% Plumbing – 50% External Brickwork – 10%

3	Establishment of Iodine Therapy at TH Rathnapura	Contract awarded and Mobilized
4	Establishment of Iodine Therapy at TH Anuradhapura	Construction completed
5	Refurbishment of Point of Entry – Trincomalee	Contractor has Mobilized
	Refurbishment of Point of Entry Colombo	Site Mobilized and Contractor is unable to start the work as a port authority has not handed over the building yet
	Refurbishment of Point of Entry Hambanthota	Completed
	Refurbishment of Point of Entry Galle	Completed
6	Refurbishment of MRI Quarantine Unit	Completed

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	Matugama	Work Completed, But Suwaweriya has not arrange for taking over.
2	Narammala	
3	Dambulla	
4	Pallekelle	
5	Kothmale	
6	Hikkaduwa	
7	Mankulam	
8	Anuradhapura	
9	Old Police Station Trincomalee	
10	Ampara	
11	Kamburupitiya	
12	Monaragala	
13	Udawalawe	
14	Uva Paranagama	
15	Ambalanthota	
16	Katana	

17	Kegalle	Contract awarded. No suitable land allocated
18	Kaduruwela -Polonnaruwa	Awaiting ADB concurrence to award
19	Putthalum	Rebidding
20	Kilinochchi	

7. SOCIAL SAFEGUARDS AND RESETTLEMENT MONITORING

7.1. Land Acquisition and Resettlement

48. 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.

49. 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.

50. 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.

51. 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

52. 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.

53. 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.

7.3. Health and Safety

54. 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.

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

57 Meaningful Public and Stakeholder consultations were carried out during the detailed designing and the early stage of Project implementation.

Appendix

1. Physical Progress - Ongoing Construction Progress

	District	Name of the Sub Project	Image
Round 1 (OF)	**Anuradhapura**	**Koonwewa PMCU** **(After termination process)** Physical Progress – 90% Financial Progress – 0% Agreement Amount - LKR 26,647,331.97	 
	Anuradhapura	**Katiyawa PMCU**	

Round 2 (OF)		**Physical Progress – 83%** **Financial Progress – 69.10%** Agreement Amount - LKR 25,007,233.40	
	Polonnaruwa	**Aralaganwila DHB** **Physical Progress – 32%** **Financial Progress – 12.25%** **Agreement Amount – LKR 65,841,635.94**	
	Kandy	**Ambagahapelessa DHC** **Physical Progress – 75%** **Financial Progress – 17%** **Agreement Amount – LKR 64,365,368**	
	Nuwara Eliya	**Agarapathana DHC** **Physical Progress – 75%** **Financial Progress – 17%** **Agreement Amount – LKR 55,437,345.3**	

			
	Nuwara Eliya	**Bogawanthalawa DHB** **Physical Progress – 73%** **Financial Progress – 24%** **Agreement Amount – LKR 63,623,909.65**	
Additional Financing	**Anuradhapura**	**Rathmalgahawewa DHC** **Physical Progress – 71 %** **Financial Progress – 20.53%** **Agreement Amount – LKR 62,974,569.62**	

			
	Anuradhapura	**Wahalkada PMCU** **Physical Progress – 95%** **Financial Progress – 47.70%** **Agreement Amount – LKR 64,727,816.76**	
Field Health Centers	**Anuradhapura**	**Murungahitikanda FHC** **Physical Progress – 87%** **Financial Progress – 45,32%** **Agreement Amount – LKR 10,521,680.41**	

		Anawolendewa **Physical Progress – 62%** **Financial Progress – 0%** **Agreement Amount – LKR 10,013,171.33**	 
		Rambakulama **Physical Progress – 95%** **Financial Progress – 0%** **Agreement Amount – LKR 2,171,465.00**	
	Polonnaruwa	**Weheragala** **Physical Progress – 5%** **Financial Progress – 0%** **Agreement Amount – LKR 5,054,222.51**	

			
	Kandy	**Udunuwara FHC** **Physical Progress – 40%** **Financial Progress – 12%** **Agreement Amount – LKR 9,917,274.18**	 

	Kandy	**Inigala FHC** **Physical Progress – 30%** **Financial Progress – 13%** **Agreement Amount – LKR 8,942,188.33**	
	Kandy	**Gangawatakorale FHC** **Physical Progress – Site Mobilization** **Financial Progress – 0%** **Agreement Amount – LKR 9,691,518.45**	
	Matale	**Dankanda FHC** **Physical Progress – 40%** **Financial Progress – 0%** **Agreement Amount – LKR 6,034,193.00**	
	Matale	**Narangolla FHC** **Physical Progress – 35%** **Financial Progress – 0%** **Agreement Amount – LKR 2,915,759.00**	

	Matale	**Habaragahameda FHC** **Physical Progress – 15%** **Financial Progress – 0%** **Agreement Amount – LKR 3,805,444.50**	
	Matale	**Aluthwewa FHC** **Physical Progress – 15%** **Financial Progress – 0%** **Agreement Amount – LKR 6,886,192.50**	
	Matale	**Deevilla FHC** **Physical Progress – Site Mobilization** **Financial Progress – 0%** **Agreement Amount – LKR 13,801,683.00**	

	Nuwaraeliya	**Strathspey FHC** **Physical Progress – Site Mobilization** **Financial Progress – 0%** **Agreement Amount – LKR 12,078,748.70**	
	Nuwara Eliya	**Radella FHC** **Physical Progress – 20%** **Financial Progress – 13%** **Agreement Amount – LKR 11,256,467.53**	
	Nuwara Eliya	**Norwood FHC** **Physical Progress – 10%** **Financial Progress – 0%** **Agreement Amount – LKR 12,773,357.65**	

	Nuwara Eliya	**Pedro FHC** **Physical Progress – 15%** **Financial Progress – 0%** **Agreement Amount – LKR 14,648,567.10**	
	Nuwara Eliya	**Mayfiels FHC** **Physical Progress – 20%** **Financial Progress – 0%** **Agreement Amount – LKR 16,240,242.50**	

1. CONCLUSION

58 The impending follow-up action envisaged in S1 on the social safeguard and safety issues have been duly addressed and resolved during the second semi-annual period.

59 Current progress of the HSEP/ HSEP-AF

PMCU/DH

Description	Uva	Sabaragamuwa	Central	NCP	Total
Work Completed	26	20	36	23	105
Item Deleted	3	1	4	2	10
Items under Bidding Process	1	5	2	0	8
Construction work in progress	0	4	3	5	12
Total	3	30	45	30	135

FHC

Description	Uva	Sabaragamuwa	Central	NCP	Total
Work Completed	15	12	4	9	40
Item Deleted	3	7	8	12	29
Items under Bidding Process	8	7	18	0	33
Construction work in progress	0	4	16	5	25
Total	26	30	45	26	127

Out of the 9 Gender-Based Violence Center contracts, 5 (Dambulla, Rikillagaskada, Kahawatta, Karawanella, and Bibila) have been completed, 1 (Welimada) is currently under construction, and 3 (Thambuttegama, Madirigiriya, and Teldeniya) are in the procurement process.

In the Central Province, 11 out of 20 contracts have been completed, with the remaining contracts currently in the procurement process. In Sabaragamuwa Province, all Health Care Waste Management Centers (HCWMC) have been completed (12). In Uva Province, all HCWM constructions (10) are ongoing, while in North Central Province, all HCWM projects (8) are still in the procurement process.

The construction of the Laboratory Complex at NIID, Angoda, and the renovation of the hostel building at NIHS, Kaluthara, are still ongoing. The establishment of Iodine Therapy at TH Anuradhapura has been completed, while all other construction projects are still in progress. Out of the 20 ambulance stations, 16 have been completed, 3 are in the procurement process, and for the Kegalle contract, while the contract has been awarded, no suitable land has been allocated yet.

60 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. Most of the grievances have been solved through mutual negotiations between the affected people and concerned parties. Workers have become more aware about their safety. They are regularly using safety gear. Occupational health and hygiene have been well taken care of.

61 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.