# Annual Safeguard Monitoring Report

Project Number: SRI 51107 -002
Loan: SRI 3727
Year: 2019

# Sri Lanka: Health System Enhancement Project (HSEP)

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

# GOVERNMENT OF SRI LANKA

# MINISTRY OF HEALTH AND INDIGENOUS MEDICAL SERVICES

**ANNUAL SOCIAL SAFEGUARD MONITORING**

**REPORT 2019**

**20th January 2020**

# HEALTH SYSTEM ENHANCEMENT PROJECT

ADB Loan Number - SRI 3727

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

## ABBREVIATIONS

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

## 1) EXECUTIVE SUMMARY

This Annual Social Safeguards Monitoring Report for the Health System Enhancement Project (HSEP) of Sri Lanka covers the period from January to December 2019. The results of the Due Diligence Reports (Social Safeguard) prepared for the proposed project concluded that, as per ADB Safeguard Policy Statement, the project is categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. The areas of development within the four provinces(Central, North Central, Uva and Sabaragamuwa provinces) were selected based on identification of critical gaps with a geographic targeting to ensure coverage of lagging regions. It has been found that no additional land is required for the project. The land identified for locating all facilities are belong to respective institution without acquiring private lands. Therefore no either resettlement impacts or temporary disruption of livelihood of any household or group of community in the project area during design and construction periods. Hence, it can be concluded that the project activities conducted during the reporting period does not have any Involuntary resettlement issues.

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

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

## 2) BACKGROUND OF THE REPORT AND PROJECT DESCRIPTION

### 2.1 Objective of the report

1. This Annual Social Safeguards Monitoring Report for the Health System Enhancement Project of Sri Lanka covers the period from January to December 2019. The objective of the report is to provide an overview of the progress made in the implementation of the Social Safeguard activities during this reporting period. It provides information on social safeguards activities related DDRs, GAP implementation and social as well as safeguards issues raised during the design and construction periods, as needed as well as social impact mitigation measures adopted. It describes the project's performance in dealing with community consultation and stakeholders' participation and grievances received and redressed. Lessons learned and the recommendations for the implementation of safeguards component of the project during the next reporting period are summarized at the end of the report.

### 2.2 Project Description

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

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

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

5. Projects and programs financed by ADB need to comply with ADB's safeguard policies as detailed in the Safeguards Policy Statement (SPS) of 2009. Therefore, sub-projects and

components eligible for funding under this project will be required to satisfy the ADB's safeguard policies, in addition to conformity with environmental legislation of the Government of Sri Lanka.

## 3. PROJECT OBJECTIVE AND EXPECTED OUTCOMES

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

**Project outputs**:

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

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

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

**Output 2.** Health and Surveillance Capacity strengthened

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

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

## 4. INSTITUTIONAL FRAMEWORK

**Figure 1: Project Management Structure**

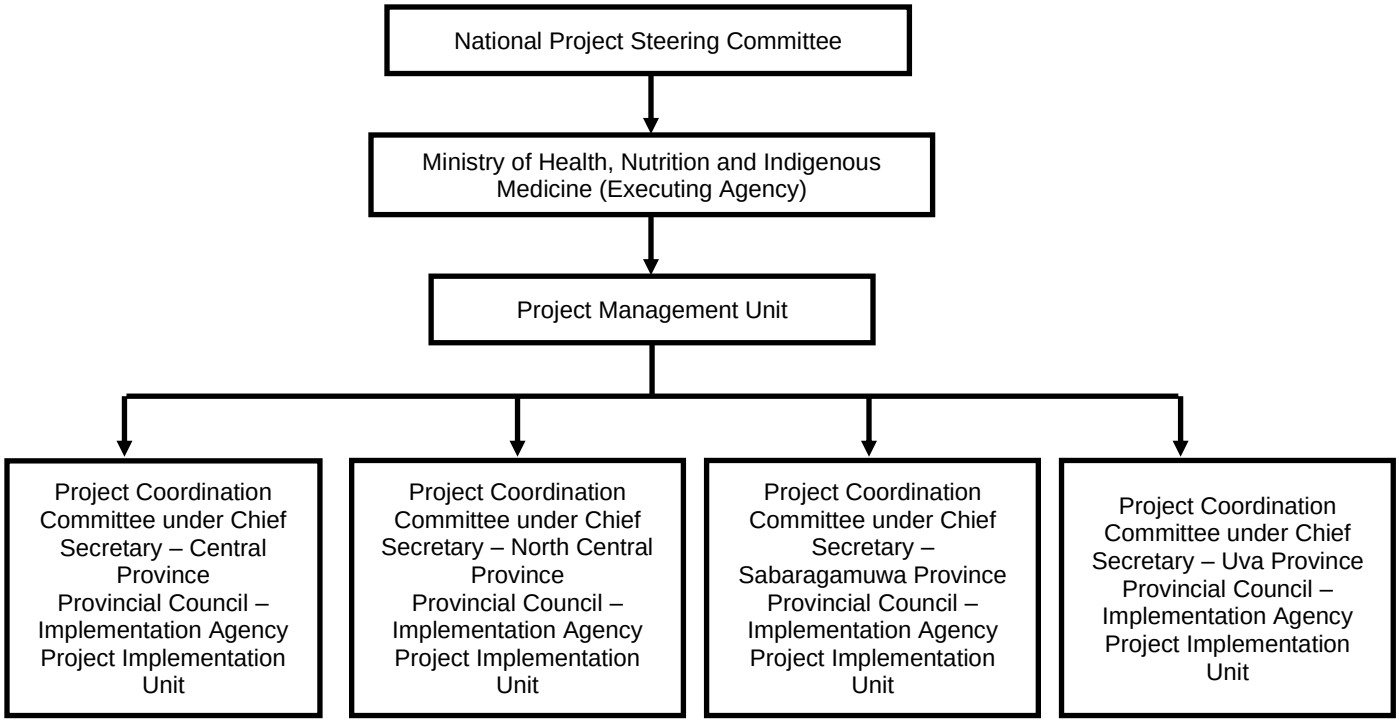
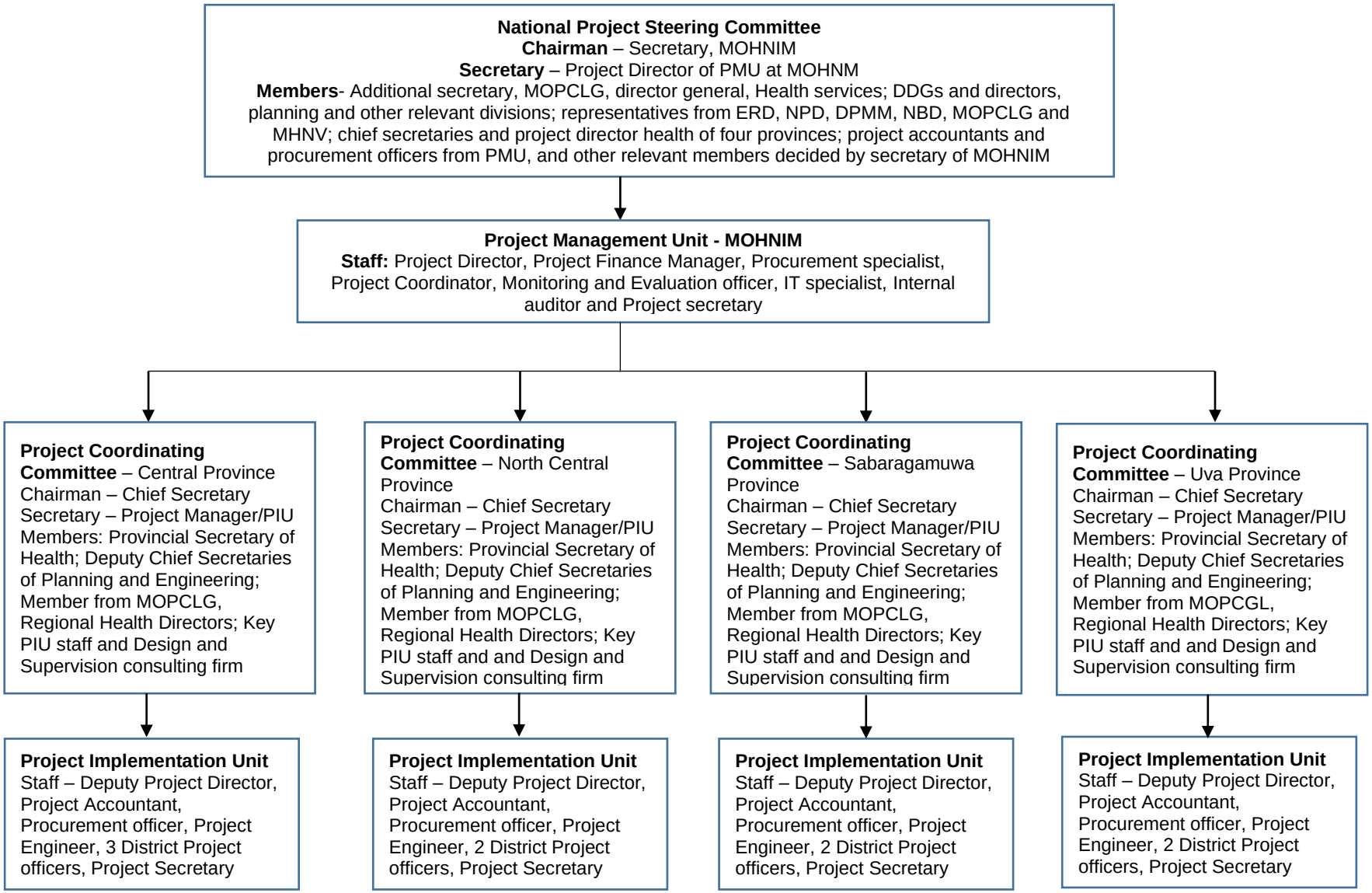


**Figure 2: Project Management Committees and their Composition**




DDG = deputy director general; DPMM = Department of Project Management and Monitoring; ERD = Department of External Resources; IT = information technology; MHNV = Ministry of Hill Country New Villages, Infrastructure and Community Development; MOHNIM = Ministry of Health, Nutrition, and Indigenous Medicine; MOPCLG = Ministry of Provincial Councils and Local Government; NBD = National Budget Department; NPD = National Planning Department; PIU = project implementation unit; PMU = project management unit.

## 5. SCOPE OF CIVIL WORKS

Civil works under the program will be focused mainly on expanding facilities within the Out-Patient'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.

Table 1- List of contractors and facilities

| District | No | Contract | Contractor |
|---|---|---|---|
| **Polonnaruwa** | 1 | Ambagaswewa | Gamoth Construction and Enterprises(Sanasuma) |
| | 2 | Ellawewa | D.M.C Construction |
| | 3 | Damminna | Premadasa Construction |
| | 4 | Sewanapotiya | Re biding in progress |
| **Anuradapura** | 5 | Negampaha | Nandana Rodrigo Construction |
| | 6 | Horovpathana | D.M.C Construction |
| | 7 | Galenbidunuwawa | Pubudu Constructin |
| | 8 | Tittagonawa | Nirupama Construction |
| | 9 | Konwewa | Devaki Enterprices |
| **Nuwaraelliya** | 10 | Kotagala | Malwatta Construction |
| | 11 | Laxapana | Malwatta Construction |
| | 12 | Nanuoya | Malwatta Construction |
| | 13 | Pundaluoya | Malwatta Construction |
| **Matale** | 14 | Kalundewa | Decision Pending for rebidding |
| | 15 | Madavalaulpotha | Decision Pending for rebidding |
| | 16 | Paldeniya | Decision Pending for rebidding |
| | 17 | Kimbissa | Decision Pending for rebidding |
| | 18 | Galewela | Decision Pending for rebidding |
| **Kandy** | 19 | Hatharaliyada | Central Engineering Services (Pvt) LTD |
| | 20 | Madulkale | Central Engineering Services (Pvt) LTD |
| | 21 | Dolosbage | Central Engineering Services (Pvt) LTD |
| | 22 | Galaha | Central Engineering Services (Pvt) LTD |
| | 23 | Deltota | Central Engineering Services (Pvt) LTD |

| | | | |
|---|---|---|---|
| **Monaragala** | 24 | Thanamalwila | SUHADA ENTERPRISES |
| | 25 | Dambagalla | SUHADA ENTERPRISES |
| | 26 | Dobagahawela | KSP Building Material |
| | 27 | Deliwa | KSP Building Material |
| | 28 | Hambegamuwa | Re biding in progress |
| **Badulla** | 29 | Meegahakiula | Wijewardana Construction |
| | 30 | Ettampitiya | Re biding in progress |
| | 31 | Haldummulla | Re biding in progress |
| | 32 | Kandeketiya | Re biding in progress |
| | 33 | Koslanda | Re biding in progress |
| **Kegalla** | 34 | Bolagama | S.D.S Constructions |
| | 35 | Hewadiwela | S.D.S Constructions |
| | 36 | Minuwangamuwa | S.D.S Constructions |
| | 37 | Aranayaka | S.D.S Constructions |
| | 38 | Uyanwatta | S.D.S Constructions |
| **Ratnapura** | 39 | Delwala | Re biding in progress |
| | 40 | Dodampe | Mohan Enterprises |
| | 41 | Narissa | Re biding in progress |
| | 42 | Endana | KEP Construction |
| | 43 | Ranwela | Re biding in progress |

## 6. SCOPE OF IMPACTS

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

The projects output one consists of refurbishment and renovation of PMCUs and DHs which do not have any significant adverse social impacts. The land identified for locating these facilities are belong to respective institution without acquiring private lands.

It has been found that no additional land is required for the project. It is confirmed that there is no any land acquisition or structural damages or livelihood disturbances due to the implementation of this project. It is also confirmed that there is no presence of Indigenous people in this project area. Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project have been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period in 2019.

## 7. COMPENSATION AND REHABILITATION

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

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

## 8. PROJECT DISCLOSURE, PUBLIC PARTICIPATION AND CONSULTATION

As per ADB approved RF and IPPF, Due Diligence Reports (Social Safeguards) were prepared for each sub project and approved by ADB. The DDR confirmed that each sub projects fall under "Category C" for both involuntary resettlement and indigenous people safeguards. The status of DDR-Social is attached in attachment 1. During the reporting period there has been no resettlement impacts and impacts to Indigenous people.

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

Consistent with National Involuntary Resettlement Policy (NIRP) and ADB's Safeguard Policy Statement (2009) (SPS), meaningful consultations were organized. The project does not appoint Social Safeguard Specialist yet but project has followed a consultative process during the procurement process of the facilities with ADB consultants. There are 4 meetings were held in each province to aware contractors and persons which are responsible for the facilities with regards to Social Safeguard and monitoring. The consultation process began during the planning stage and is carried out throughout the project in 2020 through social safeguard specialist.

## 9. IMPLEMENTATION OF GENDER ACTION PLAN

The project has been classified effective gender mainstreaming (EGM) as the project outputs are designed to advance both women's and men's access to health services and infrastructure which in turn would contribute to mainstreaming gender equality. Some interventions include gender responsive construction features (separate toilets, private examination and changing rooms); gender responsive and inclusive essential service package; sex-disaggregated data in health information systems; and trainings for medical officers and PHC staff on gender sensitivity, gender related policies, and intervention.

PMU has appointed Monitoring and Evaluation Consultants to carry out a survey to establish a sex-disaggregated data information system and M&E consultants are now working on this matter. PMU and PIUs are reviewing all designs for civil works to ensure provide separate female toilets and proper access for disable people.

The Gender Specialist (Consultant) is not appointed yet to implement GAP due to ADB concurrence not received for previous 2 procurements. PMU is taking action to appoint the Consultant before 28th February 2020.

## 10. GRIEVANCE REDRESS MECHANISM (GRM)

The project established a grievance redress mechanism that is available and accessible to the community, officials from the government and non-government organizations and all citizens directly or indirectly affected or influenced by the project interventions. In addition, a grievance redress mechanism (GRM) is required for addressing grievances related to environment and social issues related to the project. A well-defined and managed grievance redress process is benefitting the project implementing teams as well as the communities directly and indirectly influenced or affected by the project. It helps to address minor disputes before they are elevated to formal dispute resolution methods by complainants including to the legal system, mediation bodies or members of parliament

An effective ADB approved project-specific three tier Grievance Redress Mechanism (GRM) is in place for timely and sensible hearings and facilitate solutions. The Grievance Redress Mechanism of the Project is also disclosed on project website www.hsep.lk. The list of grievances recorded and attended is provided regularly in the quarterly progress reports. There were no grievances at time of the reporting.

A Grievance Redress Mechanism (GRM) is established in each PIU to receive, evaluate, and facilitate resolution of the user group's concerns, complaints, and grievances on the social and environmental performance of the project. The Grievance Redress Committee (GRC) is also established (Representatives in each GRC given in the table 1). If any complaint is received, the GRC will meet fortnightly and can invite others to participate in its discussions as appropriate to the case. The PIU representative will serve as convener and will advise subproject residents of this modality.

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

Table 2: Implementation of Grievance Redress Mechanism and establishment of Grievance Redress Committees (GRC)

| Province | Members of GRC | Name | No. of complaints received | No. of complaints submitted to ADB | Action taken by GRC/PIU/ PMU | Comments |
|---|---|---|---|---|---|---|
| North Central | DPD PIU -Chairman | Dr. WM Palitha Bandara | - | - | - | No complaints received. |
| | District project officer Secretary. | Ms. Udeni Jayasundara | | | | |
| | RDHS – Member | Dr.N.C.D. Ariyarathna | | | | |
| | RDHS – Member | Dr. D A S Jayasingha | | | | |
| | Administration officer – Member | Mrs. H M Seelawathi | | | | |
| | Journalist - Member | Mr. Nimal Wijesingha | | | | |
| Central | DPD PIU - Chairman | Dr. Arjuna Thilakaratne | | | | No complaints received. |
| | RDHS – Member | Dr. Senaka Thalagala | | | | |
| | RDHS – Member | Dr. P Nitharshenie | | | | |
| | RDHS – Member | Dr. Sepali Wickramathilaka | | | | |
| | Grama Niladari -Representative of the community | Mr. B M D G Abeyrathne Banda | | | | |
| | Director Engineering Service – Member | Mr. R K R Senaviratna | | | | |
| | Project secretary- social and environmental responsible officer | Ms. M J Tharaka Ireshani | | | | |
| Uva | DPD PIU - Chairman | Dr. N Gamagedara | | | | No complaints received. |
| | RDHS -Member | Dr. J C M Tennakoon | | | | |
| | RDHS – Member | Dr. P D K Adikari | | | | |
| | Medical Officer – Representative of community | Dr. W M C Bandara | | | | |
| | Legal officer – Nominated by PC | Mrs. K M I H Priyangika | | | | |
| | Project Secretary – Social and environmental responsible officer | Mr. A G L Kumara | | | | |
| Sabaragamuwa | DPD PIU - Chairman | Dr. Kapila B Kannangara | | | | No complaints received. |
| | Project Officer PIU- Secretary. | Dr. V S M C K B Jayawardana | | | | |
| | RDHS – Member | Dr. N G S Panditharatne | | | | |
| | RDHS – Member | Dr. P K Wicramasinghe | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Director Planning- Member | Mr. G D J K Godage | | | | |
| | Retired Provincial Director Education - Member | Mr. W M Gunathilake | | | | |
| PMU | Chairman – Project Director PMU | Dr Anil Dissanayake | | | | |
| | Member – DDG Planning (MOH) | Dr. S Sridharan | | | | |
| | Member – Senior Assistant Secretary Development (MOH) | Mr. KPY Yogachandra | | | | |
| | Member – Senior Assistant Secretary Admin.(MOH) | Mr. M Rahuman | | | | |
| | Member DPD PIU -Central | Dr. Arjuna Thilakaratne | | | | |
| | Member DPD PIU – North Central | Dr. Palitha Bandara | | | | |
| | Member DPD PIU - Sabaragamuwa | Dr. Kapila Kannangara | | | | |
| | Member DPD PIU - Uva | Dr. Nimal Gamagedara | | | | |
| | Member – Assistant Secretary Department of Planning NCP | Mr.RMWD Rathnayake | | | | |
| | Member – Secretary MOH Uva | Mr. Anil Wijesiri | | | | |
| | Member – Deputy Chief Secretary Planning | Mr.Parakrama Piyasena | | | | |
| | Member - Legal Officer | Mrs.Chamindika Herath | | | | |
| | Member – Country Coordinating Mechanism | Mrs. Shanthi Amarasekara | | | | |

As on date, the project has not encountered any complaint received. There has been no significant issue on this account till date.

## 8) IMPLEMENTATION OF FUNCTIONS of PMCUs

The PMU and PIUs have taken necessary actions to continue all health services to the public without any interruption to PMCUs functions during the project period. Statues of the PMCUs operation are included in the Table 2.

Table 3: Project locations and identified issues

| District | Site Name | Medical Functions |
|---|---|---|
| Kandy | Hatharaliyada | Not affected, functioning as same place |
| | Madulkale | Not affected, functioning as same place |
| | Dolosbage | OPD is functioning in the same place but shifted in to a small area |
| | Galaha | OPD is functioning in the same place but shifted in to a small area |
| | Deltota | OPD is functioning in the same place but shifted in to a small area |
| Matale | Kalundewa | Construction not started yet, |
| | Madavalaulpotha | Construction not started yet, |
| | Paldeniya | Construction not started yet, |
| | Kimbissa | Construction not started yet, |
| | Galewela | Construction not started yet, |
| Nuwara Eliya | Kotagala | Construction not started yet, |
| | Laxapana | Not affected, functioning as same place |
| | Nanuoya | PMCU is relocated at rented building near the same place during the construction period |
| | Pundaluoya | OPD shifted another place in hospital |
| Polonnaruwa | Ambagaswewa' | Not affected, functioning as same place |
| | Ellawewa | Not affected, functioning as same place |
| | Damminna | OPD is functioning in the same place but shifted in to a small area |
| | Sewanapitiya | NR |
| Anuradapura | Negampaha | Not affected, functioning as same place |
| | Horovpathana | OPD is functioning in the same place but shifted in to a small area |
| | Galenbidunuwawa | Not affected, functioning as same place |
| | Tittagonawa | Not affected, functioning as same place |
| | Konwewa | Not affected, functioning as same place |
| Kegalle | Bolagama | Not affected, functioning as same place |
| | Hewadiwela | New Building, Not affected |
| | Minuwangamuwa | New Building, Not affected |
| | Aranayaka | Not affected, functioning as same place |
| | Uyanwatta | Construction not started yet, |
| Rathnapura | Delwala | Construction not started yet, |

| | | |
|---|---|---|
| | Dodampe | Not affected, functioning as same place |
| | Narissa | Construction not started yet, |
| | Endana | Not affected, functioning as same place |
| | Ranwela | Not started yet, |
| Badulla | Meegahakiula | Not affected, functioning as same place |
| | Ettampitiya | Hospital Kitchen will be shifted another place once construction started. |
| | Haldummulla | OPD shipped another place in hospital |
| | Kandeketiya | Not affected, functioning as same place |
| | Koslanda | Dental clinic will be shifted another place once construction started. |
| Monaragala | Thanamalwila | Not affected, functioning as same place |
| | Dambagalla | Not affected, functioning as same place |
| | Dobagahawela | OPD shifted another place in Hospital |
| | Deliwa | OPD shifted another place in Hospital |
| | Hambegamuwa | Not affected, functioning as same place |

## 9) INSTITUTIONAL ARRANGEMENTS AND TRAINING

PMU and PIU are responsible to monitor implementation of social safeguard requirements (SSR) under the project. ADB has provided general training for PMU and PIUs staff implementation of social safeguard requirements. Appointment of Social Safeguard specialist not yet done by the PMU due to lack of qualified persons and will be fill within 1st quarter of 2020. Safeguard Specialist and Gender Specialist as consulates for implementation and monitoring of SSR and GAP providing more guidelines and training for project staff.

## 10) ACTION FOR CIVIL WORKS IDENTIFIED ISSUES AND PROPOSED

PMU and PIUs identified some issues for implementation of civil works as follows:

| District | Project Site | Problem | Action/Recommendation |
|---|---|---|---|
| Kegalle | Uyanwatta | Difficulties to access for the project site<br>Available land is not sufficient for the designs | During the last two-month of 2019 community and the Local Authority provided suitable access.<br>PIU decided to change the design for available land and will be commence within 1st quarter of 2020 |
| Anuradhapura | Galen-Bindunuwewa | Site clearing issue due to old septic tanks | Variation is required for additional works |

| | | | |
|---|---|---|---|
| Nuwara Eliya | Kotagala | Archeological department doesn't approve reconstruction of the building | Re design with supervision with Archeological department |

## 11) COMPLY WITH STANDARD ADB SAFEGUARDS IN RE/CONSTRUCTION

Outreach to contractor and labourers:
a) Avoid and or minimize public nuisance, minimize public inconvenience and disruption to mobility and access Training programmes and pre bid meetings were held in all provinces and districts for contractor to instruct about those issues with ADB consultancy support.

| Province | Date | Place | Participants |
|---|---|---|---|
| Sabaragamuwa | 2nd October 2019 | Chief Secretary's office | Contractors, MOICs, |
| North Central | 7th October 2019 | MOH Nuwaragampalatha East | Contractors, MOICs, |
| Central | 11th October 2019 | PDHS officer Kandy | Contractors, MOICs, |
| Uva | 11th October 2019 | PDHS Monaragala | Contractors, MOICs, |

b) Application of construction safeguards, supervision and feedback.
Under the supervision of consultants provincial Engineers and M&E officers regularly visit and monitor implementation of construction related health and safety measures by contractors.

c) Awareness and implementation of occupational health and safety guidelines and practices, for example, use of hard hats and protective gear. Under the supervision of consultants provincial Engineers and M&E officers regularly visit and monitor construction safeguard and Environment safe guard.

d) All measures will be documented.
M&E officer in all PIUs have responsible for the monitoring and documentation.
Compliance with national laws pertaining to labour, building standards and environment; bid documents will include clauses for requisite adherence.
Child labour: the SPS employs a zero-tolerance policy for child labour, as such, it is imperative that all sub-contractors (formal and informal) comply with this edict. Sri Lankan labor law supports this caveat.
Fair wages for men and women:
The sub project offices will maintain worker registers (formal and contract staff). All possible efforts will be made to ensure that remuneration will be based on accepted market rates across all groups of employees/ labourers.

Contractors using safety measures in sites



## 12) CONCLUSION AND RECOMMENDATIONS

It has been found that no additional land is required for the project. The land identified for locating all facilities are belong to respective institutions without acquiring private lands. Therefore, no either resettlement impacts or temporary disruption of livelihood of any household or group of community in the project area during design and construction periods. Hence, it can be concluded that the project activities conducted during the reporting period does not have any Involuntary resettlement issues.

Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project have been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period in 2019. Therefore, the report not found significant reasons for changing categorizing of the project.

As on date, the project has not encountered any complaint received. There has been no significant issue on this account till date.

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

## Attachment 1 : Sample GRM complaint form

**GRIEVANCE REDRESS FORM** **(MOHNIM/PMU/PIU date seal)**

(Sinhala, Tamil and English)

The MOHNIM/ADB project welcomes complaints, suggestions, queries and comments regarding project implementation. We request persons with a grievance to provide their name and contact information to enable us to get in touch with you for clarification and feedback. If it is group representation, please provide details of two contact persons.

Thank you.

Date & Place of registration of complaint:

Contact Information/Personal Details

Name …….. Gender …….

Age ……

Home Address…….

GN division …….. DS division……

Occupation/ Employment:

Phone no. …….. E-mail……..

Complaint/Suggestion/Comment/Question Please provide the details (who, what, where and how) of your grievance below: ……

If included as attachment/note/letter, please tick here:

How do you want us to reach you for feedback or update on your comment/grievance?

FOR OFFICIAL USE ONLY

Registered by: (Name of Official registering grievance)

Mode of communication:

1. Note/Letter 2. E-mail 3. Verbal/Telephonic

Reviewed by: (Names/Positions of Official(s) reviewing grievance)

Action Taken:

Whether Action Taken Disclosed:

4. Yes No Means of Disclosure:

----------Tear off----------

**Receipt for complainant**

Date and place of complaint: Name of complainant:

Complaint recorded/ registered by

**Attachment 2: Details of Grievances registered during the reporting period (Monitoring Table)**

| No | Name of the project site | Summary of Grievances | Detail of complainant | Date of Receipt | Regi: Number | Process of Redresses | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Date of meeting | Outcome or solution | Redressed Yes/No | further details |
| | | | | | | | | | |
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**Attachment 3: Social Safeguard Covenant**

## COVENANTS - AS PER LEGAL AGREEMENTS

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

| | | | | |
|---|---|---|---|---|
| | | | The Borrower through the Project Executing Agency shall ensure that all bidding documents and contracts for Works contain provisions that require contractors to:<br><br>(a) comply with the measures and requirements relevant to the contractor set forth in the respective IEE and EMP (to the extent they concern impacts on affected people during construction), and any corrective or preventative actions set out in a Safeguards Monitoring Report; | Safeguard monitoring carried out and GRCs established<br><br>IEE and EMP are attached to the civil works bid documents for implementation by constrictors |
| Loan 3727 | 4 | 7 | (b) make available a budget for all such environmental and social measures; and | Complying |
| Loan 3727 | 4 | 7 | (c) provide the Borrower with a written notice of any unanticipated environmental, resettlement or indigenous peoples risks or impacts that arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP. | Complying<br>EMP is being implemented by contractors and monitored by PMU and PIUs. No resettlement or IP impact is found during the construction in 2019 |
| Loan 3727 | 4 | 8 | Safeguards Monitoring and Reporting<br><br>The Borrower through the Project Executing Agency shall do the following:<br><br>(a) submit semi-annual Safeguards Monitoring Reports to ADB and disclose relevant information from such reports to affected persons promptly upon submission; | 2019 reports will be submit with before 20th January 2020 |
| Loan 3727 | 4 | 8 | (b) if any unanticipated environmental and/or social risks and impacts arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP, promptly inform ADB of the occurrence of such risks or impacts, with detailed description of the event and proposed corrective action plan; and | Complying<br><br>Action taken for issues will be informed to ADB |
| Loan 3727 | 4 | 8 | (c) Report any actual or potential breach of compliance with the measures and requirements set forth in the respective EMP promptly after becoming aware of the breach. | Complying |
| Loan 3727 | 4 | 9 | Prohibited List of Investments<br><br>The Borrower through the Project Executing Agency shall ensure that no proceeds of the Loan or Grant are used to finance any activity included in the list of prohibited investment activities provided in Appendix 5 of the SPS. | Complying |
| Loan 3727 | 4 | 10 | Labor Standards, Health and Safety<br><br>The Borrower through the Project Executing Agency shall ensure that the core labor standards and the Borrower's applicable laws and regulations are complied with during Project implementation. The Borrower shall include specific provisions in the bidding documents and contracts financed by ADB under the Project requiring that the contractors, | Complying<br><br>Contractor responsible for Laws and regulations for labor standard |

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