Quarterly Progress Report

Project Number: SRI 51107 -002
Loan: SRI 3727
Quarter One – January to March 2020

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 Colombo, Sri Lanka.

GOVERNMENT OF SRI LANKA

MINISTRY OF HEALTH AND INDIGENOUS MEDICAL SERVICES

QUARTERLY PROGRESS REPORT

1st Quarter -2020

(January to March)

18th April 2020

HEALTH SYSTEM ENHANCEMENT PROJECT

ADB Loan Number - SRI 3727

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

ABBREVIATIONS

ADB	Asian Development Bank
AGD	Auditor General's Department
APFS	Audited project financial statements
BCCM	Behavior change communication and community mobilization
CBSL	Central Bank of Sri Lanka
DMF	Design and monitoring framework
EMP	Environment management plan
ERD	Department of External Resources
ESP	Essential service package
FHB	Family Health Bureau
FHC	Field health center
GAP	Gender action plan
GBV	Gender-based violence
GOSL	Government of Sri Lanka
HCWM	Healthcare waste management
HIT	Health information technology
HPB	Health Promotion Bureau
HRH	Human resources for health
HSEP	Health System Enhancement Project
IHR	International Health Regulations
MIS	Management information system
MOH	Medical officer of health
MOHNIM	Ministry of Health, Nutrition and Indigenous Medicine
MOMCH	Medical officer maternal and child health
NCD	Non communicable disease
OCB	Open competitive bidding
PCC	Project coordination committee
PCR	Project completion report
PDHS	Provincial director health services
PFM	Public financial management
PHC	Primary health care
PHI	Public health inspector
PHM	Public health midwife
PHN	Patient healthcare number
PIU	Project implementation unit
PMCU	Primary medical care unit
PMU	Project management unit
POE	Point of entry
PPER	Project performance evaluation report
PPTA	Project preparatory technical assistance
PSC	Project steering committee
RDHS	Regional director of health services

CONTENT

1. Introduction

1. The Health Sector Enhancement Project (HSEP) the first ADB-financed health operation in Sri Lanka after a gap of 20 years. This project is $60 million (comprising $37.5 million in concessionary loan and $12.5 million grant, and $10 million equivalent from the Government of Sri Lanka in counterpart funds). It is delivered through a project investment modality and is effective from February 2019 and will complete in November 2023.
2. The proposed project will improve efficiency, equity, and responsiveness of the primary healthcare (PHC) system based on the concept of providing universal access 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 operationalize 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 of 21 million.
5. 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.

1.1. Basic Project Data

ADB loan and Grant No	SRI 3727, Grant – SRI 0618
Project Title	Health System Enhancement Project
Recipient	Government of Sri Lanka
Executing Agency	Ministry of Health and Indigenous Medical Services.
Implementing agency (ies)	Central, North Central, Sabaragamuwa and Uva Provincial Health Departments
Date of Project Approval	23rd October 2018
Date of Loan agreements Signing	26th of October 2018
Date of Project Effectiveness	5th February 2019
Project Completion Date	30th November 2023
Elapsed Project period	1 Year and 1 Month

1.2. Scope of the Project

Project is expected to contribute to the Government of 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.

The project outcomes are assessed by observing a (i) 20% increase in outpatient utilization of PHC; (ii) 20% increase in patient satisfaction, knowledge and attitudes on utilization; (iii) 90% notified notifiable diseases investigate within the stipulated time in the Medical Officer of Health areas in the target Provinces; and (iv) Cluster system reform implemented and evaluated in all nine clusters.

The project outputs are (i) PHC enhanced in Central, North Central, Sabaragamuwa, and Uva provinces (ii) Health information system and disease surveillance capacity strengthened; and (iii) Policy development, capacity building, and project management supported.

1.3. Estimated Project Cost and Financing Plan

Table 1.3.1: Cost Estimate ($ Mn)

Cost Item	Grant	Loan	Counterpart	Total
1. Civil works	0	21.67	3.26	24.93
2. Equipment and Furniture	1.55	4.89	2.69	9.13
3. Vehicles	0	4.02	0.61	4.63
4. Training	2	0	0	2
5. Consulting	0	3.43	0.61	4.04
6. Project Management	3.84	0	0.02	3.86
7. PHC Innovation Fund	2	0	0	2
8. Incremental Cost	1.99	0	0	1.99
9. Physical Contingencies	0.43	0.61	0.3	1.34
10.Price contingencies	0.69	0.89	2.51	4.09
11.Intrest payment	0	1.99	0	1.99
Total	**12.5**	**37.5**	**10**	**60**

Table 1.3.2: Financing Plan ($ million)

Funding Source	Funding	Amount	Activities
ADB	Loan	37.5	Civil works Medical Equipment Vehicles Consultancy
	Grant	12.5	Computer and equipment Training Project management PHC Innovation fund Incremental cost
GOSL	CPF	10.0	Furniture for PMU/PIU and Health Institutions, Taxes and duties
Total		60.0	

2. Project Progress

2.1 Procurement Progress

Table 2.1.1: Basic Data

Project Information	Procurement Activities
Approval Date of Original Procurement Plan	23 October 2018
Approval of most recent Procurement Plan	3 October 2019
Publication for Local Advertisements	Publications for local advertisements are being done according to the procurement procedure in National Newspapers and in HSEP website.
Period covered by this Plan	18 Month

Table 2.1.2: Procurement of Civil work Round 1**-** Contracts Awarded

Package No.	Lot Name	Estimated Value ($ Mn)	Contract Value ($ Mn)	Date of Award
W – 06 Polonnaruwa	B - Sevanapitiya	0.092	0.10	28th January 2020
W -09 Ratnapura	A - Delwala,	0.099	0.11	6th February 2020
	C - Narissa,	0.123	0.18	6th March 2020
	E - Ranwela	0.088	0.12	6th February 2020
	Total	0.402	0.51	

Table 2.1.2: Civil work Round 1**-** Contracts to be awarded

Package No.	Lot Name	Estimated Value ($ Mn)	Procurement Method	Expected Date of Awarding	Comments
W -04 Matale	A - Kalundawa,	0.132	OCB	31st May 2020 (depending on the prevailing situation of the country)	BOQs have been prepared for rebidding
	B -Madawalaulpotha,	0.126			
	C - Paldeniya,	0.101			
	D - Kimbissa,	0.072			
	E - Galewela	0.092			
Total					

Table 2.1.3: Goods- Contracts Awarded

Package No.	General Description	Contract Value ($)	Procurement Method	Date Awarded
G -07	Procurement of Medical Equipment - NCD	22,731.42	OCB	8th January 2020
G- 2.3	Procurement of Office Equipment – Laptops	2,405.71	RFQ	5th March 2020
Procurement of Goods related to Covid 19				
G- 14.1	Procurement of Medical Equipment for Quarantine Unit- Personal protective Equipment for COVID 19	2,837.69	RFQ	10th March 2020
G-4.1	Procurement of Microscope Binoculars for Medical Research unit. To strengthen the National Reference Lab (COVID 19)	1,822.80	RFQ	12th March 2020
G -7.1	Procurement of Medical Equipment – NCD -Enhancement of Nebulizer order	3,634.28		18th March 2020
G 14.2	Procurement of Equipment for Quarantine Unit – Personal Protective Equipment	30,647.14	RFQ	18th March 2020
	Total	64,079.04		

Table 2.1.4: Procurement of Goods- Contracts To be awarded

Package No.	General Description	Estimated Contract Value ($ Mn)	Procurement Method	Expected Date of Awarding	Comments
G-01	Procurement of Vehicles	2.710	OCB	30 April 2020 (Approval of Dept. of Budget should be obtained prior issue the PO)	Awaiting ADB concurrence for the Procurement decision
G -01.1	Procurement of Vehicles	1.320	OCB	30th July 2020	Awaiting ADB concurrence for biding documents

G-04	Procurement of Laboratory, Physiotherapy, and X-ray equipment for Apex hospitals	1.190	RFQ-7 Packagers LCB -1 Package		G 4.1 – Biochemistry Analyzer - Semi-Automated Awaiting PPC approval. G 4.2 – Hematology Analyzer - Three Part with Reagent Hematology Analyzer - Five Part Coagulation Analyzers - Semi Automated Awaiting ADB concurrence for TEC report G 4.3 – Incubators and Hot air Oven. Awaiting PPC approval G 4.4 – Autoclaves Awaiting PPC approval G 4.5 – Microsope Binocular Completed. G 4.6 – Centrifuges (16 bucket) Awaiting PPC approval. G 4.7 – Physiotherapy Equipment Completed G 4.8 – Digital Radiographic Panel, Biochemistry Analyzer - Fully Automated TEC in progress
G-05	Procurement of Medical equipment for reproductive	0.500	RFQ -4 packagers and 1 LCB		G 05.1 - Length board & Beam infant scale

	health and nutrition				Awaiting TEC evaluation G 05.2 - Height Rod (wall mounted height measuring tape), Standard weight set & Spring balance Awaiting TEC evaluation G 05.3 - Forceps jar, Cheatle forceps 27 cm, Rectangular tray with lid - 35x25x6 cm, Cusco's bivalve specula - medium - 90x35 cm, Sponge holders 24 cm & Vulsellum forceps 25 cm curved TEC in progress G 05.4 - Uterine sounds 32 cm, Scissors - 14.5 cm blunt/sharp curved, Long artery forceps - for IUD removal - 20 cm, Kidney trays - large - 825 ml, Lotion bowl - 600 ml, Dressing jars, Stainless steel bowl 180 ml, Examination Lamp (spot), Pail Plastic - 15 liters, Adjustable revolving stool (Lab stool) & coplin jar. TEC in progress

					G 05.5 - Large instrument sterilizer TEC in progress
G -06	Procurement of Dental Equipment	1.010	LCB		Biding document is being prepared
G-08	Procurement of ETU equipment	0.750	RFQ-4 Packagers LCB -1 Package		G 8.1 - ECG Recorders- TEC in progress G 8.2 - Sphygmomanometer (also for Apex), Peak flow Meter & Spot lamp TEC in progress G 8.3 – Portable Ventilator Awaiting PPC approval G 8.4 - Suction Apparatus Awaiting PPC approval G 8.5 – Multipara monitors (138), Oxygen Concentrator (51) Mini Autoclave (68) Preparation of LCB document by PMU in progress
G-16	IT connectivity for DHs, PMCUs and epidemiology unit including monthly	0.420	OCB		ADB to decide procurement Method, Supply of connectivity has to be specified.

	payment for 5 years Supply of connectivity cost – 10,270.00 USD)				
G-24	Design, Installation and User Training of Management Information System for HSEP	0.015	RFQ		Negotiation with the selected specialist done Once he is on board, he will prepare the TOR for the MIS
	Total	7.915			

Table 2.1.4: Procurement of Services - Contracts Awarded

Package No.	General Description	Estimated Contract Value ($ Mm)	Actual Value ($ Mm)	Procurement Method	Date Awarded
S-02	Monitoring and Evaluation firm	0.490	0.538	CQS	19th January 2020
S-08	GIS- based planning and monitoring	0.030	0.070	Competitive	24th January 2020
S-16	Health communication expert	0.022	0.026	Competitive	13th January 2020
	Total	**0.540**	**0.634**		

Table 2.1.5: Procurement of Individual consultancies and firms - Contracts To be awarded

Package No	Consultants firm/individual	Expected Date of Awarding	Contract period	Contract Value	Comments
S-03	Behavior change and community mobilization for increasing primary health care utilization	30th June 2020	24 Months	0.77	EOI evaluation in progress
S-04	Design and Develop health IT system for	30th June 2020	24 Months	0.34	EOI evaluation completed

	continuity of care				
S-12.1	Gender specialist	30th April 2020	60 Months	0.03	EOI evaluation in progress
S-12.1	Social Safeguard Specialist	30th April 2020	60 Months	0.03	EOI evaluation in progress
S-10	Financial Management Specialist	30th April 2020	1st Year 6 months and 2nd Year onwards 3 months per	0.018	Selection completed
S-14	Provision of support for community empowerment and capacity building for improving the nutrition status of mothers and children under 5 years in 9 districts covering the state and rural sector	20th May 2020	48 Month	0.5	EOI evaluation in progress
S-17	Development of Distance Education Portal	30th April 2020	24 Months	0.02	Selection completed
S-19	Legal expert for Quarantine Unit	30th April 2020	12 Months	0.012	EOI evaluation completed

2.2 Utilization of Funds (ADB Loan and Grant, Counterpart Funds)

Table 2.2.1: Quarterly Contract Awards

2020	Estimated Awards ($ Million)		Actual Awards ($ Million)		Remarks
	Loan	Grant	Loan	Grant	
Quarter 1	3.327	0.741	1.205	0.820	
Quarter 2	3.327	0.743	-	-	
Quarter 3	3.327	0.743	-	-	
Quarter 4	3.329	0.743	-	-	
Total	13.310	9.651	1.205	0.820	

Table 2.2.2: Quarterly Finance Progress (Disbursement)

2020	Estimated Amount ($ Million)		Actual Expenditure ($ Million)		Remarks
	Loan	Grant	Loan	Grant	
Quarter 1	2.272	0.625	0.332	0.116	Equipment and project management cost
Quarter 2	2.272	0.625	-	-	Project management cost
Quarter 3	2.272	0.625	-	-	Mobilization advance for civil works, Consultancy Chargers, Equipment and management cost
Quarter 4	2.274	0.625	-	-	Mobilization advance for civil works round 1, Consultancy Chargers, Equipment and management cost
Total	9.09	2.50	0.332	0.116	Unable to achieve annual target due to delay in awarding vehicle contract

Table 2.2.3: Cumulative Finance Progress

Cost Item	Grant		Loan		Counterpart		Total	
	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual
1. Civil works	0.00	-	21.67	0.981	3.26	0.113	24.93	1.094
2. Equipment and Furniture	1.55	0.124	4.89	0.07	2.69	0.019	9.13	0.213
3. Vehicles	0.00	-	4.02	-	0.61	-	4.63	-
4. Training	2.00	0.027	0.00	-	0.00	0.0004	2.00	0.027
5. Consulting	0.00		3.43	0.167	0.61	0.021	4.03	0.188
6. Project Management	3.84	0.371	0.00	-	0.02	-	3.86	0.371
7. PHC Innovation Fund	2.00	-	0.00	-	0.00	-	2.00	-
8. Incremental Cost	1.99	0.183	0.00	-	-	0.018	1.99	0.201
9. Physical Contingencies	0.43	-	0.61	-	0.30	-	1.34	-
10. Price contingencies	0.69	-	0.89	-	2.52	-	4.1	-
11. Interest payment	0.00	-	1.99	--	0.00	-	1.99	-
Total	**12.5**	**0.705**	**37.5**	**1.218**	**10.00**	**0.1714**	**60.00**	**2.094**

2.2.4 Finance Progress of Outputs

Table 2.2.5: Output wise Expenditure

Outputs	Loan Amount ($ Mn)		Grant Amount ($ Mn)	
	Allocation	Expenditure	Allocation	Expenditure
Output 1	32.8	0.23	3.55	
Output 2	1.1958	0.10	-	
Output 3	-		7.83	0.116
Total	33.995	0.33	11.38	0.116

Table 2.2.6: Final Accounts and Audit Report

Activities	2018	2019	2020	2021	2023	Remarks
Submission of Final Accounts to AG	Received 26th February 2019		6th February 2020	-	-	
Submission of Audited Reports to ADB	3rd July 2019	Estimated date – 30th June 2020	-	-	-	
Submission of clarifications to ADB	No clarification from ADB	-	-	-	-	

3. Implementation Progress

3.1. PMU and PIU Staff

Table 3.1.1: PMU Staff

Description	Number
Total number of fulltime staff	15
Total number of part time staff	-
Positions need to be filled	1

Table 3.1.2: PIU Staff

Province	Central	North Central	Uva	Sabaragamuwa
Deputy Project Director	P	P	P	P
1.Regional Director of Health Services	P	P	P	P
2.Regional Director of Health Services	P	P	P	P
3.Regional Director of Health Services	P	P	P	P
Project Engineer	F	F	F	F
Project Accountant	F	F	P	F
Project Secretary	F	F	F	F
Procurement Officer	F	F	F	P
District Project Officer	F	F	F	P
Monitoring and Evaluation Officer	P	P	P	P
Office Assistant	P	F	F	P

Note: P- Part time appointments, F- Full time appointments

3.2. Implementation Status of Outputs

Table 3.2.1: Design and Monitoring Framework

Project Output	Activities undertaken up to the Quarter 1 - 2020	Planned activities for the year Quarter 1 - 2020
1. Primary health care enhanced in Central, North Central, Sabaragamuwa , and Uva provinces	1.1 Development of primary medical care services Physical infrastructure development of PMCUs and DHs in 45 facilities in 9 Districts. (43 out of 45) Civil Work Contracts awarded = 38 Contract to be awarded = 5	Awarding the remaining contracts of the first-round civil work (9). Completing the preparation of designs and BOQs by D&S firm for second round 90 facilities and awarding. Completing the preparation of designs and BOQs by D&S firm for 127 FHC. Supply of the Medical Equipment. G-04 – Laboratory, Physiotherapy and X ray Equipment for Apex Hospital G-05 – Medical Equipment for reproductive health and Nutrition -G 06 – Dental Equipment G-08- ETU equipment.
	1.2. Development of primary preventive care services Development of FHC initiate by 2020	Procurement of 38 Cabs and 4 Vans. Procurement of 7 Cabs, 9 Vans and 9 Lorries
	1.3. Public awareness and BCCM for increasing PHC utilization. Procurement process for hire the BCCM firm was initiated. EOI Evaluation in progress	Award the contract and initiate the works.
	1.4. PHC Innovation fund 1. Proposals were invited from Districts. 2. Application forms have been revised and redistributed. 3. Scrutinization of received proposal done. 4. Fund availability and approval given for selected proposals	Review and release funds for new proposals Progress reporting for submitted proposals and completed by December 2020.

2. Health information and disease surveillance capacity strengthened	2.1. Health information technology for continuity of care and disease surveillance. Software consulting firm for establishing HIT at PHC/cluster level advertised and EOI evaluation in progress.	Engaging a consultancy firm for establishing HIT at PHC/cluster level. Procurement of Computers and Peripherals for HIT
	2.1.2. Computers and Peripherals for HIT and GIS units. Procurement of Computers and Peripherals for GIS completed Appointment of GIS consultant completed	Establish GIS units and initiate GIS training by GIS consultant
	2.2. Support to implementation of IHR related to ports of entry. Delivered furniture for Quarantine Unit and POEs. Procurement of computers for Quarantine unit completed. Procurement of Legal consultant in evaluation stage	Complete the delivery of computers for POEs. Complete the appointment of Legal Expert.
3. Policy development, capacity building, and project management supported	3.1. Policy development support. Advertised for recruitment of 6 consultants. Gender and social Safeguard -Specialist Selected twice by CPC not accepted by ADB instructed to divide this consultancy into two consultancies. Recruitment for the post of Social Safeguard Specialist is initiated and EOI evaluation in progress 3.2. Capacity Building Training plan approved by the Ministry of Health. Priority areas have been identified and invited proposals. Received proposal and evaluation in progress. Due to the current global situation national and International trainings have been suspended temporary. 3.3. Project management and results monitoring. Procurement of M&E firm completed	Recruitment of consultancies for Gender and Social Safeguard Specialist to be completed. Conduct local and international training programmes. Initiating the baseline survey by M&E firm.

3.3 Implementation Progress of Civil Work Round 1 – Financial Progress

Province	District	Total Packagers	Contract Signed	Rebid	Total Amount			
					Estimated Amount ($)	Contract Value with VAT ($)	Mobilization Advance +Bills with VAT ($)	Financial Progress (%)
Central	Kandy	5	5	0	683,050.00	999,777.14	172,649.29	17.27
	Matale	5	0	5	525,000.00	-	0.00	
	Nuwara Eliya	4	4	0	447,350.00	560,120.00	96,492.81	17.23
North Central	Polonnaruwa	4	4	0	378,750.00	320,394.29	104,639.49	32.66
	Anuradapura	5	5	0	739,500.00	967,554.29	179,720.95	18.57
Sabaragamuwa	Kegalle	5	5	0	515,300.00	710,355.70	212,356.66	29.89
	Ratnapura	5	5	0	539,100.00	646,914.28	65,083.52	10.06
Uva	Badulla	5	5	0	742,800.00	974,223.59	116,006.84	11.91
	Monaragala	5	5	0	622,470.00	726,952.48	90,000.00	12.38
Total		**43**	**38**	**5**	**5,193,320.00**	**5,906,291.77**	**1,036,949.56**	**17.56**

3.3.2 Implementation Progress of Development of Primary Medical Care Services – Physical Progress

Province	District	Name of the PMCU/DH	Cumulative Physical Progress	Remarks
Central province	Kandy	Hatharaliyada	17	Plinth beam & Column concreting proceeding.
		Madulkale	-	Due to mismatch of the architectural drawing with the ground condition, Concept drawing finalized, details design being done.
		Dolosbage	-	Due to variation of retaining wall and drainage system, Construction work is temporally suspended.
		Galaha	35	Brick work, roof work, plastering and floor concrete is in progress.
		Deltota	18	Brick work, roof work and plastering are in progress
	Matale	Kalundewa	-	Revision of estimate for re bidding in progress.
		Madavalaulpotha	-	
		Paldeniya	-	
		Kimbissa	-	
		Galewela	-	
	Nuwara Eliya	Kotagala	-	Re-designed architectural drawings received from Engineering Services Department and Handed over the documents to Archeological Department on 24th February 2020 for approval
		Laxapana	45	Concrete work up to roof level completed. Roof work is being proceeding.
		Nanuoya	5	Setting out has to be changed due to the level difference (above 5') at rear side of the building with respect to the front side. Architectural drawing has to be revised. Excavation & rubble work is in progress.
		Pundaluoya	45	Roof work of renovated building is in progress. Excavation, plinth beam concreting is proceeding for the new building.
North Central	Polonnaruwa	Ambagaswewa'	85	Plastering, Electrical wiring - On going
		Ellawewa	40	Brick wall construction in progress, awaiting approval for variation in roof
		Damminna	63	Brick works in progress. Plastering and Roof works in progress.

		Sewanapotiya	-	Contract awarded 29th January 2020, few trees to be removed, awaiting the approval
	Anuradapura	Negampaha	5	Site clearing in progress
		Horovpathana	30	New construction section and Half of the renovation, Floor filling and Brick work in progress
		Galenbidunuwawa	50	Roof slab completed, Brick work in progress.
		Tittagonawa	8	Site clearance and foundation in progress.
		Konwewa	5	Site clearance in progress
Sabaragamuwa	Kegalle	Bolagama	59	Roofing started; Brick work Completed
		Hewadiwela	59	Flooring and wiring in progress
		Minuwangamuwa	59	Roof Beam and brick work in progress
		Aranayaka	27	Roof truss and brick work in progress.
		Uyanwatta	-	Access road completed
	Rathnapura	Delwala	-	Contract awarded and work started
		Dodampe	45	Roof completed, brick work in progress.
		Narissa	-	Contract awarded
		Endana	65	First part of the building completed. Roof work in progress for second part.
		Ranwela	-	Contract awarded and work started
Uva	Badulla	Meegahakiula	55	First floor works ongoing. Roof Trusses casting and brick works on going, plastering and roof works started.
		Ettampitiya	15	Handing over 11/01/2020) Site clearing, Demolitions, excavations for basement completed. Retaining wall, columns ongoing.
		Haldummulla	25	Column footings and foundation works, tie beams, columns, Beams, slab completed. Water tank construction, brick works ongoing.
		Kandeketiya	5	Site clearing, excavations completed. Basement works, tie beams, columns ongoing.
		Koslanda	15	Site clearing, demolitions completed. excavations for foundation complete, columns, brick works ongoing.

	Monaragala	Thanamalwila	40	Basement works (Column footings and foundation works), Columns completed. Brick works on going
		Dambagalla	35	Basement work (Column footings and foundation works, tie beams, columns) completed. Roof Trusses and brick works on going
		Dobagahawela	37	Basement work (Column footings and foundation works, tie beams) completed, Brick works ongoing.
		Deliwa	36	Basement work (Column footings and foundation works) Tie Beams, Columns completed. Brick works are ongoing. Roof Trusses casting ongoing.
		Hambegamuwa	5	Site safety arrangements and demolition work completed. Basement work and columns ongoing.

3.3.3. Implementation progress – Civil Work Round 2

SN	Province	District	Facilities for Civil Works Round 2[1]	Hospital Type	D&S firm Visit dates	Concept Design Progress %	Approved Design
1	Central Province	Nuwara Eliya	Gonapititya	DHC	27th Jan 2020	0	
2			Agarapathana	DHC	28th Jan 2020	75	
3			Mandaramnuwara	DHC	27th Jan 2020	75	
4			Katabula	PMCU	28th Jan 2020		
5		Matale	Elkaduwa	PMCU	2nd Mar 2020	0	
6			Madipola	DHB	17th Jan 2020	100	
7			Leliambe	DHC	16th Jan 2020	100	
8			Nalanda	DHC	2nd Mar 2020		
9			Gurubebila	PMCU	16th Jan 2020	100	
10		Kandy	Ambagahapelessa	DHC	3rd Jan 2020	Roof replacement	
11			Kurunduwatta	DHC	4th Jan 2020	100	
12			Morahena	DHC	3rd Jan 2020	100	
13			Hasalaka	DHC	3rd Jan 2020	100	
14			Kolongoda	DHC	3rd Jan 2020	100	
15							
16	North Central Province	Anuradhapura	Ethakada	PMCU	21st Jan 2020	100	Design updating in progress
17			Katiyawa	PMCU	20th Jan 2020	0	Design updating in progress
18			Labunoruwa	PMCU	21st Jan 2020	100	Design updating in progress

[1] Finalization of facilities is in progress

19			Andiyagala	DHC	20th Jan 2020	100	Design updating in progress
20			Mahasenpura	PMCU	21st Jan 2020	100	Design updating in progress
21		**Polonnaruwa**	Madagama	PMCU	6th Feb 2020	10	
22			Singhapura	PMCU	6th Feb 2020	100	
23			Parakrama Samudraya	PMCU	7th Feb 2020	100	
24			Wijepura	PMCU	7th Feb 2020	100	
25	**Uva Province**	**Monaragala**	Madagama	DHB	17th Dec 2019		17th Dec 2019
26			Pitakumbura	DHC	18th Dec 2019		7th Feb 2020
27			Kotagama	PMCU	17th Dec 2019	100	3rd Feb 2020
28			Rathmalgahaella	PMCU	18th Dec 2019		7th Feb 2020
29			Nannapurawa	PMCU	17th Dec 2019	100	7th Feb 2020
30		**Badulla**	Uva Paranagama	DHB	20th Dec 2019	100	
31			Metigahatenna	DHB	19th Dec 2019	0	
32			Lunugala	DHB	19th Dec 2019	0	
33			Haputale	DHB	20th Dec 2019	50	
34			Kirkills	DHC	20th Dec 2019	0	
35			Uraniya	DHB	19th Dec 2019	0	
36	**Sabaragamuwa Province**	**Ratnapura**	Galpaya	PMCU	11th Feb 2020	0	
37			Rajawaka	DHC	11th Feb 2020	100	
38			Kirimetithenna	PMCU	11th Feb 2020	100	
39			Belihuloya	DHC	11th Feb 2020	100	
40		**Kegalle**	Hinguralakanda	DHC	10th Feb 2020	100	
41			Pothdenikanda	PMCU	10th Feb 2020	0	
42			Udugoda	DHA	10th Feb 2020	100	

3.4. Implementation Progress of Cluster System

Cluster plans have been finalized and cluster heads are appointed for all 9 clusters. Consultants were appointed for the implementation and management of issues regarding to the operationalization of the clusters.

Table 3.4.1: Currently Identified Clusters and cluster Heads

No.	Province	District	Cluster	Appointment of Cluster Head
1	North Central	Polonnaruwa	BH Medirigiriya	Yes
2	North Central	Anuradapura	BH Thambuththegama	Yes
3	Uva	Monaragala	BH Bibile	Yes
4	Uva	Badulla	BH Welimada	Yes
5	Sabaragamuwa	Kegalle	BH Karawanella	Yes
6	Sabaragamuwa	Ratnapura	BH Kahawaththa	Yes
7	Central	Nuwara Eliya	BH Rikillagaskada	Yes
8	Central	Matale	BH Dambulla	Yes
9	Central	Kandy	BH Teldeniya	Yes

Establishment and implementation of clusters

The consultant visited all clusters, conducted workshops and discussions with all stakeholders. The main purpose of the discussions and workshops were creating same thinking pattern, guiding to look over the establishment of the cluster and reviewing the cluster management plans. Workshops intended to guide the services to be given through the clusters as a whole as well as by each institution according to the ESP (Essential Service Package). The workshops elicited the gaps regarding to the HR requirement, resources and training needs by institution to be addressed to deliver the ESP. as well as the Policies and guidelines needed for implementation of the clusters

It further supported to Identify the capability and the integrations needed by service providers by each cluster and to have discussions and plans on the role of the Apex hospital. Establishment of better linkage between Apex hospital and other institutions were discussed in length. In depth discussion were held on Laboratory and Radiology services to be provided via the clusters and using novel thinking of implementation distant laboratory system wherever and whenever needed.

Discussion the Consultant had with Director, Primary Health Care in the Ministry of Health had emphasized the need to address the approved cadre vacancies in the clusters, to address the level of drugs given to PMCU (primary medical care units) as they will have to manage the referral patients as well as getting the support of the 1990 Ambulance service to PMU as they have no way of transferring patients. Director Primary Care had conveyed his willingness to address the issues discussed.

Consultant had drafted formats for all clusters to identify the gaps and needs by institution as well as formats regarding referrals.

HRH reorganization of PHC services

The Consultant analyzed the Situation Analysis of Human Resources for Health requirements in the four provinces of the project area (Table 1). Annual action plan was prepared using the national health performance framework and Result Framework for Primary Health Care Clusters under HRH planning, HRH management and HRH training and activities. Indicators were identified for the monitoring and evaluation of service delivery process of respective PIU's of the provinces for strengthening of primary health care services of the project area.

Table 3.4.2: Primary Health Care Organization Staff Categories in HSEP Area (Cluster Hospitals)

Staff Category	Approved Cadre	Cadre in position	Vacancies	Number additional required
Administrative & Supportive Staff Category				
Medical Officer	317	226	93	81
Dental Surgeon	46	33	13	1
RMO/AMO	55	50	1	0
Nursing Staff				
Nursing staff (Ward sisters, Nursing officers, PHNS)	552	437	118	103
Profession of Supplementary Medical Staff				
Pharmacist	33	26	7	4
Medical Laboratory Technologist	24	27	-3	18
Radiographer	0	0	0	0
Physiotherapist	0	0	0	0
Para Medical Staff				
Dispenser	197	188	9	9
ECG Recordist	0	1	-1	0
Opthalmic Technologist	0	0	0	0
Microscopist/PHLT	44	25	19	2
Hospital Midwife	197	64	133	2

*Data source: Respective PIUs of the provinces

Expected date to formally operationalize the cluster is on 1st July 2020. (Depends on the current national and International health situation)

3.5.1. Implementation Progress of PHC innovation fund.

Project Steering Committee approved 17 proposals

Proposal Number	Title of the Proposed Grant Project	Estimated Budget (LKR Mn.)	District	Project Objectives	Proposed Activities and estimated budget	
					Activity Description	Estimated Budget (LKR Mn)
HSEP/PMU /UVA/WEL /01/2019	Improvement of Emergency care services in Welimada cluster hospitals	16.720	Badulla	1.Improve the availability of emergency care services in the cluster improve of emergency care services in the cluster 2.Improve the quality of emergency care services in the cluster 3.Upgrade knowledge and skills of health staff on emergency care	Renovation of ETU Rooms Provide ETU Equipment and furniture Conduct Workshops for Health staff	6.5 10.02 0.20
HSEP/PMU /UVA/WEL /02/2019	Improvement of Mental health services in Welimada cluster hospitals	9.689	Badulla	Refurbishment of mental health clinics and Established welfare center for mentally ill patients. Supply essential furniture and instruments. Training of health staff on mental health	Renovation of mental health clinics in BH Welimada, DH Uvaparanagama, DH Wewegama, DH Boralanda and modification of mental	7.5

					health welfare center BH Welimada Supply of furniture and accessories Conducting Workshops for health staff Provide IT Equipment	 1.139 0.200 0.850
HSEP/PMU /UVA/WEL /03/2019	Improvement of Quality and safety of patient care in Welimada cluster hospitals	14.7	Badulla	Develop health institutions up-to the standard level. Improve the quality and safety of the health care delivered through each institution. Make necessary basic facilities are available	Renovation/modification	14.7
HSEP/PMU /UVA/BIB /01/2019	Improve the patient safety	0.44	Monaragala	Reduce adverse effects Reduce grievances	Training and strengthening the quality management strategies Quarterly auditing of grievances	0.28 0.16
HSEP/PMU/ UVA/BIB/ 02/2019	Updated drug (pharmaceutical and surgical equipment) management information system and	0.90	Monaragala	All patients receive their required medicines of the essential list of medicine at primary care level. No expired medicines. No out of stock medicines	Provide Laptops and Barcode reader	0.90

	availability of essential medicines at PMCIs in Bibile cluster					
HSEP/PMU/ UVA/BIB/ 03/2019	Management emergency care services and maintenance of equipment to provide emergency care services	1.24	Monaragala	Availability of trained human resources on emergency care management Availability of trained human resources on emergency care management	Capacity development for staff on emergency care management Establish maintenance unit at apex hospital to repair the equipment	0.24 1.00
HSEP/PMU/ UVA/BIB/ 04/2019	Improve the necessary skills of health care teams	1.82	Monaragala	Health professionals participate positively in implementation	Capacity development Pre and post development survey Continuous child mental health development program in Bibile cluster	0.42 0.40 1.00
HSEP/PMU/ UVA/BIB/ 05/2019	Strengthen functional linkage between curative and preventive institutions	0.45	Monaragala	Notification of notifiable diseases presented at cluster linked hospitals are notified within 24 hrs to the relevant MOH areas	Air conditioning clinic rooms in 3 MOH offices	0.4 5

HSEP/PMU/ UVA/BIB/ 06/2019	Improve the accountability for care within the cluster (strengthening the performance by establishing cluster management system)	2.79	Monaragala	Supervision of each primary care unit at least 2 times per day by the cluster management unit conduct review as stipulated	Renovate and partition of a separate area for cluster management unit Furniture and office equipment Conduct morbidity and mortality reviews and clinical audits Develop health education IEC materials and referral forms Capacity development/workshops	1.00 1.00 0.20 0.05 0.54
HSEP/PMU/ UVA/BIB/ 07/2019	Improve health seeking behavior towards primary healthcare facilities	3.180	Monaragala	Identify adult population of above 35 years with risk factors for NCDs in given catchment area	Advocacy and awareness program Provide IT equipment	1.89 1.29
HSEP/PMU/ UVA/BIB/ 09/2019	Improve the patient responsiveness (Responsiveness-respect for patient and client orientation)	9.025	Monaragala	Reduce the patient waiting time Improve the patient satisfaction. No complaints from the public	Stablish Electronic appointment system Stablish Electronic customer feedback system Construct Play areas and reading areas for children	0.62 1.40 7.00

HSEP/PMU/ UVA/BIB/ /2019	Improve the continuity of care	9.12	Monaragala	Patients diagnosed with diabetes mellitus living in the cluster catchment area seek care at the cluster linked PMCIs Patient diagnosed with hypertension living in the cluster catchment areas seek care at cluster linked PMCIs	Establish rehabilitation centers Modernization of physiotherapy unit, Bibile Restructuring existing vehicle for home-based care Establish e-conference system Provide Equipment Conduct training/workshops	2.5 3 2 0.90 0.44 0.28
HSEP/PMU/ CEN/RIK/ 01/2019	Improvement of emergency care services in cluster primary care institutions	18.285	Nuwara Eliya	Cluster hospitals are equipped Health staff are trained for emergency care	Improving emergency treatment units in cluster hospitals Training health staff on emergency care	18.23 0.05
0HSEP/PMU /CEN/RIK/0 2/2019	Improvement of e-literacy among primary health staff	4.537	Nuwara Eliya	E literacy of health staff improved	Provide equipment for computer lab Provide furniture for computer lab	3.22 1.31
HSEP/PMU/ CEN/RIK/ 03/2019	Improvement of the drug storage	18.25	Nuwara Eliya	Cluster hospitals have the facilities to store drugs in optimum conditions	Drug stores renovation Equipment and furniture Provide trainings	2.00 16.15 0.100

	system apex and cluster hospitals					
HSEP/PMU/ CEN/TEL/ 01/2019	Strengthening of NCD screening services and NCD management services in all health care institutions within the cluster	18.00	Kandy	Reduce NCD risk factors among cluster area	Renovation Furniture and equipment Furniture and equipment Development of IEC materials Conduct Trainings	11.2 2.4 1.5 2.7 0.2
HSEP/PMU/ CEN/TEL/ 02/2019	Improvements for elderly friendly and differently abled friendly environment in cluster linked hospitals	18.00	Kandy	Provide disability friendly and elderly friendly services among cluster linked PHCs.	Modification Provide Equipment	10.00 8.00

4. Human Resource Development Program

Approval received from MOHIMS for the human resource development master training plan and proposals invited from international training institutions. Trainings planned in this year will be delayed due to the prevailing situation of Covid 19 pandemic outbreak.

4.1 Local Training Conducted

Name of Training program	Date	Resource Person	Estimated Budget (LKR)	Actual Budget (LKR)
Consultative seminar to develop health care management plans for the 4 provinces	5th January -10th March	Conducted by the Health Care Waste Management Consultant in the Provinces	100,000.00	121,703.31

5. Progress of Social Safeguard and Environment

5.1 Social Safeguard

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).

output one of this project 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 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 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.

Table 5.1.1: Implementation of Grievance Redress Mechanism and establishment of Grievance Redress Committees (GRC)

Province	Members of GRC	No. of complaints received	No. of complaints submitted to ADB	Action taken by GRC/PIU/PMU	Comments

North Central	1.DPD PIU -Chairman 2. District project officer – Secretary. 3. RDHS – Member 4. RDHS – Member 5. Administration officer – Member 6. Journalist - Member	-	-	-	No complaints received.
Central	1. DPD PIU - Chairman 2.RDHS – Member 3.RDHS – Member 4.RDHS – Member 5. Grama Niladari - Representative of the community 6.Director Engineering Service – Member 7.Project secretary- social and environmental responsible officer	-	-	-	No complaints received.
Uva	1.DPD PIU - Chairman 2.RDHS -Member 3.RDHS – Member 4.Medical Officer – Representative of community 5.Legal officer – Nominated by PC 6. Project Secretary – Social and environmental responsible officer	-	-	-	No complaints received.
Sabaragamuwa	1.DPD PIU - Chairman 2. Project Officer PIU- Secretary. 3.RDHS – Member 4.RDHS – Member 5.Director Planning- Member 6.Retired Provincial Director Education - Member	-	-	-	No complaints received.

PMU	1. Dr Anil Dissanayake – Chairman - PMU 2. Dr. S Sridharan – Member – (MoH) 3. Mr. KPY Yogachandra –Member – (MoH) 4. Mr. M Rahuman – Member – (MoH) 5. Dr. Arjuna Thilakaratne – Member(PIU) 6. Dr. Palitha Bandara – Member(PIU) 7. Dr. Kapila Kannangara – Member(PIU) 8. Dr. Janitha Tennakoon – Member 9. Mr.RMWD Rathnayake – Member 10. Mr. Anil Wijesiri– Member 11. Mr.Parakrama Piyasena – Member 12. Mrs. Chamindika Herath - Member (Legal Officer- MoH) 13. Mrs.Shanthi Amarasekara (Member Country Coordinating Mechanism SL)				No complaints received.

5.2 Environment Management and Climate Adaptation

Table 5.2.1: Implementation of Environmental Management Plan

Activity		NCP	Central	Uva	Sabaragamuwa	Comments
Conducted IEE	1st Round 45	By PwC	By PwC	By PwC	By PwC	IEE has been approved by the ADB
	2nd Round 90	In progress – Preparation of the IEE Reports for first 45 sites of Round 2 is being carried out by the Environmental Specialist, HSEP.				The Environmental Specialist is awaiting the finalized conceptual drawings from the Design Consultants

Medical waste management	Preparation of waste management plan and obtaining EPL and SWL in progress				
Wastewater management	Wastewater management systems are included in the designs and in the bid documents; There are sites in Round 1 where waste water management needs closer attention. Healthcare Waste Management Specialist and the Environmental Specialist have discussed such matters with the PIU. For Round 2, the Design Consultants have been advised to include proper wastewater management systems in the designs and to include in the bid documents.				
Rainwater management	Rainwater management and proper surface drainage are included in the designs and in the bid documents. For Round 1 projects, the Environmental Specialist has advised the Project Engineers of the PIUs to discuss with the Contractors to implement proper rainwater management systems. For Round 2, the Design Consultants have been advised to include proper rainwater management systems in the designs and to include in the bid documents.				
Emission of noise and vibration	Emission of noise and vibration, as part of implementation of the EMP and EMoP, are closely monitored by the Environmental Specialist, Project Engineers of the PIUs, and Engineers/Technical Officers of the DSC. Regular monitoring of implementation of the EMP and EMoP is being done. Forms and Formats have been developed by the Environmental Specialist and are used for regular monitoring and reporting. Please refer Appendix 4 for details.				
Supply of LED bulbs					PIU submit LED bulbs for project buildings
Supply of Solar panels					
Disposal of LED bulbs/ CFL/ Florescent lights					
Accessibility for disabled					This will be checked in the designs prior to handing over the work to the Contractor

Note: PMU will ensure implementation of EMP and climate adaptation actions through the Environment specialist. Progress of EMP is in Appendix 4

6. Progress of Gender and Social Dimensions

6.1 Gender Action Plan (GAP)

Table 6.1.1: Summary of Gender Action Plan

Activities	Targets and Indicators	Responsible Agency	Action taken by PMU/PIU
1.1 Ensure all upgraded or renovated PMCUs and divisional hospitals have gender responsive construction features	1.1.1 All upgraded or renovated PMCUs and divisional hospitals have separate toilets for male and female patients 1.1.2 All PHCs providing ESP have gender responsive designs with facilities for privacy during patient examination, and for changing clothes	PIU	Construction of separate toilets are included in the design of civil work round 1. For Civil work round 2 will address the same. Consultant for "Support operationalization of ESP within clusters in 9 districts" is on board, once a Gender specialist recruited necessary action will be taken .
1.2 Integrate gender-responsive and inclusive PHC services with the implementation of the essential service package for outpatient and clinic services in the nine newly established clusters	1.2.1 75% of PHC facilities in target provinces provide a gender responsive and inclusive essential service package 1.2.2 All staff providing ESP services in the PHCs trained on gender sensitivity and responsiveness when providing ESP services 1.2.3 Over 75% of women and men are reporting satisfaction over the services provided at PHC facilities	PIU and/or gender expert	Consultant for "Support operationalization of ESP within clusters in 9 districts" is on board, once a Gender specialist recruited necessary action to be taken Consultant for "Support operationalization of ESP within clusters in 9 districts" is on board, once a Gender specialist recruited necessary action will be taken M&E firm onboard and Base line survey will be initiate within quarter 2

Note: Gender specialist recruitment is in progress. Necessary actions on GAP will be taken after the recruitment of the consultant. Progress of GAP is in Appendix 5

6. Loan Covenants

The government and ADB have agreed to comply with the loan covenants mentioned in the loan agreement signed by the government and ADB. According the loan agreement, the Loan Covenants Matrix must be implemented during the project period.

Note: Progress of loan covenants is in Appendix 6

7. Major Project Problems and Proposed Actions

Identified Major issues	Action Proposed/ Taken
1. Due to change of procurement methods, delay in procurement of Medical Equipment	Re Package of medical equipment and procurement process initiated
2.Delay in awarding of civil works due to difficulties to finalized bid document	PIUs and Designing and supervision firm were advised to use provincial rates of BOQs and expedite contract awards and evaluation
3. Time taken to complete the rebidding process.	Project Engineers, D&S firm and procurement officers have to expedite works.
4.Delay in awarding vehicle contract	Contract will be awarded by May 2020

8. Appendices

Appendix 1: Procurement Plan
Appendix 2: Progress of Design and Monitoring Framework (DMF)
Appendix 3: Progress of Civil Works Round 1
Appendix 4: Implementation of the Environmental Monitoring Plan
Appendix 5: Updated Gender Action Plan (GAP)
Appendix 6: Compliance with loan and Grant Covenants
Appendix 7: Implementation Progress of the Project Schedule
Appendix 8: Progress of the Health Care Waste Management

Appendix 1: Procurement Plan

PROCUREMENT PLAN

Basic Data

Project Name: Health System Enhancement Project		
Project Number: 51107-002	**Approval Number:** 3727/0618	
Country: Sri Lanka	**Executing Agency**: Ministry of Health, Nutrition and Indigenous Medicine	
Project Procurement Classification: Category A	**Implementing Agency**: N/A	
Project Procurement Risk: Medium		
Project Financing Amount: US$ 60,000,000 **ADB Financing:** US$ 50,000,000 **Cofinancing (ADB Administered):** **Non-ADB Financing:** US$ 10,000,000	**Project Closing Date:** 31 May 2024	
Date of First Procurement Plan: 23 October 2018	**Date of this Procurement Plan**: 3 October 2019	
Procurement Plan Duration (in months): 18	**Advance Contracting:** Yes	**e-GP:** No

A. Methods, Review and Procurement Plan

Except as the Asian Development Bank (ADB) may otherwise agree, the following methods shall apply to procurement of goods, works, and consulting services.

Procurement of Goods and Works	
Method	**Comments**
Open Competitive Bidding (OCB) for Goods	Internationally and nationally advertised. All procurement activities (international) and first two procurement activities (national) carried out by PMU and/or PIU are subject to Prior Review.
Limited Competitive Bidding for Goods	As discussed with PPFD (esp for medical equipment with restrictions due to required supplier accreditation with NMRA)
Request For Quotation for Goods	First two procurement activities carried out by PMU and/or each PIU are subjected to Prior Review.
Direct Contracting for Goods	All procurement activities carried out by PMU and/or each PIU are subject to Prior Review.
Procurement from Specialized Agencies for Goods	All procurement activities carried out by PMU and/or each PIU are subject to Prior Review.
Open Competitive Bidding (OCB) for Works	Nationally advertised. First two procurement activities carried out by each PIU are subject to Prior Review.
Request For Quotation for Works	First two procurement activities carried out by PMU and/or each PIU are subject to Prior Review.

Consulting Services	
Method	**Comments**
Consultant's Qualification Selection for Consulting Firm	All procurement activities carried out by PMU are subject to Prior review
Fixed Budget Selection for Consulting Firm	All procurement activities carried out by PMU are subject to Prior review
Least-Cost Selection for Consulting Firm	All procurement activities carried out by PMU are subject to Prior review
Quality- and Cost-Based Selection for Consulting Firm	All procurement activities carried out by PMU and/or PIU are subject to Prior review
Quality-Based Selection for Consulting Firm	All procurement activities carried out by PMU are subject to Prior review
Competitive for Individual Consultant	All procurement activities carried out by PMU are subject to Prior review

B. Lists of Active Procurement Packages (Contracts)

The following table lists goods, works, and consulting services contracts for which the procurement activity is either ongoing or expected to commence within the procurement plan duration.

Goods and Works							
Package Number	**General Description**	**Estimated Value (in US$)**	**Procurement Method**	**Review**	**Bidding Procedure**	**Advertisement Date** (quarter/year)	**Comments**
G-01	Procurement of Vehicles Lot 1: 38 double cabs Lot 2: 4 vans	2,710,000.00 2,450,000.00 260,000.00	OCB	Prior	1S1E	Q4/2019 **Advertised on 11th November 2019**	Advertising: National No. Of Contracts: 2 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: Yes Bidding Document: Goods Comments: Bidders from are eligible countries are permitted. Awaiting approval of Treasury to proceed: Increase in budget allocation already requested.
G-01.1	Procurement of Vehicles 2	1,320,000.00	OCB	Post (Sampling)	1S1E	Q2/2020	Advertising: National No. Of Contracts: 3 Prequal

							ification of Bidders : No Domestic Preference Applicable: No Bidding Document: Goods Comments: Need to procure two batches as per the directives given by the Treasury; to be awarded in 2020
	Lot 1: 7 double cabs	450,000.00					
	Lot 2: 9 lorries	290,000.00					
	Lot 3: 9 vans	580,000.00					

G 2.3	Procurement of Office Equipment	17,674.00	RFQ	Post		Q4/2019	Advertising: National No. Of Contracts: 11 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
	Photocopier Black and White with single pass Dual Scan Document Feeder	2,137.00					Comments: New requirements for the function and to meet day to day activities at PMU and PIUs
	Printer Multifunction Colour with Stand	603.00					
	Reverse Automatic Document Feeder	1,500.00					Procurement completed. Capacity of the existing copier was not enough to cater the requirement of PMU. Also, PMU needs two Copiers for two floors.
	Lap Top 15.5 inch	2,300.00					Procurement completed. New requirement and PMU did not have colour printer
	Tab 10.5 inch	575.00					
	Air Conditioner 24,000 BTU, Split type, Wall mount	569.00					To be procured. Additional attachment for the available copiers at PIUs to enhance the

							capacity. Recommended to Direct Purchase from the successful bidder who supplied the Copier machines (M/S John Keels Office Automation Pvt Ltd).
	Paper and CD Shredder	179.00					
	Air Cooler	350.00					
	Teleconference system for PMU and PIUs	3,000.00					To be procured. New requirement for the additional staffs were recruited to PMU (Procurement Officer and M & E Officer)
	Camera for PMU and PIU Nos. 5	5,000.00					To be procured. New requirement for Project Director.
	CCTV system for PMU	2,000.00					Procurement completed by using Repeat Order method from initial contract (M/S Sri Lanka State Trading (General) Corporation). Additional requirement for PMU Office
							Procurement completed. Needed for proper disposal of documents and CDs

							Lobby area of PMU cannot be air-conditioned due to open courtyards. It is needed to have regulated temperature in the area specially when there are gatherings. To be procured to have regular meetings with PMU and PIUs. To be procured. Maintain records of activities before and after the project activities. To be procured. New Requirement with the security situation and safety of the goods.

G-04.1	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Biochemistry Analyzer - Semi Automated	29,150.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Awaiting PPC approval**
G-04.2	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Coagulation and Hematology Analyzers	77,500.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Awaiting ADB concurrence for TEC report**
G-04.3	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Incubators and Hot Air Oven	57,000.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Awaiting PPC approval**
G-04.4	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Autoclaves	69,000.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required **Awaiting PPC approval**
G-04.5	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Binocular Microscope	45,000.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Completed**

G-04.6	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Centrifuges (16 Buckets)	95,200.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Awaiting PPC approval**
G-04.7	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Physiotherapy Equipment	74,000.00	RFQ	Post (Sampling)		Q4 / 2019	No. Of Contracts: 1 Comments: NMRA registration required. **Completed**
G-04.8	Procurement of Laboratory, Physiotherapy and X-ray Equipment for Apex Hospital Biochemistry Analyzer and Digital Radiographic Panel	661,500.00	LCB	Prior	1S1E	Q4 / 2019	No. Of Contracts : 2 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods Comments: Bidders from all eligible countries are permitted . NMRA registration a requirement. **TEC in progress**
G 5.1	Procurement of Medical Equipment for Reproductive Health and Nutrition - Length board & Beam infant scale	83,100.00	RFQ			Q1/ 2020	No. Of Contracts: 1 Comments: NMRA registration required. **Awaiting TEC evaluation**
G 5.2	Procurement of Medical Equipment for Reproductive Health and Nutrition -	87,500.00	RFQ			Q1/ 2020	No. Of Contracts: 1 Comments: NMRA registrati

	Height Rod (wall mounted height measuring tape), Standard weight set & Spring balance						on required. **Awaiting TEC evaluation**
G 5.3	Procurement of Medical Equipment for Reproductive Health and Nutrition - Forceps jar, Cheatle forceps 27 cm, Rectangular tray with lid - 35x25x6 cm, Cusco's bivalve specula - medium -90x35 cm, Sponge holders 24 cm & Vulsellum forceps 25 cm curved	80,700.00	RFQ			Q1/ 2020	No. Of Contracts: 1 Comments: NMRA registration required. **Specification finalization in progress**
G 5.4	Procurement of Medical Equipment for Reproductive Health and Nutrition - Uterine sounds 32 cm, Scissors - 14.5 cm blunt/sharp curved, Long artery forceps - for IUD removal - 20 cm, Kidney trays - large - 825 ml, Lotion bowl - 600 ml, Dressing jars, Stainless steel bowl 180 ml, Examination Lamp (spot), Pail Plastic - 15 litre, Adjustable revolving stool & coplin jar	81,800.00	RFQ			Q1/ 2020	No. Of Contracts: 1 Comments: NMRA registration required. **Specification finalization in progress**
G 5.5	Procurement of Medical Equipment for Reproductive Health and Nutrition - Large instrument sterilizer 50x30x25 cm	116,600.00	LCB			Q1/ 2020	No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding

							Document: Goods **Comments :** Bidders from all eligible countries are permitted. NMRA registration a requirement . **TEC in progress**
G-06	Procurement of Dental Equipment	1,010,000.00	LCB	Prior Review	1S1E	Q1/ 2020	No. Of Contracts: 2 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods Comments: Bidders from all eligible countries are permitted. NMRA registration a requirement. **TEC in progress**
G-07	Procurement of Medical Equipment for NCDs	50,000.00	RFQ	Prior		Q3 / 2019	No. Of Contracts: 1 Advance Contracting: No Comments: Bidders from all eligible countries are permitted. C**ompleted**
G 8.1	Procurement of ETU Equipment ECG machines (also for Apex)	83,100.00	RFQ	Post (Sampling)		Q2 / 2020	No. Of Contracts: 1 Comments: NMRA registration required.

							TEC in progress
G 8.2	Procurement of ETU Equipment Sphygmomanometer (also for Apex), Peak flow Meter & Spot lamp	71,600.00	RFQ	Post (Sampling)		Q2 / 2020	No. Of Contracts : 1 Comments: NMRA registration required. **TEC in progress**
G 8.3	Procurement of ETU EquipmentPortable Ventilator (in Apex hospital)	20,000.00	RFQ	Post (Sampling)		Q2 / 2020	No. Of Contracts : 1 Comments: NMRA registration required. **Awaiting PPC approval**
G 8.4	Procurement of ETU Equipment Suction Apparatus	94,300.00	RFQ	Post (Sampling)		Q2 / 2020	No. Of Contracts : 1 Comments: NMRA registration required. **Awaiting PPC approval**
G 8.5	Procurement of ETU Equipment Multipara monitors, Oxygen Concentrator & Mini Autoclave	416,000.00	LCB	Post (Sampling)	1S1E	Q2 / 2020	No. Of Contracts: 3 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods Comments: Bidders from all eligible countries are permitted. NMRA registration a requirement. **Preparation of LCB document in progress**
G-12	Procurement of Computers and	705,800.00	OCB	Post (Sampling)	1S1E	Q1/ 2021	Advertising:

	Peripherals for HIT system for cluster facilities						National No. Of Contracts : 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods Comments: after S4 is engaged
G-13	Procurement of computers and peripherals for QHRMS and other items for disease surveillance	110,000.00	OCB	Post (Sampling)	1S1E	Q1 / 2021	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G-14	Procurement of computers for Quarantine Unit	80,000.00	RFQ	Post (Sampling)		Q3 / 2019	No. Of Contracts : 1 Advance Contracting: No Completed
G-16	IT connectivity for DHs, PMCUs and epidemiology unit including	420,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts : 1

	monthly payment for 5 years						Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods **Preparation of bidding document in progress**
G-18	Equipment for Healthcare Waste Management	80,000.00	RFQ	Post (Sampling)		Q2/2020	No. Of Contracts: 1 Advance Contracting: No **Awaiting lists requested from PIUs**
G-19	Computers and peripherals for DLC	190,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2020	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods Comments: Q3 / 2020: after DLC consultant is engaged **Awaiting DLC consultant**

G-24	Management Information System for HSEP	15,000.00	RFQ	Post (Sampling)		Q1/ 2020	No. Of Contracts: 1 Awaiting **Awaiting Financial Management specialist**
W-04	Round 1 (5 PMCU/DH) Matale District	525,000.00	OCB	Prior	1S1E	Q1 / 2019	Advertising: National No. Of Contracts: 5 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: Yes Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. **Rebidding in progress**
	Lot 1: LOT A. Kalundawa	132,200.00					
	Lot 2: LOT B. Madawalupotha	126,800.00					
	Lot 3: LOT C. Paladeniya	101,200.00					
	Lot 4: LOT D. Kimbissa	72,100.00					
	Lot 5: LOT E. Galewela	92,700.00					
W-10	Round 2 (10 PMCU/DH) Monaragala District	1,230,000.00	OCB	Post (Sampling)	1S1E	Q2 & Q3 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No

							Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-11	Round 2 (10 PMCU/DH) Badulla District	1,280,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged

W-12	Round 2 (10 PMCU/DH) Kandy District	1,250,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-13	Round 2 (10 PMCU/DH) Matale District	1,230,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small

							Works Comments : Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-14	Round 2 (10 PMCU/DH) Nuwara Eliya District	1,230,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable : No Advance Contracting: No Bidding Document: Small Works Comments : Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-15	Round 2 (10 PMCU/DH) Polonnaruwa District	1,230,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic

							Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-16	Round 2 (10 PMCU/DH) Anuradhapura District	1,220,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged

W-17	Round 2 (10 PMCU/DH) Kegalle District	1,270,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-18	Round 2 (10 PMCU/DH) Ratnapura District	1,290,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2020	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and

							will be evaluated as multiple contracts. After DSC firm is engaged
W-19	Civil works related to healthcare waste management	350,000.00	RFQ	Post (Sampling)		Q2/ 2020	No. Of Contracts: 1 Advance Contracting: No Comments: To be clustered appropriately based on location, nature and cost of the work, etc.
W-21.1	Improvements to buildings - Distance Learning Centers NIHS Kaluthara	51,000.00	RFQ	Post (Sampling)		Q1 / 2020	No. Of Contracts: 1 Advance Contracting: N
W-21.2	Improvements to buildings - Distance Learning Centers Uva Province	17,250.00	RFQ	Post (Sampling)		Q1/ 2020	No. Of Contracts: 1 Advance Contracting: No
W-21.3	Improvements to buildings - Distance Learning Centers Central Province	17,250.00	RFQ	Post (Sampling)		Q1/ 2020	No. Of Contracts: 1 Advance Contracting: No
W-21.4	Improvements to buildings - Distance Learning Centers North Central Province	17,250.00	RFQ	Post (Sampling)		Q1/ 2020	No. Of Contracts: 1 Advance Contracting: No
W-21.5	Improvements to buildings - Distance Learning	17,250.00	RFQ	Post (Sampling)		Q1/ 2020	No. Of Contracts: 1

	Centers Sabaragamuwa Province						Advance Contracting: No

Consulting Services

Package Number	General Description	Estimated Value (in US$)	Selection Method	Review	Type of Proposal	Advertisement Date (quarter/ year)	Comments
S-01	Design and supervision consultancy for infrastructure development	970,000.00	QCBS	Prior	STP	Q3 / 2018	Type: Firm Assignment: National Quality-Cost Ratio: 90:10 Advance Contracting: Yes Comments: Time based with fixed cost component **Completed**
S-02	Monitoring and Evaluation Firm (baseline and endline)	490,000.00	CQS	Prior	BTP	Q4 / 2018	Type: Firm Assignment: National Advance Contracting: Yes Comments: Time based **Completed**
S-03	Behaviour Change and Community Mobilization for Increasing Primary Health Care Utilization (Firm)	770,000.00	QCBS	Prior	STP	Q1/2020 **EOI evaluation in progress**	Type: Firm Assignment: National Quality-Cost Ratio: 90:10 Advance Contracting: No Comments: Time based; after interventions and cluster system
S-04	Designing and Implementing a Health Information System solution in 9 district health facility clusters in Sri Lanka	340,000.00	CQS	Prior	BTP	Q4 / 2019 Q1/2020	Type: Firm Assignment: National Advance Contracting: No Comments: Lump-sum **EOI**

							evaluation in progress
S-05	Consultant to support the Operationalization of the Essential Service Package (ESP) within the Clusters in 9 Districts	20,000.00	Competitive	Prior		Q3 / 2019	Type: Individual Assignment: National Expertise: ESP Advance Contracting: No Comments: Time based **Completed**
S-06	Human Resources for Health (HRH) Consultant to support reorganization of PHC Services on a pilot basis in 9 Districts	20,000.00	Competitive	Prior		Q3 / 2019	Type: Individual Assignment: National Expertise: Public Health Advance Contracting: No Comments: Time based **Completed**
S-07	Consultant to support establishment and implementation of Clusters on a pilot basis at 9 different pilot sites in 9 districts based on the policy on reorganization of PHC Services	20,000.00	Competitive	Prior		Q3 / 2019	Type: Individual Assignment: National Expertise: Public Health Advance Contracting: No Comments: Lump-sum **Completed**
S-08	GIS-based planning and monitoring (national)	30,000.00	Competitive	Prior		Q2 / 2020	Type: Individual Assignment: National Expertise: Public Health Advance Contracting: No Comments: Time based

							Completed
S-10	Financial Management Specialist	18,000.00	Competitive	Prior		Q1 / 2019	Type: Individual Assignment: National Expertise: Financial Management Advance Contracting: No Comments: Time based **Selection completed**
S-12	Gender and Social Safeguard Specialist	60,000.00	Competitive	Prior		Q1 / 2019	Type: Individual Assignment: National Expertise: Gender and Social Safeguards Advance Contracting: No Comments: Time Based **EOI evaluation in progress**
S-14	Provision of Support for Community Empowerment and Capacity Building for Improving the Nutrition Status of Mothers and Children under 5 years in 9 Districts Covering the Estate and Rural sectors	500,000.00	QCBS	Prior	STP	Q4 / 2019	Type: Firm Assignment: National Quality-Cost Ratio: 90:10 Advance Contracting: No Comments: Time Based **EOI evaluation in progress**
S-16	Health Communications Expert	22,000.00	Competitive	Prior		Q1 / 2019	Type: Individual Assignment: National Expertise: Health Communications

							Advance Contracting: No Comments: Time Based **Completed**
S-17	Development of Distance Education Portal	20,000.00	Competitive	Prior		Q4 / 2019	Type: Individual Assignment: National Expertise: Distance Learning Comments: Lump sum; Q3 / 2019 advertisement **Selection completed**
S-18	External Evaluation of course content for DLC	10,000.00	Competitive	Prior		Q3 / 2019	Type: Individual Assignment: National Expertise: Distance Learning Comments: Lump sum; Q3 / 2019 advertisement
S-19	Legal expert for quarantine unit	12,000.00	Competitive	Prior		Q1 / 2020	Type: Individual Assignment: National Expertise: Legal Comments: Lump sum; For re-advertisement **EOI evaluation in progress**

C. List of Indicative Packages (Contracts) Required Under the Project

The following table lists goods, works, and consulting services contracts for which procurement activity is expected to commence beyond the procurement plan duration and over the life of the project (i.e., those expected beyond the current procurement plan duration).

Goods and Works

Package Number	General Description	Estimated Value (in US$)	Procurement Method	Review	Bidding Procedure	Comments
G-15	Procurement of 4 servers for Epidemiology Unit	20,000.00	RFQ	Post (Sampling)		No. Of Contracts: 1 Comments: Q1, 2021 after assessment and after S9 (IT specialist for epidemiology unit) is engaged
G-23	Medical Equipment for Essential Service package	1,960,000.00	OCB	Post (Sampling)	1S1E	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods Comments: Q3 / 2020: after ESP consultant is engaged
W 20.1	Renovation of 11 Field Health Centers – Monaragala	382,834.65	OCB	Post (Sampling)	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.2	Renovation of 15 Field Health Centers – Badulla	522,047.25	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10

						Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Work Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.3	Renovation of 18 Field Health Centers – Kandy	626,456.7	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.4	Renovation of 10 Field Health Centers – Matale	348,031.50	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance

						Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.5	Renovation of 17 Field Health Centers – Nuwara Eliya	591,653.55	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.6	Renovation of 7 Field Health Centers – Polonnaruwa	243,622.05	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package

						contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.7	Renovation of 19 Field Health Centers – Anuradhapura	661,259.85	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W 20.8	Renovation of 11 Field Health Centers – Kegalle	382,834.65	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After

						DSC firm is engaged
W 20.9	Renovation of 19 Field Health Centers – Rathnapura	661,259.80	OCB	Post (Sampling	1S1E	Advertising: National No. Of Contracts: 10 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Small Works Comments: Package contains multiple lots and will be evaluated as multiple contracts. After DSC firm is engaged
W-23	Refurbishment of PIU Office space and Interior Works – Central Province	8,000.00	RFQ	Post (Sampling)		No. Of Contracts: 1 Comments: New Requirement. To have a better working environment for PIU Staff.
W-25	Refurbishment of PIU Office space and Interior Works - Uva Province	8,000.00	RFQ	Post (Sampling)		No. Of Contracts: 1 Comments: New Requirement. To have a better working environment for PIU Staff.
W-26	Refurbishment of PIU – Sabaragamuwa Province	8,000.00	RFQ	Post (Sampling)		No. Of Contracts: 1 Comments: New Requirement. To have a better working environment for PIU Staff.

Non-Consulting Services						
Package Number	**General Description**	**Estimated Value (in US$)**	**Selection Method**	**Review**	**Type of Proposal**	**Comments**
NC-3	Printing and translation	0.4	RFQ	Post		No. Of Contracts: 4 Comment: printing will be carries out yearly

D. List of GOSL Funded Packages (Contracts) Required Under the Project

The following table lists goods, works and consulting services contracts for which funded by the Government of Sri Lanka as per the agreement;

Goods, Works and Consultancies

Package Number	General Description	Estimated Value (in US$)	Procurement Method	Review	Advertisement Date	Comments
G 3.3	Furniture for PMU	3,000.00	RFQ	Post	Q4/2019	Advertising: National No. Of Contracts: 3 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods Comments: New requirements for the function and to meet day to day activities at PMU
G 10	Procurement of Furniture for 45 facilities	0.16	OCB	Post	Q3/2020	Advertising: National No. Of Contracts: Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G 11	Procurement of Medical Furniture for 45 facilities	0.3	OCB	Post	Q3/2020	Advertising: National No. Of Contracts:

						Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G 17	Furniture for healthcare waste management	100,000.00	RFQ	Post	Q2/2020	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G 20	Procurement of furniture for DLC	0.03	RFQ	Post	Q3/2020	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G 21	Procurement of Furniture for 90 facilities	0.33	OCB	Post	Q2/2021	Advertising: National No. Of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
G 22	Procurement of Medical Furniture for 90 facilities	0.61	OCB	Post	Q2/2021	Advertising: National No. Of Contracts: 1

						Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods
S-20	Design and Supervision for civil works of DLC at NIHS and satellite centers	12,500.00	Direct Contract	Post	Q4/2019	No. Of Contracts: 1
S-21	Design and Supervision for IT solution of DLC at NIHS and satellite centers	25,000.00	Direct Contract	Post	Q4/2019	No. Of Contracts: 1

E. List of Awarded and Completed Contracts

The following table lists the awarded and completed contracts for goods, works and consulting services.

Goods

Package Number	General Description	Contract Value -	Date of ADB Approval of Contract Award	Date of Completion	Comments
G-02	Procurement of Office Equipment for PMU and PIUs	USD 65,479.83 LKR 110,200.00 LKR 11,825.00 LKR 995,000.00	12-APR-19 7-AUG-19 7-AUG-19 7-AUG-19		John Keels Office Automation Pvt. Ltd. Solutioncity (Pvt) Ltd Singer (Sri Lanka) PLC Sri Lanka state Trading (General) Corporation Ltd
G-02.1	Procurement of Office Equipment for PMU and PIUs - Air Conditioners for PMU	LKR 468,652.15	21-May-19		Abans PLC
G-02.2	Procurement of Office Equipment for PMU & PIUs Refrigerator, etc for PMU	LKR 85,000.00 LKR 78,252.17	25-Jun-19 25-Jun-19		Softlogic Retail (Pvt) ltd D.R. Industries (Pvt) Ltd
G -02.3	Procurement of Office Equipment for PMU	LKR 421,000.00	05-Mar-20		Softlogic Information (Pvt) Ltd

	Laptops				
G-12.1	Procurement of Computers and Peripherals for GIS	LKR 3,546,000.00 LKR 4,550,260.00			John Keels Office Automation Pvt. Ltd. Metropolitan Computers (Pvt) Ltd

Works					
Package Number	**General Description**	**Contract Value -**	**Date of ADB Approval of Contract Award**	**Date of Completion**	**Comments**
W-01	Round 1 (5 PMCU/DH) Monaragala District	USD 495,920.00			
	Lot 1: Dombagahawela PMCU	LKR 20,160,000.00			KPS Building Materials suppliers and Construction
	Lot 2: Daliva PMCU	LKR 19,845,000.00			KPS Building Materials suppliers and Construction
	Lot 3: Dambagalla DH	LKR 20,504,827.71			Suhada Enterprises
	Lot 4: Thanamalwila DH	LKR 25,139,451.26			Suhada Enterprises
	Lot 5: Hambegamuwa	LKR 24,412,012.84			Suhada Enterprises
W-02	Round 1 (5 PMCU/DH) Badulla District	USD 127,500.00			
	Lot 1: Megahakiula	LKR 22,898,511.30			Wijewardana construction
	Lot 2: Ettampitiya	LKR 36,735,680.15			Konesinghe Construction
	Lot 3: Haldummulla	LKR27,750,283.96			Senaratna Construction
	Lot 4: Kamdeketoya	LKR 33,109,954.63			Konesigha Construction
	Lot 5: Koslanda	LKR 24,936,545.79			Chathura Construction
W-03	Round 1 (5 PMCU/DH) Kandy District	USD 683,050.00			
	Lot 1: Hatharaliyadda	LKR 31,741,606.80			Central Engineering Services (Pvt) Ltd

	Lot 2: Madulkale	LKR 45,619,353.00			Central Engineering Services (Pvt) Ltd
	Lot 3: Dolosbage	LKR 38,109,422.75			Central Engineering Services (Pvt) Ltd
	Lot 4: Galaha	LKR 19,688,051.05			Central Engineering Services (Pvt) Ltd
	Lot 5: Deltota	LKR 16,722,688.00			Central Engineering Services (Pvt) Ltd
W-05	Round 1 (4 PMCU/DH) Nuwara Eliya District	USD 447,350.00			
	Lot 1: Kotagala	LKR 12,871,164.51			Malwatta Construction
	Lot 2: Laxapana	LKR 21,146,819.02			Malwatta Construction
	Lot 3: Nanuoya	LKR 30,968,752.65			Malwatta Construction
	Lot 4: Punadaluoya	LKR 20,251,206.05			Malwatta Construction
W-06	Round 1 (4 PMCU/DH) Polonnaruwa District	USD 286,050.00			
	Lot 1: Ellawewa	LKR 20,926,641.53			D.M.C. Construction
	Lot 3: Damminna	LKR 16,005,252.01			Premadasa Construction
	Lot 4: Ambagawewa	LKR 19,138,714.84			Gamodh Construction
	Lot 5: Sevanapitiya	LKR 18,415,344.00			Ranjith Motors and Building Construction
W-07	Round 1 (5 PMCU/DH) Anuradhapura District	USD 739,500.00			

	Lot 1: Horowpathana	LKR 47,721,845.30			Gamodh Construction
	Lot 2: Galenbindunuwewa	LKR 20,888,946.50			Pubudu Construction
	Lot 3: Negampaha	LKR 25,429,183,50			Nandana Rodrigo Construction
	Lot 4: Konwewa	LKR 26,821,824.00			Dewaki Enterprises
	Lot 5: Tittagonawa	LKR 36,100,765.60			Nirupama Construction
W-08	Round 1 (5 PMCU/DH) Kegalle District	USD 515,300.00			
	Lot 1: Bolgama PMCU	LKR 19,065,723.50			SDS Construction
	Lot 2: Hewadiwela PMCU	LKR 17,639,349.85			SDS Construction
	Lot 3: Minuwangamuwa PMCU	LKR 23,544,110.65			SDS Construction
	Lot 4: Aranayaka DH	LKR 27,010,220.90			SDS Construction
	Lot 5: Uyanwatta PMCU	LKR 20,839,409.61			SDS Construction
W-09	Round 1 (5 PMCU/DH) Ratnapura District	USD 228,250.00			
	Lot 2: Dodampe PMCU	LKR 27,501,853.98			Mohan Enterprises
	Lot 4: Endane DH	LKR 18,728,060.72			KEP Construction
	Lot 1: Narissa	LKR 26,308,472.79			KEP Construction
	Lot 3: Delwala	LKR 19,633,711.05			Arcya Engineering
	Lot 5: Ranvala	LKR 21,040,115.18			Arcya Engineering
W-22	Refurbishment of PMU Office space and	LKR 4,238,115.00			Commercial

	Interior Works				Projects (PVT) Ltd
W-24	Refurbishment of PIU Office space and Interior Works - North Central Province	LKR 1,025,085.00			P.T.K. Construction

Consulting Services

Package Number	General Description	Contract Value - USD	Date of ADB Approval of Contract Award	Date of Completion	Comments
S-11	Environment Specialist	51,810.00	25-Sep-19	10-Oct-19	Dr. Jagath Manatunge
S-15	Health Care Waste Management Specialist	33,886.00	5-Oct-19	10-Oct-19	Ms. H.M.L.C. Jayawardana
S -01	Design and Supervision consultancy firm	1,831142.00	24 -Sep 2019	21 -Nov - 19	Resource Development Consultant
S -05	Consultant to support operationalizati on of ESP within clusters in 9 districts	19440.00	25 – Nov -2019	1st -Dec -2019	Dr. Sarath Amunugama
S -06	HRH consultant to support reorganization of PHC services on a pilot basis in 9 districts	19440.00	25 – Nov -2019	1st -Dec -2019	Dr. Herath Denuwara
S -07	Consultant to support establishment and implementation of clusters on a pilot basis at 9 different pilot sites in 9 districts based on the policy on reorganization of PHC services.	19440.00	25 – Nov -2019	1st -Dec -2019	Dr. Neelamani Hewageegana
S -16	Health Communication Expert	26628.57	13- Jan- 2020		Dr. Pradeep Weerasingha
S -08	GIS Expert	30000.00	24- Jan-2020		Mr. Malika Priyanga

Appendix 2 – Design and Monitoring Frame work

DESIGN AND MONITORING FRAMEWORK- 31st March 2020

Impact(s) the Project is Aligned with:
A healthier nation is ensured with a more comprehensive PHC system (National Health Policy, 2016–2025)

Results Chain	**Performance Indicators with Targets and Baselines**	**Data Sources and Reporting**	**Progress/Status**	**Definition of the indicator**
Outcome Efficiency, equity, and responsiveness of the PHC system improved	By 2024, a. Outpatient utilization (for each female and male) at PHC facilities (PMCUs and district hospitals) (disaggregated by age, sex, place of residence, district, and province) increased by at least 20% (2015 baseline: 62% for both sexes [sex-disaggregated data to be collected in baseline survey]) (2015 baseline: 62)	a. Annual health bulletins published by MOHNIM (data for the target provinces and districts) and baseline and end line surveys (disaggregated data)	Based on the Annual Health Bulletin published by the MOHNIM,2017 = 64.4[2] Kandy 62.21 Matale 63.62 Nuwara Eliya 70.49 Anuradapura 78.62 Polonnaruwa 56.65 Badulla 67.65 Monaragala 62.92 Ratnapura 61.03 Kegalle 56.40 M&E firm appointed and commenced work for baseline survey	Outpatient utilization at PHC facilities increased by at least 20% from 62% of baseline (Disaggregated by age, sex, place of residence, districts and province. 1.PHC facilities (469) -DH - Divisional Hospitals (A, B and C), PMCU - Primary Medical Care Units.
	By 2024, b. Patients reporting knowledge of and satisfaction with PHC	b. Baseline and end line surveys	M&E firm appointed and commenced work for baseline survey	Percentage increase of patients reporting knowledge of and Satisfaction with PHC services in 4 provinces. Measuring scale for knowledge

[2] Annual Health bulletin will not disaggregate data by Age, Sex and Place of residence

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Progress/Status	Definition of the indicator
	services (disaggregated by age, sex, district) increased to at least 20% (disaggregated by age, sex, district) (2018 baseline: 0)			of and satisfaction with PHC services – 1.Waiting area conditions, 2. Availability of laboratory investigations, 3.Receiving information about patient conditions 4.Receiving information about prescribed drugs
	By 2024, c. Notifiable diseases notified to the medical officers of health offices, within the stipulated time, in the target provinces increased to at least 90% (2018 baseline: 0) (2018 baseline: 27.5)	c. Routine data from a 25% sample of medical officers of health in provinces Primary Care Unit, MOHNIM, and PDHS reports; health facility registers	When baseline data available correct percentage of notifiable has to be corrected. M&E firm appointed and commenced work for baseline survey	Percentage increased at least 90% of Notifiable diseases notified to the MOH offices in the 4 provinces Among the 28 Notifiable disease below are selected for the measuring for the indicator. Dengue, TB, Leptospirosis, Viral Hepatitis, Dysentery.
	By 2024, d. Cluster system reform implemented and evaluated in all nine clusters (2018 baseline: NA) (2018 baseline: 0)	d. Evaluation report at end of project	Cluster implementation plans have been almost finalized. There are three consultant to support the establishment of clusters and they are working with the cluster teams to implement the cluster system by 1st July 2020..	Number of clusters implemented and evaluated. Total = 9 Clusters in 9 districts
Risks		**Assessment of Current Status**		

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Progress/Status	Definition of the indicator
Changing health-seeking behavior take longer beyond project implementation				

Problems with Outcome		
1. Unavailability of proper referral system		
Problem(s)	**Action Taken/Proposed**	**Date**
1. Unavailability of proper referral system	National referral system has to be designed.	

Outputs
1. Primary health care enhanced in Central, North Central, Sabaragamuwa, and Uva provinces 2.Health information and disease surveillance capacity strengthened 3.Policy development, capacity building, and project management supported

Problems with Outputs		
1. Time taken to complete remaining first round civil works.		
Problem(s)	**Action Taken/Proposed**	**Date**
1. Time taken to complete remaining first round civil works. 2. Covid 19 situation of the country	. PIU Engineers and D&S team closely working with provinces to expedite the process.	

PERFORMANCE OUTPUT DETAILS

Output 1						
Primary health care enhanced in Central, North Central, Sabaragamuwa, and Uva provinces						
Recent Development towards Achieving Output 1						
Civil works have been started to improve 38 health facilities and remaining 5 will be awarded in Q2 2020						
Project Specific Indicators	**Unit of Measure ment**	**Target Year**	**Target Value**	**Cumulativ e Achieve- ments**	**Progress/Status**	**Definition of the indicator**
By 2023, PMCUs and district hospitals in target provinces upgraded and renovated with gender-responsive designs reached at least 30% (2018 baseline: 0)	Percent	2023	30	N	First round civil works in progress, 38 contracts were awarded. 5 Contracts in rebidding process Matale – 5 contracts to be awarded before 30th May 2020 **Civil works round 2** D&S consultants have started design for 90 facilities in 9 districts and will be completed by May 2020	Percentage increase of PMCUs and DHs renovated and upgraded with Gender responsive design Gender-responsive measuring criteria 1. Including separate toilets for male and female, 2. Separate examination areas and privacy during patient examination Total institutions – 469 + Cluster Hospitals Target - 141
By 2023, gender-responsive and inclusive essential service package for outpatient and clinic services provided by at least 75% of PHC facilities in target provinces (2018 baseline: 0)	Percent	2023	75	N	Procurement of Consultant to support operationalization of ESP within clusters completed commenced. Procurement of Gender Specialist in progress.	Number of PHC institutions in 9 clusters provides gender responsive ESP for outpatient and Clinics. Gender responsive ESP measuring criteria– 1. Separate Clinics for

						Female(Well women clinics) 2. Separate Clinics for Male ect. Total institutions – 469 Target = 352 (within clusters 116)
By 2023, gender-responsive and inclusive nutrition services provided by at least 75% of MOHs facilities (2018 baseline: 0)	Percent	2023	75	N	Procurement process of Provision of support for community empowerment and capacity building for improving the nutrition status of Mothers and children under 5 years in 9 districts firm in progress, will be completed by May 2020. Appointment of Gender Specialist in progress, will be completed 30th April 2020	Percentage increase of MOHs providing Gender responsive and Inclusive nutrition service Gender responsive and inclusive Nutrition – 1. Nutrition programmes- participate both men and women 2. Programmes targets increase the participation of men 3. Programmes target address the men and women nutrition issues together Total MOHs =132 Target MOHs = 99
By 1 July 2020, a gender-sensitive behavior change communication plan is initiated by all target provinces (2018 baseline: NA)	Value	2020	0	N	Appointment of Gender Specialist in progress. Procurement process of Behavior change and community mobilization for increasing primary health care utilization firm in progress, will be completed before 30th June 2020	Availability of gender sensitive BCC plan in provinces. Gender sensitive BCC plan 1. Participate both men and women for campaigns design stage 2.Campaings Target both men and women issues 3. Participate both men and women for trainings

Risks	**Assessment of Current Status**
Delay in approval and implementation of national policy and management reforms	

No.	Activities	Target Completion Date	Completed	Progress/Status
1	Develop physical infrastructure in selected PMCUs and district hospitals (first round completed by Q4 2021)	Q4 2021	On going	First round civil works in progress. Contract awarded for 38 facilities and 5 contracts will be award Q1 2020. 1. Monaragala – 5 contracts awarded 2. Badulla – 5 contracts awarded 3. Kandy – 5 contracts awarded 4. Matale – All contracts in rebidding process 5. Nuwara Eliya – 5 contracts awarded 6. Anuradapura – 5 contracts awarded 7. Polonnaruwa - 4 contracts awarded 8. Ratnapura – 5 contracts awarded 9. Kegalle – 5 contracts awarded
2	Complete physical infrastructure designs for all facilities (Q4 2019)	Q4 2019		Procurement of Design and Supervision consulting firm completed and commenced work. Design for all remaining civil works will be completed 30th May 2020.
3	Provide medical equipment to PMCUs and district hospitals and apex hospitals (first round completed by Q4 2019)	Q4 2019	On going	Procurement methods have been changed for G -04, G-05, G -6, G -8 and the package was split into several packages. Procurement process in progress and will be completed within Q1 2020
4	Develop physical infrastructure in selected field health centers (Q4 2021)	Q4 2021		List of 127 field health centers has been identified. Designing of infrastructure development of the field health centers will be initiated by design and supervision consultancy firm by April 2020
5	Provide (replace) vehicles for PHC services (completed by Q2 2019)	Q2 2019	Q2 2020	Procurement in progress.
6	Finalize the communications strategy and terms of reference for the behavior change communication marketing firm (Q2 2019)	Q2 2019	Completed	Procurement process of Behavior change and community mobilization for increasing primary health care utilization firm in progress

7	Award at least one innovative project by cluster via the PHC innovation fund (Q4 2019)	Q4 2019	Q4 2020	Approval granted for 17 proposals by the Project Steering Committee to proceed with planned activities Monaragala= 9 proposals Badulla = 3 proposals Nuwara Eliya= 3 proposals Kandy = 2 proposals

Output 2

Health information and disease surveillance capacity strengthened

Recent Development towards Achieving Output 2

Consensus arrived with all stakeholders about the designing of the IT system and advertised, EOI evaluation in progress.
GIS consultant appointed.

Project Specific Indicators	Unit of Measurement	Target Year	Target Value	Cumulative Achievements	Progress/Status	Definition of the indicator
By 2023, electronic patient information sharing system across cluster facilities used by at least 25% of PMCUs and district hospitals and medical officers of health areas in all target provinces (2018 baseline: 0)	Percent	2023	25	N	Once the system available for use this can be quantified. Procurement process of consultant firm to design and develop Health IT system for continuity of care in progress – EOI evaluation completed	Out of 145 institutions (MOHs, PMCUs and DHs),37 institution use electronic patient information sharing system across cluster facilities by 2023 Total cluster institutions (Excluding 9 BH) = Cluster MOH -32, PMCU and DH -113 Target = 37
By 2023, notifiable disease surveillance information via an electronic system sent to medical officers of health areas by at least 25% of PMCUs and	Percent	2023	25	N	Once the system available for use this can be quantified. Procurement process of consultant firm to design and develop Health IT system for	Percentage increase of PMCUs and district hospitals in clusters use electronic system to report notifiable disease surveillance information to the medical

district hospitals in target provinces (2018 baseline: 0)					continuity of care in progress – EOI evaluation completed	officers of health areas in target provinces Total cluster institutions – 9 BH, Cluster MOH -32, PMCU and DH -113
Core capacities to carry out quarantine services with a score of at least 4, in joint external evaluation report 2021 increase in the eight ports of entry in Sri Lanka (2017 baseline score in joint external evaluation report 2017: 3)	Number	2021	4		QHRMIS – according to the quarantine directorate they are not need of this, Ministry needs request ADB to drop this item during the mid-term review.	According to the joint external evaluation of IHR core capacities 2017 base line is 3.

Risks	**Assessment of Current Status**
Delay in approval and implementation of national policy and management reforms	

No.	Activities	Target Completion Date	Completed	Progress/Status
1	Finalize the rollout plan to introduce the health information system to nine cluster hospitals (Q1 2020)	Q1 2020		Procurement process of consultant firm to design and develop Health IT system for continuity of care in progress – EOI evaluation completed and will be available June 2020
2	Establish GIS units in provinces and districts (Q4 2019)	Q4 2019		Procurement of computers and peripherals for GIS completed GIS consultant will start training before 31st April 2020.
3	Purchase computers and peripherals for clusters (Q2 2020)	Q2 2020		Evaluation/revisit of the hardware requirement has to be done by the IT firm which is going to be procured by June 2020.
4	Provide the equipment and vehicles for POEs (Q2 2019)	Q2 2019		Equipment and Computers provided

				Procurement of Vehicles -Awaiting ADB concurrence for evaluation
5	Complete first round of training for quarantine teams (Q4 2019)	Q4 2019		Will be started in Q2/2020
6	Engage an individual consultant to carry out an IHR-related legal review (Q2 2019)	Q2 2019		Evaluation of EOI in progress for Legal consultant

Output 3

Policy development, capacity building, and project management supported

Recent Development towards Achieving Output 3

Individual consultancies for Develop operation policies and guidelines for cluster management, Support operationalization of ESP within clusters and Develop operation policies and guideline for cluster management procurement completed and commence works.
Recruitment of Environment specialist and Health communication expert completed,

Project Specific Indicators	Unit of Measurement	Target Year	Target Value	Cumulative Achievements	Progress/Status	Definition of the indicator
By 2023, operational polices and guidelines with gender dimensions are developed for (i) delivering a comprehensive package of PHC (incorporating the essential service package); (ii) management and functioning of cluster hospitals; and (iii) GIS-based planning and monitoring in health sector (2018 baseline: NA)	Y/N	2023	Y	N	Recruitment of consultant for Support operationalization of ESP within clusters completed Recruitment of Develop operation policies and guideline for cluster management completed. Recruitment of consultant for GIS based planning and monitoring completed. Gender specialist procurement in progress and will be completed by 31st April 2020	Number of operational policies and guidelines developed with gender dimensions in relation to the delivering a comprehensive package of PHC (Incorporating the ESP), management and functioning of cluster hospitals and GIS-based planning and monitoring in health sector. Responsible Consultants 1. Consultant to support the Operationalization of the Essential Service Package (ESP) within the Clusters in 9 Districts 2. Consultant to support establishment and implementation of Clusters on a pilot basis at 9 different pilot sites

						in 9 districts based on the policy on reorganization of PHC Services 3. GIS-based planning and monitoring (national)
By 2020, 11 units of FHB have integrated gender dimensions into all of their policies and strategic plans	Value	2020	11	N	Gender specialist procurement in progress and will be completed by 31st April 2020	Number of Units of FHB integrated gender dimensions into their policies and strategic plans through Gender consultant Units in FHB 1. Maternal care unit 2. Intra natal and newborn care unit 3. Maternal and child morbidity, Mortality Surveillance unit, 4. Child Nutrition Unit 5. Child development and special needs unit 6. School health unit 7. Adolescent Health Unit 8. Gender and women's health unit 9. Family planning unit 10. Oral health unit 11. M&E unit 12. Planning, Logistic, Disaster preparedness research unit 13. Reproductive health center
By 2023, at least 25% of medical officers and other staff of PMCUs and divisional hospitals (of which 35% are women) in target provinces are	Percent	2023	25	N	Training and objectives are being finalized and trainings will be started after the current Covid 19 situation.	Total Staff =8203(PMCUs, DHs) Target = 228 per districts

trained in PHC (family medicine) (2018 baseline: 0)						
By 2023, at least 25% of PHC staff from PMCUs, divisional hospitals, and medical officer of health areas (of whom 35% are women) in the target provinces are trained in gender sensitivity, and gender related policies and interventions (2018 baseline: 0)					Training and objectives are being finalized and trainings will be started after the current Covid 19 situation. Gender specialist procurement in progress, will be completed by 30th April 2020	Total Staff =12920(PMCUs, DHs and MOHs) Target = 358 per districts

Risks	**Assessment of Current Status**
Delay in approval and implementation of national policy and management reforms	

No.	Activities	Target Completion Date	Completed	Progress/Status
1	Hire consultant (local) to support policy development for essential service package implementation (Q1 2019)	Q1 2019	Completed	Commenced work
2	Hire consultant (local) to support policy development for cluster hospital reforms (Q1 2019)	Q1 2019	Completed	Commenced work
3	Develop PHC HRH plan for cluster work force	Q3 2019	Completed	Commenced work
4	Develop the physical infrastructure and equip a distance learning center at the National Institute of Health Sciences in Kalutara (Q3 2020)	Q3 2020		Preparation of BOQs for civil work completed, will be completed by 31st May 2020
5	Complete regular training annually in relevant PHC areas (Q4 each year)	Q4 2019		Training plan and objectives are being finalized.
6	Conduct baseline (Q1 2019) and end line (Q1 2023) surveys	Q1 2023		Recruitment of M&E firm complete and commenced work for baseline survey.

Appendix 3 – Progress of Civil Works Round 1

Round 1 Civil Works Progress

Province	District	Total Packagers	Contract Signed	Rebid	Total Amount			
					Estimated Amount($)	Contract Value with VAT($)	Advance Bond with VAT($)	Financial Progress(%)
Central	Kandy	5	5	0	683,050.00	999,777.14	172649.29	17.27
	Matale	5	0	5	525,000.00	-	0.00	
	Nuwara Eliya	4	4	0	447,350.00	560,120.00	96492.81	17.23
North Central	Polonnaruwa	4	4	0	378,750.00	320,394.29	104639.49	32.66
	Anuradapura	5	5	0	739,500.00	967,554.29	179720.95	18.57
Sabaragamuwa	Kegalle	5	5	0	515,300.00	710,355.70	212356.66	29.89
	Ratnapura	5	5	0	539,100.00	646,914.28	65083.52	10.06
Uva	Badulla	5	5	0	742,800.00	974,223.59	116006.84	11.91
	Monaragala	5	5	0	622,470.00	726,952.48	90000.00	12.38
Total		**43**	**38**	**5**	**5193320.00**	**5,906,291.77**	**1036949.56**	17.56

Round 1 Civil work Progress - Central Province

District	Lot No:	Site Name	Category	Engineering Estimate(Million)	Contract Value(with VAT)	PCSS	Name of the Contractor	Date of Contract award	Mobilization advance +Bills with VAT	Financial Progress(%)
Kandy	A	Hatharaliyadda	DHC 1	0.1435	0.208582857		Central Engineering Services (Pvt) Ltd	20.08.2019	0.040	19.39
	B	Madulkale	DHB 1	0.2020	0.299782857		Central Engineering Services (Pvt) Ltd	20.08.2019	0.045	15.00
	C	Dolosbage	DHC 3	0.1715	0.250428571		Central Engineering Services (Pvt) Ltd	20.08.2019	0.038	15.00
	D	Galaha	DHC 2	0.0930	0.131091429		Central Engineering Services (Pvt) Ltd	20.08.2019	0.033	25.32
	E	Deltota	DHB 2	0.0729	0.109891429		Central Engineering Services (Pvt) Ltd	20.08.2019	0.016	15.00
Matale	A	Kalundewa	PMCU 1	0.1322	0		Decision pending for Rebidding		0.000	
	B	Madawala ulpotha	PMCU 2	0.1268	0		Decision pending for Rebidding		0.000	
	C	Paldeniya	PMCU 3	0.1012	0		Decision pending for Rebidding		0.000	
	D	Kimbissa	DHC	0.0721	0		Decision pending for Rebidding		0.000	
	E	Galewela	DHB	0.0927	0		Decision pending for Rebidding		0.000	
Nuwara Eliya	A	Kotagala	DHC 1	0.0768	0.084577143		Malwatta Construction	21.08.2019	0.013	15.00
	B	Laxapana	DHC 2	0.1076	0.138960000		Malwatta Construction	21.08.2019	0.033	23.98
	C	Nanuoya	PMCU 1	0.1591	0.203508571		Malwatta Construction	21.08.2019	0.031	15.00
	D	Pundaluoya	PMCU 2	0.1037	0.133074286		Malwatta Construction	21.08.2019	0.020	15.00
									0.000	
Total				1.6551	1.559897143				0.269	17.25


Delthota


Galaha


Laxshapan


Pudaluoya

Round 1 Civil work Progress - North Central Province

District	Lot No:	Site Name	Category	Engineering Estimate($ Mn)	Contract Value with VAT($ Mn)	PCSS	Name of the Contractor	Date of Contract award	Advance Bond with VAT+ Bills	Financial Progress(%)
Polonnaruwa	A	Ellawewa	PMCU 1	0.1049	0.1196	0002	DMC Construction	15.07.2019	0.0384	32.12
	B	Sevanapitiya	PMCU 2	0.0927	0.0000		Ranjith Motors & Building Constructors	28.01.2020	-	
	C	Damminna	PMCU 3	0.0861	0.0915	0003	Premadasa Construction	15.07.2019	0.0137	15.00
	D	Ambagawewa	PMCU 4	0.0956	0.1094	0004	Gamodh Construction	15.07.2019	0.0525	48.01
Anuradhapura	A	Horowpathana	DHB 1	0.2769	0.2727	0005	Gamoth Construction	15.08.2019	0.0678	24.86
	B	Galenbidunuwewa	DHB 2	0.1051	0.1373		Pubudu Construction	02.09.2019	0.0513	37.35
	C	Negampaha	DHC 1	0.1415	0.1671	0006	Nandana Rodgrigo Construction	15.08.2019	0.0251	15.00
	D	Konwewa	PMCU 1	0.1548	0.1533		Devaki Enterprises	20.08.2019	-	-
	E	Thiththagonawa	PMCU 2	0.1818	0.2372		Nirupama Construction	29.08.2019	0.0356	15.00
Total				1.2394	1.1684				0.2844	24.34


Horowpathana


Galenbidunuwewa


Ellewewa


Damminna


Ambagaswewa

Round 1 Civil work Progress - Sabaragamuwa Province

District	Lot No:	Site Name	Category	Engineering Estimate(Million)	Contract Value with VAT($ Mn)	PCSS	Name of the Contractor	Date of Contract award	Advance Bond with VAT	Financial Progress(%)
Kegalle	A	Bolgama	PMCU	0.0911	0.125285714		SDS Construction	21.08.2019	0.0311	24.86
	B	Hewadiwela	PMCU	0.0841	0.115915429		SDS Construction	21.08.2019	0.0464	40.01
	C	Miniwangamuwa	PMCU	0.1121	0.154718440		SDS Construction	21.08.2019	0.0529	34.17
	D	Aranayaka	DH	0.1286	0.177491429		SDS Construction	21.08.2019	0.0614	34.60
	E	Uyanwatta	PMCU	0.0993	0.136944691		SDS Construction	21.08.2019	0.0205	15.00
Ratnapura	A	Delwela	PMCU	0.0991	0.112188570		Arcyn Enginnering	06.02.2020	0.0000	0.00
	B	Dodampe	PMCU	0.1390	0.157148571		Mohan Enterprises	21.08.2019	0.0357	22.69
	C	Narissa	PMCU	0.1235	0.150331430		KEP Construction	06.03.2020	0.0000	0.00
	D	Endana	DH	0.0892	0.107017143		KEP Construction	21.08.2019	0.0294	27.50
	E	Ranwela	DH	0.0882	0.120228570		Arcyn Enginnering	06.02.2020	0.0000	0.00
Total				1.0542	1.357269987				0.2774	20.44


Dodampe


Andana


Minuwangamuwa


Aranayak

Round 1 Civil work Progress - Uva Province

District	Lot No:	Site Name	Category	Engineering Estimate($ Million)	Contract Value with VAT($ Mn)	Name of the Contractor	Date of Contract award	Advance Bond with VAT($ Mn)	Financial Progress(%)
Monaragala	A	Dombagahawela	PMCU 1	0.1307	0.132	KSP Building Material Supply	8/13/2019	0.0063	4.76
	B	Daliva	PMCU 2	0.1301	0.130	KSP Building Material Supply	8/13/2019	0.0075	5.75
	C	Dambagalla	DHC 1	0.1062	0.135	Suhada Enterprices	8/21/2019	0.0247	18.31
	D	Thanamalwila	DHC 2	0.1289	0.165	Suhada Enterprices	8/21/2019	0.0287	17.40
	E	Hambegamuwa	PMCU 3	0.1265	0.164	Suhada Enterprices	20/12/2019	0.0211	12.86
Badulla	A	Megahakiula	DHC 1	0.1275	0.150	Wijewardana Construction	8/13/2019	0.0000	-
	B	Ettampitiya	DHC 2	0.1822	0.247	Konesigha Construction	20/12/2019	0.0349	14.13
	C	Haldummulla	DHC 3	0.1405	0.187	Senaratna Construction	20/12/2019	0.0000	-
	D	Kandeketiya	DHB 1	0.1672	0.223	Konesigha Construction	20/12/2019	0.0607	27.27
	E	Koslanda	DHB 2	0.1253	0.168	Chathura Constrcution	20/12/2019	0.0204	12.17
Total				1.3651	1.701			0.204	12.01

Meegahakiula


Dambagalla


Deliwa


Thanamalvila


Ettampitiya


Koslanda


Kandeketiya


Hambegamu

Appendix 5 -: Implementation of the Environmental Monitoring Plan

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
Pre-Construction Phase					
Minimize the need to remove large mature trees	Final layout plan and detail designs for each site Adherence to EMP	No of large trees that need felling All sites	Once after designs are completed	In Round 1 projects, some trees have been felled/already felled in some of the sites. Timber Corporation has removed the trees which have some commercial value. Other threes have been removed by the contractors. The trucks, stumps and branches have been removed in most of the sites. Those sites which have not removed such tree debris have been advised to remove them and dispose of appropriately. Tree re-planting has been done in the Uva Province – in all the hospitals included in Round 1 in Badulla and Monaragala Districts.	For each site, the list of trees and a re-planting schedule will be submitted in the next Semi-Annual Environmental Monitoring Report. In some sites, remaining timber and debris have to be removed from sites and disposed of appropriately. For Round 2 projects, every effort is being taken by the DSC to minimize the need to remove large mature trees.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Permissions have been obtained to cut trees. Timber (with commercial value) has been disposed of through Timber Corporation. Some timber and debris have to be removed from some of the sites.	
Slope protection and soil erosion control in ground clearing	Final layout plan and detail designs for each site	Visual observation Construction areas of all sites in hilly terrain	Once after designs are completed	Some of the sites need additional designs for slope protection. Some of the Designs of Round 1 projects do not have detailed designs of slope protection. The Project Engineers of respective PIUs are providing proper guidance for slope protection and erosion control in sites such as: Kandekeiya, Dolosbage, Hataraliyedda, Meegahakiula, Minuwangamuwa, Bolagama,	Excavated topsoil has been not removed from some sites. Such spoil and excess soil have to be disposed of appropriately or levelled in the same hospital premises if such excess soil can be used as fill material. e.g., Pundalu Oya, Hataraliyedda, Minuwangama, Etampitiya, Koslanda, Dombagahawela

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Madulkele, Laxapana, Pundalu Oya, Bolagama Details of how debris and topsoil was (or will be) disposed of have to be recorded for all sites. Contractors have been advised to keep records and inform the Project Engineers. Temporary disturbances to drainage have been observed in some of the sites. This has to be monitored closely. e.g., Laxapana, Hataraliyedda, Pundalu Oya	Precautions have to be taken to prevent a collapse of soil banks and slopes in sites such as Kandekeiya, Koslanda, Hataraliyedda, Dolosbage, Meegahakiula, Minuwangamuwa, Bolagama, Madulkele, Laxapana, Pundalu Oya, Bolagama, Etampitiya
	Adherence to EMP		Once a week	Environmental monitoring is being carried out satisfactorily. The following have been satisfactorily implemented: Removal of topsoil and vegetation has been	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				adequately done in most of the sites. Soil conservation measures for debris and topsoil is satisfactory in all the sites. Topsoil and debris need proper disposal in some sites. e.g., Minuwangama, Hewadiwela, Dodampe, Endana, Etampitiya There have been no significant issues reported due to ground preparation. The collapse of soils banks and/or slope failures have not been noticed for most of the sites. Increased erosion has not been observed. Increased dust in the air for prolonged periods have not been observed; Dust prevention measures are satisfactory. No	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				complaints have been received so far. Disturbances to drainage paths have been rectified in most of the sites. Other sites where provision for proper drainage is not sufficient, have been advised to remedy the issues.	
Construction Phase					
Minimizing air quality deterioration due to demolition, reconstruction work, stockpiling and movement of heavy vehicles	Adherence to EMP	Visual observation Feedback from hospital users All construction sites	Daily Weekly	Environmental monitoring is being carried out satisfactorily. <u>Effective use of dust barriers</u> There are dust/noise barriers constructed in most of the sites. Some of the sites need additional measures in preventing noise/dust propagation. Where there are such barriers, the materials used to construct the barriers are satisfactory, the height of the barriers are sufficient, and	Sites which need dust/noise barriers should erect such barriers without delay. Contractors have been advised accordingly. Some of the sites are untidy, and debris and construction waste have been lying around which disturbs other users of the hospital premises. Contractors of some untidy

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				they are effective in controlling air-borne dust. e.g., Hambegamuwa, Galaha, Horowpathana, Thanamalwila. <u>Site activities to maintain air quality</u> Most of the sites are clean and tidy. It has been observed that the site workers clean the site daily. Dust and air-borne particulate matter have to be controlled effectively. The workers sprinkle water for dust suppression when needed. This should be done at least twice a day. To prevent air-borne suspended matter, soil heaps are covered appropriately in most sites. Stockpiles are stored in the downwind	locations were instructed to clean the sites regularly. Air-borne dust is noticeable in some sites. Soil heaps of some sites were not covered properly. Contractors were advised to cover them appropriately. In some of the sites, stockpiles have been stored obstructing the access roads in some sites (e.g., Kotagala, Deltota, Galenbindunuwewa, Haldummulla, Etampitiya, Koslanda) and the contractors were advised to remove them immediately. For transport vehicles and trucks, restrictions of speed limits should be actively imposed by the contractor.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				direction to the hospital premises. Material stockpiles may obstruct access to the hospital facilities. Stockpiles are stored away from access roads in most of the sites. The trucks transporting material are appropriately covered. This is strictly followed, and the local police actively impose restrictions on such transport vehicles. Speed limits are imposed for transport vehicles, which prevents air-borne dust. The contractors informed that all the transport vehicles have emission certificates (VEC). There have been no complaints from hospital authorities in any of the sites related to dust-related issues.	The contractor should check the validity of VECs for all the transport vehicles regularly.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				There have been no special mitigation measures adopted due to a particular reason.	
Controlling noise and vibration levels due to demolition, reconstruction work and movement of heavy vehicles	Adherence to EMP	Visual observation All construction sites	Daily Weekly	Environmental monitoring is being carried out satisfactorily. As a good practice, it has been advised to Contractors of most of the sites which are located close to the hospitals, to negotiate with the hospital authorities and avoided any high noise-generating activities during OPD hours. Other than such passive measures, there have been no noise-reduction measures adopted. There have been no noisy machines (subjective judgement compared to accepted norms) used at the sites. In most of the sites, high noise generating work has been scheduled to be done	No complaints have been received so far, related to high noise generation during site operations, which implies that Implementation of the EMP is satisfactory. No additional action is needed. Continuous dialogue and coordination with hospital premised for work scheduling is needed to avoid high noise-generating activities during OPD/Clinic hours.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				non-clinic/non-OPD days. In all the sites, the working hours are restricted to 08.00–18.00 hrs. In some of the sites, the high noise-generating activities such as concrete mixing have been done away from hospital premises. This has effectively mitigated high noise reaching the hospital. In some of the hospitals, the patients at risk have been moved away from the construction areas to suitable wards. In most of the sites, intermittent noise levels have been likely to exceed CEA Noise Control Regulation levels. However, site works have been progressed satisfactorily by following	A crack survey should be conducted at sites such as Dolosbage, Kotagala where there are old structures are located close to the site. For such sites, where there are buildings susceptible to crack damage, details of how mitigation measures will be implemented should be discussed with the contractor.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				passive methods as discussed above. In all the sites, no nighttime activities are planned. The machinery and vehicles are serviced adequately so that there will be no excessive noise generated during operations. There are some buildings at risk of vibration damage.	
	Noise and vibration measurements	Noise/Vibration level All construction sites	Twice during construction	No noise/vibration levels have been measured for any of the sites.	Noise/vibration levels have to be measured as implied in the EMP.
Containment of soil erosion and contamination	Adherence to EMP	Inspection of the site for the adequacy of soil erosion/ contamination control measures, evidence of soil erosion and contamination	Weekly	Environmental monitoring is being carried out satisfactorily. The sites allocated for proposed developments are small in extent. Not much erosion has been observed. Removal of vegetation on site	Retaining walls are needed to prevent the collapse of soil banks and slopes in sites such as Kandeketiya, Hataraliyedda, Dolosbage, Meegahakiula, Minuwangamuwa, Bolagama,

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
		All construction sites		has been restricted to the bare minimum and strips of vegetation have been left around the disturbed area in all sites. In some sites, when needed, soil conservation bunds have been formed to protect soil erosion. In some of the sites, (e.g., Hataraliyedda, Bolagama), retaining walls are constructed on slopes that are sufficient to bear the surcharge load during and after construction. As instructed, excavated earth stockpiles at most of the sites are firmly covered to protect dust release during winds and to prevent washing off during rains. Degradation of the surrounding environment has not been observed for any of the sites due to soil erosion.	Madulkele, Laxapana, Pundalu Oya Contractors have been advised to keep the soil heaps covered all times. For those sites where stockpiles are located close to roads, drains or water bodies, contractors, were advised to move them away from such sensitive locations.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				In most of the sites, the stockpiles are stored away from roads, drains or water bodies. Surface lead away drains from the construction area are not connected to stormwater drains leading to freshwater bodies in all the sites. Some work has been carried out during the wet season. Contractors have taken precautions to prevent soil erosion in exposed surfaces and spoil heaps. Burying or burning of oil and lubricant waste buried were not notices in any of the sites. The contractors have been advised to collect and store spent lubricants, oils and paints in proper oil-cans	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				and dispose of for re-use or handed over to the LA. The methods of storing hazardous chemicals such as paint are satisfactory.	
Proper disposal of construction waste (non-hazardous)	Adherence to EMP	Inspection of the site for the presence of dumps or waste fires, records of waste removed from the site, inspection of disposal sites All construction sites	Weekly	Environmental monitoring is being carried out satisfactorily. In most of the site, the contractors have not prepared construction waste disposal plans. This is mainly due to small quantities of waste that is generated at each site, which reflect the small-scale construction activities. It has been observed that the practice of disposal of construction waste is satisfactory in most of the sites. Most of the contractors re-use and recycle construction waste.	Construction waste and debris in some of the sites, which have not been removed, have to be disposed of appropriately. Construction wastes have to be disposed of only in areas recommended by the Pradeshiya Sabha and the Engineer. Potential mosquito breeding grounds should be cleared.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Some contractors have disposed of the construction waste in areas recommended by the Pradeshiya Sabha and the Engineer. e.g., In Koslanda access has been rehabilitated using demolition waste. It has been noted that most of the construction sites are kept clean and tidy and the construction waste properly collected prior to disposal. In other sites which need improvements, the contractors have been advised accordingly. There are locations in some sites which are potential mosquito breeding grounds. The contractors were strongly advised to clear such areas. It has been observed that there are many sites where solid waste is being burnt on-	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				site. The contractors were advised not to burn waste at the site. E.g., Hewadiwela, Koslanda, Bolagama In some of the sites, excess earth from ground excavations, cut and fill operations can be used on-site either for backfilling, ground levelling, reinstatement of disposal yards or other purposes (e.g., Ambagahawewa, Ellewewa, Dombagahawela).	
Proper disposal of construction waste (hazardous – discarded asbestos cement waste)	Adherence to EMP	Visual observation of the site for the adequacy of measures followed, feedback from contractor team All construction sites	Weekly	Asbestos waste has been generated during demolition activities in some of the sites. Asbestos Management Plan has been distributed among the PIUs, and special attention of Project Engineers was drawn for implementation of the Plan. The workers have given sufficient information and	Collection and proper disposal of AC are needed as detailed in the Asbestos Management Plan that has been prepared as part of the IEE/EMP, which has already been sent to the PIUs. PIUs are expected to come up with a practical plan to dispose of/re-use asbestos.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				proper training on handling AC sheets. They have been provided with masks and gloves to protect themselves. Breaking the AC sheets while dismantling has been avoided or minimized. If the sheets are bolted in place, the bolts have been dampened and cut while avoiding contact with the AC. Lowering the large pieces have been done carefully so as not to break the sheets. In most of the sites, once removed, the sheets have been wetted to minimize asbestos fibre getting air-borne. The discarded sheets have been stacked carefully on-site. They have been stored away from areas that are used by people and covered in thick polythene sheets.	In some of the sites, where AC sheets have been removed, the sheets need to be wetted to minimize asbestos fibre getting air-borne. The discarded sheets should be stacked carefully on-site and stored away from areas that are used by people and covered in thick polythene sheets. The AC sheets should be removed to a permanent store either within the premises or in a central location for all AC waste in the district/province. Such sites should be identified without delay.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				So far, no site has disposed of any AC sheets already. Asbestos f some of the sites have been given for other users for re-use.	
Control of on-site drainage impairment	Adherence to EMP	Visual observation and inspection of the site for stagnant water blocked drains etc. All construction sites	Weekly	Environmental monitoring is being carried out satisfactorily. The first quarter of 2020 has been very dry without significant rainfall events. Drainage control has not been a problem during the past quarter. So far, maintaining cross drainage within the site has been satisfactory for many sites during construction. During the last rainy season (mainly during the last quarter of 2019), the contractors have taken efforts in maintaining proper cross drainage.	Control of on-site drainage impairment should be continuously monitored during the rainy periods.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Is has been noted that stockpiles and debris are safely stored away from known drainage paths; Fine aggregate stockpiles at the site are firmly covered to protect dust storming during winds and to wash off during rains. On the contrary, drainage impairment was observed for some sites, when blockage of drainage was unavoidable. The contractors have been advised to have alternative paths created to facilitate stormwater flows from the site to outside. The lead away drains that collect water from the internal drainage system of the hospital facility is kept clean and free from any constriction debris. However, there were some site which has not	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				observed this: e.g., Haldummulla, Meegahakiula For the next quarter, during which considerable rainfall is expected, the contractors have been advised to keep the construction site checked daily (after wet weather) for any signs of water stagnation. They have been advised to take necessary action to alleviate the issue.	
Containment of construction wastewater discharge	Adherence to EMP	Visual observation and inspection of the site for the open discharge of wastewater and pollution All construction sites	Weekly	Environmental monitoring is being carried out satisfactorily. Most of the sites do not discharge wastewater from the construction site directly into road-side drains. However, there is some sites discharge construction wastewater to nearby road-side drains, especially during wet weather.	Containment of construction wastewater discharge has to be monitored continuously.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Some of the sites have washing areas for construction equipment delineated within hospital premises at least 25-30 feet away from groundwater wells. Contractors of some sites were advised not to discharge wastewater into road-side drains. They were advised first to direct the wastewater into a pit to allow siltation and percolation before connecting to a lead away drain. Thanamalwila, Galenbindunuwewa	
Pollution from labour camps	Adherence to EMP	Visual observation and inspection of the labour camps, feedback from construction workers All construction sites	Weekly	Environmental monitoring is being carried out satisfactorily. In almost all the sites, the local labourers have been recruited as much as possible to minimize social consequences of migrant labour and to provide	Pollution from labour camps has to be monitored continuously.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				livelihood opportunities to the local community. Only a few sites had labour camps sited on-site. No issues have been reported or found related to locations of labour camps. When the labour camps are located on-site, the consent from the hospital management has been obtained. In all the sites, the labour camps are provided with adequate sanitation facilities, with wastewater collection and disposal appropriately attended to. No discharge of wastewater and disposal of domestic waste from worker camps into water sources were noticed. Toilets located close to groundwater wells where drinking water intakes are located were not noted.	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				Some sites collect and hand over domestic solid waste regularly at a site approved by the local council or given to them where garbage collection tractors. However, most of the sites bury garbage within the hospital premises or burn it. Sites, where solid waste is being burnt on-site, were advised not to burn waste at the site. For all the sites, labour camps have access to a good supply of drinking water. Non-insulated electrical cables were not noted in site electrification work. Standard precautions for fire protection have not been taken in most of the sites. This needs attention.	
Occupational health and safety issues and complaints	Adherence to EMP	Visual inspection of the site, adequacy of signage and delineation barriers,	Weekly	Environmental monitoring is being carried out satisfactorily.	Occupational health and safety issues should be regularly monitored.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
registered in the GRM		number of accidents and complaints registered in the GRM All construction sites		In most of the sites, proper safety and warning signages are in place for all digging and installing work items In most of the sites, warning signage is not needed to be displayed during the nighttime. However, in many sites, lighting has been provided during the nighttime within the construction sites. In some of the sites, the notices/warning signs are displayed in the local language. In sites where signages are posted, the notices/warning signs are displayed at appropriate locations. In some sites, workers are provided with Personal Protective Equipment (PPEs), tools and protective clothing. In some sites, labourers do	The workers should be trained to wear PPEs, and the requirement should be enforced by the contractors. The contractors should be advised to carry out proper training programs on occupational health and safety and to conduct regular toolbox meetings. The condition of the labour camps and occupational health and safety conditions of workers have to be closely monitored.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				not wear (or amply with the requirement) PPEs. It is not clear whether the contractors enforce those safe working methods are applied all times. It is not a standard practice to carry out training programs for the workers. However, unskilled workers are supposed to get on-the-job training. Having regular toolbox meetings on occupational health and safety for workers conducted is not commonly practised, other than a few sites in Kandy District. Not all the contractors have established procedures for receiving, documenting and addressing complaints. Contractors are advised to set up proper procedures to receive such complaints.	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				In all sites, the contractors provide notices to hospital staff and users about the schedule of construction activities.	
Public health and safety	Adherence to EMP	Visual inspection of the site, adequacy of signage and delineation barriers, number of accidents and complaints registered in the GRM	Weekly	Environmental monitoring is being carried out satisfactorily. In all the sites, the construction sites are delineated from the rest of the hospital to the extent practicable. In most of the sites, these partitions satisfactorily cut off the construction area from the rest of the hospital physically. At some sites where regular access paths are obstructed by the site activities, safe pedestrian pathways to the hospital premises have been provided. Such temporary	No complaints from hospital authorities or any other hospital users and the neighbors have complained about improper construction practices that would jeopardize public safety. GRM should be given the highest priority

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
				access paths have been noted as safe for vulnerable persons and wheelchair access. In all the sites, there are delineation devices such as cones, lights, tubular markers, barricades tapes, warning signposts, etc. erected to inform hospital users about work zones. In all the sites, warning signs are erected to inform public of dangers and to keep them away from such hazards, and they are appropriately placed.	
Operational Phase					
Proper management of hazardous health care waste generated from each facility	Development of a site-specific HCWM plan	Progress with regard to • Waste audit within the HCF • Waste classification and segregation	Monthly	None of the Round 1 projects has been completed as of March 28, 2020. Applicable only after the construction of buildings is over.	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Remarks
		• Regional strategy for waste disposal • Training plan for hospital staff • Equipment list for safe handling and disposal • Budget for implementation of selected measures • Implementation schedule All sites			
Proper treatment of hospital sewerage and wastewater	Inclusion of wastewater treatment plant in project scope	All DH A and B	Monthly	None of the Round 1 projects has been completed as of March 28, 2020. Applicable only after the construction of buildings is over.	

Appendix 5 – Updated Gender Action Plan

Gender Action Plan Monitoring

(31th December 2019)

Activities	Targets and Indicators	Responsible Agency	Timeframe	Progress
Output 1: Primary health care services enhanced in Central, North Central, Sabaragamuwa, and Uva provinces				
1.1 Ensure all upgraded or renovated PMCUs and divisional hospitals have gender responsive construction features	1.1.1 At least 30% upgraded or renovated PMCUs and divisional hospitals have separate toilets separate examination and changing areas for improved privacy for male and female patients 1.1.2 All PHC facilities providing ESP (25% of all PHC facilities in target provinces) have gender responsive designs with facilities for privacy during patient examination, and for changing clothes (Baseline: less than 10%)	PIU	By 2023	Gender specialist procurement in progress. EOI evaluation in progress
1.2 Integrate gender-responsive and inclusive PHC services with the implementation of the essential service package for outpatient and clinic services in the nine newly established clusters	1.2.1 75% of PHC facilities in target provinces provide a gender responsive and inclusive essential service package (Baseline: 0) 1.2.2 All staff providing ESP services in the PHCs trained on gender sensitivity and responsiveness when providing ESP services (Baseline: 0) 1.2.3 Over 75% of women and men are reporting satisfaction over the services provided at PHC facilities	PIU and/or gender expert	By 2023	Gender specialist procurement in progress. EOI evaluation in progress
1.3 Develop a BCC campaign targeting increased utilizations of the PHC facilities by women and men	1.3.1 BCC campaign strategy and materials (such as leaflets, video clips, and/or street dramas) developed 1.3.2 Use of PHC facilities is increased by 20% each for women and men	PIU and/or gender expert	By 2023	Gender specialist procurement in progress. EOI evaluation in progress .
1.4 Encourage partnerships with local organizations for gender	1.4.1 At least 30% of the medical officer of health areas will establish partnerships with local organizations for encouraging	PIU and/or gender expert	By 2023	Gender specialist procurement in progress.

Activities	Targets and Indicators	Responsible Agency	Timeframe	Progress
responsive and inclusive services at the PHC level	male participation in PHC utilization (Baseline: 0) 1.4.2 Annually at least 10 awareness creation sessions for local organizations conducted on the advantages of PHC utilization for encouraging male participation			EOI evaluation in progress Once Gender specialist procured training and further reporting will be arranged.
1.5 Pilot male engagement approaches to promote reproductive health, maternal and child health/nutrition, PHC, and diminish violence against women	1.5.1 A male engagement approach is designed to promote reproductive health, maternal and child health/nutrition, PHC for men, and diminish violence against women 1.5.2 Conduct TOT targeting at least 50 health officials and/or local organizations who can transfer knowledge to men at PHC facilities 1.5.3 Over 1,500 men reached though training and awareness	PIU/gender expert	By 2023	Gender specialist procurement in progress. EOI evaluation in progress .
Output 2: Health information and disease surveillance capacity strengthened				
2.1 Introduce sex-disaggregated data to the eRHMIS, Annual Health Bulletin of FHB and to the eHealth surveillance system on the 29 notifiable diseases in Sri Lanka	2.1.1 Sex-disaggregated data included in the eRHMIS and Annual Health Bulletin of FHB (Baseline: 0) 2.1.2. Sex-disaggregated data included in the eHealth surveillance system (Baseline: 0) 2.1.3 Sex-disaggregated data analyzed, and gender related health issues identified for programming in the FHB and Epidemiology Unit (Baseline: 0)	FHB, Gender and Women's Health Unit and Epidemiology Unit	2020	Gender specialist procurement in progress. EOI evaluation in progress
Output 3: Policy development, capacity building, and project management supported				
3.1 Ensure all operation policies and guidelines developed for health sector are gender mainstreamed	3.1.1 A team of experts on health and gender are consulted during the preparation of policies 3.1.2 Comments of the expert/s are documented and incorporated.	PIU/gender expert	By 2023	Focal point of Gender Action plan, FHB will coordinate when consultant selected

Activities	Targets and Indicators	Responsible Agency	Timeframe	Progress
3.2 Integrate gender dimensions into policies and strategic plans of the FHB and the existing package for newly married couples	3.2.1 By 2023, operational polices and guidelines with gender dimensions are developed for (i) delivering a comprehensive package of PHC; (ii) management and functioning of cluster hospitals; and (iii) GIS-based planning and monitoring in health sector 3.2.2 By 2020, 11 units of the FHB of the Ministry that have integrated gender dimensions into all their policies and strategic plans (Baseline: 0) 3.2.3 By 2019, the package for newly married couples is reviewed and finalized 3. 2.4 By 2023, nine advocacy workshops conducted as one per district (9 districts) with registrars of marriages (Baseline: 0)	FHB and Gender and Women's Health Unit	2019–2023	Recruitment of consultant for Support operationalization of ESP within clusters completed and commenced work Recruitment of Develop operation policies and guideline for cluster management completed and commenced work Recruitment of GIS based planning and monitoring consultant completed and commenced work. Gender specialist procurement in progress. Revised TOR submitted on 17th December 2019 for ADB concurrence
3.3 Conduct a gender training needs assessment to identify training gaps, develop a gender TOT module and roll-out a training program for the PHC staff	3.3.1 By 2019, a gender expert recruited 3.3.2 By 2019, a gender training needs assessment conducted and a TOT training module for PHC staff developed (Baseline: 0) 3.3.3 By 2020, nine TOTs on gender conducted as one per district (at least 40% women) (Baseline: 0) 3.3.4 By 2023, at least 25% PHC staff from PMCUs, divisional hospitals, and MOHs (of whom 35% are women) are trained on gender sensitivity, gender-related policies and interventions (Baseline: 0)	Gender and Women's Health Unit of the FHB, gender expert	2019–2023	Gender specialist procurement in progress. EOI evaluation in progress

Activities	Targets and Indicators	Responsible Agency	Timeframe	Progress
3.4 Introduce an updated training program on gender sensitive nutrition counselling and primary health care	3.4.1 At least 75% of PHMs trained on gender sensitive nutrition counselling program (Baseline: 0) 3.4.2 At least 25% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in target provinces are trained in PHC (family medicine)	Gender and Women's Health Unit of the FHB, gender expert	2023	Gender specialist procurement in progress. EOI evaluation in progress
3.5 Strengthen the capacity of PHMs and PHIs respond to GBV	3.5.1 The life skills training course for PHMs and PHIs is gender mainstreamed 3.5.2 A basic counseling and family mediation induction course developed for PHMs and PHIs (Baseline: Not available) 3.5.3 75% of PHMs and PHIs trained on life skills and family mediation (at least 50% women) (Baseline: 0)	Gender and Women's Health Unit of the FHB	2019–2023	Gender specialist procurement in progress. EOI evaluation in progress
3.6 Develop new guidelines for preventive health staff to address occupational health issues	3.6.1 New guidelines developed for field-based staff to address occupational issues faced by estate sector women workers, men and women engaged in unskilled labor and other occupations.	Gender and Women's Unit of the FHB	2020	Gender specialist procurement in progress. EOI evaluation in progress

BCC = behavior change communication, eRHMIS = electronic reproductive health management information system, ESP = essential service package, FHB = Family Health Bureau, GIS = geographic information system, GBV = gender-based violence, MOH = medical officer of health, PHC = primary health care, PHM = public health midwife, PHI = public health inspector, PIU = project implementation unit, PMCU = primary medical care unit, TOT = training of trainers.
Source: Asian Development Bank.

Appendix 6– Covenants – As per Legal Agreement

COVENANTS - AS PER LEGAL AGREEMENTS

No.	Sched	Para No.	Description	Remarks/Issues
Loan 3727	Sect	4.02	(a) The Borrower shall (i) maintain separate accounts and records for the Project; (ii) prepare annual financial statements for the Project in accordance with financial reporting standards acceptable to ADB; (iii) have such financial statements audited annually by independent auditors whose qualifications, experience and terms of reference are acceptable to ADB, in accordance with auditing standards acceptable to ADB; (iv) as part of each such audit, have the auditors prepare a report, which includes the auditors' opinion(s) on the financial statements and the use of the Loan proceeds, and a management letter (which sets out the deficiencies in the internal control of the Project that were identified in the course of the audit, if any); and (v) furnish to ADB, no later than 6 months after the end of each related fiscal year, copies of such audited financial statements, audit report and management letter, all in the English language, and such other information concerning these documents and the audit thereof as ADB shall from time to time reasonably request.	Complied Completed Central Bank account for PMU and opened provincial account for PIUs at commercial banks Submitted 2018 final account for ADB on 2019.2.26. Submitted audited report for ADB on 2019.7.3
Loan 3727	Sect	4.02	(b) ADB shall disclose the annual audited financial statements for the Project and the opinion of the auditors on the financial statements within 14 days of the date of ADB's confirmation of their acceptability by posting them on ADB's website.	Complied Audit report for 2018 sent to ADB,
Loan 3727	Sect	4.02	(c) The Borrower shall enable ADB, upon ADB's request, to discuss the financial statements for the Project and the Borrower's financial affairs where they relate to the Project with the auditors appointed pursuant to subsection (a)(iii) hereinabove, and shall authorize and require any representative of such auditors to participate in any such discussions requested by ADB. This is provided that such discussions shall be conducted only in the presence of an authorized officer of the Borrower, unless the Borrower shall otherwise agree.	Being complied with
Loan 3727	4	3	The Borrower through the Project Executing Agency shall ensure that no Works contract for a particular Subproject will be awarded until: (a) if required under the laws and regulations of the Borrower, the Central Environmental Authority of the Borrower has granted the final approval of the IEE for that Subproject; and	Complying IEEs were prepared for 45 Lots by PwC and IEEs for second round 90 works commenced by Environment Specialist
Loan 3727	4	3	b) the Borrower through the Project Executing Agency has incorporated the relevant provisions from the relevant EMP into the Works contract.	Complying Environment Management Plan is attached to the bid document for implementation
Loan 3727	4	4	Environment The Borrower through the Project Executing Agency	Complying

			shall ensure that the preparation, design, construction, implementation, operation and decommissioning of the Project and all Project facilities comply with (a) all applicable laws and regulations of the Borrower relating to environment, health and safety; (b) the Environmental Safeguards; (c) the EARF; and (d) all measures and requirements set forth in the respective IEE, the relevant EMP, and any corrective or preventative actions set forth in a Safeguards Monitoring Report.	IEEs were prepared for 45 Lots by PwC and IEEs for second round 90 works commenced by Environment Specialist Environment Specialist selected commenced work for preparation of second round IEEs. Annual Safeguard Monitoring report (2019) submitted to ADB
Loan 3727	4	5	Involuntary Resettlement and Indigenous Peoples The Borrower through the Project Executing Agency shall ensure that the Project does not have any indigenous peoples or involuntary resettlement impacts, all within the meaning of ADB's Safeguard Policy Statement (2009). In the event that the Project does have any such impact, the Borrower shall take all steps required to ensure that the Project complies with the applicable laws and regulations of the Borrower and with ADB's Safeguard Policy Statement.	Complying No resettlements and Plans are required and follow the ADB s safeguard Policies.
Loan 3727	4	6	Human and Financial Resources to Implement Safeguards Requirements The Borrower shall make available or cause the Project Executing Agency to make available necessary budgetary and human resources to fully implement the respective EMP.	Complying Environment Consultant recruited and Monitoring the EMP commenced, Environment monitoring report(2019) submitted to ADB.
Loan 3727	4	7	Safeguards – Related Provisions in Bidding Documents and Works Contracts The Borrower through the Project Executing Agency shall ensure that all bidding documents and contracts for Works contain provisions that require contractors to: (a) comply with the measures and requirements relevant to the contractor set forth in the respective IEE and EMP (to the extent they concern impacts on affected people during construction), and any corrective or preventative actions set out in a Safeguards Monitoring Report;	Complying Safeguard monitoring carried out and GRCs established IEE and EMP are attached to the civil works bid documents for implementation by construtors
Loan 3727	4	7	(b) make available a budget for all such environmental and social measures; and	Complying
Loan 3727	4	7	(c) provide the Borrower with a written notice of any unanticipated environmental, resettlement or indigenous peoples risks or impacts that arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP.	Complying EMP is being implemented by contractors and monitored by PMU and PIUs. Any issue will be included on the EMP monitoring report and Safeguard Monitoring report
Loan 3727	4	8	Safeguards Monitoring and Reporting The Borrower through the Project Executing Agency shall do the following: (a) submit semi-annual Safeguards Monitoring Reports to ADB and disclose relevant information from such reports to affected persons promptly upon submission;	Annual Safeguard Monitoring report submitted to ADB

Loan 3727	4	8	(b) if any unanticipated environmental and/or social risks and impacts arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP, promptly inform ADB of the occurrence of such risks or impacts, with detailed description of the event and proposed corrective action plan; and	Complying Action taken for issues will be informed to ADB
Loan 3727	4	8	(c) report any actual or potential breach of compliance with the measures and requirements set forth in the respective EMP promptly after becoming aware of the breach.	Complying
Loan 3727	4	9	Prohibited List of Investments The Borrower through the Project Executing Agency shall ensure that no proceeds of the Loan or Grant are used to finance any activity included in the list of prohibited investment activities provided in Appendix 5 of the SPS.	Complying
Loan 3727	4	10	Labor Standards, Health and Safety The Borrower through the Project Executing Agency shall ensure that the core labor standards and the Borrower's applicable laws and regulations are complied with during Project implementation. The Borrower shall include specific provisions in the bidding documents and contracts financed by ADB under the Project requiring that the contractors, 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.	Complying Contractor responsible for Laws and regulations for labor standard HIV/AIDS awareness programs will be conducted by PIUs.
Loan 3727	4	11	The Borrower shall strictly monitor compliance with the requirements set forth in paragraph 10 above and provide ADB with regular reports.	Complying Any labor issue will be included in the QPRs
Loan 3727	4	12	Gender and Development The Borrower shall ensure that (a) the GAP is implemented in accordance with its terms; (b) the bidding documents and contracts include relevant provisions for contractors to comply with the measures set forth in the GAP; (c) adequate resources are allocated for implementation of the GAP; (d) progress on implementation of the GAP, including progress toward achieving key gender outcome and output targets, are regularly monitored and reported to ADB; and (e) key gender outcome and output targets include the following:	Complying Gender Specialist will be recruited for implementation and monitoring of GAP
Loan 3727	4	12	(i) by 2020, sex disaggregated data shall be included in the electronic health surveillance system of the Borrower in the Project Provinces;	Complying

Loan 3727	4	12	(ii) by 2020, 11 units of the Family Health Bureau of the Ministry of Health, Nutrition and Indigenous Medicine have integrated gender dimensions into all of their policies and strategic plans; and	Complying Progress will be included in the QPRs
Loan 3727	4	12	(iii) by 2023, over 25% of PHC staff (of which at least 35% are women) of the Project Provinces have received training on gender concepts.	Not yet due
Loan 3727	4	13	Counterpart Funds The Borrower shall ensure: (a) sufficient counterpart funds from its budget for each fiscal year, in a timely manner, for the efficient implementation of the Project; and	Complying PMU colleting budget estimates from PIUs and submit sufficient budget estimates for annual budget
Loan 3727	4	13	(b) adequate funds towards operations and maintenance of Project facilities, through budgetary allocations or other means, to be provided to the Project Executing Agency, during and after Project completion.	Complying MOHIMS will include additional budget for maintenance
Loan 3727	4	14	Financial Matters The Borrower shall ensure or cause the Project Executing Agency to ensure that the agreed financial management action plan set out in the PAM is implemented within the stipulated time frame and the progress toward achieving the targets are monitored and reported to ADB.	Complying Follow the government and ADB policies
Loan 3727	4	15	Governance and Anticorruption The Borrower, the Project Executing Agency and the implementing agencies shall (a) comply with ADB's Anticorruption Policy (1998, as amended to date) and acknowledge that ADB reserves the right to investigate directly, or through its agents, any alleged corrupt, fraudulent, collusive or coercive practice relating to the Project; and (b) cooperate with any such investigation and extend all necessary assistance for satisfactory completion of such investigation.	Complying Follow the government and ADB policies
Loan 3727	4	16	The Borrower, the Project Executing Agency and the implementing agencies shall ensure that the anticorruption provisions acceptable to ADB are included in all bidding documents and contracts, including provisions specifying the right of ADB to audit and examine the records and accounts of the executing and implementing agencies and all contractors, suppliers, consultants, and other service providers as they relate to the Project.	Complying Follow the government and ADB policies
Grant 0618	Sect	4.02	(a) The Recipient shall (i) maintain separate accounts and records for the Project; (ii) prepare annual financial statements for the Project in accordance with financial reporting standards acceptable to ADB; (iii) have such financial statements audited annually by independent auditors whose qualifications, experience and terms of reference are acceptable to ADB, in accordance with auditing standards acceptable to ADB; (iv) as part of each such audit, have the auditors prepare a report, which includes the auditors' opinion(s) on the financial statements and the use of the Grant proceeds, and a management letter (which sets out	Complying Separate accounts are already opened

			the deficiencies in the internal control of the Project that were identified in the course of the audit, if any); and (v) furnish to ADB, no later than 6 months after the end of each related fiscal year, copies of such audited financial statements, audit report and management letter, all in the English language, and such other information concerning these documents and the audit thereof as ADB shall from time to time reasonably request.	
Grant 0618	Sect	4.02	(b) ADB shall disclose the annual audited financial statements for the Project and the opinion of the auditors on the financial statements within 14 days of the date of ADB's confirmation of their acceptability by posting them on ADB's website.	Complying
Grant 0618	Sect	4.02	(c) The Recipient shall enable ADB, upon ADB's request, to discuss the financial statements for the Project and the Recipient's financial affairs where they relate to the Project with the auditors appointed pursuant to subsection (a)(iii) hereinabove, and shall authorize and require any representative of such auditors to participate in any such discussions requested by ADB. This is provided that such discussions shall be conducted only in the presence of an authorized officer of the Recipient, unless the Recipient shall otherwise agree.	Complying

Appendix 7 – Implementation Progress of Project Schedule

	Package No.			Adv. Act.		Year 1				Year 2				Year 3				Year 4				Year 5				Assigned Weight	Actual Progress	Weighted Progress
				2018		2019				2020				2021				2022				2023						
				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
			Progress																									
1.1		**Development of primary medical care services**																										
1.1.1	W 1-9	**Physical infrastructure development of PMCUs and DHs (Round 1: 45 facilities across 9 districts)**																										
		Agree on the physical infrastructure requirements at the PMCUs and DH OPD units	Completed			➡																				0.5%	100%	0.5%
		Agree on norm / standard space allocations for different levels of PHC	Completed			➡																				0.5%	100%	0.5%
		Complete visits by Structural engineer to 35% (45) of facilities	Completed			➡																				0.5%	100%	0.5%
		Prepare cost estimates for each of the 45 PHCs visited	Completed			➡																				0.5%	100%	0.5%
		Finalize the designs, BOQs for the 45 first round facilities (with PPTA team assistance)	Completed				➡																			1.0%	100%	1.0%
		Finalize the bid documents for the first-round civil works tenders	Completed					➡																		0.5%	100%	0.5%
		Advertise tender for the for 45 facilities to be covered in first round	Completed					➡																		0.5%	95%	0.5%
		Award the first-round tender for the 45 facilities (9 tenders)	Completed					➡																		1.0%	97%	1.0%
		Initiate construction supervision of the first-round facilities by D&S firm	Completed						➡	➡																1.0%	100%	1.0%
		Complete the first-round construction of 45 facilities	On going					➡	➡	➡																2.0%	0%	0.0%
1.1.2	W 10-18	**Physical infrastructure development of PMCUs and DHs (Round 2: 90 facilities across 9 districts)**																										
		Initiate designs for the second round 90 facilities by D &S firm	On going						➡																	0.5%	0%	0.0%
		Complete designs, BOQs for 90 facilities by D&S firm	On going						➡	➡																1.0%	0%	0.0%
		Advertise the tender for construction of 90 facilities	Not yet started																							0.5%	0%	0.0%
		Award tender for construction of 90 facilities	Not yet started																							1.0%	0%	0.0%
		Provide construction supervision (by D&S firm)	Not yet started																							1.0%	0%	0.0%
		Complete second round of construction of PMCUs and DHs	Not yet started																							2.0%	0%	0.0%
1.1.3		**Provide medical equipment to PMCUs and DHs in the target provinces**																										
		Finalize medical equipment items and quantities and distribution (agreed list in PAM)	Completed				➡																			0.5%	100%	0.5%
		Prepare/consolidate specifications for each item of medical equipment	Completed					➡	➡	➡																0.5%	100%	0.5%
1.1.3.1	G- 4	Develop the draft bid document for Laboratory, Physiotherapy and X-ray equipment	Completed																									
		RFQ 1 (Biochemistry Analyzer - Semi-Automated)	Completed						➡																	0.1%	100%	0.1%
		RFQ 2 (Coagulation Analyzers - Semi Automated, Hematology Analyzer - Five Part & Three Part)	Completed						➡																	0.1%	100%	0.1%
		RFQ 3 (Incubators and Hot Air Oven)	Completed						➡																	0.1%	100%	0.1%
		RFQ 4 (Autoclave)	Completed						➡																	0.1%	100%	0.1%
		RFQ 5 (Microsope Binocular)	Completed						➡																	0.1%	100%	0.1%
		RFQ 6 (Centrifuges (16 bucket)	Completed						➡																	0.1%	100%	0.1%
		RFQ 7 (Physiotherapy equipment)	Completed						➡																	0.1%	100%	0.1%
		LCB 1 (Digital Radiographic Panel and Biochemistry Analyzer - Fully Automated)	Completed						➡																	0.1%	100%	0.1%
		Advertise 7 RFQs and 1 LCB tenders for Laboratory, Physiotherapy and X-ray equipment	On going							➡																1.0%	100%	1.0%
		Award 7 RFQs and 1 LCB tender for Laboratory, Physiotherapy and X-ray equipment	On going							➡																2.0%	25%	0.5%
1.1.3.2	G- 5	Develop the draft bid document for goods (RH and nutrition equipment)	Completed						➡																	0.3%	100%	0.3%
		Advertise RH and nutrition equipment	Completed							➡																0.3%	0%	0.0%
		Award RH and nutrition equipment	On going							➡																0.3%	0%	0.0%
1.1.3.3	G- 7	Develop the draft bid document for goods (NCDs equipment)	Completed					➡																		0.3%	100%	0.3%
		Advertise tender for NCDs equipment	Completed					➡																		0.5%	100%	0.5%
		Award tender for NCDs equipment (by PMU)	Completed						➡																	0.5%	0%	0.0%
1.1.3.4	G- 6	Develop the draft bid document for goods (Dental equipment)	Completed						➡																	0.5%	100%	0.5%
		Advertise tender for Dental equipment	Completed						➡																	1.0%	0%	0.0%
		Award tender for Dental equipment (by PMU)	Completed						➡																	1.0%	0%	0.0%
1.1.3.5	G-8	Develop the draft bid document for goods (ETU equipment)																								0.5%	100%	0.5%
		Advertise the tender for ETU equipment																								0.5%	0%	0.0%
		Award the tender for ETU equipment																								1.0%	0%	0.0%
1.1.4		**Provide medical and general furniture to refurbish PMCUs and DHs (2 rounds)**																										
		Discuss/ develop norms for medical and general furniture by level of facility	On going							➡																0.5%	100%	0.5%
	G 10-11	Finalize medical / general furniture needs, distribution plan (round 1)	On going							➡																0.5%	0%	0.0%
		Prepare/consolidate specifications for medical furniture (round 1)	Not yet started																							0.5%	0%	0.0%
		Develop the draft Bid documents for goods (furniture) for Round 1 (45 facilities)	Not yet started																							0.5%	0%	0.0%
		Advertise the 2 tenders for medical and general furniture for round 1 (45 facilities)	Not yet started																							1.0%	0%	0.0%
		Award tenders for furniture (medical and general) with staggered delivery (45 facilities)	Not yet started																							0.5%	0%	0.0%
	G 21-22	Finalize medical / general furniture needs, distribution plan (round 2)	Not yet started																							0.5%	0%	0.0%
		Prepare/consolidate specifications for medical furniture (round 2)	Not yet started																							1.0%	0%	0.0%
		Advertise and award tender for medical and general furniture (90 facilities)	Not yet started																							1.0%	0%	0.0%
1.1.5		**Provide additional medical equipment for Essential Service Package**																										
	G- 23	Finalize additional medical equipment needs and quantities for implementation of ESP	On going							➡																0.5%	0%	0.0%
		Finalize the medical equipment distribution plan by facility	Not yet started																							0.5%	0%	0.0%
100		Prepare/consolidate specifications for each item of medical equipment	Not yet started																							0.5%	0%	0.0%
		Prepare bid documents	Not yet started																							0.5%	0%	0.0%
		Advertise and Award tenders for additional medical equipment for ESP	Not yet started																							2.0%	0%	0.0%

1.2		**Development of primary preventive care services**																											
1.2.1		**Development of Field Health Centers (FHCs)**																											
	W- 20	Finalize the field health center list from all 9 districts (127 FHCs)	Completed																								0.5%	100%	0.5%
		Finalize designs and cost estimates by D&S firm	Not yet started																								1.0%	0%	0.0%
		Develop bid documents and award field health center civil works tenders	Not yet started																								0.5%	0%	0.0%
		Construction supervision of 127 field health centers by D &S firm	Not yet started																								2.0%	0%	0.0%
1.2.2		**Provision of vehicles for PHC services (all 67 vehicles)**																											
	G- 1	Develop a province level vehicles fleet analysis and justification	Completed																								0.3%	100%	0.3%
		Finalize the specifications, distribution plan by name of facility, and Bid documents (Lot 1:42 vehicles)	Completed																								0.3%	100%	0.3%
		Finalize the Bid documents (Lot 1:42 vehicles)	Completed																								0.5%	100%	0.5%
		Advertise the tender for Vehicles (Lot 1:42 vehicles)	On going																								0.5%	0%	0.0%
		Award tender for vehicles (Lot 1:42 vehicles)	Not yet started																								0.3%	0%	0.0%
		Finalize the specifications, distribution plan by name of facility, and Bid documents (Lot 2:25 vehicles)	Completed																								0.3%	100%	0.3%
		Finalize the Bid documents (Lot 2:25 vehicles)	Completed																								0.5%	100%	0.5%
		Advertise the tender for Vehicles (Lot 2:25 vehicles)	On going																								0.5%	0%	0.0%
		Award tender for vehicles (Lot 2:25 vehicles)	Not yet started																								1.0%	0%	0.0%
1.2.3		**Consultancy firm for local level nutrition services and training in nutrition counselling for PHC staff**																											
	S- 14	Develop draft TOR for consultancy firm	Completed																								0.3%	100%	0.3%
		Advertise for EOI	Completed																								0.3%	100%	0.3%
		Shortlisting of EOI and develop RFP for consultancy firm	Completed																								0.3%	100%	0.3%
		RFP from shortlisted firms and evaluation	Not yet started																								0.3%	0%	0.0%
		Award the tender	Not yet started																								0.5%	0%	0.0%
		Implement the tasks and complete the consultancy	Not yet started																								1.0%	0%	0.0%
1.3		**Public awareness and BCCM for increasing PHC utilization**																											
	S- 3	Finalize strategy for BCCM for encouraging PHC utilization	Completed																								0.5%	100%	0.5%
		Develop and Finalize the TOR for hiring a communications firm	Completed																								0.3%	100%	0.3%
		Advertise for EOI	Completed																								0.3%	100%	0.3%
		Shortlisting of EOI and develop RFP for consultancy firm	Completed																								0.3%	0%	0.0%
		RFP from shortlisted firms and evaluation	Not yet started																								0.3%	0%	0.0%
		Award the tender	Not yet started																								0.5%	0%	0.0%
		Develop KAP material and roll out of the BCCM campaign	Not yet started																								0.5%	0%	0.0%
1.4		**PHC Innovation fund**																											
		Develop draft guideline for use of resources	Completed																								0.5%	100%	0.5%
		Inform the availability eligible activities for accessing PHC innovation fund	Completed																								0.5%	100%	0.5%
		Establish review committees for PHC innovation fund management at PIU levels	Completed																								0.5%	100%	0.5%
		Entertain proposals for review and award	On going																								1.0%	19%	0.2%
0		**Output 2 - Health information system and disease surveillance capacity strengthened**																											
2.1		**Health information technology for continuity of care and disease surveillance**																											
2.1.1		**Consulting firm to develop HIT system for PHC and Clusters**																											
	S- 4	Develop TOR for software consulting firm for establishing HIT at PHC/ cluster level	Completed																								0.5%	100%	0.5%
		Advertise for EOI	Completed																								0.5%	100%	0.5%
		Shortlisting of EOI and develop RFP for consultancy firm	Completed																								0.3%	0%	0.0%
		RFP from shortlisted firms and evaluation	On going																								0.3%	0%	0.0%
		Award the tender	Not yet started																								0.5%	0%	0.0%
		Discuss and develop/ adapt software for the rollout of the EMR/PBS system	Not yet started																								1.0%	0%	0.0%
		Roll out the HIT system in the 9 clusters	Not yet started																								2.0%	0%	0.0%
2.1.2		**Computers and Peripherals for HIT and GIS units**																											
	G- 12.1	Finalize the computers and peripherals for the GIS units	Completed																								0.3%	100%	0.3%
		Develop the specifications of all required IT system related computers and peripherals GIS units	Completed																								0.3%	100%	0.3%
		Advertise tender for GIS related computers and peripherals	Completed																								0.5%	100%	0.5%
		Award tender for GIS computers and peripherals	Completed																								0.5%	100%	0.5%
	G- 12	Finalize the computers and peripherals for the HIT system in clusters	Not yet started																								0.5%	0%	0.0%
		Develop the specifications of all required IT system related computers and peripherals	Not yet started																								0.3%	0%	0.0%
		Advertise tender for HIT related computers and peripherals	Not yet started																								0.3%	0%	0.0%
		Award tender for HIT system computers and peripherals	Not yet started																								0.5%	0%	0.0%
2.1.3	G- 16	**Connectivity to PHCs**																											
		Develop Bid document for establishing IT connectivity to all PHCs in the provinces	Completed																								1.0%	100%	1.0%
		Advertise tender for connectivity and maintenance	On going																								0.5%	0%	0.0%
		Award tender for connectivity and maintenance	Not yet started																								2.0%	0%	0.0%
2.1.4		**Training for HIT system**																											
		Develop training program to introduce HIT in clusters to staff	Not yet started																								0.5%	0%	0.0%
		Roll out the training for HIT (details in training plan)	Not yet started																								0.5%	0%	0.0%
		Pilot roll out of the HIT system in 9 clusters	Not yet started																								2.0%	0%	0.0%
2.1.5		**Establish GIS units in provinces and districts**																											
	S- 8	Develop TOR for GIS consultant to support MOHNIM and the provinces on GIS	Completed																								0.5%	100%	0.5%
		Advertise to hire the GIS consultant	Completed																								0.5%	100%	0.5%
		Contract the services of a GIS consultant	On going																								1.0%	0%	0.0%

2.2		**Support to implementation of IHR related to ports of entry (POE)**																											
2.2.1		**Support to Quarantine Unit**																											
	G 9,13&14	Finalize specifications and distribution plan for quarantine unit and POEs	Completed		➡																					0.5%	100%	0.5%
		Develop Bid documents (3 tenders) for quarantine unit computers, furniture and QRMIS	Completed		➡	➡																				0.5%	100%	0.5%
		Advertise and award tenders (2 tenders)	Completed			➡																				0.5%	100%	0.5%
		Carry out training of quarantine staff (details in training plan)																								1.0%	0%	0.0%
	S- 19	Develop TOR for Legal consultant	Completed						➡																	0.5%	100%	0.5%
		Advertise, award and engage a consultant (legal)	On going						➡																	1.0%	50%	0.5%
2.2.2		**Support to Epidemiology Unit**																											
	G- 15	Develop and finalize specifications for the servers and develop shopping document																								0.5%	0%	0.0%
		Advertise tender for servers																								0.5%	0%	0.0%
		Award tender for servers																								1.0%	0%	0.0%
	S- 9	Develop and finalize the TORs for the IT specialist for the Epidemiology Unit																								0.5%	100%	0.5%
		Advertise for IT specialist for epidemiology unit																								0.5%	100%	0.5%
		Engage the services of an IT specialist for the epidemiology unit																								1.0%	0%	0.0%
2.2.3		**Improving infection control and prevention**																											
		Training on development of PHC level IPC module and exposure visit	Not yet started																							0.5%	0%	0.0%
		Develop a training module on Infection control with College of Microbiologists and NIHS	Not yet started																							0.5%	0%	0.0%
		Roll out training program of PHC staff from the 4 target provinces	Not yet started																							1.0%	0%	0.0%
2.2.4		**Support to Health care waste Management**																											
		Develop a standard design for waste storage at different levels of facilities	On going																							0.5%	0%	0.0%
		Develop relevant bidding document for HCW storage space in all cluster facilities	Not yet started																							0.5%	0%	0.0%
		Advertise and award tender at PIU level for construction of storage space	Not yet started																							1.0%	0%	0.0%
	G 17-18	Develop bid documents for purchase of HCWM equipment, furniture to clusters	On going																							0.5%	0%	0.0%
		Advertise and award tenders for HCWM equip and furniture to clusters	Not yet started																							1.0%	0%	0.0%
		Carry out workshops/ discussions to develop HCWM plans for each cluster (In progress)	On going																							0.5%	50%	0.3%
		Roll out training on HCWM (details in training plan)	On going					➡	➡	➡																1.0%	50%	0.5%
2.2.5	S- 13	**Support to implementation of inbound health assessment services**																											
		Develop TOR for consultancy for developing guidelines for inbound assessment facility																								0.5%	0%	0.0%
		Advertise and engage the services of an individual consultant																								0.5%	0%	0.0%
3		**Output 3 - Policy development, capacity building, and project management supported**																											
3.1		**Policy development support**																											
		Develop TORs (7) for consultants (ESP, Cluster, HRH, Env)	Completed			➡	➡	➡																		0.3%	100%	0.3%
		Advertise (7) for consultants (ESP, Cluster, HRH , Env)	Completed			➡	➡																			0.3%	100%	0.3%
		Advertise FMS	Completed																							0.3%	100%	0.3%
		Advertise Gender and Social Safeguard	Completed																							0.3%	0%	0.0%
3.1.1		Award consultancies for ESP, Cluster, HRH, Env	Completed					➡																		0.5%	100%	0.5%
		Award consultancies FMS, Gender and Social Safeguard	On going					➡	➡																	0.5%	0%	0.0%
3.2		**Capacity Building**																											
3.2.1		Roll out training for PHC staff and others (training plan in Cost sheet and PAM)	Not yet started							➡																1.0%	0%	0.0%
3.2.2		**Support to establishment of a Distance Learning Facility at NIHS**																									0%	
		Develop bid documents, advertise, award tender (2) for computers, furniture, equip.	On going				➡	➡	➡																	0.5%	0%	0.0%
		Develop bid documents, advertise and award tenders for civil works renovations	On going					➡	➡																	0.5%	0%	0.0%
		Engage the services of 3 consultants to develop portal, external evaluation, course content	On going						➡																	0.5%	0%	0.0%
		Develop training plans and carry out training programs via distance learning	Not yet started																							1.0%	0%	0.0%
3.3		**Project management and results monitoring**																											
3.3.1		**Project results monitoring baseline and endline surveys**																											
		Develop TOR to carry out two surveys for results monitoring at baseline and endline	Completed																							0.5%	100%	0.5%
		Advertise the tender for consultancy	Completed																							0.5%	100%	0.5%
		Award the tender for completion of baseline surveys and endline surveys	Completed																							1.0%	95%	1.0%
3.3.2		**Design and supervision consultancy for civil works**																											
		Finalize the TOR for the D&S consulting firm	Completed																							0.3%	100%	0.3%
		Advertise for EOI	Completed																							0.3%	100%	0.3%
		Shortlisting of EOI and develop RFP for consultancy firm	Completed																							0.5%	100%	0.5%
		RFP from shortlisted firms and evaluation	Completed																							0.5%	100%	0.5%
		Award the tender to consulting firm to design and supervise construction of PHCs	Completed																							1.0%	100%	1.0%
3.3.3		**PMU/PIU Operations**																											
		Advertise for renting of project office space (PMUs and PIUs)	Completed	➡																						0.5%	100%	0.5%
		Develop the bid documents for furniture and equipment for PMU/PIU (2 tenders)	Completed	➡																						0.5%	100%	0.5%
		Advertise and award the tenders for furniture and equipment for PMU/PIU	Completed	➡																						1.0%	100%	1.0%
3.3.4		Inception mission	On going		➡			➡	➡	➡																1.0%	100%	1.0%
1		Review of environmental management plan and other safeguard documents	Not yet started																							1.0%	0%	0.0%
3.3.6		Review and finalize gender action plan key activities	Not yet started																							1.0%	0%	0.0%
3.3.7		Implementation of gender action plan	On going																							1.0%	0%	0.0%
3.3.8		Project completion report	Not yet started																							1.0%	0%	0.0%
																									Total	**100.0%**		**34.0%**

Appendix 7; Progress of Health Care Waste Management Programme.

1. Background

The hospitals are legally responsible for the proper management of the waste that it generates until final disposal. Most of hospitals do not have either a proper plan or treatment facilities in their premises. Prior to provide technical assistance and provide a sustainable solution for health care waste management, it is required to understand the existing waste management practices of each hospital under the HSEP in nine districts.

2. Summary of Progress up-to-date

HCWM Plans	- **Provide technical training to provincial, district and PHC staff for preparation of health care waste management plans for each facility and for each cluster in the 9 districts, as per the draft national policy and national guidelines.**	**Completed (except Nuwara Eliya District and Dambulla Cluster)**
	- Lead technical discussions with provinces and districts (on determining the most cost-effective treatment and disposal strategies for HCW to be included in the final HCWM plan for each facility and for the 9 clusters	Completed (except Nuwara Eliya District and Dambulla Cluster)
	- Review each HCWM plan and provide feedback for finalizing same.	Pending
	- Provide technical training to staff of HCF in implementing the final	Pending
	- Approved HCWM plans and consultatively develop a monitoring plan to record progress of them on an annual basis.	Pending
Waste Management Audits	- Provide technical training to staff of PHCs on conducting waste audits.	Completed (except Nuwara Eliya District and Dambulla Cluster)
	- Develop a written guideline to staff of PHCs on conducting waste audits.	Pending
	- Provide technical assistance to PHCs to carryout regular Waste audits	Completed (except Nuwara Eliya District and Dambulla Cluster)
	- Manage the training and capacity building program on HCWM for PHC staff in the target provinces.	Completed (except Nuwara Eliya District and Dambulla Cluster)

	- Support the PMU and Environment specialist to implement and oversee the HCWM improvement measures (equipment, storage space, PPEs and HCW separation furniture) that are planned to be introduced in the 9 clusters.	Pending

3. Field Visit Observations

HCWM consultant made field visits to nine districts as mentioned below to observe health care waste management practices prior to design technical training sessions for provincial, district and PHC staff.

Province	Cluster	No. of Medical Institutes Visited
Uva	Badulla	09
	Monaragala	07
Central	Kandy	04
	Matale	06
	Nuwara Eliya	19
North Central	Anuradhapura	8
	Polonnaruwa	8
Sabaragamuwa	Kegalle	16
	Ratnapura	09
Total		**86**

Eye Evidence

No proper waste segregation at the source	*Poor Sewerage and wastewater treatment facilities*

	
Wastewater and Fecal Fludge discharge to open environment or surface water	***Open Burning***
	
Infectious and non-infectious waste collect and discharge together/ hand over to Local Authorities	***No proper transportation mechanism to send sharp waste to centralized incinerators***
	

Bins are NOT available for waste segregation	*Not properly utilized existing storage facilities*
	
Zero Knowledge on Health Care/Solid Waste Management	***No market links to sell recyclable items***
	
. Poor waste transportation mechanism (internal & External)	***Storage facilities are NOT available***
	

Location	Detailed Outcome and Issues to be addressed	Actions to be Taken by and Priority
1 Matale District – 6 hospitals **(Galewela, Dambulla, Kalundewa, Lenadora, Sigiriya, Nalanda hospitals)** **2** Kandy District – 4 hospitals & PIU Kandy **(Katugastota, PIU Kandy, Theldeniya, Thalathuoya, Galaha Hospitals)** **3** Monaragala District – 7 hospitals & RDHS Monaragala ***(Thanamalwila, Wellawaya, Buttala, Medagama, Bibila, Nannapurawa, Siyambalanduwa hospitals and RDHS Office -Monaragala)*** **4** Badulla District – 9 Hospitals & PDHS **Badulla** ***(Thaldena, Meegahakiwula, Kandeketiya, Gala Uda, Ettampitiya, Maliga Thenna (Uva Highland), Bandarawela, Welimada and Boralanda hospital & PDHS – Badulla)*** **5** Polonnaruwa District **–** 8 Hospitals & RDHS Polonnaruwa ***(Medirigiriya, Wijepura, Meegaswewa Ambagaswewa, Manampitiya, Sevanapitiya, Damminna & Ellewewa hospitals and RDHS – Polonnaruwa)*** **6** Anuradhapura District **–** 7 Hospitals, 1 MOH and PDHS-Anuradhapura ***(Galenbindunuwewa, Kongaswewa, Horowpothana, Nagampaha, Galnewa, Katiyawa, Eppawala hospitals, MOH – Galnewa and PDHS-Anuradhapura)***	– Poor proper Sewerage treatments facility and waste water treatment facilities – Lack of drinking water - Poor proper Sewerage treatment facilities and waste water treatment facilities - Lack of awareness - No action taken to minimize waste generation - Open burning in sensitive areas - Hazardous and infectious waste discharge to open environment - No proper waste transportation mechanism - Canteens provide many plastics & polythene to patients - No proper market and /or network for recyclable items - Not properly utilized available storage facilities - Over usages of single use plastics/polythehens by patients, Kitchen, canteens and visitors - No proper bins for waste segeration - Infectious and non infectious waste collects together - Open burning garden waste, papers etc at hospital premises - Available facilities such as needly burners etc not utilized to reduce waste dispose to environment - Infectious waste discharger with normal waste and hand over to Local authorities - No bins in female toilets to dispose sanitary pads - Wastewater discharge to open environment or surface water sources. - Though some hospitals have centralized incinerators, no proper system to transport infectious materials from other hospitals - Non-infectious waste also sends to incinerators (no proper segregation at the source)	- Waste Minimization - Segregation at the source - Waste water and Sewerage treatment facilities - Awareness programs for staff, patients and other stakeholders - Properly utilize exisitng/available facilities - Sealed pits for hazardous waste - Properly dispose infectious waste - Public announcing facilities to make awareness continously. - Rapid Assessment on waste management - Waste bins according to national colour code - Storage facilities to store recyclable items - Network among recyclable collectors/Recyclers - Exposure visits and knowledge sharing opportunities - Large scale sewerage treatment facility

7	Ratanapura District **–** 8 Hospitals, 1 MOH & PDHS - Ratnapura ***(Pelmadulla, Hunuwala Udawela, Narissa, Kahawatta, Endana, Godakawela, Rakwana hospitals and MOH – Opanayake and PDHS - Ratnapura)***	- Lack of M&E by hospital management, RDHSs and PDHSs - Lack of coordination among hospitals, RDHSs and PDHSs - No proper training gives to hospital staff while providing resources such as needle burners, resource storage facility etc. - Bins are provided without need assessments.	- Biogas units for food waste - Pits for wastewater
8	Kegalle District – 12 hospitals and 4 MOHs **(Hospitals in Kiriporuwa (Ratnapura), Hinguralakanda , Karawanella, Gonagaldeniya, Atala, Bulathkohupitiya, Kiriporiwa Yatiyantota, Kithulgala, Halgolla, Amanawala, Deraniyagala and MOHs in Yatitantota, Deraniyagala, Dehiowita and Bulathkohupitiya)**		
9	Nuwara Eliya District (17 hospitals and 2 MOHs) ***Rikillagaskada Hospital, Mathurata Hospital, Gonapitiya Hospital , Gonaganthenna Hospital Hanguranketha Hospital Mooloya Hospital Mandarampura Hospital, Keerthibandarapura Hospital, Nildandahinna Hospital, Nildandahinna MOH, Rupaha PMCU & MOH, Udapussellawa Hospital, Madulla Hospital Kurupanawela Hospital Walapane Hospital, MOH Ragala, Ragala Hospital Kotagala Hospital***		

4. Guidance on better health care waste management

- Identify sources where waste come to hospital premises from outside such as staff, patients, visitiors, canteen and kitchen and take necessary actions for reduction.
- guided individually canteen and kitchen staff to minimise brining single use platics and polythene to hospital premises
- How staff can help the clean environment changing their daily practivces such as bringing food in lunch boxes instead of lunch sheets and polythene bags
- Not to mix infectious waste and non-infectious waste
- How to reduce waste discharge to sharp bin
- Not to burn garden waste, papers, polythene and plastics at hospital premises
- Make a compost unit (Jeewa Kotu) for garden waste, food waste and dirty papers
- Simple ways to collect polythene wrappings instead of discharing and burning
- Continous awareness to patients not to bring single use plastics and polythenes to hospitals
- Kitchen staff to use cloth bags to bring materials daily
- Not to provide food in printed papers, lunch sheets, grocerry bags and polythene bags. Send back all wrappings to suppliers instead of discharging at the hospital premises.
- Put small bins in female toilets for preventing blockages of pipelines
- Properly utilize existing facilities such as recyclable storage facilities, needle burners, autoclaves etc to have a better waste management in the hospital prmeises.
- Make sealed pits to discharge waste from labs and dentals
- Remove bins from common places.
- Apply to both EPL and SWL

5. Technical trainings to provincial, district and PHC staff for preparation of health care waste management plans

Tachnical Trainings were given to 7 districts from Janaury 6 – March 10, 2020. Training sessions could not be able to completed in Matale and Nuwara Eliya Districts due to the government's decisions on Covid- 19 preventive actions.

Total Number of Training Programs Conducted (Janauary 6 – March 10, 2020)	Number of Participants		
	Total	Males	Females
96	3,882	1,369	2,513

1. Badulla DIstrict

No.	Venue	Participants	No of Participants		
			Total	Male	Female
1	PDHS Office Uva	PIU staff, PDHS staff, CEA district team, recycling companies, Badulla municipal council, provincial health secretory, commissioner to the local councils, Badulla police station Badulla,	31	27	4
2	RDHS Office Badulla	RDHS staff, Badulla pradesiya saba Badulla, heads of the BHs and DHs of Badulla district, Staff MOH Badulla, DH Kahataruppa, DH Thelbedda, DH Kandagolla, PMCU Thaldena, DH Sarniya	60	24	36
3	DH Passara	Staff DH Passara, DH Meedumpitiya, ,DH Bibilegama, DH Kanaweralla, PMCU Namunukula, MOH Passara, Pradesiya saba Passara, police Passara	44	16	28
4	MOH Lunugala	Staff DH Lunugala, DH Hopton, DH Metigahathenna, MOH Lunugala, Pradesiya saba Lunugala, police Lunugala	47	16	31
5	MOH Haliela	Staff MOH Hali-Ela, PMCU Hali-Ela, DH Etampitiya, DH Demodara, DH Unugalla, DH Galauda, Pradesiya saba Hali-Ela , police Hali-Ela	57	36	21
6	MOH Ella	Staff MOH Ella, PMCU Ella, PMCU Balleketuwa , Pradesiya saba Ella, police Ella	35	22	13

No.	Venue	Participants	No of Participants		
			Total	Male	Female
7	DH Bandarawela	Staff of DH Bandarawela, DH Uva-highland, PMCU Liyangahawela, PMCU Hela-Halpe, MOH Bandarawela, Pradesiya saba Bandarawela, police Bandarawela	60	29	31
8	BH Welimada	Staff BH Welimada, DH Mirahawatte, DH Nadungamuwa, PMCU Keppetipola, DH Boralanda, DH Haggala, DH Downside, MOH Welimada. Pradesiya saba Welimada, police Welimada	63	34	29
9	DH Uvaparanagama	Staff ofDH Uva-paranagama, DH Wewegama, DH Kirklees, PMCU Pannalawela, MOH Uvaparanagama, Pradesiya saba Uvaparanagama, police Uvaparanagama	48	22	26
10	BH Diyathalawa	Staff of BH Diyathalawa, DH Haputhale, DH Glannor, MOH Haputhale,DH Dambethenna, Pradesiya saba Haputhale, police Haputhale	73	17	56
11	MOH Haldummulla	Staff MOH Haldummulla, DH Haldummulla, DH Koslanda, Pradesiya saba Haldummulla, police Haldummulla	24	15	9
12	DH Meegahakiula	DH Meegahakiula, , PMCU Thaldena, MOH Meegahakiula, pradesiya saba Meegahakiula	28	11	17
13	DH Kandaketiya	DH Kandaketiya, PMCU Thennapanguwa, MOH Kandaketiya, Pradesiya saba Kandaketiya, police Kandaketiya	26	20	6
14	MOH Rideemaliyadda	MOH Rideemaliyadda, DH Uraniya, DH Ekiriyankumbura, PMCU Uva-Thissapura, Pradesiya saba Rideemaliyadda, police Rideemaliyadda	37	22	15
15	DH Giradurukotte	DH Giradurukotte, PMCU Bathalayaya, PMCU Hebarawa, MOH Giradurukotte	38	20	18
16	BH Mahiyanganaya	BH Mahiyanganaya, DH Dambana, MOH Mahiyanganaya, Pradesiya saba Mahiyanganaya, police Mahiyanganaya	73	31	42

2. Monaragala DIstrict

No.	Venue	Participants	No of Participants		
			Total	Male	Female
17	RDHS Monaragala	Relevant officers from RDHS, Heads of all medical institutes and ICNOs in the district, MOH with SPHI and PHNS, CEA Team, Recyclable collectors	37	18	19
18	Base Hospital Bibile	Staff from BH Bibile, DH Pitakumbura, PMCU Rathmalgahaella, PMCU Godigamuwa, PMCU Bakinigahawela, MOH Bibile	70	17	53
19		Staff from BH Bibile, DH Medagama, PMCU Nannapurawa, PMCU Kotagama, MOH Medagama	60	14	46
20	DH Buttala	DH Buttala, DH Okkampitiya, DH Badalkumbura, DH Kataragama, PMCU Dewathura	30	6	24
21	Base Hospital Wellawaya	Staff from BH Wellawaya, DH Thanamalwila. DH Hingurukaduwa, DH Sevanagala, MOH Thanamalwila, MOH Kataragama	89	27	62
22		Staff from BH Wellawaya, DH Handapanagala, DH Hambegamuwa, MOH Wellawaya, MOH Buttala, MOH Badalkumbura	51	10	41
23	Base Hospital Siyabalanduwa	Staff from BH Siyabalanduwa, DH Inginiyagala, PMCU Buddama, PMCU Kotiyagala, PMCU Daliwa, MOH Monaragala, MOH Madulla	55	19	36
24		BH Siyabalanduwa, DH Dambagalla, DH Ethimale, PMCU Dombagahawela, MOH Siyambalanduwa, MOH Madulla	69	17	52

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3. Anuradhapura District

No.	Venue	Participants	No of Participants		
			Total	Male	Female
25	RDHS Anuradhapura	PIU Staff & All RDHS staff	52	33	19
26	RDHS Anuradhapura	DH Nachchaduwa, DH Nelumbawa, DH Parasangaswewa, MOH Nachchaduwa, MOH NPE, MOH NPC, PMCU - Gambirisgaswewa,Puliyankulama, Sacred city, Vijepura,Pubudupura, Jayawewa,Dewanampiyathissapura	35	17	18
27	BH Kabithigollawa	BH Kabithigollawa, DH Wahalkada, PMCU - Thiththagonawa, MOH Kabithigollawa	30	14	16
28	BH Padaviya	BH Padaviya, PMCU - Mahasenpura, Padavi parakramapura, MOH Padaviya	72	29	43
29	MOH Galenbindunuwewa	DH Galenbindunuwewa, DH Huruluwewa, DH Pairamaduwa, MOH Galenbindunuwewa	34	18	16
30	DH Maradankadawala	DH Maradankadawala, DH Habarana, PMCU - Labunoruwa, Galkulama, MOH Thirappane	32	11	21
31	BH Kakirawa	BH Kakirawa, DH Kalawewa, PMCU - Ranajayapura, Kunchikulama, Madatugama, MOH - Kakirawa, Ipalogama, Palugaswewa	53	26	27
32	MOH Galkiriyagama	DH Galkiriyagama, DH Andiyagala, MOH Palagala	31	12	19
33	DH Katiyawa	DH Eppawala, DH Katiyawa, DH Senapura, PMCU - Mahailuppallama	36	9	27
34	MOH Galnawa	DH Galnawa,DH Negampaha, MOH Galnawa	29	17	12
35	DH Mahawilachchiya	DH Mahawilachchiya, DH Thanthirimale, MOH Mahawilachchiya	25	12	13
36	DH Elayapaththuwa	DH Elayapaththuwa	18	13	5
37	DH Thalawa	DH Thalawa, MOH Thalawa	19	3	16
38	BH Madawachchiya	BH Madawachchiya, DH Rambawa, DH Kallanchiya, PMCU - Ethakada, Poonawa,Kandawa, MOH - Madawachchiya,Rambawa	91	25	76

No.	Venue	Participants	No of Participants		
			Total	Male	Female
39	DH Nochchiyagama	DH Nochchiyagama,DH Rajanganaya T-11, DH Ranorawa, PMCU Galadiulwewa, MOH Nochchiyagama	39	14	25
40	BH Thambutthegama	BH Thambutthegama, DH Rajanganaya T-05, MOH Thambutthegama, MOH Rajanganaya	41	21	20
41	BH Kahatagasdigiliya	PMCU Konwewa, PMCU Rathmalgahawewa, BH Kahatagasdigiliya, MOH Kahatagasdigiliya, MOH Mihinthale, Youth Council	75	28	47
42	Horowpothana DS Auditorium	DH Horowpothana, DH Kapugollawa, MOH Horowpothana	27	17	10

4. Polonnaruwa District

No.	Venue	Participants	No of Participants		
			Total	Male	Female
43	MOH Medirigirya	MOH Medirigirya	29	8	21
44	MOH Hingurakgoda	MOH Higurakgoda	31	10	21
45	RDHS Polonnaruwa	PIU Staff & All RDHS staff , MOIC In All BH & DH, PMCU	29	7	22
46	DH Manampitiya	DH Manampitiya, HDC, Civil Society	26	13	13

No.	Venue	Participants	No of Participants		
			Total	Male	Female
47	DH Higurakgoda	DH Higurakgoda, PMCU Galoya, PMCU Hatharaskotuwa	38	8	30
48	BH Medirigiriya	BH Medirigiriya, PMCU Diwulankadawala, PMCU Wijepura, PMCU Ambaguswewa, PMCU Meeguswewa	50	15	35
49	DH Jayanthipura	DH Jayanthipura	33	8	25
50	DH Bakamoon	DH Bakamoona, DH Aththanakadawala, DH Diyabeduma, MOH Elehera	39	11	28
51	DH Welikanda	DH Welikanda, PMCU Sewanapitiya, PMCU Aselapura,	64	23	41
52		MOH Welikanda			
53	DH Aralaganwila	DH Aralaganwila, PMCU Siripura, PMCU Weheragala, PMCU Nuwaragala, PMCU Damminna, PMCU Ellewewa	32	10	22
54	MOH Aralaganwila	MOH Aralaganwila, MOH Siripura	43	11	32
55	MOH Thamankaduwa	MOH Thamankaduwa, PMCU Parakramasamudraya, PMCU Onegama	46	13	33
56	MOH Lankapura	DH Pulasthigama, DH Galamuna	41	16	25

5. Kegalle DIstrict

No.	Venue	Participants	No of Participants		
			Total	Male	Female
57	Karawanella Hospital	BH Karawanella, PIU Team – Sabaragamuwa,	40	7	33
58		BH Karawanella, MOH Karawanella	42	12	30
59	Rambukkana Hospital	MOH Rambukkana, DH Rambukkana, PMCU Baddewela,	46	14	32
60	Undugoda Hospital	CD Bulathsinhala, RD Ganthuna, Divisional Secretariat – Bulathkohupitiya, DH – Undugoda,	29	5	24
61	BH Mawanella	Mawanella BH (A), Bolagama - CD	66	13	53
62		MawanellaMOH, Hemmathagama DH(A), Uyanwattha -CD	43	9	34
63	Kithulgala DH(A)	Kithulgala DH(A), Halgolla DH (C), Kithulgala Police, Ammanawala DH (C)	48	25	23
64	Ruwanwella MOH Office	Yatiyanthota MOH, Gonagaldeniya DH (C), Yatiyanthota -CD	27	10	17
65	RDHS Kegalle	RDHS Kegalle, Chest Clinic, STD Clinic, Kegalle MOH, Galigamuwa MOH, Dewalegama PMCU, Pindeniya DH(C), Dematanpitiya DH(C), Atala – CD, Minuwangamuwa PMCU, Kehelwatta –CD, Kiriporuwa DH	66	40	26
66	DH Aranayake	Aranayake DH A), Aranayake MOH, Rahala – CD, Wattegedara -CD	49	14	35
67	Hemmathagama DH(A)	Hemmathagama DH(A)	52	17	35
68	Warakapola BH(B)	Warakapola BH(B), Mahapallegama DH(B), Algama –CD, Nelundeniya -CD	64	24	40
69	Beligala DH (B)	Beligala DH(B), Narangoda – CD, Galapitamada-CD, Niyadurupola - CD	27	9	18
70	Karawanella BH(A)	Karawanella BH(A)	40	4	36
71	Mahapallegama Hospital	Mahapallegama Hospital	27	11	16

No.	Venue	Participants	No of Participants		
			Total	Male	Female
72	Deraniyagala DH(A)	Deraniyagala DH(A), Pothdenikanda CD, Boralankada CD, Deraniyagala MOH, Sapumalkanda DH (C)	21	7	14
73	Dehiowita MOH	Dehiowita MOH, Amithirigala DH(B), Hingurulakanda DH(C)	46	12	34

6. Ratnapura DIstrict					
No.	Location, Report*	Detailed Outcome and Issues to be addressed	No of Participants		
			Total	Male	Female
74	RDHS Ratnapura	Ratnapura District Hospital all MOIC, MOH Ratnapura (MC)	116	23	93
75		Chest Clinic Ratnapura, STD Unit Ratnapura, PMCU Sabaragamuwa Provincial Council Complex, PMCU Ratnapura Town, RMSD Ratnapura, PMCU Dellabada, PMCU Weragama, MOH Elapatha	88	35	53
76	BH Kalawana	BH Kalawana, DH(B) Pothupitiya, PMCU Weddagala, MOH Kalawana, DH(A) Nivithigala, DH(C) Kiribathgala, PMCU Delwala,PMCU Udakarawita, MOH Nivithigala	71	16	55
77		DH(B)Ayagama, DH(C) Dumbara, PMCU Paragala, MOH Ayagama	49	5	44

No.	Venue	Participants	No of Participants		
			Total	Male	Female
78	BH Eheliyagoda	BH Eheliyagoda, DH(C) Kiriporuwa, PMCU Napawala, PMCU Ganegoda, PMCU Diurumpitiya, PMCU Pussella, PMCU Mahingoda, MOH Eheliyagoda DH(A) Kiriella, PMCU Ellagawa, PMCU Dodampe, PMCU Matuwagala,MOH Kiriella	88	19	69
79		DH(B)Erathna, DH(C) Theppanawa, PMCU Keeragala, PMCU Kuruwita, PMCU Galukagama, PMCU Devipahala, MOH Kuruwita, Prison Hospital Kuruwita, Army Camp Hospital Kuruwita	76	22	54
80	BH Balangoda	DH(A) Kalthota,DH(C) Mahawalathenna,DH(C) Rassagala,PMCU Kirimetithenna,PMCU Rajawaka,PMCU Diyawinna,MOH Balangoda	69	11	58
81		BH Balangoda,DH(C) Belihuloya , DH(B)Marathenna,PMCU Pinnawala,PMCU Morahela,PMCU Denagama,MOH Imbulpe Dh(B) Weligepola,DH(C)Ranwala,PMCU Galpaya,MOH Weligepola	62	16	46
82	BH Balangoda	BH Balangoda	59	4	55
83	Kahawatta BH	Kahawathta BH	92	20	72
84	Belihuloya DH	Belihuloya DH	23	11	12
85	Kahawatta BH	Kahawathta BH	83	24	59
86		Godakawela DH, Rakwana DH, Palamkotte DH Madampe DH, Endana DH, Hunuwala DH Pelmadulla DH, Atakalanpanna PMCU, Welkeniyaya PMCU, Hiramadagama PMCU Haupe PMCU, Kalalella PMCU, Udawela PMCU Narissa PMCU, Panagama Dela PMCU Baranduwa PMCU, Rilhena PMCU, Godakawela MOH, Kahawathta MOH Opanayaka MOH, Pelmadulla MOH	93	35	58
87	Embilipitiya MOH	Embilipitiya MOH	83	25	58

No.	Venue	Participants	No of Participants		
			Total	Male	Female
88	Embilipitiya MOH	Embilipitiya BH, Chandrikawewa DH Pallebedda DH, Kollonna DH, Udawalawa DH, Omalpe DH, Suriyakanda DH, Mulediyawa PMCU, Moraketiya PMCU, Thunkama PMCU, Kondatuwa PMCU, Kolambage Ara PMCU, Buthkanda PMCU, Udawalawa MOH, Kolonna MOH	73	29	44

7. Kandy District					
No.	Venue	Participants	No of Participants		
			Total	Male	Female
89	RDHS – Matale	Staff from RDHS Matale, MOHs	34	20	14
90	DH- Katugastota	DH- Katugastota, DH- Maduolkele, Pathadumbara/Waththegama MOH, Poojapitiya MOH, Harispaththuwa MOH, Werellagama MOH, Galagedara MOH, Hatharaliyadda MOH, Pathadumbara MOH, Waththegama MOH, Poojapitiya MOH, Harispaththuwa/Werellagama MOH, Galagedara MOH, Hatharaliyadda MOH	50	18	32
91	Gangawatakorale MOH Office, Thennekumbura	Gangawatakorale, Pathahewaheta/ Thalathuoya, PMCU-Suduhumpola, DH - Marassana	31	19	12
92	DH- Galaha	DH- Galaha , DH- Morahena, DH- Deltota	19	8	11

No.	Venue	Participants	No of Participants		
			Total	Male	Female
93	Theldeniya DBH	Theldeniya DBH, Menikhinna MOH, DH Ududumbara, DH Dunhinna, MOH Kundasale, PMCU DIgana,MOH Hasalaka, MOH Medadompe, MOH Ududumbara, DH Menikhinna, DH Hasalaka, DH Medamahanuwara, DH Morayaya, DH Naranpanawa,	131	39	92
94	Nawalapitiya DGH	Nawalapitiya DGH, DH- Kuruduwatta, Pasbage / Nawalapitiya	32	13	19
95	DH- Dolosbage	DH- Dolosbage	13	05	08
96	RHTC Kadugannawa	RHTC Kadugannawa, Bambaradeniya, Doluwa Udunuwara, DH- Hatharaliyadda, DH- Sanagarajapura	30	15	15

6. Deliverables

- Rapid Assessment tool
- Waste Audit format
- Key aspects of an integrated HCWM plan
- Contact details of recyclable collectors/companies
- Training materials on Health Care Waste Management (Presentations, videos etc.)

7. Conclusion

The hospitals who received HCWM training, are in the process of applying Environmental Protection License (EPL) and Scheduled Waste License (SWL). Inspection fee needs to be paid to CEA prior to inspection visit and License Fee needs to be paid prior to issue the license. As both PDHSs, RDHSs are lack of funds and unable to bear the cost, most of the hospitals are not in position to obtain both licenses. Hence, it is required to allocate budget line from ADB-HSEP for paying both licenses until budget allocation is done in the future from the provincial budget.